A Partnership with Heart

RICHARD ALLON
Consultant,
CRHSPP Cardiovasculaire Project

The Canadian Register of Health Service Providers in Psychology (CRHSPP) has entered into a partnership with the Heart and Stroke Foundation of Canada.

Heart disease is Canada's number one killer. Other than genetics, the major risk factors for heart disease are behavioural: stress, smoking, poor diet and lack of exercise. It is clear that psychologists, as both clinicians and researchers, have much to offer in assisting people in managing lifestyle changes in these areas and in adding to the growing body of scientific knowledge relating these factors to heart disease prevention.

As an initial co-operative venture, CRHSPP and the Heart and Stroke Foundation co-sponsored the McBain Educational Programme in Vancouver on the 29th and 30th of October. The McBain Programme has been in existence since 1987. The Vancouver presentation was the sixth in the series. The purpose of the McBain Programme is to present "leading edge" concepts, information and techniques in the area of CV disease prevention. This is the first time psychology as a discipline presented at McBain. We were well represented. Dr. James Prochaska, a psychologist from the University of Rhode Island, presented his theory on stages of change, Dr. Margaret Chesney of the University of San Francisco spoke about the relationships among stress, weight control and smoking, particularly in younger women. Dr. Robert Nolan of the Ottawa General Hospital illustrated the stages of change theory with vignettes of client interviews. Robert Reid, M.Sc., a psychology graduate student, brought humour as well as enlightenment in addressing the topic of adherence to health behaviour change using David Letterman's "Top 10 Reasons" model. Drs. Steve Hotz and Elizabeth Lindsay of the University of Ottawa led workshops on stress and smoking cessation, respectively. All in all, three of the seven featured speakers were psychologists and a fourth was a psychology graduate student. Two of the four workshops were led by psychologists. The presentations were extremely well-received by the multidisciplinary audience in attendance.

As an initial co-operative venture, CRHSPP and the Heart and Stroke Foundation co-sponsored the McBain Educational Programme in Vancouver on the 29th and 30th of October.

CRHSPP and the Heart and Stroke Foundation are now working on a joint information strategy which will include continuing education for psychologists and advocacy directed towards the medical community and the general public regarding the contributions of psychologists to heart disease prevention. ◆

E T H I C S

The Lack of Interest in Ethics and Ethical Decision Making

ALEXANDER J. TYMCHUK
University of California

11 common perceptions point to the need for more open discussion about ethics and codes of ethics.

The perception that ethical codes are the sole instrument for making an ethical choice or for ethical decision making by psychologists.

While ethical codes in some form or another have been around as long as there have been human beings that are either implicit in how early peoples interacted or communicated or memorialized in some manner, present ethical codes developed out of the Nazi atrocities of the Second World War. For psychologists and other professionals general ethical principles were codified as ethical codes as a way to provide guidance and as a means for monitoring behaviour in the research or treatment context. There have been several renditions of the CPA Code of Ethics. A result of the choice of a code with its contents as the means of transmitting ethical guidelines, however, is the perception that the code is the sole instrument for guidance. To the extent that a psychologist takes this view, they do not have to consider individual responsibility to consider any other guides. This has the effect of making ethics narrow and very circumscribed.

Whether a code is the optimal manner in which to provide guidance or to monitor or to anticipate has not been established, however.

The perception that ethical codes are forced upon psychologists against their will.

In the development of the initial as well as of later codes of ethics to the extent that there was a perception that all psychologists did not concur with the code or any of its contents, there will be the perception that these are being forced upon them. With such a perception, while these psychologists may adhere to the letter of the code, they may not be willing to behave in the spirit of the code or to go beyond its tenets.

The perceptions that ethical codes contain optimal, comprehensive and final ethical criteria.

While in reality the code contains minimal criteria for ethical conduct that are far from being comprehensive or final, psychologists may view these criteria as optimal covering all areas that they need to be concerned with either for now or in the future. These perceptions may lead to a feeling that once psychologists know and adhere to criteria within the present code, they neither have to consider going beyond them or considering any new areas for now or in the future. Such a feeling always means that a psychologist's behaviour always will be reactive and outdated. Psychologists then may see the code as less than useful.

The perception that the values inherent within the ethical code are not those of the individual psychologist.

An ethical code represents the values where its membership have consensual agreement. However, given the fact that not all members will agree with all of these values despite their agreement to adhere to them even if they disagree, the degree to which there is a discrepancy between one's own values and those espoused within the code, may cause an unwillingness either to adhere to those where there is disagreement or to go beyond the actual statements. Both of these consequences can seriously limit the usefulness of the code and the responsibility of the individual.

The perception that psychologists are ethical by virtue of the fact that they are psychologists.

While some psychologists may take offense at having to adhere to a code of ethics, arguing that by their training they are ethical, to be ethical, there must be some understanding of what constitutes being ethical. For psychologists, the CPA code provides one definition. It has been shown that some psychologists do not adhere to some of its tenets and thus are not ethical by that definition.

The perception that ethics are unrelated to what the psychologist does.

Some psychologists working within an environment that has not been seen as part of the purview of psychology do not refer to the code to govern their behaviour within that environment. Such an environment may be within government in the determination of constituent's political preferences, in the testing of attitudes towards vaccines or in the development of methods for improving night vision by military personnel or within the private sector in assessing correlates of investment risk tolerance, the development of criteria for the determination of people who are at risk for reneging on a loan, the determination of the sexual preferences of potential employees or the counseling of churchpersonnel who have been accused of abuse but of whom the law is unaware.

The code of ethics applies to all of these as well as all other areas in which the methods of psychology are used.

The perception that the ethical code does not apply to the psychologist outside of psychology.

There is also the perception that the ethical code only applies to the psychologist while performing in any of their roles. Technically this is so; however, since the code embodies *some* of the principles that are considered to be useful for functioning within today's and perhaps tomorrow's society, the code then does apply to everything that the psychologist does. To do otherwise is hypocritical and irresponsible.

The perception that an ethical code only applies to members of the organization for which the code was developed (eg. CPA).

CONTINUED ON NEXT PAGE