Ethics: A Guide for Occupational Therapy Practitioners

Course provided by Tennessee Occupational Therapy Association Updated October 2023



Ethics

This course meets the Tennessee license renewal requirement for 1 hour of continuing education related to professional ethics.

This course is based on the American Occupational Therapy 2020 Code of Ethics

Course Objectives

At the end of this course the participant will:

- Be familiar with the history of the AOTA Code of Ethics
- Understand the definition and basic principles of ethics
- Understand the purpose of the OT Code of Ethics
- Understand the Principles and Standards of the AOTA Code of Ethics
- Be aware of Disciplinary Actions/Sanctions for violations of ethical behavior
- Be aware of resources on ethics

Definition - Ethics

* "the careful and systematic study of the nature of morality. Morality is a set of guidelines and standards that are striven for as ideals and that protect basic human values" (Bailey and Schwartzberg, p. 3)

* "the study of how we make judgments in regard to right and wrong" (Edge and Groves, p. 40)

Definition – Code of Ethics

- *. Code of Ethics—"a summary...of a profession's values and standards of conduct" (*Taber's Cyclopedic Medical Dictionary,* 20th Edition, 2005)
- *. AOTA defines Code of Ethics as "a public statement tailored to address the most prevalent ethical concerns of the occupational therapy profession. ..." (AOTA Code of Ethics, 2015)

Definition – Profession

A **profession** is a disciplined group of individuals who adhere to ethical standards. This group positions itself as possessing special knowledge and skills in a widely recognized body of learning derived from research, education and training at a high level, and is recognized by the public as such. A profession is also prepared to apply this knowledge and exercise these skills in the interest of others.

https://www.psc.gov.au/what-is-a-profession# Retrieved 8/18/20

Basic Ethical Principles

- * Beneficence duty to help/act for the client's good
- * Nonmaleficence do no harm
- * Autonomy/Confidentiality person's right to control what happens; informed consent; right to refuse treatment/need to protect client's privacy
- * **Justice** fair appropriate distribution of resources, and fair processes that ensure fair treatment
- * Veracity honesty, truthfulness
- * Fidelity loyalty to other professionals

Presentation is based AOTA Code of Ethics (2020) and NBCOT Code of Conduct and NBCOT Professional Standards of Practice for OTR and COTA (Revised March 2021)

* The AOTA code is specifically mentioned in the Rules and Regulations for Tennessee occupational therapy practitioners.

https://ajot.aota.org/article.aspx?articleid=2767077

The NBCOT code was mentioned until the January 2010 revision of the rules.

https://www.nbcot.org/-/media/NBCOT/PDFs/Practice-Standards-COTA.ashx?la=en&hash=7D24D031D583DBE15E6585A707F2702A84B2DF21

https://www.nbcot.org/-/media/NBCOT/PDFs/Practice-Standards-OTR.ashx? la=en&hash=140E4C945A8CCAA<mark>165CCEA311ECD1EFD1903AB0D</mark>

AOTA Code of Ethics

- *. The first official AOTA ethical code was established in 1975.
- *. "Principles of Ethics" first adopted in 1977 consisted of 12 principles
- *. Revised in 1977,1988,1994, 2000, 2005, 2010, 2015 and 2020
- *. The AOTA Representative Assembly mandates the Code undergo review every 5 years
- * Was first Hippocratic in nature evolved into a sociological model of ethical conduct.

The Purpose of the Code of Ethics

- * Identify & describe the principles supported by the OT profession
- * Educate the general public & members regarding established principles to which OT personnel are accountable
- * Socialize OT personnel to expected standards of conduct
- * Assist OT personnel in recognition & resolution of ethical dilemmas

Purpose of the Code of Ethics

The Code serves two purposes:

- * It provides aspirational Core Values that guide members toward ethical courses of action in professional and volunteer roles, and
- * It delineates enforceable Principles and Standards of Conduct that apply to AOTA members (and occupational therapy licensees in the state of Tennessee)

Core Values of OT OT 101 Review

* These Core Values should be considered when determining the most ethical course of action (adapted from Core Values & Attitudes of Occupational Therapy Practice; AOTA, 1993)

- 1. Altruism
- 2. Equality
- 3. Freedom
- 4. Justice
- 5. Dignity
- 6. Truth
- 7. Prudence

