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Case Managers on the Front Lines of Ethical Dilemmas

Advocacy, Autonomy, and Preventing Case Manager Burnout

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ABSTRACT

Purpose: The purpose of this article is to examine how case managers are routinely confronted by ethical dilemmas within a fragmented health care system and given the reality of financial pressures that influence life-changing decisions. The Code of Professional Conduct for Case Managers (Code), published by the Commission for Case Manager Certification, acknowledges "case managers may often confront ethical dilemmas" (Code 1996, Rev. 2015).

Primary Practice Settings: The Code and expectations that professional case managers, particularly those who are board certified, will uphold ethical and legal practice apply to case managers in every practice setting across the full continuum of health care.

Implementations for Case Management Practice: This discussion acknowledges the ethical dilemmas that case managers routinely confront, which empowers them to seek support, guidance, and resources to support ethical practice. In addition, the article seeks to raise awareness of the effects of burnout and moral distress on case managers and others with whom they work closely on interdisciplinary teams.

Key words: *burnout, case management, case manager, code of professional conduct for case managers, Commission for Case Manager Certification, ethical practice, ethics, moral distress, transitions of care*

Complex cases, a fragmented health care system, and the reality of financial pressures that influence life-changing decisions often create ethical dilemmas. Add to that an interdisciplinary care team with varied backgrounds, specialties, and perspectives, who may differ in their recommendations for care. At the center of this often-challenging dynamic is the professional case manager who advocates for the patient while addressing the needs of all stakeholders.

The Commission for Case Manager Certification (CCMC) and its Code of Professional Conduct for Case Managers (Code) state that "because case management exists in an environment that may look to it to solve or resolve various problems in health care delivery and payor systems, case managers may often confront ethical dilemmas" (Code 1996, CCMC, 2015, p. 4). Maintaining ethical and legal practice is integral to case management, and these essential activities are now considered a "domain" within the practice (Tahan, Watson, & Sminkey, 2016). Both certified and noncertified case managers should ensure that their activities and interventions always adhere to ethical and legal standards. These expectations attest to both the complexity of case management and the increasing responsibilities case managers face daily (Tahan et al., 2016).

In the course of daily practice, case managers will likely encounter ethical dilemmas periodically. They can be thought of as gray areas where the lines between what is considered right and wrong are blurred and indistinct. The focus of this article is not on ethical crises or incidents of malfeasance. Rather, it is on everyday ethics: difficult choices and emotionally charged decisions that professional case managers face, as they interact with patients (also known as "clients" who receive case management services) and their families/support systems. Ethics should not be thought of as rules, but are a way of thinking,

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behaving, and interacting—first and foremost as an advocate for the patient (Sminkey, 2016). Case managers do not have to go it alone, relying on their own judgment. They are encouraged to seek advice from superiors, input from ethics committees within their organization, and/or a determination from the CCMC when a specific issue arises. In addition, the Code provides guidelines, although it is not meant to be a formula for how to act in every situation. However, the values of advocacy, autonomy, and beneficence as defined in the Code act as guardrails for case managers within a complex world of care delivery across multiple settings and disciplines.

In addition, as this article also addresses, professional case managers must be aware of the effects of burnout and moral distress. Seeking support amid difficult situations and improving their self-care can help case managers remain clear headed and balanced, while dealing with the stresses that come from handling complex cases and emotionally charged decisions every day.

Complexity Raises Ethical Questions

As health care technology progresses, more can be done for patients. There are a myriad of choices, and the decisions are not necessarily obvious, making them more difficult for the patient and his/her support system/family. Choices often come down to quality versus quantity of life, and what is financially feasible given the person's insurance coverage and resources. The decisions and their outcomes can be emotionally charged.

The case manager is often the go-to person for the patient and family/support system, seeking information and education to make informed decisions. When good rapport and trust exist, a family member may ask the case manager, "What would you do if the patient was your loved one?" This is the threshold

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of an ethical dilemma: helping families understand their choices, while not making or influencing their decisions.

