Let’s challenge our ideas about who are our “patients” and how we can have the most impact

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As practicing psychologists, we are bound by a code of ethics that sets the standards for our professional conduct. It helps us treat our patients effectively and safely. However, as integral as this code is to our work, it has limitations. The ethics code, by design, is relatively static. Its principles and standards are meant to be fixed and constant, and that’s a good thing. But that also means that the code can’t always keep pace with the rapid changes that define modern health care. New trends and developments in technology, for example, may begin influencing your practice before you’re prepared for them, and before professional organizations like APA can provide guidance on how to deal with them.

Consider payment apps, like Venmo or PayPal, which can be wonderfully convenient for both providers and patients. Is it ethically necessary for providers to ensure these apps are private? Or is it enough to inform the patient of privacy risks and obtain consent before using the app? We don’t yet have clear answers to those questions.

Big, industry-driven shifts may also leave you wondering about what it means to have an ethical practice. For instance, in 2018, Boston-based behavioral health company Beacon Health Options opened a mental health clinic in a Texas Walmart store, with plans to open additional clinics in other retail locations nationwide. While some psychologists may applaud this move as innovative, others may be concerned about Beacon’s business model, patient confidentiality, quality of care and what this means for traditional psychological services.

Expanding access to care is a good thing—but how we do it also matters. I believe that this crisis of access is a problem that psychologists have an ethical responsibility to help solve. In fact, I think we should be the leaders in this area.

By some estimates, more than 24 million Americans who are experiencing mental illness are going untreated. What would it look like if psychologists thought of ourselves as ethically responsible for whole communities, including marginalized groups, that need our services but have little or no access to them? What impact could we have if we developed care models not only for our patients, but also for people who are disengaged from health care, such as those in deep poverty?

I am not suggesting that psychologists should be held responsible for care of patients they have never seen. However, if ethics are foremost about doing good in the world, I do want to challenge our mental framework about who is our “patient” and how we have the most impact. It’s up to us to begin exploring, as a profession, what it means to practice ethically right now and in the future. In fact, APA’s new Ethics Code Task Force is undertaking development of an Ethics Code that is transformational, future-focused and responsive to modern complexities.

For our profession, reform is an incremental, collaborative process that begins with careful assessment of the status quo and thoughtful exploration of what we might change. Given how quickly the world is evolving around us, it’s time for us to begin. •