

そうとしても、しばしば非人間的な事態に結果としてなるということがあります。一人称の問題としてその人の倫理が歪んでいることもあります。一人称の義務論の正当性は他者の視点（一般には時、ところ、状況）からの判断を受ける必要があります。

さらに結果が良ければ良いという功利主義を代表とする帰結主義は、その場の対応が正当であっても論理の一貫性に欠けます。ことによると特に医療の現場では、医療者側の自己弁護、緊急事態にたいする自己防衛の手段として判断の正当性が主張されがちです。

「とにかくやってはいけないこと、やるべきことがある」という定言命令は我々の内面に現実感をともなって響きますが、関係性の中では現実の時、ところ、状況をめぐって膨らみのある解釈が必要です。

グローバルにコンセンサスを得ていると考えられている無危害原則 Principle of nonmaleficence、仁恵原則 P. of beneficence、自立原則 P. of respect for autonomy、正義・公平原則 P. of justiceなどは果たして全ての原則が東洋人に素直に受け入れられているのでしょうか。一神教的な概念に慣れていない日本でこそある意味で人間的倫理が議論される地盤があるのではと考えます。

最近次に述べるような経験をしました。

50代の schizophrenia の男性と女性です。両者とも1年間同じグループホームで生活をしていました。恋愛関係となり、互いに新しい人間関係を築いていきました。男性は結婚を意識し、単身アパートでの生活を開始しました。その後も両者は同じ作業所に通っております。ある日、女性の顔が腫れているのを女性職員が発見しました。男性からの暴力が状況証拠から疑われ、女性職員が女性にたどしました。しかし女性は暴力を受けたことを認めず、むしろ男性をかばう返事でした。女性職員は以前に北米に留学していたこともあり、女性保護の立場からその女性に刑事事件として訴えることを説得しました。さらに男性には作業所への出入りを禁止する判断をしました。この場合、男性には独立した地域生活を送っている以上自立原則を適用し、責任をとってもらおうという判断でした。女性は現在治療的住居にいるため刑事事件としての告発を empower したわけです。一方倫理委員会での議論は、現在正式な夫婦ではなくとも、それに準ずる関係であるならば他者が強制的に介入するのは両者の自立原則に抵触するのではないかと意見が多く出ました。いずれにせよ自立原則に関わるジレンマです。精神障害者の自立については、その可能性について日本文化の中ではまだ意見の一致が得られていません。

そこで提案ですが、日本の精神医療サービス提供者とサービス利用者の倫理認識に対するアンケート調査をすることが必要ではないでしょうか。地域で生活する精神障害の方々、その方々にサービスを提供する人々が増えております。それらの方々の倫理認識と我々医療専門家が議論している認識とは乖離、齟齬が認められます。先験的定言への抵抗を認めた上で、生活者からの発想(慣習)を是非とも取り入れていかなければと考える次第です。

Dr.遊佐： .. 勉強されて、という風に理解してよろしいでしょうか。ラビナスの、研究について、フランスの哲学者のラビナスについて研究されたことがありますか。

Dr. Weisstub： なぜこんなことをお聞きしたかということ、今、お話したようなこと、ラビナスとかそういうのをご存知かどうかということはこれからディスカッションする上で、明確にするために非常に関係のあることだからなんです。今日の午後の時間使って、最も大事なキーポイントというのは、何が関係付ける標準になるポイントかということです。経済の国際化自体が非常に複雑な影響をもたらしていますが、しかし、それと比べて、国際化、インテリの国際化ということにおいては、問題がより一層複雑になると思います。往々にして我あれは言葉の定義で共通点を見つけたと思込みがちですけれども、それは言葉に隠れた最も大事なところの違いを不明確にしてしまう危険性があります。言葉を聞いていると、あたかも精神療法で洞察を得たかのような気持ちになってしまいます。その言葉の意味は非常に現実感を伴って伝わってきますが、非常に主観的なものです。実際には非常に感情的な側面がこのような討論のなかに注入されているからです。すなわち、文化的な影響で決定付けられているからです。また、専門教育によって決定付けられているからです。1人1人が非常に高度な知性的な背景を持っているからです。そして、お互いに葛藤があるような、矛盾があるようなニーズを持っています。一方では、文化的、民族のアイデンティティを必要としているというニーズがあるのに対して、もう一方では、何らかの形でこれは正直に共通する国際的なアイデンティティを共有したいという気持ちがあります。熊倉先生のおっしゃるように、理性的には、知性的にはミドルグラウンド、みんなの間を探ることができると思います。しかし、極端に走るといって、その可能性は常にあります。そしてそのこと自体は、西洋と東洋で違った経験として培われてきているのではないかと思います。確実性は哲学でとても大事な概念です。2,500年前に、釈迦がミドルグラウンドの重要性ということを明確にしています。それで熊倉先生と同じようなポイントを、一方の極端に *relativism*、もう一方の極端に *absolutism*、その間のミドルグラウンドという発想を釈迦も同じようなことを見事に伝えていています。それは哲学的に東洋と西洋の重要な違いだと思います。古代ギリシャ哲学の中でも、それは討論されています。ヘラクレイトスが西洋では始めの相対主義者だったのです。釈迦はこの *dichotomy* は偽の *dichotomy* だという言い方をしています。明らかな見えなかった現実やゆがんだ考えとかそういったところから自分の身を引くことによって現実、真実を見ることができるといような発想です。自分の考えでは、西洋の哲学も釈迦の哲学と同じようなところに回帰して、戻ってきているのではないかと思います。そういう意味では、釈迦の常識的な理解というのは非常に驚くべきものではないかと思います。ソクラテス以降の哲学は、*dichotomy*、両極端をずっと作ってきたと思うのです。最近の *bioethics* の問題は、カントと功利主義の両極端という問題で考えてきています。東洋的な伝統に基づいた考え方では、このような *dichotomy* を一掃してしまいます。基本的にそれが *dichotomy* だと考えるということは現実を、真実を見

つけるための可能性を歪めてしまうものだ、という捉え方をします。普遍の真実を探すということは 20 世紀の深い問題であったということです。唯一の絶対的な真実を、1 つの真実を見つけるというような立場というのは、東洋の哲学では、それはそうではない、という立場を取ってきています。問題は、現代においては東洋でも西洋でも純粋な文化はもう残っていないという問題にあると思います。従って、だからこそ先生方の価値、知識の背景についてお伺いしました。用語を取りかえることができる言葉で使って、そのものをずいぶん歪めてしまう使い方をすることも随分あります。われわれは帝国主義の問題もあり、その帝国主義の問題が哲学的な討論をコントロールするというか統制するという事もあります。足元にある真実を見つける事ができない、という先生がおっしゃったようなことも、そのような問題から発生してきます。精神科医がたとえ正直な精神科医であったとしても、アメリカの精神科医であっても、そのような状況にぶつけられた場合にはロシアの精神科に負けないほど物事を歪めて発言するということがあると思います。bioethics の冒洗の問題は、このような事に関して自分で研究して書いている人たちが意識しないところで歪められてしまっている可能性もあります。患者のために最もよいこと、インフォームド・コンセント、患者の代わりに意思決定をしてあげるといいますが、そのような用語はダブル・スタンダードを象徴するようないろんな使い方、言葉が混乱を招くような使い方がされる可能性があります。治療を受ける権利、治療を受けない権利、というのも、言語学的に非常に混乱を招きやすい言葉です。それに加え、法律的な哲学用語の混乱を招く度合いを軽く見ては行けません。なぜなら、法律は応用哲学だからです。ある意味では臨床的な倫理だと思います。アメリカの憲法においては principle という言葉を使いますが、それでドイツの憲法では、basic norm という言葉を使いますが、これらの用語はカントの言う [絶対] という言葉から考えると、絶対には程遠いものだと思います。法律用語の前提価値程度のものでしかないです。このような前提価値というものは、それに対して対抗するような情報があれば、それは一掃されてしまうもの、という意味があります。これは、競合する価値、という問題ということでも説明することができるように思います。具体的な例をあげます：プライバシー守秘。アメリカでは、憲法においてあたかも絶対的な価値としてこれを扱っています。これは歴史的にも哲学的にも絶対的なもののように聞えます。カントの価値で言えば、人間に対する尊厳ですね。カントの概念である、個人の価値と自立はカントによると絶対的な価値がある。このような概念はアメリカの憲法に関する哲学の根底にあるものとして受け入れられてきました。従って、自立というものは裁判所においてその人間の自立、そして人間としての尊敬に結びつくというふう考えられています。しかし実際にはプライバシーというものは、他の人たちのニーズに従っての情報と比較対照されて扱われるものでなければならないのですから、われわれの恐怖とはなんでしょうか。いま、お話したような発想、ものの考え方で、自由とかその他の概念まで応用して話すようになってくると、みんなが共有できるような価値観に到達するのではなくて、価値観の違いのぶつかり合い、という不安が出てくると思います。憲法に関する哲学にしても、精神