The Case Management Society of America (CMSA, 2017b) defines case management as "a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote quality cost-effective outcomes" (CMSA, 2016, p. 11). Key principles of case management include advocacy, the act of recommending or pleading the cause of another; autonomy, respecting another's right to self-determination; and beneficence, compassion, and taking positive action to help others (a core component of advocacy) (Code, 1996, Rev. 2015). Such guiding principles help inform and support case managers facing ethical dilemmas involving the patient, support system/family, and other stakeholders.

In addition, case managers act as the hub of interdisciplinary teams, as they coordinate care in the pursuit of health goals as determined by the patient and his/her support system/family. Care coordination is an essential part of the case management process, crucial to implementing a care plan and helping ensure safe and effective transitions from one care setting to the next. Care coordination is integral to every phase of the case management process, from assessment through implementation, evaluation of outcomes, and beyond (Case Management Body of Knowledge [CMBOK], 2017).

To practice ethically, Certified Case Managers (CCMs) are obliged to abide by the Code as well as

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by the professional codes of ethics for their professional discipline(s) such as nursing, social work, rehabilitation counseling, or other specialties. In addition, the Code provides guidance for all case managers to help ensure they are practicing according to the highest professional and ethical standards. Further supporting ethical practice is the experience level of many case managers. According to the most recent role and function study conducted by the CCMC, 44% of case managers are older than 55 years and 58% have practiced for more than 10 years (Tahan, Watson, & Sminkey, 2015). Yet even board-certified case managers who have years of experience and who have handled difficult and complex cases in the past can feel overwhelmed by ethical dilemmas.

Ethical Dilemmas

Case managers are first and foremost advocates for the patient/client. Even when the board-certified case manager is well-intentioned, ethical conflicts and problematic situations can arise. Ethical conflicts can be triggered when there are differences in the decisions or desires of the patient and his/her support system. The case manager may be obliged to mediate agreement, but must follow the client's wishes as long as there are no issues with the client's competence (CMBOK, 2017) (Box 1).

The CCMC, CMSA, (Box 2) American Nurses Association (2017), National Association of Social Workers (2008), and other professional groups foster ethical practice among their respective certificants and license holders. Nonetheless, there can be skepticism among the public about the choices made in health care because of the belief that decisions are driven largely by financial considerations and not the desires of the patient and support system. Case managers may confront this belief when explaining to the patient or family/support system the financial component of a care choice (e.g., what insurance will cover or what the patient would be required to pay). Lack of financial resources can make certain choices unavailable to some patients. Where the gap between rich and poor is greatest, so are the differences in health (World Health Organization, 2017). This can be a harsh and difficult reality, not only for the patient and support system/family but also for the case manager and other caregivers. It can lead to ethical dilemmas (e.g., how to speak to someone about treatment choices that are limited by financial resources, and how to advocate for a patient whose choices are not going to be covered by insurance).

BOX 1
Tips for Ethical Case Management Practice

- Trust your instincts. If a situation does not feel right, it probably is not right. Identify and address the ethical conflict or dilemma immediately. Seek the assistance of an ethicist or superior, as needed.
- Remain objective. Recognize that your comments, communication, and written reports have a direct impact on the clients/support systems receiving your services.
- Stay within your practice (scope of practice stipulated by your jurisdiction; e.g., as a nurse or social worker), scope of responsibilities, standards of practice, and professional guidelines.
- Remember your accountability to your professional license and certification. Understand the ethical obligations of all the professional licenses and certifications you hold (CMBOK, 2017).

BOX 2
Promoting Ethical Case Management Practice

- Regularly review codes of ethics and practice standards, particularly those that relate to your professional license and case management practice.
- Have peer discussions regarding ethical practice. Do not wait for a problem to erupt. Host or request ethics roundtables at your workplace on a regular basis.
- Seek advisory opinions from the CCMC. The CCMC provides an advisory process for board-certified case managers who have specific concerns that cannot be addressed by their peers (CMBOK, 2017).

