Introduction
This statement is intended to provide guidance to the individual case manager in the development and maintenance of an environment in which case management practice is conducted ethically. Such an environment is one in which morality prevails and there is support for right (good) decisions and actions.

The statement sets forth ethical principles for case management practice. When applied in practice, these principles underlie right decisions and actions. Thus, they can be utilized by individuals or peers to judge the morality of particular decisions and/or actions.

Ethics is inherently intertwined with morality. In the practice of the healthcare professions, ethics traditionally has dealt with the interpersonal level between provider (e.g. case manager) and client, rather than the policy level which emphasized the good of society. Ethics deals with ferreting out what is appropriate in situations which are labeled "dilemmas" because there are no really good alternatives and/or where none of the alternatives are particularly desirable. Thus, ethics addresses the judgment of right and wrong or good and bad.

Ethical Principles in Case Management Practice
As professionals emanating from a variety of healthcare disciplines, case managers adhere to the code of ethics for their profession of origin. In all healthcare practices certain principles of ethics apply. Case management is guided by the principles of autonomy, beneficence, nonmaleficence, justice and veracity.

Autonomy is defined as "a form of personal liberty of action when the individual determines his or her own course in accordance with a plan chosen by himself or herself" (Beauchamp and Childress, 1979, pg 56)\(^1\). This is the fundamental ethical principle of case management practice. The role of case manager as client advocate arises from a commitment to the concept of client autonomy. The needs of the client, as perceived by the client, are preeminent. Thus the client is primary relative to decision making. The case manager collaborates with the autonomous client with the goal of fostering and encouraging the client's independence and self-determination. This leads the case manager to educate and empower the client/family to promote growth and development of the individual and family so that self advocacy and self direction of care is achieved. This implies informing and supporting the client in their options and decisions related to their healthcare.

From application of the principle of autonomy, the practice of case management is concerned with preservation of the dignity of the client and family. The case manager is knowledgeable about and respects the rights of the individual and family which arise from human dignity and worth, including consent and privacy. The case management plan is individualized and constantly changing based on the needs of the specific client and family. The case manager does not discriminate based on social or economic status, personal attributes, or the nature of the health problems of the client. Beneficence is "the obligation or duty to promote good, to further a person's legitimate interests, and to actively prevent or remove harm" (Fromer, 1981, pg. 317)\(^2\). In ethical case management practice the application of beneficence is balanced with the interests of autonomy in order to prevent paternalism and promote self determination. The definition of the principle of nonmaleficence is related to beneficence. Nonmaleficence means refraining from doing harm to others (Frankena, 1973, pg. 5)\(^3\). The realization of this principle in case management practice involves emphasis on quality outcomes.

Although uniformity of thought about the practical application of the principle within our society does not exist, Frankena (1973) defines justice as maintenance of what is right and fair. The concept of
justice raises such public healthcare policy questions as: who should receive services? based on what criteria? who should pay for services for the poor? what services should benefit from government funding?, etc.

Case management practice brings the issue of comparative treatment of individuals into sharp focus because on a daily basis it deals with allocation of healthcare resources on an individual level. Case managers know first hand the dilemmas related to relative access to care based on such factors as geography and ability to pay.

Decisions regarding such goods and benefits as access to healthcare services within a society with limited resources are initially analyzed based on individual need. Where a fundamental need exists, that is, in situations in which an individual will be harmed if a product or service is not provided, the case manager advocates for the individual to receive it. The case manager applies concepts of fairness so as to maximize the individual's ability to carry out reasonable life plans.

Veracity means truth-telling. This is an essential operational principle for the case manager in order to develop trust. Trust is an essential forerunner of collaborative relationships between case managers and clients/families and between case managers, providers, and payors. Truth telling also is basic to the exercise of self-determination by the autonomous client/family.

**Conclusion**
The professional case manager strives for a moral environment and practice in which ethical principles can be actualized. Ethical dilemmas are identified and reasonable solutions sought through appropriate consultation and moral action. The ethical case manager is accountable to the client as well as to peers, the employer/payor and to himself/herself and to society for the results of his/her decisions and actions.

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**DEFINITIONS**

**Client:** The individual who is ill, injured or disabled who collaborates with the case manager to receive services.

**Payor:** The individual or entity which purchases case management services.

**Family:** Family members and/or those significant to the client.


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