

REASONS FOR THE REVIEW AND MODIFICATION OF THE DEONTOLOGICAL CODE OF THE PSYCHOLOGIST

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The Deontological Code of the Psychologist was finalized in 1987 and approved in 1993. In 1995, the EFPA, a federation to which the General Council of Spanish Psychological Associations (COP) belongs, approved its Meta-code. Simultaneous to this, ethics for healthcare professionals has been developed as a perspective for psychologists. Legislation has incorporated the regulation of data of a personal nature, as well as access to and use of health data, following the doctrines of interested party consent and informed consent. The National Competition Commission drew up a report that makes it necessary to revise our Deontological Code. In sum, the changes that have occurred make a revision and updating of our Code indispensable. This article explains the Proposal for the Deontological Code for the Psychology Profession, pending definitive approval, which comprises 85 articles based on the ethical principles that govern professional practice.

Key words: Ethics, Deontological Code, Healthcare professionals, Legislation, EFPA Meta-code

El Código Deontológico del Psicólogo se concluyó en 1987 y se aprobó en 1993. En 1995 se aprobó el Metacódigo de la EFPA, federación a la que pertenece el Consejo General de Colegios Oficiales de Psicólogos (COP). Contemporáneamente a ello, la ética de las profesiones sanitarias se ha desarrollado la ética de las profesiones sanitarias como perspectiva para los psicólogos. La legislación ha incorporado la regulación de los datos de carácter personal, y el acceso y uso de los datos de salud desplegándose las doctrinas del consentimiento del interesado y del consentimiento informado. La Comisión Nacional de Competencia ha efectuado un Informe que obliga a revisar nuestro Código Deontológico. En fin, los cambios habidos hacían y hacen indispensable una revisión y actualización de nuestro Código. Este artículo explica el Proyecto de Código de la Profesión de Psicología, pendiente de aprobación definitiva, que consta de 85 artículos que siguen los principios éticos que rigen el ejercicio profesional.

Palabras clave: Ética, Deontología, Código Deontológico, Profesiones sanitarias, Legislación, Metacódigo EFPA

The year 1987 saw the completion of the Deontological Code of the Psychologist (*Código Deontológico del Psicólogo*, hereafter referred to as CDP87), followed by its approval by the Governing Board of the Spanish Psychological Association (*Junta de Gobierno del Colegio Oficial de Psicólogos*; COP). More than twenty years have passed since then. The code has proved to be of considerable value and remains a much quoted reference. So why should it be revised? This article looks at the reasons which make a new deontological code necessary for the profession, and at the same time highlights the most relevant enhancements of the Proposal for the Deontological Code for the Psychology Profession (from now on referred to as the PROPOSAL).

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REASONS FOR CHANGE

THE DEONTOLOGICAL CODE OF THE PSYCHOLOGIST 1987-1993

The draft of CDP87 was presented to the 1st Congress of the Spanish Psychological Associations, held in Madrid, 21st-25th May 1984. There were important contributions by other presenters, but the most important speaker was Professor Alfredo Fierro Bardají who, more than anyone else, put his heart into it and gave it shape. His writings and statements are the most important source of information on the drawing-up of the code. According to the then Dean of the COP, Carlos Camarero, among the most important achievements of the Congress was "a proposal for a deontological code that would go most of the way to covering our aspirations in this field, as a group". In the words of A. Fierro (1984a):

"Just as the profession of psychologist is not new in Spain, neither is it novel to set out the principles

and guidelines for a deontological code regulating the practice of psychology in Spain. At least three deontological documents have already been drawn up in our field. By far the most significant of these from an institutional perspective is the text entitled "Deontological Norms for Psychologists", approved by the general assembly of the Spanish Society of Psychologists on the 27th of November, 1974 (...) Some years earlier, in 1968, a group of psychologists, upon registering as professionals with the tax authorities, had drawn up some deontological guidelines and norms, which, despite their apparent lack of organisation and polish, are quite detailed and in parts, indeed, meticulous. A third document to be taken into account is the "Codi Deontològic", presented at the First Conference of Catalan Psychologists, in March 1977 (...) which in turn closely follows the old "Deontological Code" text from the French Society of Psychologists."

"At the same time, the constitution of the Spanish Psychological Association (Colegio Oficial de Psicólogos) represented a new possibility and a renewed need to formulate the deontological norms of the profession."

Fierro also highlighted two more significant sources: "the Ethical Principles of Psychologists" of the American Psychological Association (...), which the Spanish journal *Papeles del Colegio* published in its number 8, March 1983; and the Deontological Code of the Spanish Council of Medical Associations (*Organización Médica Colegial*), which singled out for "special consideration," partly because of the tradition of humanitarian principles they invoke (the famous Hippocratic oath,) and partly because of the similarities between the medical relationship and some of the professional relationships of psychologists with their clients." From this point of view, we would say today that the ethical principles applicable to the healthcare professions are largely common to all of them.

Once the Congress was over, Fierro (1984b) wrote that

"as coordinator of the panel discussing the text, I have to say that the debate featured many interesting contributions for its correction and enrichment, which it gives me great satisfaction to endorse (...) Only such moral unanimity, resulting from joint reflection and open debate, can justify

the adoption of deontological norms which, precisely because they reflect the feelings of everyone, constitute "symbols of identity of the profession of psychologist and an emblem of the dignification of their role in society."

