Caveat Emptor¹ & Primum Non Nocere² HR professional's Duty to Protect

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¹Let the buyer beware and ²first, do no harm are two precepts that HR professionals must heed when they bring a canned wellness program into their organization. It is their job to assure that no person is harmed by participation in the process. Willy-nilly adoption of a popular fad is malpractice.

To wit, an unbiased evaluation requires looking beyond the publicity material provided by advocates of a popular approach. A generation ago this was a difficult chore because contrary evidence is usually reported in academic journals. Finding applicable articles was a time consuming process in the print-only era. In recent years, technology has facilitated access by non-academics to unbiased evaluative scholarly material. *Technology has removed excuse for not knowing*.

Fortunately, much academic literature is also becoming more readable because of "finding your voice" movements, acceptance of first-person statements, and a decreased usage of insider jargon. Finding key papers is also much easier than it was a quarter-century ago. It is no longer necessary to wade through thick annual tomes listing publications and citation indexes. After an initial search, additional references from key articles were added, to compile a list of related literature. Now, computers quickly dig through multiple databases. Many full-text articles can be quickly downloaded by highlighting search results displayed on the computer screen. Searches have become common in the age of Google.

The economics of setting up an in-house search and download system can be prohibitive. Therefore, association with a college library is recommended. These libraries have different restrictions on guest and alumni access. Some are quite liberal and others have guards that will not let you through the front door. Students, of course, have ready access. *HR needs to find a way to get unbiased information*.

Doing the Research

Surveying long lists of pertinent articles need not be overwhelming. Boolean searches reduce the number. Titles initially help to pare down large lists. Abstracts are useful in varying degrees to cull potential sources. Then, citations in relevant articles lead to other references. A well-done search will provide several articles elaborating the pros and cons of a program.

Scanning and reading published papers can be efficient. For example, formatted academic articles begin with a survey of the literature that gives a good sense of what others have said about the subject. This provides a good overview of the field. In empirical articles, the long research section can often be skipped. Jump from the introduction to the discussion and conclusion. When compiling a list of publications, do not overlook letters to the editor, because an expert's critique can provide insight that may not be readily seen by the neophyte.

Some articles may not be downloadable from a full-text

database, because of an embargo (usually a year) or they have not been digitized. Reprints are often exorbitantly priced by the publication. These evaluation surveys, however, are not intended to be exhaustive dissertations and expensive material can often be overlooked, after reading the abstract. Do not dismiss the Internet, but use it wisely, as a lot of information from legitimate sources is available from free web sites. It is not unusual to find a version of restricted material online (e.g., see Yandrick, below). Unfortunately, Google, Bing, and other search engines are cluttered with unhelpful stuff.

For some procedures, the survey work has been done by others. *Cochrane Reviews* are respected reports on unbiased reviews of research unto health care issues. Medical schools usually have a subscription. Some academics survey the literature. I have done an assessment of CISD. Link to Critical Incident Stress Debriefing; www.HOUD.info/CISD.pdf; also see "Traumatic Event Debriefing Getting Second Thoughts," by Rudy M. Yandrick, *HR Magazine*, June 2003. This type of study does not make the author popular, as examples shown in my cited paper illustrate; and I have personally experienced being shunned by apostles.

While there are several assessments of the dark side of psychological processes, a significant contributor was Dr. Scott O. Lilienfeld. He co-edited a 2003 book, *Science and Pseudoscience in Clinical Psychology*. In 2007, he wrote "Psychological Treatments That Cause Harm," published in *Perspectives on Psychological Science*. These are a useful assessments of many popular methods. A reprint costs \$35 from the publisher but a copy is available from downloadable databases. Ironically, good copies of the book are cheaper than the article on the used-book market. It is worthwhile to read at least the paper to get a sense of what Lilienfield calls PHTs (Potentially Harmful Therapies).

Ethical Responsibility

HR professionals have a moral commitment to first, do no harm when contracting for wellness programs. As such, they have a duty to explore more than marketing literature before adopting a protocol for widespread use. As a buyer they need to be aware of the potential consequences to each and every person subjected to the protocol.

Usually, proponents provide successful anecdotes and cite supportive statistics. These are selected to present the method in a positive light. While the particular examples presented are probably real, they are for prone people who found satisfaction with the approach. *People are different* and some may be adversely affected by "cures" that help others. For example, insulin injections needed by diabetics can kill someone who processes carbohydrates normally.

By their nature, mass-marketed methods are codified and applied uniformly across many disparate persons. But a person is unique and not a statistic. The HR professional needs to consider if harm from a broadly applied protocol may be done to an individual not prone to the approach. Before applying a program willy-nilly, it behooves the HR professional to be an informed buyer.