医学の倫理にしても、われわれは共有できるような価値観というものを求めていると思います。東洋であっても西洋であってもわれわれの持っている恐怖というのは二ヒリズムです。その理由は、精神主義的な文化にわれわれは生きているからではないからです。釈迦の悟りは、精神主義的な世界にわれわれは存在していないので、往々にして二ヒリズムと絶対主義の dichotomy(二分法)で考えるような状況に陥ってしまう危険性があります。そのような不安があるからこそ、価値の一致、共有ということにしがみつこうとします。我々が実際に共有するのは、現実的な Pragmatic(实际的)な世界です。実際にそれは、往々にして競合する、葛藤があるような価値観がぶつかり合うような現状の中にあります。そして、そのような経験は一つの文化圏の中でも起きますし、文化と文化の間でも起きます。我々が価値の一致を得たときには、そのような価値はけっこう小さなものに見えます。平凡なものに聞えます。これが、現代の法律と規則の問題だと思います。精神医学のような、医学に応用された倫理を考えると、価値と照らし合わせるポイントをどのように見つけるかということになり、それが人間にとって有意義なものであるようにします。しかしその価値は誰の価値でしょうか。菅原先生の例として出されたケースですけれども、非常にパワフルな例だと思います。なぜなら、菅原先生もダブル・スタンダードの問題を如実に提示しているからです。このダブル・スタンダードは、文化と専門家の間のダブル・スタンダードではありません。これは、専門職と個人のダブル・スタンダードです。1人の個人が、普通の自立のレベルで機能していると思われる人よりも低いレベルで機能しているという風に考えられる。その人に対して自分の一生の伴侶を失う可能性があるような方向に押しつけていくということの意義はどのような意義があるのでしょうか。客観的なモラルが、価値判断を押しつけるということが果たして我々の権利としてあるのでしょうか。このようなものは、ポスト・モダン主義的な倫理として非常に重要な問題だと思います。このような問題は常に、少数民族のグループに対して、それから種族の問題とか、カルトの問題とか、原始グループの問題とか、それから畸形とか、能力が欠けているとか、そういうグループがこのようなところの問題としてたくさん出てきます。そこに、法律のスタンダードを適用するとき、同じような範囲の問題をそこに組みこんでくることになります。私は、精神医学は非常に豊潤な土壌だと思っています。文化の客観的そして主観的な側面を如実にあらわすような土壌になっているからだと思います。私にとっての問題は、東洋対西洋という問題ではありません。また、過去の哲学とポスト・モダンな哲学の違い、というものでもありません。これらは、インテリなエクササイズというか、インテリな話としては面白いのかもしれないが、そういう意味では、われわれの心、それから知性の中にそういうニーズはあるかもしれませんが、だから、まったく意味がないということではありません。しかし、事実は熊倉先生の言われたポイントが非常に重要だと思います。すなわち、倫理において正直に真実を言う。1つ1つのケースでわれわれが体験する倫理的なジレンマは一体何なのか。それに直面するときに必要なのは、われわれ1人1人のモラル、そして倫理的なバイオグラフィーに、自分のバックグラウンドですね。なぜなら、われわれが個人的

な、倫理的として話すことは、自分の倫理的な歴史をストーリーとして話すということだと思います。これは非常に間違ったところに行きやすい、なぜなら非常に反動的で防衛的だからです。それは、現実よりも我々の持っている、悪夢と夢を反映しているからです。世界中の人々が最近では、ルーツとアイデンティティを失うのではないかという不安を持っています。これは日本でもユダヤ人でもアメリカ人でも東京でもニューヨークでも同じような問題だと思います。どうやって自分のモラル・アイデンティティを見つけるか、これは非常に大きな問題だと思います。一般の人々にとっても、それから学識のある人にとっても。真の倫理がどのように起きてくるかということを理解するには、自分にとって重要な、自分がケアをする人を見つけて初めて分かってくることだと思います。だから、菅原先生にラビナスという非常に重要なフランスの哲学者について読む機会があったかと聞いてみたのです。彼の非常にパワフルな基本的な考えは、倫理は他の人を通して見つけられる、他の人のために責任を取るということから見つけることができます。その質問を避けて菅原先生の出したケースを理解しようとする... を通してやると熊倉先生の言っていた問題により 1 歩近づくことができると思います。まとめますと、われわれの倫理観というのは、我々の持っているモラルバック・グラウンドによって、不明確、不明瞭にさせられているということです。これは単に自分たちの自己分析、精神分析をするということではありません。この問題は、釈迦が出した質問ではないかと思います。自分のアイデンティティに関して、どのようにして明確になるか、そして、真実は自分の足元にあると。これは、非常に困難なプロセスだと思います。だから、東洋も西洋も、全ての文化が実際にこの観点において今まで失敗してきているのだと思います。だから、我々が言う倫理は、今では過去の世紀のごみになってしまっているのではないかと思います。これは非常に、考えてみると恐ろしい考えです。これが私の最後の言葉になります。(拍手)

Dr.鈴木： 今日のワークショップは今後の参考にもなると思います。ワスタブさんは今日の事をそのまま発刊したいと言われているんですが、今日録音しているテープを送りたいと思います。

Dr.遊佐： ちょっとだけ提案してもよろしいでしょうか。今日話合いされた事は本当に第 1 のステップに入る準備段階のような気がします。実際にももの見方の違い、というか共通点があるのかなという感じで今模索している段階かと思うのですが、それが抽象的なレベルであって、まだ具体的にどうなのか、というところが見つかっていない状況といますね。ただ、概念的にはなるほど、と思うところが沢山あると思いますが、次のステップとしてやはり実際に菅原先生に出して頂いた感じで具体的な事に関してどのように捉えるか、というような、ケース・スタディのような、意見交換とかができるともう少し具体的なものが見えてくるという印象があります。将来そういうことが出来ると良いなという印象を持ちました。これで終わりにします。

American Psychological Association

Ethical Principles of Psychologists and Code of Conduct

Draft for Comment

Instructions for Comment

The Ethics Code Task Force (ECTF) invites both members and nonmembers of the APA to comment upon the accompanying Draft of the Ethics Code. This draft, along with instructions on how to submit comments online, can also be found at www.apa.org/ethics. While all comments will be read and considered, due to the anticipated volume of submissions it will not be possible to respond to comments on an individual basis.

The ECTF encourages the submission of comments online, by way of APA's Web site, www.apa.org/ethics. Both the revision published in this issue of the Monitor and the current (1992) Ethics Code can be found on the [apa](http://www.apa.org) Web site.

To submit comments please:

- 1) Include your name, address, phone number, and indicate whether you are an APA member;
- 2) Indicate whether this comment is submitted on behalf of an individual or a group and, if the latter, identify the group (e.g., APA Div. 39; Massachusetts Psychological Association Ethics Committee);
- 3) State as clearly as possible what aspect of the Code you wish to address. As examples: Introduction,

paragraph 4; Preamble, Principal A; Standard 3, Informed Consent, 3.10(b);

4) State clearly the language of your proposed revision. It will be especially helpful to the ECTF if you provide a "redline" version (that is, indicate additions by underlining, and deletions by strikeouts or []'s);

5) State the reasons why your proposed revision improves the Code. For explanations of more than half a page, please provide a concise (two-to-three sentence) summary of your reasoning. *The ECTF will not accept comments that include identifying information about other persons;*

6) Send your postal or fax comments to: ECTF, APA Ethics Office, 750 First St., N.E., Washington, DC, 20002. By fax: (202) 336-5997;

7) To obtain a comparison of the Draft of the Ethics Code and the current (1992) Ethics Code, please send your request to the ECTF at the address immediately above.

Comments must be received by 5 p.m. on Monday, April 30, 2001, in order to be considered at the June meeting of the Ethics Code Task Force.

American Psychological Association Ethical Principles of Psychologists and Code of Conduct

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INTRODUCTION AND APPLICABILITY

The American Psychological Association's (APA's) Ethical Principles of Psychologists and Code of Conduct (hereinafter referred to as the Ethics Code) consists of an Introduction, a Preamble, five General Principles (A-E), and specific Ethical Standards. The Introduction discusses the intent, organization, procedural considerations, and scope of application of the Ethics Code. The Preamble and General Principles are aspirational goals to guide psychologists toward the highest ideals of psychology. Although the Preamble and General Principles are not themselves enforceable rules, they should be considered by psychologists in arriving at an ethical course of action and may be considered by ethics bodies in interpreting the Ethical Standards. The Ethical Standards set forth enforceable rules for conduct as psychologists. Most of the Ethical Standards are written broadly, in order to apply to psychologists in varied roles, although the application of an Ethical Standard may vary depending on the context. The Ethical Standards are not exhaustive. The fact that a given conduct is not specifically addressed by the Ethics Code does not mean that it is necessarily either ethical or unethical.

This Ethics Code applies only to psychologists' activities that are part of their scientific, educational, or professional roles as psychologists. Areas covered include but are not limited to the clinical, counseling, and school practice of psychology; research; teaching; supervision of trainees; development of assessment instruments; conducting assessments; educational counseling; organizational consulting; forensic activities; social intervention; and administration. This Ethics Code applies to these activities across a variety of contexts, such as in person, postal, telephone, internet, and other electronic transmissions. These activities shall be distinguished from the purely private conduct of psychologists, which is not within the purview of the Ethics Code.

Membership in the APA commits members to comply with the APA Ethics Code and to the rules and procedures used to enforce it.

The procedures for filing, investigating, and resolving complaints of unethical conduct are described in the current Rules and Procedures of the APA Ethics Committee. APA may impose sanctions on its members for violations of the Ethics Code, including termination of APA membership, and may notify other bodies and individuals of its actions. Actions that violate the Ethics Code may also lead to the imposition of sanctions on psychologists or students whether or not they are APA members by bodies other than APA, including state psychological associations, other professional groups, psychology boards, other state or federal agencies, and payors for health services. In addition, APA may take action against a member after his or her conviction of a felony, expulsion or suspension from an affiliated state psychological association, or suspension or loss of licensure.