The CMBOK (Box 3) gives the example of an ethical dilemma involving the hypothetical case of a 62-year-old man in an acute care setting following treatment for a transient ischemic attack/possible stroke. After 5 days, the payor informs the case manager that the patient is ready for discharge and that no additional reimbursement is authorized. The health care team, however, determines the patient is not ready for discharge because of new medications and a new health regime. The patient is also not comfortable with the new regime and wants to remain in the hospital for a few more days. The case manager, however, believes discharge would be possible with the support of visiting nurse services.

The case manager's priority is to advocate for the patient, which means pursuing his wish to stay additional days in the hospital, as recommended by the health care team. The case manager works with the payor to request authorization for additional services and interventions. Educating the health care team and the patient throughout the process is paramount, especially if the payor does not approve the additional services and an appeal is not successful. Nonetheless, the case manager must go ahead with the appeal (despite the case manager's belief that it is unlikely to be successful) to adhere to the ethical standard of client advocacy.

Ethical dilemmas can also be caused by conflicts among members of a family, particularly when a loved one is in failing health or facing end of life.

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BOX 3
Focusing on Care Transitions

Care transitions not only are emotionally charged episodes but also require attention to coordination as the individual transitions from one care setting to the next. When a lack of coordination occurs during care transitions, the result can be "disastrous for everyone involved. Failure to transfer important information and medication errors are two examples of common problems that occur during care transitions" (CMSA, 2017a, p. 1).

BOX 4
Case Study

A woman was diagnosed with non-Hodgkin's lymphoma at a relatively young age. One family member wanted her to undergo experimental treatments in hopes of prolonging her life as much as possible, whereas others worried about extending her suffering. Without judgment or interjecting any opinion, the case manager facilitated conversations among individuals who were emotionally overwrought in the aftermath of this life-threatening diagnosis and the prospect that, even with treatment, their loved one was likely to die within months.

With a geriatric patient, determining how the person manages day-to-day activity may reveal the extent and functioning of the support system. As rapport with the case manager is established, the patient is more apt to share information about the family dynamic, sometimes including rifts and conflicts. The case manager may feel the brunt of these conflicts, as family members disagree over their loved one's ability to care for themselves, the prognosis for recovery, and the next best phase of treatment (Harkey, Young, Carter, & Demoratz, 2017).

This puts the case manager in the middle of complicated family dynamics, while trying to advocate for the patient and serve as a conduit of information about care choices and options. As You et al. observed, "Implementing interventions to improve communication and decision making about goals of care in the hospital requires an understanding of the perspective of patients, families, and clinicians in this clinical setting" (You et al., 2015, p. 550). Despite these pressures, case managers must remember that their primary responsibility is to the patient—not the person who pays for case management services, whether that is a family member or an insurance company. Clear and consistent communication is paramount to ensure that people receive the same information at the same time (Box 4).

Care transitions are natural inflexion points that can trigger ethical dilemmas. For example, the individual and the support system/family may conflict with each other, the treating physicians and other clinicians, and the health care facilities. Emotions come into play, particularly among family members (e.g., one believes the loved one is better off in a skilled nursing facility while another wants the loved one to return home, even if that means paying for home health services). Loss of function and changes in relationship dynamics are felt acutely by the individual and the support system. The stresses and conflicts that existed before the onset of an illness, injury, or worsening health condition will likely be exacerbated as a loved one's health status changes. Role reversal is often emotional, as now the adult child is taking care of the parent (Harkey et al., 2017). As this occurs, the case manager might be the "voice of reason" who facilitates communication among the patient and the family members. The case manager educates and supports, but the ethical principle of autonomy requires respect for the individual's right to self-determination and independent decision-making (Code, 1996, Rev. 2015) (Box 5).

