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A Clinician's Guide to Navigating Ethical Dilemmas When Client Behavior Poses Broader Risk

QUICK REFERENCE GUIDE: "WALKING THE ETHICAL TIGHTROPE"




COMMON SCENARIOS

Clinicians may face unique ethical tension in settings where the client's role impacts public safety, legal liability, or community trust. Examples:

- A surgeon showing signs of intoxication
- A CEO with erratic behavior impacting hundreds of employees
- A judge or lawyer showing signs of substance-induced paranoia

CONFIDENTIALITY VS. PUBLIC RISK

Ethical Reminder: Confidentiality is not absolute.

-  Break confidentiality when there is imminent risk to self or others
-  Document clearly how you assessed "imminence" and "harm"
-  Use supervision and ethics consultations to support your process

DOCUMENTATION GUIDANCE

- Stick to observations, not assumptions (e.g., "slurred speech, smell of alcohol" vs. "appeared drunk")
- Record referrals and recommendations clearly
- Avoid clinical labels unless diagnostically confirmed
- Consider dual charting if legally allowed (clinical + legal/disclosure version)

DECISION-MAKING FLOW

When in doubt:

- Pause
- Consult ethics board or supervisor
- Document your process
- Prioritize client safety and systemic responsibility

SUPPORTING THE CLINICIAN (YOU)

- High-stakes cases increase burnout, vicarious liability, and pressure.
- Schedule consultation check-ins.
- Keep ethics codes for your discipline easily accessible (e.g., NAADAC, NASW, APA).
- Don't isolate—document, consult, reflect.

ETHICAL RED FLAGS TO MONITOR

Use this list to assess when a case may require additional ethical scrutiny, supervision, or potential disclosure.

- PUBLIC SAFETY CONCERNS: CLIENT'S ROLE DIRECTLY AFFECTS OTHERS' HEALTH, LEGAL DECISIONS, TRANSPORTATION, OR SAFETY (E.G., SURGEON, PILOT, JUDGE).
- OBSERVED IMPAIRMENT: SLURRED SPEECH, ERRATIC BEHAVIOR, OR INTOXICATION—ESPECIALLY DURING OR BEFORE WORK HOURS.
- MINIMIZATION OR CONCEALMENT: CLIENT WITHHOLDS KEY INFORMATION OR PRESSURES YOU NOT TO DOCUMENT CERTAIN DETAILS.
- LICENSING IMPLICATIONS: CLIENT FEARS PROFESSIONAL CONSEQUENCES—ESPECIALLY IF DISCLOSING USE MAY TRIGGER MANDATORY REPORTING.
- CONFLICTING LOYALTIES: DUAL RELATIONSHIPS, POWER IMBALANCES, OR PRESSURE FROM EMPLOYERS, FAMILY, OR INSTITUTIONS TO "PROTECT" THE CLIENT.
- INADEQUATE CONSENT: CLIENT MAY NOT FULLY UNDERSTAND WHAT WILL OR WON'T BE SHARED, ESPECIALLY WHEN UNDER STRESS OR IMPAIRED.
- PRESSURE TO ALTER RECORDS: REQUESTS TO MODIFY DOCUMENTATION, OMIT INFORMATION, OR "SOFTEN" WORDING FOR LEGAL PROTECTION.
- CLINICIAN DISCOMFORT OR ISOLATION: YOU FEEL UNSURE, INTIMIDATED, OR ALONE IN YOUR DECISION-MAKING PROCESS—SIGNAL TO CONSULT.