The Ethics Code is intended to provide guidance for psychologists and standards of professional conduct that can be applied by the APA and by other bodies that choose to adopt them. The Ethics Code is not intended to be a basis of civil liability. Whether or not a psychologist has violated the Ethics Code does not by itself determine whether he or she is legally liable in a court action, whether a contract is enforceable, or whether other legal consequences occur. However, compliance with or violation of the Ethics Code may be admissible as evidence in some legal proceedings, depending on the circumstances.

The modifiers used in some of the standards of this Ethics Code (e.g. reasonably, appropriate, potentially, usually) are included in the standards when they would (1) allow professional judgment on the part of the psychologist, (2) eliminate injustice or inequality

that would occur without the modifier, (3) ensure applicability across the broad range of activities conducted by psychologists, (4) guard against a set of rigid rules that might be quickly outdated, or (5) allow opportunities for moral growth in the field.

In the process of making decisions regarding their professional behavior, psychologists must consider this Ethics Code in addition to applicable laws and psychology board regulations. If the Ethics Code establishes a higher standard of conduct than is required by law, psychologists must meet the higher ethical standard. If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to the Ethics Code and take steps to resolve the conflict in a responsible manner. If the conflict is unresolvable via such means, the psychologist may adhere to the requirements of the law, regulations, or other governing authority. If neither law nor the Ethics Code resolves an issue, psychologists should consider other professional materials¹ and the dictates of their own conscience, as well as seek consultation with others within the field.

PREAMBLE

Psychologists are committed to increasing knowledge of behavior and people's understanding of themselves and others and to the use of such knowledge to improve the condition of individuals, organizations, and society. Psychologists respect and protect civil and human rights and the central importance of freedom of inquiry and expression in research, teaching, and publication. They also strive to help the public in developing informed judgments and choices concerning human behavior. In doing so, they perform many roles, such as researcher, educator, diagnostician, therapist, supervisor, consultant, administrator, social interventionist, and expert witness. This Ethics Code provides a common set of values upon which psychologists build their professional and scientific work.

This Code is intended to provide both the general principles and the decision rules to cover most situations encountered by psychologists. It has as its goals the welfare and protection of the individuals and groups with whom psychologists work and the education of members, students, and the public regarding ethical standards of the discipline.

The development of a dynamic set of ethical standards for a psychologist's work-related conduct requires a personal commitment to a lifelong effort to act ethically; to encourage ethical behavior by students, supervisees, employees, and colleagues; and to consult with others concerning ethical problems. Each psychologist supplements, but does not violate, the Ethics Code's values and rules on the basis of guidance drawn from personal values, culture, and experience.

PRINCIPLE A: BENEFICENCE AND NON-MALEFICENCE

Psychologists strive to have a positive effect on those with whom they work, while taking care to do no harm. By thoughtful and prudent conduct, psychologists aspire to maximize the benefits of their work and to prevent or minimize harm to others through acts of commission or omission in their professional behavior. In their professional actions, psychologists weigh the welfare and rights of their patients or clients, students, supervisees, human research participants, and other affected persons, and the welfare of animal subjects of research. When conflicts occur among psychologists' obligations

or concerns, they attempt to resolve these conflicts and to perform their roles in a responsible fashion that avoids or minimizes harm. Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence. Given that psychologists are better able to care for others when they care for themselves, psychologists take measures to promote and maintain their own physical and mental health.

PRINCIPLE B: FIDELITY AND SOCIAL RESPONSIBILITY

Psychologists establish relationships of loyalty and trust with those with whom they work. In the course of their work, psychologists are aware of their professional and scientific responsibilities to the community and society. Psychologists uphold professional standards of conduct, clarify their professional roles and obligations, accept appropriate responsibility for their behavior, and avoid conflicts of interests. Psychologists consult with, refer to, or cooperate with other professionals and institutions to the extent needed to serve the best interests of their students, research participants, patients, clients, or other recipients of their services. Psychologists' moral standards and conduct are personal matters to the same degree as is true for any other person, except as psychologists' conduct may compromise their professional responsibilities or reduce the public's trust in psychology and psychologists. Psychologists are concerned about the ethical compliance of their colleagues' scientific and professional conduct.

[The ECTF has not completed revision of the section immediately below on history and effective date. The section consisting of these 34 lines will be revised and updated upon presentation of a final draft to Council for its approval.]

This version of the APA Ethics Code was adopted by the American Psychological Association's Council of Representatives during its meeting, _____, and is effective beginning _____. Inquiries concerning the substance or interpretation of the APA Ethics Code should be addressed to the Director, Office of Ethics, American Psychological Association, 750 First Street, NE, Washington, DC 20002-4242.

This Code will be used to adjudicate complaints brought concerning alleged conduct occurring on or after the effective date. Complaints regarding conduct occurring prior to the effective date will be adjudicated on the basis of the version of the Code that was in effect at the time the conduct occurred, except that no provisions repealed in June 1989, will be enforced even if an earlier version contains the provision. The Ethics Code will undergo continuing review and study for future revisions; comments on the Code may be sent to the above address.

The APA has previously published its Ethical Standards as follows: American Psychological Association. (1953). Ethical standards of psychologists. Washington, DC: Author.

American Psychological Association. (1959). Ethical standards of psychologists. *American Psychologist*, 14, 279-282.

American Psychological Association. (1963). Ethical standards of psychologists. *American Psychologist*, 18, 56-60.

American Psychological Association. (1968). Ethical standards of psychologists. *American Psychologist*, 23, 357-361.

American Psychological Association. (1977, March). Ethical standards of psychologists. *APA Monitor*, 22-23.

American Psychological Association. (1979). Ethical standards of psychologists. Washington, DC: Author.

American Psychological Association. (1981). Ethical principles of psychologists. *American Psychologist*, 36, 633-638.

American Psychological Association. (1990). Ethical principles of psychologists (Amended June 2, 1989). *American Psychologist*, 45, 390-395.

American Psychological Association. (1992). Ethical principles of psychologists and code of conduct. *American Psychologist*, 47, 1597-1611.

Request copies of the APA's Ethical Principles of Psychologists and Code of Conduct from the APA Order Department, 750 First Street, NE, Washington, DC 20002-4242, or phone (202) 336-5510.

PRINCIPLE C: INTEGRITY

Psychologists seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of psychology. In these activities psychologists do not steal, cheat, or engage in fraud, subterfuge, or intentional misrepresentation of fact. In relationships involving legitimate expectations of trust, psychologists are candid and forthright. In their work, psychologists strive to keep their promises and to avoid bad-faith excuses, unwise or unclear commitments, and conflicts of interest. In situations in which deception may be ethically justifiable to maximize benefits and minimize harm, psychologists have a serious obligation to consider the need for, the possible consequences of, and their responsibility to correct any resulting mistrust or other harmful effects that arise from the use of such techniques.

PRINCIPLE D: JUSTICE

Psychologists strive to conduct their work in a fair manner, taking into account issues of equality, impartiality, and proportionality. They recognize that fairness and justice require that all persons are entitled to access to and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists. Psychologists exercise careful judgment and take appropriate precautions to ensure that their potential biases, the boundaries of their competence, and the limitations of their expertise do not lead to or condone unjust or discriminatory practices.

PRINCIPLE E: RESPECT FOR PEOPLE'S RIGHTS AND DIGNITY

Psychologists accord appropriate respect to the fundamental rights, dignity, and worth of all people. They accept as fundamental the belief that each person should be treated as an end in him/herself, not as an object or a means to an end. They respect the rights of individuals to privacy, confidentiality, self-determination, and autonomy, cognizant of the fact that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision-making. Psychologists are aware of and respect cultural, individual, and role differences, including those based on age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language,

¹Professional materials that are most helpful in this regard are guidelines and standards that have been adopted or endorsed by professional psychological organizations. Such guidelines and standards, whether adopted by the American Psychological Association (APA) or its Divisions, are not enforceable as such by this Ethics Code, but are of educative value to psychologists, courts, and professional bodies. Such materials include, but are not limited to, the APA's General Guidelines for Providers of Psychological Services (1987), Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations (1990), Record Keeping Guidelines (1993), Guidelines for Child Custody Evaluations in Divorce Proceedings (1994), Guidelines for Ethical Conduct in the Care and Use of Animals (1996), Guidelines for the Evaluation of Dementia and Age-Related Cognitive Decline (1998), Guidelines for Psychological Evaluations in Child Protection Matters (1998), Standards for Educational and Psychological Testing (1999), Guidelines for Psychotherapy with Lesbian, Gay, and Bisexual Clients (2000), Publication Manual of the American Psychological Association (4th ed., 1994), and the APA Division 41 (Forensic Psychology/American Psychology-Law Society) Specialty Guidelines for Forensic Psychologists (1991).

and socioeconomic status and take these factors into account when working with members of such groups. Psychologists try to eliminate the effect on their work of biases based on those factors, and they do not knowingly participate in or condone activities that are prejudicial.

1. RESOLVING ETHICAL ISSUES

1.01 Misuse of Psychologists' Work.

(a) Psychologists do not participate in activities in which it appears likely that their skills or data will be misused or misrepresented by others, unless corrective mechanisms are available such as those provided in legal proceedings. (See also Standard 3.01, Honesty.)

