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Future Health Care and Independent Practitioners\*

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The United States of America is on the cusp of major changes in health care. To date, the new health care trend remains too ambiguous (and I am not pretentious enough) to forecast its maturation. It seems probable, that independent practitioners will be subject to a myriad of expectations from governmental and third-party payment sources, and compliance requirements will be continually developing and shifting.

With only a modicum of caution, I predict that the federal and state governments (along with insurance carriers) will have greater influence on the requisite qualifications of practitioners and the determination of acceptable assessment and intervention modalities for every health care specialty—and psychology is no exception. The basis for this assertion is simple: When funding is involved, the payment source monitors the expenditures. If there is greater influence from these sources, it means *the independent practitioner may become less “independent.”*

For the mental health professions, it seems likely that the state-level regulatory agencies will be given national prescriptions and proscriptions, and they too will have to be accountable to the federal directives. A logical analogy would be how, in order to qualify for federal funding, state departments of education must promulgate certain standards for public schools, such as for providing education for children with disabilities. Following the education model, the federal government will be the primary

authority for health care—and will make the decisions about the who, what, when, where, and how issues. Independent practitioners will likely be expected to increasingly accommodate requirements and standards that are specific and non-negotiable. For supporters of state rights and defenders of professionalism, this may be viewed negatively.

Historically, society has designated “professionals” to make the determinations relevant to services provided to the public. *A concomitant of government regulation through licensing agencies was to lessen professional monitoring of and decisions about practices and practitioners.* Yes, the preceding information seems to contradict a principal defining quality of independent practice.

Consequently, there is just reason to question whether professional judgment has been subjugated to politically-influenced governmental preferences and actions. Also, there is reason to question whether government regulation via licensing complaints affords more or less protection for society than allowing the profession(s) affected to establish the standards for training and service, and along with the legal system, declare remedies and disciplinary measures for malpractice.

If the viewpoint that the state regulatory agencies are less (or no more) effective for bolstering society than professional decision-making (such as through APA and state psychological associations), it seems likely that future health care will be problematic. Strategies are needed to strengthen the professions. *The foremost solution is for organizational and individual advocacy for control by professionals, not by governmental minions.*

### Ethical Considerations

The amendment to Standard 1.02 (Conflicts Between Ethics and Law, Regulations, or Other Governing Legal Authority) in the APA (2002) ethics code declares:

If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists clarify the nature of the conduct, make known their commitment to the Ethics Code and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights. (Faberman, 2010, p. 62)

Also, the Constitutional right to equal protection means that psychologists must be prepared, personally and professionally, to counteract any unjustified governmental action. For example (but not limited to), *deciding who gets services should be done primarily by practitioners' determining need, not by any rationing plan or demographic characteristics.*

The ethical challenges from modern health care must be dealt with—immediately—by professional training programs. Trainers must set aside reticence and political correctness to deal with the reality of quality control by professionals.

As exemplified by the aforementioned APA revision, when it comes to ethics, governing legal authority is not sacrosanct. Protection of society requires that, with the prefacing cultivation from trainers, psychologists must be fortified to protect society and determine the profession accordingly. Let there be no misunderstanding, with a doctorate in public health (ScD, Pittsburgh), I certainly support improved health care for ALL

people. *The health care issue that creates the ethical challenges is solely whether decision-making will be done by governmental and financial or professional sources.* The foregoing adds to the importance of advocacy for psychology by APA and state psychological associations.

#### Possible Actions

What can the independent practitioner add to the effort to return the profession to members of the discipline? Basically, personal commitment to strengthening one's competencies, especially for evidence-based decisions in the service context, is needed. Competency extends to strict allegiance to ethical principles and standards, which includes maintaining helping and positive characteristics above other personal motives.

From this position of individual strength, a coming together of practitioners, such as within professional association, should not be idle or silent when governmental and financial sources attempt to usurp professional judgments. There should be an outcry of lawful protest, along with constructive alternatives that are compatible with the needs of society and the tenet of professionalism.

Historically, professional associations were intended to assure quality services from those with special education, training, competencies, and skills. They were not "guilds" or "labor unions." It could be that professional associations will trend toward consumer advocacy, which means that health care practitioners may need to consider other collectives for promoting their needs and preferences.

Regaining professional control will likely introduce roadblocks. Prior to the acquisition of psychology by governmental and financial sources, some members of the discipline failed to adequately safeguard the public from errant practitioners. If the

definition, control, and monitoring psychology are to be returned to the discipline, there will have to be a mindset, with supportive strategies, that does not accommodate wrongful conduct.

Each independent practitioner should decide whether or not future health care actions are acceptable. *Given the professionalism that is fundamental to “independence in practice,” it seems likely that standards and monitoring should rely increasingly on professional sources, with opposition to regulation by the government and third-party payment sources.*

#### References

American Psychological Association. (2002). Ethical principles of psychologists and code of conduct. *American Psychologist*, 57(12), 1060-1073.

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\*An abbreviated version of a similar article appeared in the *Colorado Psychologist*.

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