

Table 24.3 Reconsiderations of Provider-Client Boundaries in End-of-Life Counseling

Typical Office Behavior	Topic	Common Practice in End-of-Life Counseling
No disclosures beyond consultation session without specific written/ oral permission.	← Confidentiality →	Discussion of client information with family & loved ones, especially when client's consciousness is compromised.
Handshakes at greeting or parting; perhaps occasional hug; rare contact during Gestalt/ psychodrama maneuver.	← Physical Contact →	Sitting/standing close; holding hands; touching limb/shoulder; hugging (patient/family); assisting with physical care.
Selective/strategic self-disclosure that advances "process" discussion of "here-and-now." Emotion <i>described</i> but generally <i>not displayed</i> .	← Self-Disclosure →	Greater demand to be "in the moment" of liminal period of dying. More disclosure of personal thoughts, feelings, beliefs (e.g., religious convictions). More permissive approach to display of emotion.
More formal, more "vertical" relationship, with power differential favoring the provider. Friendly, but not friend.	← Relationship Dynamic →	Less formal, more "horizontal" relationship, with more equalized power. More "friend-like" or "honorary family."

SOURCE: Ethical Challenges with Counseling Clients Nearing the End of Life. In J. Werth (Ed.), "Counseling clients near the end of life: Practical perspectives on fundamental issues" (pp. 3-24). Reproduced with the permission of Springer Publishing Company, LLC, New York, NY 10036.