(b) If psychologists learn of misuse or misrepresentation of their work, they take reasonable steps to correct or minimize the misuse or misrepresentation.

1.02 Conflict Between Ethics and Law, Regulations, or Other Governing Legal Authority.

If psychologists' ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to the Ethics Code and take steps to resolve the conflict in a responsible manner. If the conflict is unresolvable via such means, the psychologist may adhere to the requirements of the law, regulations, or other governing legal authority.

1.03 Conflicts Between Ethics and Organizational Demands.

If the demands of an organization with which psychologists are affiliated conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and to the extent feasible, seek to resolve the conflict in a way that permits the fullest adherence to the Ethics Code.

1.04 Informal Resolution of Ethical Violations.

When psychologists believe that there has been an ethical violation by another psychologist, they attempt to resolve the issue by bringing it to the attention of that individual if an informal resolution appears appropriate and the intervention does not violate any confidentiality rights that may be involved.

1.05 Reporting Ethical Violations.

If an apparent ethical violation is not appropriate for informal resolution under Standard 1.04 or is not resolved properly in that fashion, psychologists take further action appropriate to the situation, unless such action conflicts with confidentiality rights in ways that cannot be resolved. Such action might include referral to state or national committees on professional ethics, to state licensing boards, or to the appropriate institutional authorities.

1.06 Cooperating With Ethics Committees.

Psychologists cooperate in ethics investigations, proceedings, and resulting requirements of the APA or any affiliated state psychological association to which they belong. In doing so, they make reasonable efforts to resolve any issues as to confidentiality. Failure to cooperate is itself an ethics violation.

1.07 Improper Complaints.

Psychologists do not file or encourage the filing of ethics complaints that are frivolous and are intended to harm the respondent rather than address an ethical violation.

1.08 Unfair Discrimination Against Complainants and Respondents.

Psychologists do not deny persons employment, advancement, admissions to academic or other programs, tenure, or promotion, based solely upon their having made, or their being the subject of an ethics complaint. This does not preclude taking action based upon the outcome of such proceedings or consideration of other appropriate information.

2. COMPETENCE

2.01 Boundaries of Competence.

(a) Psychologists provide services, teach, and conduct research only within the boundaries of their competence, based on their appropriate education, training, supervised experience, consultation, study, or professional experience.

(b) Where understanding of age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status significantly affects psychologists' work concerning particular individuals or groups, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, or they make appropriate referrals, except as provided in Standard 2.02, Providing Services in Extraordinary Circumstances.

(c) Psychologists planning to provide services, teach, or conduct research involving areas, techniques, or technologies new to them undertake appropriate education, training, supervised experience, consultation, or study.

(d) In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect clients/patients, students, research participants, and others from harm.

2.02 Providing Services in Extraordinary Circumstances.

In extraordinary circumstances involving emergencies, underserved geographic areas, or underserved populations, when a psychologist is asked to provide services to individuals for whom appropriate mental health services are not available and for which the psychologist has not obtained the competence necessary, the psychologist may provide such services in order to ensure that services are not denied; however, the psychologist refers the individual to an appropriately trained provider as soon as possible or makes a reasonable effort to obtain the necessary competence.

2.03 Maintaining Expertise.

Psychologists undertake ongoing efforts to maintain competence in the skills they use.

2.04 Bases for Scientific and Professional Judgments.

Psychologists' scientific or professional judgments and endeavors must have reliable bases in the knowledge and experience of the discipline.

2.05 Delegation of Work to Others and Use of Interpreters.

Psychologists who delegate work to employees, supervisees, and research and teaching assistants or who use the services of others, such as interpreters, (1) take reasonable steps to authorize only those responsibilities that such persons can be expected to perform competently on the basis of their education, training,

or experience, either independently or with the level of supervision being provided and (2) take reasonable steps to see that such persons perform these services competently. (See also Standards 2.02, Providing Services in Extraordinary Circumstances; 4.01, Maintaining Confidentiality; and 9.07, Assessment by Unqualified Persons.)

2.06 Personal Problems and Conflicts.

(a) Psychologists refrain from undertaking an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner.

(b) When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance, and determine whether they should limit, suspend, or terminate their work-related duties. (See also Standard 10.10, Terminating the Professional Relationship.)

3. HUMAN RELATIONS

3.01 Honesty.

Psychologists' communications regarding their work-related activities do not knowingly contain false statements or fail to disclose material information regarding the bases for their findings or recommendations. (See also Standards 5.01, Avoidance of False or Deceptive Public Statements; 6.07, Accuracy in Reports to Payors and Funding Sources; 7.02, Descriptions of Education and Training Programs; and 8.11, Plagiarism.)

3.02 Unfair Discrimination.

In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law.

3.03 Sexual Harassment.

Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances, or verbal or non-verbal conduct that is sexual in nature, that occurs in connection with the psychologist's activities or roles as a psychologist, and that either (1) is unwelcome, is offensive, or creates a hostile workplace or educational environment, and the psychologist knows or is told this or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts. (See also Standard 1.08, Unfair Discrimination Against Complainants and Respondents.)

3.04 Other Harassment.

Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons' age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, or socioeconomic status.

3.05 Avoiding Harm.

Psychologists take reasonable steps to avoid harming their clients/patients, research participants, students, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

3.06 Multiple Relationships.

(a) A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom they have the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.

A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist or otherwise risks exploitation or harm to the person with whom the professional relationship exists.

Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.

(b) Whenever feasible, a psychologist refrains from taking on a professional role when prior personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected (1) to impair the psychologist's objectivity, competence, or effectiveness in performing his or her functions as a psychologist or (2) to expose the person with whom the professional relationship exists to harm or exploitation.

(c) If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist attempts to resolve it with due regard for the welfare of the affected person.

3.07 Third-Party Requests for Services.

(a) When a psychologist agrees to provide services to a person or entity at the request of a third party, the psychologist clarifies to the extent feasible, at the outset of the service, the nature of the relationship with each party. This clarification includes the role of the psychologist (such as therapist, organizational consultant, diagnostician, or expert witness), the probable uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality. (See also Standard 4.02, Discussing the Limits of Confidentiality.)

(b) If there is a foreseeable risk of the psychologist's being called upon to perform conflicting roles because of the involvement of a third party, the psychologist clarifies the nature and direction of his or her responsibilities, keeps all parties appropriately informed as matters develop, and resolves the situation in accordance with this Ethics Code. (See also Standards 3.06, Multiple Relationships, and 11.03, Clarification of Role.)

3.08 Exploitative Relationships.

Psychologists do not exploit persons over whom they have supervisory, evaluative, or other authority such as students, supervisees, employees, research participants, and clients/patients. (See also Standards 3.06, Multiple Relationships; 6.05, Fees and Financial Arrangements; 6.06, Barter with Clients/Patients; 7.06, Sexual Relationships with Students and Supervisees; and 10.05-10.08 regarding sexual involvement with clients/patients.)

3.09 Cooperation with Other Professionals.

When indicated and professionally appropriate, psychologists cooperate with other professionals in order to serve their clients/patients effectively and appropriately.

3.10 Informed Consent.

(a) When psychologists conduct research or provide assessment, psychotherapy, or counseling with an individual in person or via electronic transmission or other forms of communication, they obtain the informed consent of that individual using language that is reasonably understandable to that person except when conducting such activities without consent is mandated or prescribed by law or governmental regulation or as otherwise provided in this Ethics Code. The content of informed consent will vary depending on many circumstances; however, informed consent ordinarily requires that the person (1) has the capacity to consent, (2) has been provided information concerning participation in the activity that reasonably might affect his or her willingness to participate including limits of confidentiality and monetary or other costs or reimbursements, and (3) is aware of the voluntary nature of participation and has freely and without undue influence expressed consent. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; 10.01, Informed Consent to Therapy; and 11.02, Informed Consent for Forensic Services.)

(b) For persons who are legally incapable of giving informed consent, psychologists nevertheless (1) provide an appropriate explanation, (2) seek the individual's assent, (3) consider such persons' preferences and best interests, and (4) obtain appropriate permission from a legally authorized person, if such substitute consent is permitted or required by law. When consent by a legally authorized person is not permitted or required by law, psychologists take reasonable steps to protect the individual's rights and welfare.

(c) When obtaining informed consent, psychologists make reasonable efforts to answer an individual's questions, to avoid apparent misunderstandings, and when possible, to address those misunderstandings that occur.

(d) Psychologists appropriately document consent and assent.

3.11 Describing the Nature and Results of Psychological Services.

(a) When psychologists provide program evaluation, supervision, educational consultation, or scientific or other psychological services to an individual, a group, or an organization, they provide, using language that is reasonably understandable to the recipients of those services, appropriate information beforehand about the nature of such services and appropriate information later about results and conclusions. (See also Standard 9.10, Explaining Assessment Results.)

(b) If psychologists will be precluded by law or by organizational roles from providing such information to particular individuals or groups, they so inform those individuals or groups at the outset of the service.

4. PRIVACY AND CONFIDENTIALITY

4.01 Maintaining Confidentiality.

Psychologists have a primary obligation and take reasonable precautions to protect confidentiality rights, recognizing that they may be established by law, institutional rules, or professional or scientific relationships. (See also Standard 2.05, Delegation of Work to Others and Use of Interpreters.)

