
The Canadian Code of Ethics and the Prescription Privilege Debate

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Abstract

The appearance of the prescription privileges debate in a recent issue of *Canadian Psychology* presents an opportunity to examine prescription privileges from a Canadian perspective. The principles of the Canadian Code of Ethics for Psychologists (CCE) were applied to a number of key arguments offered in the debate and were found useful in evaluating their application to the Canadian context. The ethical principles provided direction in examining the full range of prescription privilege issues. The CCE may prove to be a valuable guide in providing a moral framework for the eventual development of Canadian policy on prescription privileges for psychologists.

The prescription privileges debate has generated arguments touching upon such values-based issues as public interest, professional competency, psychology's heritage and the evolution of the profession (e.g., Pagliaro, 1995; Dozois & Dobson, 1995). Perhaps the most prominent of these has been serving the public interest. Proponents of prescription privileges have suggested that the privilege would permit and encourage psychologists to address the needs of under served and vulnerable populations by increasing their access to more available mental health services (e.g., DeLeon, Fox, and Graham, 1991). Opponents of the privilege have noted that this is not necessarily true, since psychologists with or without prescription privileges are not inherently more oriented towards attending to under served and/or vulnerable populations than are other health professions (e.g., Hayes, Walser and Follette, 1995; Dozois and Dobson, 1995). Moreover, it is quite possible that psychologists with prescription privileges would tend to gravitate towards urban areas, as do medical specialists. As for the ethical principles of respect for the dignity of persons and responsible caring, both sides of the debate argue that the public interest is best served by their position.

The Canadian Code of Ethics for Psychologists (CCE), and its decision-making process (Sinclair and Pettifor, 1992), suggests a proactive course of action on the social issue of vulnerable and under served populations. The code states "...if [social] structures or policies seriously ignore or oppose the principles of respect for the dignity of persons, responsible caring, integrity in relationships, or responsibility to society, the psychologists involved have a responsibility to be *critical* and advocate for change to occur as quickly as possible" (p.67). The CCE suggests that where situations arise that work against the wellness of citizens (e.g., vulnerable populations) psychologists have an obligation to advocate for change at the level of structure or policy. This might suggest that psychologists work for social changes that benefit marginalized and under served populations within a larger social context than just acquiring the ability to prescribe medication.

A number of additional value-based issues in the debate can be considered under the concept of practitioner competence or responsible caring for the well-being of consumers. Proponents of prescription privileges for psychologists suggest that the common use of psychotropics by clients, the weak mental health training of prescribing general physicians, the superior degree of education in this area obtained by psychologists relative to other health professionals, and the often difficult relationships between psychologists and general medical practitioners, (Pagliaro, 1995; DeLeon 1988; DeLeon, Fox, and Graham, 1991; Welsh, 1992) are all reasons to support their case. Opponents of prescription privileges have suggested that these circumstances may indicate a need for more psychopharmacological knowledge and the building of closer working relationships with allied professionals, but not necessarily requiring the authority to prescribe (Dozois and Dobson, 1995; Hayes, Walser and Follette, 1995).

The CCE clearly outlines the need for psychologists to maintain competence in their specialty, whether or not they are currently practising in that area (p.55). The code recommends various ways of keeping current and suggests that psychologists keep informed of progress in their area(s) of service, take this progress into account in their work, and try to make their own contributions to this progress (CCE Standard IV.2). Given the apparent wide spread use of psychotropics, these CCE standards suggest a duty of psychologists in mental health practices to at least maintain a basic knowledge in psychopharmacology.

The proponents of prescription privileges for psychologists have concerns about the lack of training of other health professionals who prescribe. The CCE (Standard I.1) says that psychologists demonstrate appropriate respect for the knowledge, insight, experience, and areas of expertise of others. Another statement (CCE Standard II.19) indicates that psychologists make themselves aware of the knowledge and skills of other disciplines and advise the use of such knowledge and skills, where relevant to the benefit of others.