Of particular note at this Congress was the denunciation of violations of human dignity and the total rejection of torture as a practice in which psychologists can participate. Of the five conclusions of the Deontological Code Proposal Group (COP 1984a), the fifth highlights this position, which already featured in the draft. Furthermore, another specific resolution reached at the same round table proclaims its "condemnation of psychologists who participate in torture" (1984b). The transparency and clarity found in the definitive text of the CDP87 represents a significant milestone, is a great merit of that Congress. The text of article 7 of CDP87 states: "the psychologist will not carry out by him/herself, nor contribute to, practices which jeopardise the freedom and physical and psychological integrity of people. Direct involvement or cooperation in torture and abusive behaviour is not only a crime, but constitutes the worst violation of the professional ethics of psychologists. Psychologists will not participate in torture in any way, either as researchers or consultants; nor will they cover up torture or other cruel, inhuman or degrading procedures, whomsoever the victims, and whatever the accusations, crimes or suspicions in question, the information required from them, or the situation – be it armed conflict, civil war, revolution, terrorism or any other – given as the justification for such procedures."

Following the first Congress of the COP in May 1984, working meetings were held in Madrid to develop the Proposal for the Deontological Code of the Psychologist on January 16 and 17, 1987. A considerable number of organisations linked to the profession, distinguished professionals and other specialists took part. Both the Congress and the seminar were marked by full commitment to the ethical duty of professional practice, a manifestly *anti-corporatist* position (Fierro, 1987) and by a sense of service to society, with the possibility of developing "a type of citizens' control or control by clients" (Camarero, 1984).

CDP87 received definitive approval by the Governing Board of the COP on May 22, 1987, and by the General Assembly on March 23, 1993. The journal *Papeles del Psicólogo* published the results of this final vote on the



code: 420 votes in favour, 3 against, and 3 abstentions (COP, 1993).

MEMBERSHIP OF EFPA

Since 1988, the COP (the General Council of Spanish Psychological Associations, taking its place after its creation in 2005) has formed part of EFPA, the European Federation of Psychologists' Associations, as a member with full rights, as well as some obligations. Article 7 of its statute states that members must comply with the statutes and regulations of the Federation and promote its objectives. They must also inform of substantial changes to their own statutes or to the ethical code. November 1994 saw the approval of the Charter of Professional Ethics for Psychologists, which was ratified by the General Assembly of 1995, the same assembly that passed the Meta-code, which states in its preamble that:

"The European Federation of Psychologists Associations has a responsibility to ensure that the ethical codes of its member associations are in accord with the fundamental principles" contained in the Meta-code.

"The Ethical Codes of member Associations should be based upon - and certainly not in conflict with - the Ethical Principles specified" in the same Meta-code.

As a result, not long after the conclusion of CDP87, almost immediately on its approval, it was already necessary to review or update it in line with the Meta-code. In fact, the discussion about the development of the Meta-code, which began in 1991, was known at the time, and there is proof of the proposed drafting of the Meta-code from general common principles for all psychological practices, a new form of articulating the ethical norms with respect to CDP87 (Valero, 1994).

CDP87 represented an effort to structure the review of the norms. In Fierro's words once again (1987), *"a deontological code represents the organisation of the practical rationale of a profession. (...) It is a rational organisation of certain activities and certain ways of carrying out those activities."* In CDP87, the main focus was on the practical side, in order to respond quickly to the question of what should and should not be done.

However, in contrast to this focus, the Meta-code gives greater importance to principles, so that psychologists can provide a reasoned answer to the ethical motivation that underpins their conduct. The Meta-code promotes a more

reflective approach, without excluding the practical; the use of reason with respect to what the norms state in the application of ethical principles. It appeals much more to the ethical responsibility of the individual, rather than focusing exclusively on the norms themselves. With this greater development of principles it becomes necessary to make more use of thinking, of deductive reasoning, of conflict resolution, and of dealing with contradictions or risks of certain types of conduct, or as they say today, dilemma resolution. In some drafts of our PROPOSAL, we included texts such as the following: *"Psychologists must be able to give a reasoned explanation of their professional conduct throughout the whole decision-making process."* This text, taken from the section entitled *Considerations on the decision-making process*, which has been excluded, (V9.4, January 28, 2008), was also excluded from the definitive PROPOSAL, given that a Deontological Code is legally a normative text which must be observed, and the text quoted above is too open and general in terms of precepts. Nevertheless, it clearly illustrates what we understood as necessary to include in the new Code in line with the Meta-code.

It is a perspective that promotes methodologies of the thinking processes involved in ethical decision-making. It is interesting to note that the *Ethical principles of psychologists* from the American Psychological Association (APA) formed a deontological code which incorporated the new approach to organizing deontology from *Principles*, as their very name suggests, and that despite the admiration for this Association and the knowledge available about this situation, the other approach (giving priority to practical norms or stating clearly what had to be done) was given priority or theoretical predominance at that time. The APA's *Ethical principles of psychologists* are those quoted by Fierro (1984). It was, and continues to be, of the utmost importance to incorporate this perspective in the deontological code of the profession.