Principles

- * The Principles guide ethical decision making and inspire occupational therapy personnel to act in accordance with the highest ideals.
- * The Principles and that are enforceable for professional behavior include:
- (1) Beneficence,
- (2) Nonmaleficence
- (3) Autonomy
- (4) Justice
- (5) Veracity
- (6) Fidelity

Beneficence

Principle 1: OT personnel shall demonstrate a concern for the well-being and safety of the recipients of their services

- * The Principle of Beneficence includes all forms of action intended to benefit other persons. The term beneficence has historically indicated acts of mercy, kindness, and charity (Beauchamp & Childress, 2019).
- Examples of Beneficence include:
 - * protecting and defending the rights of others
 - * preventing harm from occurring to others
 - * removing conditions that will cause harm to others
 - * offering services that benefit persons with disabilities
 - * acting to protect and remove persons from dangerous situations (Beauchamp & Childress, 2019).

Nonmaleficence

Principle 2: Occupational therapy personnel shall refrain from actions that cause harm.

- * The Principle of Nonmaleficence indicates that occupational therapy personnel must refrain from causing harm, injury, or wrongdoing to recipients of service.
- * Whereas Beneficence requires taking action to incur benefit, Nonmaleficence requires avoiding actions that cause harm (Beauchamp & Childress, 2019).
- * **For example,** an occupational therapy intervention might require the service recipient to invest a great deal of time and perhaps even discomfort; however, the time and discomfort are justified by potential long-term, evidence-based benefits of the treatment.

Autonomy

Principle 3. Occupational therapy personnel shall respect the right of the individual to self- determination, privacy, confidentiality, and consent.

- * The Principle of Autonomy expresses the concept that occupational therapy personnel have a duty to treat the client or service recipient according to their desires, within the bounds of accepted standards of care, and to protect their confidential information.
- * Often, respect for Autonomy is referred to as the self-determination principle.
- * For example, persons have the right to make a determination regarding care decisions that directly affect their lives. In the event that a person lacks decision-making capacity, their Autonomy should be respected through the involvement of an authorized agent or surrogate decision maker.

Justice

Principle 4. Occupational therapy personnel shall promote equity, inclusion and objectivity in the provision of occupational therapy services.

* The Principle of Justice relates to the fair, equitable, and appropriate treatment of persons (Beauchamp & Childress, 2019).

Occupational therapy personnel demonstrate attitudes and actions of respect, inclusion, and impartiality toward persons, groups, and populations with whom they interact, regardless of age, gender identity, sexual orientation, race, religion, origin,

socioeconomic status, degree of ability, or any other status or attributes.

* For example, occupational therapy personnel work to create and uphold a society in which all persons have equitable opportunity for full inclusion in meaningful occupational engagement as an essential component of their lives.

Veracity

Principle 5. Occupational therapy personnel shall provide comprehensive, accurate, and objective information when representing the profession.

- * The Principle of Veracity refers to comprehensive, accurate, and objective transmission of information and includes fostering understanding of such information. Veracity is based on the virtues of truthfulness, candor, honesty, and respect owed to others (Beauchamp & Childress, 2019).
- * In communicating with others, occupational therapy personnel implicitly promise to be truthful and not deceptive.
- * For example, when entering into a therapeutic or research relationship, the service recipient or research participant has a right to accurate information. In addition, transmission of information must include means to ensure that the recipient or participant understands the information provided.

Fidelity

Principle 6. Occupational therapy personnel shall treat clients (persons, groups or populations), colleagues and other professionals with respect, fairness, discretion, and integrity.

- * The Principle of Fidelity refers to the duty one has to keep a commitment once it is made (Veatch et al., 2015).
- This commitment refers to promises made between a provider and a client, as well as maintenance of respectful collegial and organizational relationships (Doherty & Purtilo, 2016).
- * **For example**, occupational therapy personnel should consistently balance their duties to service recipients, students, research participants, and other professionals, as well as to organizations that may influence decision making and professional practice.