4.02 Discussing the Limits of Confidentiality.

(a) Psychologists discuss with persons (including, to the

extent feasible, persons who are legally incapable of giving informed consent and their legal representatives) and organizations with whom they establish a scientific or professional relationship (1) the relevant limitations on confidentiality, (2) the foreseeable uses of the information generated through their psychological activities, and (3) the limitations on confidentiality when information is communicated or services provided by electronic transmission. (See also Standard 3.10, Informed Consent.)

(b) Unless it is not feasible or is contraindicated, the discussion of confidentiality occurs at the outset of the relationship and thereafter as new circumstances may warrant.

(c) Psychologists offering services, products, or information via electronic transmission inform users of the risks to privacy and limitations on confidentiality.

4.03 Recording.

Psychologists obtain permission before recording the voice or image of individuals to whom they provide services. (See also Standards 8.03, Informed Consent for Recording Voice and Images in Research; 8.05, Dispensing with Informed Consent for Research; and 8.07, Deception in Research.)

4.04 Minimizing Intrusions on Privacy.

(a) Psychologists include in written and oral reports, consultations, and the like, only information germane to the purpose for which the communication is made.

(b) Psychologists discuss confidential information obtained in their work only for appropriate scientific or professional purposes and only with persons clearly concerned with such matters.

4.05 Disclosures.

(a) Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose, such as (1) to provide needed professional services to the patient or the individual or organizational client, (2) to obtain appropriate professional consultations, (3) to protect the client/patient, psychologist, or others from harm, or (4) to obtain payment for services from a client/patient, in which instance disclosure is limited to the minimum that is necessary to achieve the purpose. (See also Standard 6.05(f), Fees and Financial Arrangements.)

(b) Psychologists also may disclose confidential information with the appropriate consent of the organizational client, the individual client/patient, or of another legally authorized person on behalf of the client/patient unless prohibited by law.

4.06 Consultations.

When consulting with colleagues, (1) psychologists do not disclose confidential information that reasonably could lead to the identification of a client/patient, research participant, or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure cannot be avoided, and (2) they disclose information only to the extent necessary to achieve the purposes of the consultation. (See also Standard 4.01, Maintaining Confidentiality.)

4.07 Use of Confidential Information for Didactic or Other Purposes.

Psychologists do not disclose in their writings, lectures, or other public media, confidential, personally identifiable information concerning their clients/patients, organizational clients, students,

research participants, or other recipients of their services that they obtained during the course of their work, unless psychologists take reasonable steps to disguise the information or the person or organization has consented in writing or unless there is other ethical or legal authorization for doing so.

5. ADVERTISING AND OTHER PUBLIC REPRESENTATIONS

5.01 Avoidance of False or Deceptive Public Statements.

(a) Psychologists do not knowingly make public statements that are false, deceptive, or fraudulent, concerning their research, practice, or other work activities or those of persons or organizations with which they are affiliated. Public statements include but are not limited to paid or unpaid advertising, product endorsements, grant and credentialing applications, brochures, printed matter, directory listings, personal resumes or curriculum vitae, or comments for use in media such as print or electronic transmission, statements in legal proceedings, lectures and public oral presentations, and published materials. (See also Standard 3.01, Honesty.)

(b) Psychologists do not make false, deceptive, or fraudulent statements concerning (1) their training, experience, or competence; (2) their academic degrees; (3) their credentials; (4) their institutional or association affiliations; (5) their services; (6) the scientific or clinical basis for, or results or degree of success of, their services; (7) their fees; or (8) their publications or research findings.

(c) Psychologists claim as credentials for their psychological work, only degrees that (1) were earned from a regionally accredited educational institution or (2) were the basis for psychology licensure by the state in which they practice.

5.02 Statements by Others.

(a) Psychologists who engage others to create or place public statements that promote their professional practice, products, or activities retain professional responsibility for such statements.

(b) Psychologists do not compensate employees of press, radio, television, or other communication media in return for publicity in a news item.

(c) A paid advertisement relating to psychologists' activities must be identified or clearly recognizable as such.

5.03 Descriptions of Workshops and Non-Degree-Granting Educational Programs.

To the degree to which they exercise control, psychologists responsible for announcements, catalogs, brochures, or advertisements describing workshops, seminars, or other non-degree-granting educational programs ensure that the materials accurately describe the audience for which the program is intended, the educational objectives, the presenters, and the fees involved.

5.04 Media Presentations.

When psychologists provide public advice or comment, they take reasonable precautions to ensure that (1) the statements are based on appropriate psychological literature or practice, (2) the statements are otherwise consistent with this Ethics Code, and (3) the recipients of the information are not encouraged to infer that a relationship has been established with them personally. (See also Standard 2.04, Bases for Scientific and Professional Judgments.)

5.05 Testimonials.

Psychologists do not solicit testimonials from current psy-

chotherapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence.

5.06 In-Person Solicitation.

Psychologists do not engage, directly or through agents, in uninvited in-person solicitation of business from actual or potential psychotherapy clients/patients or other persons who because of their particular circumstances are vulnerable to undue influence. However, this prohibition does not preclude: (1) attempting to implement appropriate collateral contacts for the purpose of benefiting an already engaged therapy client/patient or (2) providing disaster outreach services.

6. RECORD KEEPING AND FEES

6.01 Documentation of Professional and Scientific Work and Maintenance of Records.

Psychologists appropriately create, maintain, disseminate, store, retain, and dispose of records and data relating to their professional and scientific work in order to (1) facilitate provision of services later by them or by other professionals where appropriate, (2) ensure accountability, (3) meet institutional requirements, (4) ensure accuracy of billing and payments, and (5) ensure compliance with law, all in a manner that permits compliance with the requirement of this Ethics Code. (See also Standard 4.01, Maintaining Confidentiality.)

6.02 Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work.

(a) Psychologists maintain appropriate confidentiality in creating, storing, accessing, transferring, and disposing of records under their control, whether these are written, automated, or in any other medium. (See also Standard 6.01, Documentation of Professional and Scientific Work and Maintenance of Records.)

(b) If confidential information concerning recipients of psychological services is entered into databases or systems of records available to persons whose access has not been consented to by the recipient, psychologists use coding or other techniques to avoid the inclusion of personal identifiers.

(c) A psychologist makes plans in advance to facilitate the appropriate transfer and to protect the confidentiality of records and data in the event of the psychologist's death, incapacity, or withdrawal from the position or practice.

6.03 Availability of Records and Data.

Recognizing that ownership of records and data is governed by legal principles or contractual obligations, psychologists take reasonable and lawful steps so that records and data remain available to the extent needed to serve the best interests of clients/patients, organizational clients, research participants, or appropriate others.

6.04 Withholding Records for Nonpayment.

Psychologists may not withhold records under their control that are requested and needed for a client's/patient's emergency treatment solely because payment has not been received.

6.05 Fees and Financial Arrangements.

(a) As early as is feasible in a professional or scientific relationship, the psychologist and the client/patient or other appropriate recipient of psychological services reach an agreement specifying the compensation and the billing arrangements.

(b) Psychologists do not exploit recipients of services or payors with respect to fees.

(c) Psychologists' fee practices are consistent with law.

(d) Psychologists do not misrepresent their fees.

(e) If limitations to services can be anticipated because of limitations in financing, this is discussed with the client/patient or other appropriate recipient of services as early as is feasible. (See also Standards 10.09, Interruption of Services, and 10.10, Terminating the Professional Relationship.)

(f) If the client/patient or other recipient of services does not pay for services as agreed and if the psychologist wishes to use collection agencies or legal measures to collect the fees, the psychologist first informs the person that such measures will be taken and provides that person an opportunity to make prompt payment. (See also Standards 4.05, Disclosures; 6.04, Withholding Records for Nonpayment; and 10.01, Informed Consent to Therapy.)

6.06 Barter With Clients/Patients.

Barter is the acceptance of goods, services, or other nonmonetary remuneration from clients/patients in return for psychological services. A psychologist may barter only if (1) it is not clinically contraindicated and (2) the relationship is not exploitative. (See also Standards 3.06, Multiple Relationships, and 6.05, Fees and Financial Arrangements.)

6.07 Accuracy in Reports to Payors and Funding Sources.

In their reports to payors for services or sources of research funding, psychologists accurately state the nature of the service provided or research conducted, the fees, charges, or payments, and where applicable, the identity of the provider, the findings, and the diagnosis. (See also Standards 4.01, Maintaining Confidentiality; 4.04, Minimizing Intrusions on Privacy; and 4.05, Disclosures.)

6.08 Referrals and Fees.

When a psychologist pays, receives payment from, or divides fees with another professional, other than in an employer-employee relationship, the payment to each is based on the services provided (clinical, consultative, administrative, or other) and is not based on the referral itself. (See also Standard 3.09, Cooperation with Other Professionals.)

7. TEACHING AND TRAINING SUPERVISION

7.01 Design of Education and Training Programs.

Psychologists who are responsible for education and training programs take reasonable steps to ensure that the programs are designed to provide the appropriate knowledge and proper experiences, and to meet the requirements for licensure, certification, or other goals for which claims are made by the program. (See also Standard 5.03, Descriptions of Workshops and Non-Degree-Granting Educational Programs.)

7.02 Descriptions of Education and Training Programs.

(a) Psychologists responsible for education and training programs take reasonable steps to ensure that there is a current and accurate description of the program content (including participation in required course- or program-related counseling, psychotherapy, experiential groups, or community service), training goals and objectives, and requirements that must be met for satisfactory completion

of the program. This information must be made readily available to all interested parties.