THE ETHICS OF THE HEALTHCARE PROFESSIONS

Article 5 of CDP87 declares the existence of a community with other professions that pursue *"the humanitarian and social objectives"* (...) *"such as: well-being, health, quality of life and the full development of individuals and groups, within the different contexts of individual and social lives."* Given the WHO's well-known definition of *health*, the reference to *well-being* and *health* in this



article is tautological, and was tantamount to suggesting some kind of ethical community involving the profession of psychology and the healthcare professions. It was a delicate issue, in view of the need to maintain an appropriate distinction from the medical profession, and I believe it was rather well resolved at that time.

In the period 1984-87, the principles of the Belmont report [February 1976] were already known. This report highlighted the following basic ethical principles in health ethics: *respect for individuals, beneficence and justice* (the applications of these principles, according to the Belmont report, were *informed consent, assessment of risks and benefits and subject selection*, with respect to individuals and their autonomy, and with a sense of justice). In 1979 the bioethicists Beauchamp and Childress (1998) defined the following as governing principles of bioethics: *autonomy, beneficence, non-maleficence and justice*.

Over and above the positions and nuances involved, this international discussion on bioethics in the healthcare professions has greatly clarified the principles which govern them all, and at the same time has given rise to the discussion about the ethics of psychologists. Against this, it has to be said that not all professional associations of psychology have recognized the ethical common ground between psychologists and healthcare professions, and in particular with the more traditional principles relating to health, i.e. those of beneficence and non-maleficence. The APA is one of the associations that has most clearly identified itself with these: the code of 2002, currently in force, has as a first principle above all others that of beneficence and non-maleficence (integrated in a single joint formulation), and the code proposed in the draft CDP87 also included it, although not in the same place or formulated with the same clarity (it was called well-being of the client, as point 6 of a total 10, and was a development of the principle of responsibility). The Meta-code itself has not incorporated these principles of health ethics, given a lack of sufficient consensus so far.

In Spain, the discussion as to the legal status or classification of the professional practice of psychology gave rise to the Supreme Court verdicts of September 12 and 13, 1990, which stated that *"activities aimed at the study of the psyche and the diagnosis, prevention or cure of its disorders, carried out by those who, as members of the Spanish Psychological Association, are professionally authorized to do so... are care services for individuals in the exercise of healthcare professions, and as such are*

exempt from value added tax" (statement from the sub-director general of value-added taxes, September 24, 1991, in response to a COP note dated June 6. The response is line with the Supreme Court ruling. Quoted in Hernández, 1991). In contrast, Law 44/2003, of November 21, governing the healthcare professions, includes only clinical psychologists and excludes general psychologists, giving rise to grey areas and legal uncertainty, when in fact, in addition to the Supreme Court rulings, there are other legal grounds in support of the interpretation that professional psychology, without any further qualification, is a healthcare profession. An illustration of this can be found in Appendix I of the Royal Decree (*Real Decreto*) 1665/1991, of October 25, which governs the general recognition system of higher education awards in European Union member states and others. In addition, Appendix IV of the Royal Decree 1396/1995, August 4, governs a second general recognition system of professional qualifications of European Union member states (modified ruling according to the Royal Decree 1754/1998, of July 31st). Both appendices make it clear that the profession of psychologist belongs to the healthcare sector in terms of recognition and classification of qualifications within the European Union. The report of the National Competition Commission quoted below refers to these resolutions. In any case, these references do not cover all legal bases or other grounds for recognition.

However, this discussion, which arose in Spain in the wake of the above-mentioned law, has made possible a better and clearer identification of all psychologists with health ethics. This ethical identification of psychology with the ethics of healthcare professions was never in doubt throughout this discussion. The result of all this in practical terms is that the legislation applying to all areas of health is obligatory for all psychologists, given that their files contain health data which must be treated as such; nevertheless, psychologists in general, with the exception of those with the title of specialist in clinical psychology, do not enjoy the rights of healthcare professionals to the same degree of clarity.

DATA PROTECTION

Spanish membership of the European Union has provided a constant incentive for the development of legislation in general, and an important influence on the updating of the deontological code. Parallels to what is happening in



Spain with respect to the European Union can be drawn with the membership of Spanish professional associations in European organizations. There is a process of homogenization for communication between professionals which is still ongoing on many fronts. The question that concerns us here is that specific legislation has been passed on the personal material with which psychologists work, such as that referring to data of a personal nature. It should be stressed, furthermore, that knowledge of legislation on issues mentioned here has become essential for the professional practice of psychology. Ignorance in this area can easily give rise to serious professional errors, or deontological violations, which is much the same thing. Let us look more closely at this.

Article 8 of the Charter of Fundamental Rights of the European Union (proclaimed by the European Parliament, the Council of Europe, and the European Commission, December 7, 2000; the article can be found in Chapter II on *Freedom*s), on the protection of personal data, establishes that:

"1. Everyone has the right to protection of personal data concerning him or her.

"2. Such data must be processed fairly for specified purposes and on the basis of the consent of the person concerned or some other legitimate basis laid down by law. Everyone has the right of access to data which has been collected concerning him or her, and the right to have it rectified.

"3. Compliance with these rules shall be subject to control by an independent authority. (Proclaimed by the European Parliament, the Council of Europe, and the European Commission, December 7, 2000)."