Given substantiated concerns (e.g., poor medication practice, poor collaboration), the code suggests that psychologists should act to offset clearly harmful activities that they believe are causing harm to their clients (CCE Standard II.37). The psychologist's action should entail consultation, collaboration, and fostering responsible action on the part of the practitioner (CCE Standards II.8, II.18, II.14). It is not clear how psychologists acquiring prescription privileges would correct the alleged harm done by others who prescribe. The CCE suggests psychologists have a responsibility to develop and maintain an awareness of the impact of psychotropics on client health, and a need to actively foster sound relations with allied professionals.

Both sides of the prescription privileges debate have discussed whether acquiring prescription privileges is consistent with psychology's heritage. Opponents have suggested psychology's heritage is one of overt and covert behaviour, and that medicine solely aims for a biological level of analysis, an area which lies outside the realm of psychology. By extension, prescription privileges is a biological tool properly belonging to medicine (Dozois & Dobson, 1995).

Proponents have stated that psychology's heritage did not include a biological orientation because little was known about the biological correlates of emotion and behaviour in its early days (Burns, Deleon, Chemtob, Welch and Samuels, 1988). Moreover, in the early days of psychology it was a prudent strategy to focus only on the psychological and adopt a "hands off" approach to biological interventions, thus avoiding the possibility of being side-tracked in efforts to obtain the first psychology licensing law (Deleon, 1988).

The comments on heritage offered by both sides in this debate suggest a practitioner rather than scientist-practitioner model of psychology's heritage. This conception may be misleading in that it does not fully account for the contributions of experimental psychologists. Canadian psychologists have a long and distinguished history in conducting basic research on the neurophysiological correlates of behaviour (Kolb and Whishaw, 1995). A more complete view of our heritage would acknowledge our discipline's long interest in both the

psychological and biological bases of behaviour.

In applying ethical principles to the various arguments offered in the prescription privileges debate, the crucial question is what is in the best interest of the public rather than in the self interest of the respective disciplines. From the perspective of the Canadian Code of Ethics for Psychologists, the public interest and practitioner competency arguments, as currently framed in the debate, do not appear to require the acquisition of prescription privileges for psychologists. The CCE suggests that the concern for under served populations calls for psychologists to maintain better working relationships with allied professions in the best interests of individuals and to contribute to larger changes in society in the best interests of marginalized populations. In addition, where professional activities are perceived as clearly harmful, psychologists are obligated to take direct corrective measures.

Regarding the heritage argument, the scientist-practitioner model is acknowledged in the CCE Standard II.9. Although biological levels of analysis have been examined by psychologists since the inception of the discipline, this does not indicate a need either to acquire or to reject prescription privileges.

The Canadian community of psychologists may be best served in this debate by fostering comprehensive discussion within the psychological community, and voting on policy initiatives arising from such discussions. It is always possible to wrap the cloak of virtue around self interest positions to the advantage of oneself or one's discipline. The public interest must be the major consideration and the CCE may help psychologists to maintain this awareness. The application of the ethical principles of our discipline may influence the eventual development of Canadian policy on prescription privileges.

George Hurley (1996), past president of the CRHSPP, offered as a personal opinion, and we agree, that this issue will move slowly, if at all, given the structural requirements (e.g., legislation to change the scope of practice) and the need for national debate.

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Résumé

L'émergence d'un débat sur le privilège de prescrire des médicaments dans un des derniers numéros de *Psychologie canadienne* nous offre une excellente occasion d'examiner ce privilège dans une perspective canadienne. Les grands principes du Code canadien de déontologie professionnelle des psychologues ont servi à illustrer un certain nombre d'arguments importants de ce débat et à évaluer de quelle façon un tel privilège pourrait s'appliquer au Canada. Ils ont également permis d'orienter l'étude de plusieurs aspects du privilège de prescrire des médicaments. Le Code canadien de déontologie professionnelle des psychologues pourrait servir de cadre moral dans l'élaboration éventuelle d'une politique canadienne sur ce privilège pour les psychologues.

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