(b) Psychologists take reasonable steps to ensure that course outlines are accurate and not misleading, regarding the subject matter to be covered, bases for evaluating progress, and the nature of course experiences. This standard does not preclude an instructor from modifying course content or requirements when pedagogically appropriate, as long as students are made aware of these modifications in a manner that enables them to fulfill course requirements. (See also Standard 5.01, Avoidance of False or Deceptive Public Statements.)

7.03 Accuracy in Teaching.

When engaged in teaching or training, psychologists present psychological information accurately. (See also Standard 2.03, Maintaining Expertise.)

7.04 Student Disclosure of Personal Information.

Psychologists do not require students to disclose personal information, either orally or in writing, which students might reasonably be expected to find to be embarrassing or upsetting to disclose. Such information includes sexual history, history of abuse and neglect, psychological treatment, and relationships with parents, peers, and spouses.

7.05 Mandatory Individual or Group Therapy.

(a) In programs that require mandatory individual or group therapy, faculty who are or are likely to be responsible for evaluating students' academic performance do not themselves provide that therapy. (See also Standard 3.06, Multiple Relationships.)

(b) When individual or group therapy is a program or course requirement, students are allowed the option of selecting such therapy outside the program.

7.06 Assessing Student and Supervisee Performance.

(a) In academic and supervisory relationships, psychologists establish an appropriate process for providing feedback to students and supervisees.

(b) Psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.

7.07 Sexual Relationships with Students and Supervisees.

Psychologists do not engage in sexual relationships with students or supervisees in training who are in their department or over whom the psychologist has or is likely to have evaluative authority.

8. RESEARCH AND PUBLICATION

8.01 Institutional Approval.

Psychologists obtain from host institutions or organizations appropriate approval prior to conducting research, and they provide accurate information about their research proposals. They conduct the research in accordance with the approved research protocol.

8.02 Informed Consent to Research.

(a) When obtaining informed consent as required in Standard 3.10, Informed Consent, psychologists inform participants about (1) the purpose of the research, expected duration, and procedures; (2) their right to decline to participate and to withdraw from the research once participation has begun; (3) the foreseeable consequences of declining or withdrawing; (4) reasonably foreseeable factors that may be expected to influence their

willingness to participate such as potential risks, discomfort, or adverse effects; (5) any prospective research benefits; (6) limitations on confidentiality; (7) incentives for participation; and (8) whom to contact for questions about the research and research participants' rights. (See Standards 8.05, Dispensing with Informed Consent for Research, and 8.07, Deception in Research.)

(b) Psychologists conducting intervention research involving the use of experimental treatments, clarify to participants at the outset of the research the experimental nature of the treatment, the services that will or will not be available to the control group(s) if appropriate, the means by which assignment to treatment and control groups will be made, and available treatment alternatives if an individual does not wish to participate in the research or wishes to withdraw once a study has begun.

8.03 Informed Consent for Recording Voice and Images in Research.

Psychologists obtain informed consent from research participants prior to recording their voice or image, unless the research consists solely of naturalistic observations in public places and it is not anticipated that the recording will be used in a manner that could cause personal identification or harm. (See also Standard 8.07, Deception in Research.)

8.04 Student and Subordinate Research Participants.

(a) When psychologists conduct research with students or subordinates, psychologists take special care to protect the prospective participants from adverse consequences of declining or withdrawing from participation.

(b) When research participation is a course requirement or opportunity for extra credit, the prospective participant is given the choice of equitable alternative activities.

8.05 Dispensing With Informed Consent for Research.

Psychologists may dispense with informed consent only where permitted by law, applicable regulations and institutional review board requirements or where (1) research is conducted in commonly accepted educational settings and involves the study of normal educational practices, instructional strategies, or effectiveness of or the comparison among instructional techniques, curricula, or classroom management methods and that would not reasonably be assumed to create distress or harm; (2) research involves only anonymous questionnaires, naturalistic observations, or certain kinds of archival research for which participants can not be identified and for which disclosure of the participants' responses would not place them at risk of criminal or civil liability or be damaging to the participants' financial standing, employability, or reputation or that would not reasonably be assumed to create distress or harm; or (3) research is conducted in organizational settings and concerns factors related to job or organization effectiveness for which participants can not be identified and for which disclosure of the participants' responses would not place their employability at risk.

8.06 Offering Inducements for Research Participants.

(a) When offering professional services as an inducement to obtain research participants, psychologists make clear the nature of the services, as well as the risks, obligations, and limitations. (See also Standard 6.06, Barter With Clients/Patients.)

(b) Psychologists make reasonable efforts to avoid offering excessive or inappropriate financial or other inducements to obtain

research participants when such inducements are likely to coerce participation.

8.07 Deception in Research.

(a) Psychologists do not conduct a study involving deception unless they have determined that the use of deceptive techniques is justified by the study's significant prospective scientific, educational, or applied value and that effective nondeceptive alternative procedures are not feasible.

(b) Psychologists never deceive prospective participants about research that is reasonably expected to cause physical pain or severe emotional distress.

(c) Psychologists explain any deception that is an integral feature of the design and conduct of an experiment to participants as early as is feasible, preferably at the conclusion of their participation, but no later than at the conclusion of the research. (See also Standard 8.08, Debriefing.)

8.08 Debriefing.

(a) Psychologists provide a prompt opportunity for participants to obtain appropriate information about the nature, results, and conclusions of the research, and psychologists take reasonable steps to correct any misconceptions that participants may have of which the psychologists are aware.

(b) If scientific or humane values justify delaying or withholding this information, psychologists take reasonable measures to reduce the risk of harm.

(c) When a psychologist becomes aware that research procedures have had a harmful impact on the individual participant, the psychologist takes reasonable steps to ameliorate the harm.

8.09 Humane Care and Use of Animals in Research.

(a) Psychologists acquire, care for, use, and dispose of animals in compliance with current federal, state, and local laws and regulations, and with professional standards.

(b) Psychologists trained in research methods and experienced in the care of laboratory animals supervise all procedures involving animals and are responsible for ensuring appropriate consideration of their comfort, health, and humane treatment.

(c) Psychologists ensure that all individuals under their supervision who are using animals have received instruction in research methods and in the care, maintenance, and handling of the species being used, to the extent appropriate to their role. (See also Standard 2.05, Delegation of Work to Others and Use of Interpreters.)

(d) Psychologists assign responsibilities and activities to individuals assisting in research projects that are consistent with their competencies. (See also Standard 2.05, Delegation of Work to Others and Use of Interpreters.)

(e) Psychologists make reasonable efforts to minimize the discomfort, infection, illness, and pain of animal subjects.

(f) Psychologists use a procedure subjecting animals to pain, stress, or privation only when an alternative procedure is unavailable and the goal is justified by its prospective scientific, educational, or applied value.

(g) Psychologists perform surgical procedures under appropriate anesthesia and follow techniques to avoid infection and minimize pain during and after surgery.

(h) When it is appropriate that an animal's life be terminated, psychologists proceed rapidly, with an effort to minimize pain and

in accordance with accepted procedures.

8.10 Reporting Research Results.

(a) Psychologists do not fabricate data. (See also Standard 5.01a, Avoidance of False or Deceptive Public Statements.)

(b) If psychologists discover significant errors in their published data, they take reasonable steps to correct such errors in a correction, retraction, erratum, or other appropriate publication means.

8.11 Plagiarism.

Psychologists do not present substantial portions or elements of another's work or data as their own, even if the other work or data source is cited occasionally.

8.12 Publication Credit.

(a) Psychologists take responsibility and credit, including authorship credit, only for work they have actually performed or to which they have contributed.

(b) Principal authorship and other publication credits accurately reflect the relative scientific or professional contributions of the individuals involved, regardless of their relative status. Mere possession of an institutional position, such as department chair, does not justify authorship credit. Minor contributions to the research or to the writing for publications are acknowledged appropriately, such as in footnotes or in an introductory statement.

(c) A student is listed as principal author on any multiple-authored article that is substantially based on the student's dissertation or thesis when to do so accurately reflects the relative scientific or professional contributions of the individuals involved. Faculty advisors discuss publication credit with students as early as feasible and throughout the research and publication process as appropriate.

8.13 Duplicate Publication of Data.

Psychologists do not publish, as original data, data that have been previously published. This does not preclude republishing data when they are accompanied by proper acknowledgment.

8.14 Sharing Research Data.

After research results are published, psychologists do not withhold the data on which their conclusions are based from other competent professionals who seek to verify the substantive claims through reanalysis and who intend to use such data only for that purpose, provided that the confidentiality of the participants can be protected and unless legal rights concerning proprietary data preclude their release. This does not preclude psychologists from requiring that such individuals or groups be responsible for costs associated with the provision of such information.

9. ASSESSMENT

9.01 Bases for Assessments.

(a) Psychologists base their assessments, recommendations, reports, opinions, and diagnostic or evaluative statements on information and techniques sufficient to substantiate their findings. (See also Standards 2.04, Bases for Scientific and Professional Judgments, and 3.01, Honesty.)

(b) Except as noted in (c) and (d), below, psychologists provide opinions of the psychological characteristics of individuals only after they have conducted an examination of the individuals adequate to support their statements or conclusions.