The AOTA Ethics Commission, under the Enforcement Procedures for the AOTA Occupational Therapy Code of Ethics (AOTA, 2019), enforces the following Standards of Conduct

1. Professional Integrity, Responsibility, and Accountability:

* Occupational therapy personnel maintain awareness and comply with AOTA policies and Official Documents, current laws and regulations that are relevant to the profession of occupational therapy, and employer policies and procedures.

2. Therapeutic Relationships:

*Occupational therapy personnel develop therapeutic relationships to promote occupational well-being in all persons, groups, organizations, and society regardless of age, gender identity, sexual orientation, race, religion, origin, socioeconomic status, degree of ability, or any other status or attributes.

3. Documentation, Reimbursement and Financial Matters

* Occupational therapy personnel maintain complete, accurate, and timely records of all client encounters.

4. Service Delivery:

* Occupational therapy personnel strive to deliver quality services that are occupation based, client centered, safe, interactive, culturally sensitive, evidence based, and consistent with occupational therapy's values and philosophies.

5. Professional Competence, Education, Supervision, and Training:

* Occupational therapy personnel maintain credentials, degrees, licenses, and other certifications to demonstrate their commitment to develop and maintain competent, evidence-based practice.

6. Communication:

Whether in written, verbal, electronic, or virtual communication, occupational therapy personnel uphold the highest standards of confidentiality, informed consent, autonomy, accuracy, timeliness, and record management

7. Professional Civility:

* Occupational therapy personnel conduct themselves in a civil manner during all discourse. Civility "entails honoring one's personal values, while simultaneously listening to disparate points of view" (Kaslow & Watson, 2016, para. 1). These values include cultural sensitivity and humility.

AOTA - Enforcement

AOTA jurisdiction over members (available at , AOTA section; open to the general public)

Procedure

- * signed, written complaint to Ethics Commission (EC)
- * preliminary investigation * formal charge (if warranted)
- * Disciplinary Council adjudicates charge (3 AOTA members. 1 public member) + legal counsel + respondent and own counsel
- * appeal

Disciplinary sanctions: See next slide for definitions

* Reprimand * Membership Suspension

- * Membership Suspension
 * Membership Revocation
- * Censure
- * Probation of Membership

Disciplinary Actions/Sanctions

1.3.1. **Reprimand**—A formal expression of disapproval of conduct communicated privately by letter from the EC Chairperson that is non-disclosable and noncommunicative to another body (e.g., state regulatory board [SRB], National Board for Certification in Occupational Therapy®, [NBCOT®]).

Reprimand is not publicly reported.

- 1.3.2. **Censure**—A formal expression of disapproval that is **publicly reported**.
- 1.3.3. **Probation of Membership Subject to Terms**—Continued Association membership is conditional, depending on fulfillment of specified terms. Failure to meet terms will subject an individual to any of the disciplinary actions or sanctions. Terms may include but are not limited to:
- a. Remedial activity, applicable to the violation, with proof of satisfactory completion by a specific date
 - b. The corrected behavior, which is expected to be maintained. **Probation is publicly reported.**

Disciplinary Actions/Sanctions

1.3.4. **Suspension**—Removal of Association membership and eligibility to obtain or renew membership for a specified period of time.

Suspension is publicly reported.

1.3.5. **Revocation**—Permanent denial of Association membership.

Revocation is publicly reported.

NBCOT - Enforcement

NBCOT-jurisdiction over all certified (and eligible) OT practitioners (available at , State Regulators section, Professional Conduct; open to the general public)

Possible actions/outcomes/sanctions

Formal written reprimand

Public censure

Compulsory community service

Compulsory participation in remediation programs Suspension of certificate to practice for definite period Ineligibility for certification (definite or indefinite period)

Revocation of certification

Violations of the NBCOT Candidate/Certificant Code of Conduct may result in one or more of the following sanctions:

- * Ineligibility for certification, which means that an individual is barred from becoming certified by the NBCOT, either indefinitely or for a certain duration.
- * Reprimand, which means a formal expression of disapproval, which shall be retained in the certificant's file, but shall not be publicly announced.
- * Censure, which means a formal expression of disapproval which is publicly announced.
- * Probation, which means continued certification is subject to fulfillment of specified conditions, e.g., monitoring, education, supervision, and/or counseling.
- * Suspension, which means the loss of certification for a certain duration, after which the individual may be required to apply for reinstatement.
- Revocation, which means permanent loss of certification.
- ** All sanctions other than reprimand shall be announced publicly