Prior to this, Directive 95/46/CE, of October 24, 1995, relating to the protection of individuals with respect to personal data and the free circulation of such data, had laid down the norms which were to apply in all member states of the European Union developing legislation or adapting it to European norms. Furthermore, in Article 27 of Chapter IV, this Directive stated that member states

"shall encourage the drawing up of codes of conduct aimed at contributing, according to the specific characteristics of each sector, the appropriate application of the resolutions adopted by the member states in the application of the present Directive."

None of the above had been set down in the code of conduct for psychologists, as established in the directive, and it may be interesting to consider the reasons for the proposed change of perspective.

Professional secrecy has traditionally been a primary duty of psychology professionals. The difference proposed in Directive 95/46/CE, October 24, 1995, resides in the fact that the person responsible for keeping a professional secret is not the only one with rights and obligations in this area. Those to whom personal data belong have guarantees in the new legislation as to the control over their own personal data. That is, the "owners" of the data (clients or patients) are no longer simply passive subjects, since the legislation grants them rights regarding protection and control of the information. The traditional perspective was focused on the right to intimacy, on the duty to respect the honour of individuals and their personal and family intimacy, which was regulated and protected by the Organic Law (*Ley Orgánica*) pertaining to civil protection of the rights to honour, to personal and family intimacy and over one's own image (Law 1/1982, May 5, BOE May 14, 1982) and by other legislation in this area.

On assigning a much more active role to subjects themselves in the control over the use of their personal data, these resolutions introduce a change of focus which gives much greater importance to people's dignity by acknowledging their rights in terms of the principle of autonomy. Dignity and autonomy are set within the context of equality between professional and client, thus excluding professional paternalism.

In Spain, the Organic Law (*Ley Orgánica*) of December 13, 1999, on the protection of data of a personal nature was approved within the doctrine of such protection (its status as Organic Law indicating its legislative significance as directly affecting the regulation of fundamental rights and public freedoms). Prior to this, in Royal Decree 428/1993, of March 26, the Statute of the Data Protection Agency had been approved, and subsequently, Royal Decree 1720/2007, of December 21, saw ratification of regulations governing the legislation of 1999 (published in the BOE – Spain's organ for official data –, number 17, January 19, 2008). These regulations guarantee greater legal protection in the treatment of data of a personal nature, recognize the rights of physical persons or legal entities to control the handling of such data, and grant the state powers of



control with sufficient guarantees. The practical consequence of this is that all professionals are obliged to offer guarantees in accordance with the norms governing the protection of data of a personal nature and to comply with them. Interested party consent is thus brought to the foreground, and the state becomes the responsible authority in the protection of these personal data.

Also of great relevance in this regard is the existence of a Data Protection Agency (*Agencia de Protección de Datos*; AGDP) with its own legal status and the capacity to act in public and private institutions with physical persons or legal entities. This agency acts in complete independence of the public administration, guaranteeing compliance with the law on data protection and controlling its application, especially with reference to rights to information and access to, correction of, opposition to and cancellation of data; it also has the power to impose penalties. The results of its actions are public, whether or not they involve sanctions, as can be seen on the AGDP website. Fines range from a minimum of 601.01 euros for light sanctions, rising to a maximum of 601,012.10 euros as the most serious penalty. The AGDP thus functions in the same way as any other public institution, such as the tax office. I recommend a visit to the website, where the reader can see a wide variety of examples of actions demonstrating the above. Up to August 2009, according to those records, no penalty has been imposed directly on psychologists in the practice of their profession. Indeed, case PS/00443/2008 actually affected psychologists in the Basque Country as the injured party, money having been transferred from their bank accounts without their consent. In that case the regional Psychological Associations had to step in to defend the rights of their members.

This constitutes a radical change of perspective in control over the exercise of the profession: the AGDP itself is an institution that guarantees sound professional practice over and above the professional organisations. It was therefore fundamental for it to emanate into the professional associations, into their ethics and deontology, and to enable professionals to take it on board. Not to do so would mean taking a backward attitude, defending incompetence and ineptitude with regard to the legitimate rights of human beings. In short, it was essential to encapsulate everything in relation to the protection of personal data within the code of

conduct for the psychology profession, or Deontological Code, as indicated by Directive 95/46/CE, of October 24, 1995.

HEALTH-RELATED INFORMATION

In parallel to the legal developments on data of a personal nature, a second regulatory development has taken place in Europe, including Spain, in relation to the access to and use of healthcare data, based on the autonomy of the patients and their rights regarding clinical and healthcare relationships. Law 41/2002, of November 14, regulating both patient autonomy and rights and obligations in the area of clinical information and documentation, represents an equally considerable change of perspective, since as well as underlining the autonomy of patients and their rights, it also introduces the normative doctrine of *informed consent*. This is in contrast to the legislation on data of a personal nature that referred to *interested party consent*. Essential references of the new law are the Universal Declaration of Human Rights of 1948, the Declaration on the Promotion of Patients' Rights in Europe (Regional Office for Europe of the WHO, 1994) and the Convention on the Protection of Human Rights and the dignity of human beings with respect to applications of Biology and Medicine (Convention on human rights and biomedicine, Oviedo, April 4, 1997, of the Council of Europe, known as the Bioethics Convention of Asturias).