(c) When, despite reasonable efforts, such an examination is not practical, psychologists document the efforts they made and the result of those efforts, clarify the probable impact of their limited information on the reliability and validity of their opinions, and appropriately limit the nature and extent of their conclusions or recommendations. (See also Standards 2.01, Boundaries of Competence and 9.06, Interpreting Assessment Results.)

(d) When a psychologist conducts a record review and an individual examination is not warranted or necessary for the opinion, psychologists explain this and the bases upon which they arrived at this opinion in their conclusions and recommendations.

9.02 Development and Use of Assessments.

(a) Psychologists develop, administer, score, interpret, or use assessment techniques, interviews, tests, or instruments in a manner and for purposes that are appropriate in light of the research on or evidence of the usefulness and proper application of the techniques.

(b) When appropriate tests for diverse populations have not been developed, psychologists who use existing standardized tests may adapt the administration and interpretation procedures only if the adaptations have a reliable basis in the knowledge and experience of the discipline. Psychologists must document any such adaptation and clarify its probable impact on the reliability and validity of their findings.

(c) Except as described in 9.02b, psychologists use assessment methods in a manner appropriate to an individual's language preference and competence and cultural background, unless the use of an alternative language is relevant to the assessment issues.

(d) Psychologists using the services of an interpreter take reasonable steps to use an interpreter who has been adequately trained, obtain informed consent from the client/patient to use that interpreter, ensure that confidentiality of test results and test security are maintained, and discuss any limitations on the reliability and validity of data obtained. (See also Standards 2.05, Delegation of Work to Others and Use of Interpreters; 4.01 Maintaining Confidentiality; 9.01, Bases for Assessment; 9.03, Informed Consent in Assessments; and 9.07, Assessment by Unqualified Persons.)

9.03 Informed Consent In Assessments.

(a) Psychologists obtain informed consent for assessments, evaluations, or diagnostic services, as described in Standard 3.10, Informed Consent, except when testing is mandated by law or governmental regulation or when testing is conducted as a routine educational, institutional, or organizational activity.

(b) Psychologists inform persons for whom testing is mandated by law or governmental regulations about the nature and purpose of the proposed assessment services, using language that is reasonably understandable to the person being assessed.

9.04 Release of Test Data.

Test data refer to the individual responses or score sheets and scores or notes regarding an individual's responses to test items. Psychologists may release test data to another qualified professional based on a client/patient release. Psychologists refrain from releasing test data to persons who are not qualified to use such information, except (1) as required by law or court order or (2) to an attorney or court based on a client/patient release or (3) to the client/patient as appropriate. (See also Standards 1.02, Conflict Between Ethics and Law, Regulations, or Other Governing Legal Authority; 2.01,

Boundaries of Competence; and 9.11, Maintaining Test Security.)

9.05 Test Construction.

Psychologists who develop and conduct research with tests and other assessment techniques use appropriate psychometric procedures and current scientific or professional knowledge for test design, standardization, validation, reduction or elimination of bias, and recommendations for use.

9.06 Interpreting Assessment Results.

When interpreting assessment results, including automated interpretations, psychologists take into account the various test factors, test taking abilities, and other characteristics of the person being assessed, such as situational, personal, linguistic, and cultural differences, that might affect psychologists' judgments or reduce the accuracy of their interpretations. They indicate any significant reservations they have about the accuracy or limitations of their interpretations. (See also Standards 2.01 b and c, Boundaries of Competence and 3.02, Unfair Discrimination.)

9.07 Assessment by Unqualified Persons.

Psychologists do not promote the use of psychological assessment techniques by unqualified persons, except when such use is conducted for training purposes with appropriate supervision. (See also Standard 2.05, Delegation of Work to Others and Use of Interpreters.)

9.08 Obsolete Tests and Outdated Test Results.

(a) Psychologists do not base their assessment or intervention decisions or recommendations on data or test results that are outdated for the current purpose.

(b) Similarly, psychologists do not base such decisions or recommendations on tests and measures that are obsolete and not useful for the current purpose.

9.09 Test Scoring and Interpretation Services.

(a) Psychologists who offer assessment or scoring services to other professionals accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use.

(b) Psychologists select scoring and interpretation services (including automated services) on the basis of evidence of the validity of the program and procedures as well as on other appropriate considerations. (See also Standard 2.01 b and c, Boundaries of Competence.)

(c) Psychologists retain responsibility for the appropriate application, interpretation, and use of assessment instruments, whether they score and interpret such tests themselves or use automated or other services.

9.10 Explaining Assessment Results.

Regardless of whether the scoring and interpretation are done by the psychologist, by employees or assistants, or by automated or other outside services, psychologists take reasonable steps to ensure that appropriate explanations of results are given, unless the nature of the relationship precludes provision of an explanation of results (such as in some organizational consulting, pre-employment or security screenings, and forensic evaluations), and this fact has been clearly explained in advance to the person being assessed.

9.11 Maintaining Test Security.

Psychologists make reasonable efforts to maintain the integrity and security of tests and other assessment techniques consistent with law, contractual obligations, and in a manner that permits compli-

ance with the requirements of this Ethics Code. (See also Standards 1.02, Conflict Between Ethics and Law, Regulations, or Other Governing Legal Authority, and 9.04, Release of Test Data.)

10. THERAPY

10.01 Informed Consent to Therapy.

(a) When obtaining informed consent to therapy as required in Standard 3.10, Informed Consent, psychologists inform clients/patients as early as is feasible in the therapeutic relationship about appropriate information, including the nature and anticipated course of therapy, fees, involvement of third parties, and confidentiality. (See also Standards 4.02, Discussing the Limits of Confidentiality, and 6.05, Fees and Financial Arrangements.)

(b) Prior to providing treatment for which generally recognized standards do not yet exist, psychologists inform their clients/patients of the experimental nature of the treatment, the potential risks involved, and the voluntary nature of their participation. (See also Standards 2.01d, Boundaries of Competence, and 3.10, Informed Consent.)

(c) When the therapist is being supervised as part of his or her training and the legal responsibility resides with the supervisor, the client/patient, as part of the informed consent procedure, is informed that the therapist is in training and is being supervised and is given the name of the supervisor.

10.02 Couple and Family Relationships.

(a) When a psychologist agrees to provide services to several persons who have a relationship (such as husband and wife or parents and children), the psychologist attempts to clarify at the outset (1) which of the individuals are clients/patients and (2) the relationship the psychologist will have with each person. This clarification includes the role of the psychologist and the probable uses of the services provided or the information obtained. (See also Standard 4.02, Discussing the Limits of Confidentiality.)

(b) If it becomes apparent that the psychologist may be called on to perform potentially conflicting roles (such as marital counselor to husband and wife, and then witness for one party in a divorce proceeding), the psychologist attempts to clarify and adjust, or withdraw from, roles appropriately. (See also Standard 11.03, Clarification of Role, under Forensic Activities.)

10.03 Group Therapy.

When a psychologist provides services to several persons in a group setting, the psychologist describes at the outset the roles and responsibilities of all parties and the limits of confidentiality.

10.04 Providing Mental Health Services to Those Served by Others.

In deciding whether to offer or provide services to those already receiving mental health services elsewhere, psychologists carefully consider the treatment issues and the potential client's/patient's welfare. The psychologist discusses these issues with the client/patient, or another legally authorized person on behalf of the client/patient, in order to minimize the risk of confusion and conflict, consults with the other service providers when appropriate, and proceeds with caution and sensitivity to the therapeutic issues.

10.05 Sexual Intimacies With Current Therapy Clients/Patients.

Psychologists do not engage in sexual intimacies with current therapy clients/patients.

10.06 Sexual Intimacies with Relatives of Current Therapy Clients/Patients.

Psychologists do not engage in sexual intimacies with individuals they know to be the parents, guardians, spouses, partners, offspring, or siblings of current clients/patients. Psychologists do not terminate therapy to circumvent this rule.

10.07 Therapy With Former Sexual Partners.

Psychologists do not accept as therapy clients/patients persons with whom they have engaged in sexual intimacies.

10.08 Sexual Intimacies With Former Therapy Clients/Patients.

(a) Psychologists do not engage in sexual intimacies with a former client/patient for at least two years after cessation or termination of therapy.

(b) Because sexual intimacies with a former client/patient are so frequently harmful to the client/patient, and because such intimacies undermine public confidence in the psychology profession and thereby deter the public's use of needed services, psychologists do not engage in sexual intimacies with former clients/patients even after a two-year interval except in the most unusual circumstances. The psychologist who engages in such activity after the two years following cessation or termination of therapy and of having no sexual contact with the former client/patient bears the burden of demonstrating that there has been no exploitation, in light of all relevant factors, including (1) the amount of time that has passed since therapy terminated, (2) the nature, duration, and intensity of the therapy, (3) the circumstances of termination, (4) the client's/patient's personal history, (5) the client's/patient's current mental status, (6) the likelihood of adverse impact on the client/patient, and (7) any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a post-termination sexual or romantic relationship with the client/patient. (See also Standard 3.06, Multiple Relationships.)

10.09 Interruption of Services.

(a) Psychologists make reasonable efforts to plan for facilitating care in the event that psychological services are interrupted by factors such as the psychologist's illness, death, unavailability, or relocation or by the client's/patient's relocation or financial limitations. (See also Standard 6.02c, Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work.)

(b) When entering into employment or contractual relationships, psychologists make reasonable efforts to provide for orderly and appropriate resolution of responsibility for client/patient care in the event that the employment or contractual relationship ends, with paramount consideration given to the welfare of the client/patient.