Ethical Burnout and the Quadruple Aim

For case managers, the emotional trauma of complex cases and end-of-life scenarios, coupled with frequent ethical dilemmas because of competing stakeholders, adds to the pressures of their large caseloads and daily responsibilities. Case managers are also doing more, often to the point of feeling stressed and overwhelmed. It is not uncommon for case managers to become ensnared in a cycle of trying to catch up by working during their lunch breaks, after hours, and time off, which undermines their attempts to de-stress (Zawalski & Mann, 2016). As Fink-Samnick observes, such stresses can confront individuals who are "well-intentioned, highly trained, and prepared," and who strive "to perform the highest quality effort possible, toward ensuring that the expectations of patients, their caregivers, and other stakeholders are met" (Fink-Samnick, 2017, p. 249). The impact of a heavy caseload further compounds the stress of facing increased moral dilemmas and difficult choices faced by patients and their support systems/families.

Research on the impact of ethical dilemmas on nurses, the discipline for 89% of case managers (Tahan et al., 2015), reveals the toll these stresses take. "Moral distress" may result from the awareness of the consequences of actions and choices in a variety of situations including birth, illness, aging, suffering, and death of patients. Moral distress is known to impact nurses in their roles as direct caregivers, especially those who are in critical care units or have geriatric and psychiatric care specialties (Oh & Gastmans, 2015). These are also practice areas and specialties in which case managers work closely with patients, families/support systems, and care providers, while being responsible for evaluating outcomes.

Ethical burnout can occur among case managers, who are shouldering the burden of helping the patient and support/system family to make good decisions, along with keeping the care team involved and informed. Thus, preventing burnout and reducing

BOX 5
Case Study

An elderly man suffered an injury so severe that, because of his advanced age, he faced a 95% likelihood of dying within 1 week and 100% within 2 weeks. His choices were to transfer to a facility that would offer more advanced care, but probably would not significantly prolong his life, or to stay where he was, which was closer to his family members, and receive care that would make him comfortable. He chose the latter and died within 2 weeks, with his family around him. This was not the outcome that anyone wanted; before the injury the man had been in good health. But the man and his family had peace of mind of knowing that this was the best they could do given the circumstances.

the impact of ethical distress are priorities for all case managers. The need for better self-care among case managers is acknowledged in the "quadruple aim." In addition to the "triple aim" with its three interrelated goals of improved population health, increased patient satisfaction, and smarter spending, there is a fourth "aim": satisfaction for clinicians and health care providers. Fink-Samnick highlights the importance of the fourth aim for promoting "professional resilience," as case managers become empowered to "take control and manage chaos" (Fink-Samnick, 2017, p. 251). By focusing on the happiness of all involved, the quadruple aim supports delivery of the best possible care to patients (Kurland & Campagna, 2017). Great job satisfaction and pride in one's advocacy for patients and their families/support systems can counteract burnout and work-related stress.

As case managers engage in self-care, they not only care for themselves but also act as role models for others in the health care field. Case managers demonstrate the importance of finding ways to de-stress to live healthier, more balanced lives. Achieving better balance also helps case managers keep perspective about what it means to be an advocate. It is not about having a "perfect" outcome; ethical dilemmas often have no perfect solution. Rather, advocacy means ensuring that the patient's voice is heard and his/her goals determine patient-centered practice.

Conclusion

Case management practice will never be free of ethical dilemmas; that appears impossible given the fragmentation of the health care system and the nature of case management that tasks practitioners with solving or resolving difficult and complex problems. Therefore, it is incumbent on all case managers to accept that they will likely encounter ethical dilemmas in the course of practice. At the same time, they must maintain ethical and legal standards, as required by the Code and as stipulated in standards of practice defined by the role and function study (Tahan et al., 2016). These expectations increase the complexity faced by case managers; however, the guiding principles of the practice—in particular, advocacy for the patient—will help clear the gray areas and keep the lines from being blurred.

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