State Enforcement

State regulatory bodies (licensing boards)—have jurisdiction over all licensed OT practitioners, all persons practicing OT within the state TN Practice Act does not allow: Unprofessional, dishonorable or unethical conduct Violation of the practice act False or misleading statements, fraud and abuse, deceit Gross malpractice, negligence, ignorance, incompetence Drug abuse Conviction of a felony Mental or physical incompetence Fee splitting Inappropriate use of unlicensed personnel/aides

TN State Board of OT: Categories of Discipline

- Informal resolution, Letter of Instruction, Letter of Warning
- 2. Letter of Reprimand and/or Civil Penalty
- 3. Probation or Suspension with Remedial Conditions, Monitoring and /or Civil Penalties
- 4. Revocation and/or Civil Penalties

The 2020 OT Code of Ethics of the AOTA

- * Is designed to reflect the dynamic nature of the occupational therapy profession, the evolving health care environment, and emerging technologies that can present potential ethical concerns in practice, research, and policy.
- * AOTA members & TN OT Practitioners are committed to promoting inclusion, participation, safety, and well-being for all recipients of service in various stages of life, health, and illness and to empowering all beneficiaries of service to meet their occupational needs.
- * Recipients of services may be persons, groups, families, organizations, communities, or populations (AOTA, 2020).

The time is always right to do what is right.

Martin Luther King, Jr.

https://www.azguotes.com/guotes/topics/ethics.html

Ethics is knowing the difference between what you have a right to do and what is right to do.

Potter Stewart

https://www.brainyquote.com/quotes/potter_stewart_390058

QUESTIONS???

Thank you for your attention!

Resources can include, but are not limited to, ethics committees, organizational ethics officers or consultants, and the AOTA Ethics Commission

For a full list of AOTA ethics resources, please refer to the AOTA website

https://www.aota.org/Practice/Ethics.aspx

- * American Occupational Therapy Association. (2014a). Enforcement procedures for the Occupational therapy code of ethics and ethics standards. American Journal of Occupational Therapy, 68(Suppl. 3), S3–S15.
- * American Occupational Therapy Association. (2020). Occupational therapy practice framework: Domain and process (4th ed.). American Journal of Occupational Therapy, 74.
- * American Occupational Therapy Association. Occupational therapy code of ethics (2020). *American Journal of Occupational Therapy*, 74.

- * Beauchamp, T. L., & Childress, J. F. (2013). *Principles of biomedical ethics* (7th ed.). New York: Oxford University Press * Braveman, B., & Bass-Haugen, J. D. (2009). Social justice and health disparities: An evolving discourse in occupational therapy research and intervention. *American Journal of Occupational Therapy*, 63, 7–12. http://dx.do
- * Purtilo, R., & Doherty, R. (2011). *Ethical dimensions in the health professions* (5th ed.). Philadelphia: Saunders/Elsevier.
- * Veatch, R. M., Haddad, A. M., & English, D. C. (2010). Case studies in biomedical ethics. New York: Oxford University Press.

NBCOT information is available at , State Regulators section, Professional Conduct; open to the general public

The Tennessee Practice Act (2010) is available at www.state.tn.us, Laws and Justice section, Laws and Rules, Tennessee Code and Constitution; "occupational therapy" in the search window, scroll down to Chapter 13. Rules and regulations are available at health.state.tn.us/Boards/C

Standards of Practice; available at AOTA section; open to the general public)—presents the minimum standards for provision of OT services; including practitioner qualifications; clearly delineates OT and OTA functions

*AOTA Guidelines for Supervision, Roles, and Responsibilities During the Delivery of Occupational Therapy Services (American Journal of Occupational Therapy, November/December 2014, Vol. 68, S16-S22)

- Diana M. Bailey and Sharan L. Schwartzberg. Ethical and Legal Dilemmas in Occupational Therapy. FA Davis: Philadelphia (2003)
- Jack Kasar and E. Nelson Clark. Developing Professional Behaviors. Slack: Thorofare, NJ (2000)
- * Raymond S. Edge and John Randall Groves. *Ethics of Health Care: A Guide for Clinical Practice*. 2nd Edition. Delmar Publishers (1999)