As in the case of the legislation on protection of data of a personal nature, it seems certain that this will mean the end of any kind of paternalism, or any sense of superiority in the provision of professional healthcare services in accordance with the ethical healthcare principle of beneficence. Once again, an active role (to inform oneself and to give consent with sufficient knowledge) is conferred on patients, and the law also regulates access to, use of and storing of information, as well as the rights and obligations generated. This doctrine – and most particularly the part of it related to informed consent – was lacking in CDP87, and it was necessary include them in our Deontological Code. The term *consent*, in contrast to the expression *informed consent*, does appear in the following articles of CDP87: 35 (on research), 40 (on professional secrecy), 45 (on the use of information for didactic purposes) and 47 (relating to the presence of unnecessary third parties). Furthermore, article 34 refers to authorization to participate in any research. Naturally enough, at that time there was no

explicit mention of the principle of the autonomy of individuals. However, the principle of the professional independence and autonomy of psychology professionals was indeed included.

OTHER REASONS FOR A CHANGE IN THE DEONTOLOGICAL CODE

To conclude this first part of my presentation, I should mention other reasons that highlight the urgent need to substitute CDP87 by a new Deontological Code.

First of all, we should consider Law 2/2007, March 15, regarding professional associations, which directly affects organized professions. Under this legislation, professional groups must register with their respective association and submit themselves to deontological control (all professional associations have had to adapt their statutes to facilitate their coordination in nationwide associations). This legislative change has made it necessary to adapt the respective Deontological Code so that it can be applied to these professional groups as a code of conduct. Consequently, it was necessary to review and update CDP87 in such a way as to incorporate this ruling. Such accommodation was realized in the PROPOSAL.

Secondly, it is important to make reference to the September 2008 report from Spain's National Competition Commission. This report "*addresses the main problems relating to competition identified in the field of professional services*". It analyzes the factors that have brought about changes in the sector, highlighting in conclusion "*the momentum provided by European institutions with regard to member states' need to review the regulation of professional services and to make reforms to counter the negative effects on competition and the efficiency of the sector*". To this end, *Directive 2006/123/CE of the European Parliament and Council* was approved on December 12, 2006. This Directive, better known as the *Services Directive*, focuses on services in internal markets, and has a three-year adaptation period before coming into effect so that member states can make the necessary adjustments and adapt to the criteria of free competition outlined in the Directive.

In its Annex VI, the report expressly mentions CDP87 as an example of a code of conduct that does not meet the renewal criteria promoted by the European Union. It specifically quotes articles 55, 58 and 59 (on fees) and 50 (on advertising) of the CDP87 as examples of anti-competitive behaviour. It is, indeed, the first example cited

in Annex VI in relation to deontological codes. It points out that the State has delegated powers to the Associations with the aim of protecting consumers, and that the Associations must comply with the principle of free competition in line with the Directive (giving rise to the well-known legislative proposal known as the Omnibus Law, which introduces modifications in many fields, including that of, Professional Associations, and is now in the process of ratification). Although the CDP87 was by no means based on a corporatist approach, a call to attention like this clearly shows that it needs to adapt the advice of Carlos Camarero from 1984 to our times, insofar as the code should also serve as a *type of citizens' or users' control*. We should therefore take good note of the express mention of our Code in Annex VI.

As a result, and to avoid the risk of legal action by the National Competition Commission or any other public body against the Professional Association, it was and remains essential to fully rescind the articles affected. The most appropriate solution would be to substitute the CDP87 by the new PROPOSAL, which has been adapted to the demands of the Report and is designed to show clearly that the law is the same for everyone, with both users and professionals subject to its obligations in their respective ways.

Thirdly, after Law 7/2005, May 13, created the General Council of Spanish Psychological Associations, it made sense, as part of the renovation of the nationwide organization, to draw up an updated code of conduct. A time of wide-ranging institutional change saw the creation of associations in each of the autonomous political regions of Spain and their coordination within the nationwide umbrella organization, and the profession came out of this strengthened and consolidated. Thus, it would also be appropriate to renew the norms governing professional practice and to ensure that the Deontological Code is adequately framed. We believe that the PROPOSAL is of the right standard.

Fourthly, and finally, the accumulated experience of the Deontological committees has shown how, in the exercise of their essential functions, a code adapted to the new demands was necessary. At the time that CDP87 was drawn up there was no experience of complaints over possible ethical infringements. The variety of cases in the 1987 report by Prof. Alejandro Avila has been superseded as a result of subsequent practical experience. The knowledge accumulated with regard to deontological

complaints has allowed us to better understand the kinds of unprofessional conduct that can occur and the shortcomings of CDP87 in relation to them. It has been necessary, in line with this experience, to renew the CDP87 in order to provide a solid basis for determining whether particular professional behaviour is appropriate or goes beyond acceptable limits.

CHANGES IN THE DEONTOLOGICAL CODE

In this second part, I shall set in a schematic way the PROPOSAL for a new deontological code. This has already been presented for approval, and the text will soon be available on the Council's website.

THE REVIEW OF THE DEONTOLOGICAL CODE OF THE PSYCHOLOGIST

After the setting up of the General Council of Spanish Psychological Associations, its Organizing Committee commissioned the National Deontological Committee to review the Deontological Code of the Psychologist, on July 1, 2006 (by agreement reached at the ordinary session 3/2006 of the Organizing Committee of the General Council of Spanish Psychological Associations, held on Saturday, July 1 2006, a meeting of the Presidents of the Deontological Committees of the COPs was called to revise the Deontological Code and to homologate procedures of the Regional Deontological Committees, Vicent Bermejo being given the task of coordinating this work). The first meeting after this agreement took place the following October at the Cataluña COP headquarters in Barcelona, where a first draft was drawn up.