10.10 Terminating the Professional Relationship.

(a) Psychologists must terminate a professional relationship when it becomes reasonably clear that the client/patient no longer needs the service, is not likely to benefit, or is being harmed by continued service.

(b) Psychologists may terminate a professional relationship when threatened or otherwise endangered by the client/patient or another person with whom the client/patient has a relationship.

(c) Except where precluded by the actions of clients/patients or third-party payors, prior to termination the psychologist discusses the client's/patient's views and needs, provides pretermi-

nation counseling, suggests alternative service providers as appropriate, and takes other reasonable steps to facilitate transfer of responsibility to another provider if the client/patient needs one immediately.

11. FORENSIC ACTIVITIES

Forensic activities are assessments, interviews, consultations, testimony or other psychological services specifically performed when psychologists can be expected to know there is a substantial likelihood that their work, opinions, or testimony will be offered as evidence or otherwise used in a legal or adjudicative proceeding or a similar forensic context.

11.01 Forensic Competence.

(a) Psychologists base their forensic activities on a reasonable level of knowledge and understanding of the professional and legal bases for their work and their participation in forensic proceedings. (See also Standards 1.01, Misuse of Psychologists' Work; 2.01, Boundaries of Competence; 2.03, Maintaining Expertise; 2.04, Bases for Scientific and Professional Judgments; 2.05, Delegation of Work to Others and Use of Interpreters; and 6.01, Documentation of Professional and Scientific Work and Maintenance of Records.)

(b) When there is a substantial likelihood that psychologists' work will be used in forensic proceedings, psychologists create and maintain documentation in the kind of detail and quality adequate to allow reasonable judicial scrutiny. (See also Standard 1.02, Conflict Between Ethics and Law, Regulations, or Other Governing Legal Authority.)

11.02 Informed Consent for Forensic Services.

(a) When obtaining informed consent to forensic services as required in Standard 3.10, Informed Consent, psychologists inform the person or organization from whom consent is requested about the purposes of evaluations, the nature of procedures to be employed, the potential use of the results, the party who has employed the psychologist, and the limits of confidentiality which may exist. (See also Standards 3.05, Avoiding Harm; 3.07, Third-Party Requests for Services; and 3.11, Describing the Nature and Results of Psychological Services.)

(b) When an evaluation is court ordered, the psychologist informs the individual and the individual's legal representative of the nature of the anticipated forensic service before proceeding with the evaluation. (See also Standard 3.10, Informed Consent.)

11.03 Clarification of Role.

When psychologists are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in a forensic proceeding, they clarify role expectations and the extent of confidentiality in advance and thereafter as changes occur. (See also Standards 3.05, Avoiding Harm; 3.06, Multiple Relationships; and 3.07, Third-Party Requests for Services.)

11.04 Prior Relationships.

A prior professional relationship with a party does not preclude psychologists from testifying as fact witnesses or from testifying to their services to the extent permitted by applicable law. Psychologists appropriately take into account ways in which the prior relationship might affect their professional objectivity or opinions and disclose the potential conflict to the relevant parties. ♪

厚生科学研究費補助金（障害保健福祉総合）研究事業
分担研究報告書

精神医学における倫理的・社会的問題に関する研究（H12-障害-007）
分担研究「精神医学における司法と医療の関与のあり方についての国際比較研究」

分担研究者 中谷陽二 筑波大学社会医学系精神衛生学

研究要旨：触法精神障害者に対する処遇の指針となる実証的研究は乏しく、とくに刑事精神鑑定の実態は明かでない。本年度は国際比較の前段階として我が国の刑事精神鑑定の実態を調査し、問題点を考察した。研究方法：「精神鑑定のあり方に関するアンケート」を作成し、日本精神神経学会会員から無作為に抽出した2000名に配布した。研究結果：753名から回答が得られた（回収率37.7%、平均年齢50.3歳、職種は医師736名、97.7%、医師以外・無回答17名、1.6%。鑑定について回答者の大多数が関心を示し、43.8%が鑑定のあり方を改善すべきであると答えた。鑑定を行うべき人については44.8%が「司法精神医学の専門家」、24.8%は「できるだけ多くの医師」と答えた。仮に鑑定を依頼された場合の対応として、44.7%が、原則的に、もしくは内容により、引き受けると答えたのに対し、43.4%は「引き受けない」と答えた。とくに多くあげられた「引き受けない理由」は、「手間がかかる」「専門家でない」「方法がわからない」であった。鑑定経験は60%が未経験者である一方、頻回の経験者が数%存在した。鑑定助手経験をもたない人は58.4%と多数を占め、卒後研修でまったく鑑定を学ばなかった人は42.3%を占めた。鑑定助手経験をもつ群はもたない群に比べ鑑定経験数が有意に多かった。鑑定助手経験をもつ群はもたない群および卒後研修で教わった群は、有意に年齢が高かった。鑑定を辞退する傾向は臨床経験5年未満で高かったが、それ以上の年齢はほぼ横這いであった。仮に鑑定を依頼された場合に引き受けると答えた人は、大学>国公立病院>民間病院>その他>診療所、の順に多かった。地域別に見ると、関東>近畿>中部>九州>中国・四国>北海道・東北の順に簡易鑑定経験数が多かった。以上の結果から、鑑定への関心は高く、何らかの改善の必要性が認識されているが、みずから鑑定に携わることについては消極的であるという一般的傾向が見出された。この消極的態度は卒後早期の研修で鑑定を知る機会が乏しいことと関連しており、卒後研修に系統的に組み入れる必要性を示している。簡易鑑定の施行については地域差が明かであり、地方検察庁の方式を反映していると考えられる。

A. 研究目的

精神科医療が開放化に向かい、患者の自己決定権がより尊重されるに従って、医療と司法の間でさまざまな問題が生じている。とくに触法歴をもつ精神障害者

に関しては早急な対策を求める意見がある。しかし触法精神障害者に対する適切な処遇の指針となる実証的研究は乏しく、刑事精神鑑定および精神保健福祉法に基づく措置入院について、責任能力判定、危険性予測、強制治療要件、対象患者の

人権保護などに関して解決すべき問題が多く残されている。本研究は精神科医療と司法の関係のあり方について現状の把握に立って制度改革の資料を提供することを目的とする。本年度は刑事精神鑑定の実態を調査し、問題点を考察した。

B. 研究方法

別紙のように「精神鑑定のあり方に関するアンケート」を作成した。日本精神神経学会会員名簿（平成11年）から所属地区に均等な割合で無作為に抽出した2000名に配布し、郵送による回答を求めた。

「精神鑑定」は刑事精神鑑定に限った。すなわち、刑事事件の被疑者・被告人について精神状態、責任能力などについて診断を行うもので、捜査段階で検察官の囑託によって行われる精神鑑定（いわゆる起訴前鑑定）、検察官の依頼により短時間で診断を行う簡易鑑定、公判で裁判官の委託によって行われる精神鑑定を指すものとした。

精神鑑定（以下、鑑定）を経験したことのない人、医師以外の人からも意見を得られるように文面を工夫した。

（倫理面への配慮）

アンケートへの回答を依頼するにあたり、結果を研究発表以外の目的に使用しないこと、回答者の氏名と所属を公表しないことを明記した。

C. 研究結果

(1) 回答数

753名から回答が得られた（回収率37.7%）。平均年齢：50.3歳（SD=13.3）、職種は、医師736名（97.7%）、医師以外12名（1.6%）、無回答5名（0.7%）。

(2) 鑑定への関心度（図1）

「非常に関心がある」、「多少関心がある」を合わせて85.8%で、回答者の大多数が関心を示した。

(3) 鑑定の改善の必要性（図2）

12.4%が「現状でよい」と答えたのに対し、43.8%が「改善すべきである」と答えた。

(4) 誰が鑑定を行うべきか（図3）

44.8%が「司法精神医学の専門家」と答えたのに対し、24.8%は「できるだけ多くの医師」と答えた。

(5) 仮に鑑定を依頼された場合の対応

44.7%が、原則的に、もしくは内容により、「引き受ける」と答えたのに対し、43.4%は「引き受けない」と答えた。

(5) 引き受けない理由（複数回答）

とくに多くあげられた理由は、「手間がかかる」（29.6%）、「専門家でない」（28.8%）、「方法がわからない」（15.2%）であった。

(6) 鑑定経験

いわゆる本鑑定（起訴前鑑定を含む）と簡易鑑定に分けて調査した。

本鑑定経験（図6）：60%が未経験者で、10件以内の少い経験者を含めると92%と大多数を占めた。それに対して、36件以上の多数経験者が計4%存在した。簡易鑑定経験（図7）もほぼ同じ傾向を示した。

(7) 教育、研修の経験

鑑定助手経験（図8）は、「あり」の37.6%に対して、「なし」が58.4%と多数であった。

卒前教育で鑑定について教わった経験をもつ人の10.1%に対して、経験のない人は73.2%にのぼった。

卒後研修で何らかのかたちで鑑定を学んだ経験をもつ人は計52.6%、まったく経験がない人は42.3%であった。

調査項目間のクロス集計を行い、統計解析を行った。以下、統計的に有意な相関が認められたものを記す（危険率は0.1%）。

(8) 鑑定助手経験をもつ群は、もたない群に比べ、本鑑定経験数、簡易鑑定経験数