Since then, three further plenary meetings have been held in 2007, 2008 and 2009 in Valencia, Madrid and Granada, respectively. The Barcelona meeting took place on October 22, 2006, when the first draft was produced in a single day's session. The following meeting, held in Valencia on Friday March 9, 2007, gave rise to a third draft, while the Saturday (March 10) saw a presentation of the PROPOSAL at the XIV Professional Conference, also held in Valencia. The version presented had a very similar structure to the latest version. The Madrid meeting took place on April 4, 2008, and on that same day, a meeting of the Deontological Committee of the Council was held with representatives of the EFPA Standing Committee on Ethics; the standing committee met in Madrid on the following April 5 and 6. The last plenary meeting of the Deontological

Committee of the Council at which the review of the Deontological Code was discussed took place in Granada on March 28, 2009. This latest meeting is mentioned again at the end of the present article. At the Valencia meeting, the third draft became known as V1, V2 ... (V for version), the numbers changing with the introduction of modifications, up to the latest version, V12.3. The information about 2007 is available on the website at the following URL: http://www.infocop.es/view_article.asp?id=1327. For 2008 go to: http://www.infocop.es/view_article.asp?id=1842.

As regards methodology, the drafts were examined and discussed at all the Deontological Committees, which provided suggestions, contributions, observations or corrections, until a consensus was reached. Members were informed about the possibility of taking part in the discussions, but their presence was at best anecdotal. Contributions were also invited specifically from distinguished professionals, important people within the profession or other specialists who could guide and help us in the task. As coordinator, I was the first speaker, but my assistant was Carmen del Río Sánchez, President of the Deontological Committee of the COP of Western Andalusia, who was an alternative speaker (Alfredo Fierro himself, the main speaker at CDP87, made outstanding and highly useful observations after acquainting himself with the PROPOSAL in the writing of the third draft. His contribution was greatly appreciated at that point). Selection of the content incorporated into the text of the various drafts was carried out by assessing the reasons for the contributions or corrections, applying as a comparative criterion the normative hierarchy for each case. The revised texts were then presented to the Committees for consideration, ratification or whatever was deemed necessary.

The greatest difficulty lay in trying to incorporate so many new aspects while conserving what was already good in CDP87, and producing a coherent whole. In carrying out this task through exchanges with colleagues in the Committees, consulting earlier as well the most current sources, we believe that we have achieved a thorough revision, rather than a mere superficial facelift. It was necessary to restructure and reformulate a large part of the Code in order to structure the material in accordance with deontological principles, following the criteria of the Meta-code. Synthesizing everything in as concise a way as possible was no easy task.

PROPOSAL FOR THE DEONTOLOGICAL CODE FOR THE PSYCHOLOGY PROFESSION

The most innovative aspect of the PROPOSAL is its organisation around ethical principles, defining them in the necessary depth. The outline-index is as follows:

- ✓ Preface,
- ✓ Introduction: General Points,
- ✓ Title I: Ethical Principles,
- ✓ Title II: Normative Aspects, in three chapters,
 - ✓ Chapter I: Deontological Norms of a General Nature,
 - ✓ Chapter II: Specific Regulations,
 - ✓ Chapter III: Final Points.

The Preface and Introduction are not numbered.

Title I is numbered by Principle, from 1 to 7. Title II is numbered by article: 85. Chapter I covers articles 1 to 52, Chapter II covers articles 53 to 83, and 84 and 85 are in the final chapter.

Significantly for Spanish readers, the title of the PROPOSAL was changed to include the generic term “*psicología*” (psychology) (“*Código Deontológico de la Profesión de Psicología*”), rather than the (masculine) gender-specific word “*psicólogo*” (psychologist), as part of an attempt to use politically correct, non-sexist language while at the same time avoiding the use of contrived expressions.

The preface sets out the deontological foundations for the text, and attempts to summarize the reasons for the changes made.

The Introduction covers general points, such as terms and definitions, scope and limits, and contexts and conditions of application. It deals with the most general aspects to which the Code applies.

A STRUCTURE BASED ON PRINCIPLES

Article 6 of CDP87 simply stated that the profession of psychology was governed by principles common to all professional deontology, and merely listed these. In accordance with the Meta-code, ethical principles are now more clearly referenced in the text, thus highlighting the fundamental reasons for ethical professional behaviour. I shall continue by briefly outlining the restructuring of these principles in the PROPOSAL.

Principle 1: Respect for human dignity and autonomy, and all human rights.

This is the same as the first of the principles mentioned in

article 6 of the DCP. A definition is now included, as is the case of the Meta-code’s first principle.

Just as in the Constitution, human dignity and respect for human rights form the cornerstone of professional ethics, given that we work with people. It is the basis for all ethical and normative developments.

Principle 2: Act according to the principle of beneficence with regard to people’s autonomy.

This concerns the first principle of healthcare, that of beneficence, considering that the ethics of psychology professional is closely linked to a sense of respect for individuals, which contributes to their well-being. In relation to this principle, during the process of drawing up and editing the code, many contributions highlighted the need to formulate the principle of beneficence by distancing it from a paternalistic position and by incorporating the dimension of individuals’ autonomy. As a result, the professional practice of psychology is defined as a contribution to people’s well-being.

Principle 3: Do no harm: the principle of non-maleficence.

The third principle set down in the PROPOSAL also belongs to healthcare ethics. The principle of non-maleficence follows from the previous principle. Nothing must be done in the provision of psychological services that could cause harm or be prejudicial to people. Not only would this violate the dignity of the individual, but it would also turn psychologists’ work into something malign.

Principle 4: Respect for privacy and confidentiality.

This follows directly from the first and most basic principle, and from a sense of respect for people’s autonomy.

The term privacy refers to the personal sphere, to intimacy, to highly individual aspects, to data of a personal nature or relating to health. As a concept, it is focused on the person receiving the professional service.

The term confidentiality highlights the aspect of secrecy, trust, and the need to safeguard and protect data. It is, therefore, a concept more closely linked to the professional approach, insofar as to concerns knowing what cannot be revealed and what must remain hidden or secret.

Psychology professionals must be able to identify data of a private or personal nature that they have a duty to keep

confidential or secret. This importance of this principle resides in the role it plays in the development of the protection of personal data, including those related to health, and in respect for people's dignity and autonomy.

Principle 5: Professional competence

This principle comes in second place in the Meta-code. Here its position is in accordance with the principles of respect for personal dignity, and of privacy and confidentiality.

In CDP87 it features in seventh place, *after prudence in the application of instruments and techniques*, and followed by *robustness of the objective and scientific bases of professional intervention*. In the development of the PROPOSAL, we felt that these three were of a similar nature and could be subsumed in a single principle.

Principle 6: Responsibility

In CDP87, this is in third place in the list of principles common to all deontology, and is the third of four included in the Meta-code. It underlines the essential need for professional practice to be governed by a sense of ethical duty or responsibility.

Principle 7: Honesty and integrity

Honesty occupies fourth place in CDP87, followed by *sincerity with clients* in fifth. In the Meta-code, *integrity* is the fourth and final principle. The formulation chosen here attempts to express the contents of this principle as broadly as possible to emphasize that the professional practice of psychology is linked to integrity and duty without deception or duplicity.

NORMATIVE ASPECTS

Title II contains the main body of the material on practical norms. It attempts to ensure that the contents of the articles are articulated upon and interlinked with the ethical principles underlying them.

There are 83 articles in total. Taking into account that CDP87 consisted of 65 articles, the PROPOSAL (including the final points it has 85 articles) has increased not only quantitatively but also qualitatively, in the sense that the content has been broadened and deepened.

Chapter I deals with general norms and is divided into the following sections covering articles 1-52:

- ✓ Section 1. Respect for the dignity and rights of the individual.

- ✓ Section 2. Informed consent and freedom of consent.
- ✓ Section 3. Self-determination.
- ✓ Section 4. Beneficence and non-maleficence.
- ✓ Section 5. Privacy and confidentiality.
- ✓ Section 6. Competence.
- ✓ Section 7. Responsibility.
- ✓ Section 8. Honesty and integrity.

This index of sections reflects the efforts made to articulate and inter-relate the norms, as mentioned above, and to ensure breadth of coverage.

Chapter II, covering Specific Regulations, has 31 articles (53-83) in the following sections:

- ✓ Section 1. The use of professional information and the psychological report.
- ✓ Section 2. Complementary regulations regarding psychological research.
- ✓ Section 3. Relationships with colleagues and other professions.
- ✓ Section 4. Online and telephone services.
- ✓ Section 5. Presence in the media.
- ✓ Section 6. Advertising
- ✓ Section 7. Fees and payment.

These regulations already existed in CDP87, with the exception of 4 and 5, which are new (online and telephone services, and presence in the media, respectively). In general, regulations have been developed and systematized. The final two (advertising and fees) needed to be reduced, as explained earlier with reference to the criteria of the National Competition Commission.

CONCLUSION OF THE PROPOSAL

The PROPOSAL was unanimously approved by the Deontological Committee of the Council on April 4, 2008 (the version under consideration at that time was to be found in file V9.2 of 05.02.2008. The subsequent modifications gave rise to the version contained in file V9.7.1, unanimously approved 04.04.2008). Prior to approval, it was examined by members of the EFPA Standing Committee on Ethics, who passed very favourable judgement and, at a meeting with the Deontological Committee of the Council also held on April 4, 2008, encouraged us to proceed.

At a meeting of the Governing Board of the General Council of COPs, on April 19, 2008, it was agreed to congratulate the working group that had drawn up the Code and to move it on to the stage of legal consultation.

It was Don Jesús Avezuela Cárcel of the law firm *Broseta Abogados* who issued the legal report dated July 30, containing a detailed analysis of the approved text of the PROPOSAL.

On January 16, 2009, the PROPOSAL team began a review of the text in order to carry out the following:

- A. Introduce modifications in line with current legislation, as recommended in the above-mentioned legal report.
- B. Introduce changes in accordance with the report by the National Competition Commission of September 2008.
- C. Revise the language with the following aims:
 - a. To make the text more concise and coherent.
 - b. To ensure that the language used was non-discriminatory and non-sexist.

This work was accepted or convalidated on March 28, 2009, at the meeting of the Deontological Committee of the Council which took place in Granada at the end of the National Conference on Deontology and Ethics in Psychology: New Code, New Challenges (the final text is contained in file V12.3, approved by the Deontological Committee of the General Council of COPs on 28.03.2009). The text has been submitted to the Governing Board of the General Council of Spanish Psychological Associations for approval.

It is recommended that these developments, which have taken three years to complete and have involved a broad range of participants, be put into practice as soon as possible after their official approval, so that psychologists can take fully on board the ethics of professional psychological practice as set down in the criteria of the new PROPOSAL.

REFERENCES

Ávila Espada, A. (1987). Breve análisis de la casuística deontológica planteada en Madrid (Periodo 1981-1986) [Brief analysis of deontological cases in Madrid, 1981-86]. *Papeles del Psicólogo*, 32, 7-8.

American Psychological Association (1981). Principios éticos de los psicólogos [Ethical Principles of Psychologists]. *Papeles del Psicólogo*, 1983, 8, 45-50.

American Psychological Association (2002). Ethical Principles of Psychologists and Code of Conduct. <http://www.apa.org/ethics/code.html>

Beauchamp, T.L. & Childress, J.F (1998). *Principios de ética biomédica [Principles of Biomedical Ethics]*.

Barcelona: Masson.

Bermejo, V. et al. (2004). *Ética y deontología para psicólogos [Ethics and deontology for psychologists]*. Madrid: Colegio Oficial de Psicólogos de España. <http://www.cop.es/pdf/etica.pdf>

Bermejo Frígola, V. (2007). Un nuevo Código Deontológico para los Psicólogos [A new Deontological Code for the Psychology Profession]. Infocop Online. 10-04-2007. http://www.infocop.es/view_article.asp?id=1327

Camarero Sánchez, C. (1984). Carlos Camarero enjuicia el Congreso [Carlos Camarero passes judgement on the Conference]. *Papeles del Psicólogo*, 15, 5-7.

Comisión Nacional de la Competencia (1992). Informe sobre el Libre Ejercicio de las Profesiones [Reporto on the Free Exercise of Professions]. http://www.cncompetencia.es/Administracion/GestionDocumental/tabid/76/Default.aspx?EntryId=29718&Command=Core_Download&Method=attachment

Comisión Nacional de la Competencia (2008). Informe sobre el sector de Servicios Profesionales y Colegios Profesionales [Report on the Professional Services and Professional Associations sector]. http://www.cncompetencia.es/Administracion/GestionDocumental/tabid/76/Default.aspx?EntryId=29521&Command=Core_Download&Method=attachment

Colegio Oficial de Psicólogos (1984a). Conclusiones del Grupo de Proyecto de Código Deontológico [Conclusions of the Deontological Code Proposal Group]. *Papeles del Psicólogo*, 15, 12.

Colegio Oficial de Psicólogos (1984b). Reprobación de psicólogos que participan en torturas [Condemnation of psychologists who participate in torture]. *Papeles del Psicólogo*, 15, 12.

Colegio Oficial de Psicólogos (1993). Código Deontológico del Psicólogo [The Deontological Code of the Psychologist]. <http://www.cop.es/vernumero.asp?id=8>

Colegio Oficial de Psicólogos (1993). Última hora. Aprobados el Código Deontológico y la Reforma de los Estatutos del Colegio [Stop press: Deontological Code and Reform of the Association's Statutes approved]. *Papeles del Psicólogo*, 11, 55, 5.

Del Río Sánchez, C (2005). *Guía de ética profesional en psicología clínica [Guide to Professional Ethics in Clinical Psychology]*. Madrid: Pirámide.



- EFPA. Federation of National Psychology Associations (2005). Metacode of ethics. <http://www.efpa.eu/ethics>
- Fierro Bardají, A. (1984a). Anteproyecto de Código Deontológico. I Congreso del Colegio Oficial de Psicólogos, I, Psicología y profesión (pp. 3-22) [Initial proposal for the Deontological Code: I Congress of the Spanish Psychological Association, I, Psychology and profession, pp. 3-22]. Madrid: COP.
- Fierro Bardají, A. (1984b). Materiales y proyecto para una definición deontológica [Material and proposal for a deontological definition]. *Papeles del Psicólogo*, 15, 7-8.
- Fierro Bardají, A. (1987). Jornadas de Trabajo para la elaboración del Proyecto de Código Deontológico. Intervenciones [Working meeting on the drawing-up of the proposal for the Deontological Code]. *Papeles del Psicólogo*, 32, 6-14.
- Hernández Gordillo, A. (1991). IVA y Psicología clínica: celebremos el éxito [VAT and Clinical Psychology: let's celebrate success]. *Papeles del Psicólogo*, 50, 3.
- Infocop Online, Redacción. (2008). La EFPA y la Comisión Deontológica del Consejo se reúnen para debatir el Proyecto de Código Deontológico de la Psicología [The EFPA and the Deontological Committee of the Council meet to debate the Proposal for the Deontological Code for the Psychology Profession]. 15.06.2008. http://www.infocop.es/view_article.asp?id=1842
- Valero Aguayo, L. (1994). Aspectos éticos de la evaluación clínica [Ethical aspects of clinical assessment]. In Colegio Oficial de Psicólogos. Andalucía Oriental. Monográfico Secreto Profesional. (pp. 7-24) []. Granada: COP.

