OCCUPATIONAL THERAPY ETHICS

I) Introduction

Ethics and ethical dilemmas are common to every day living. There may be times when you’ve hesitated to report being undercharged for something, told a “little white lie” to avoid hurting someone’s feelings or even opted out of an unwanted social invitation by claiming to be busy. Do these things make you a horrible person? Probably not. Are they situations most of us have encountered? Likely so. Ethics impact many facets of our lives; from our relationships with others, to how we relate to the world and to our own ideas of what is right or wrong. Ethics also impact many areas of Occupational Therapy practice. In thinking about Occupational Therapy ethics, it may be wise to begin by posing a few questions about what it means to be ethical in this context.

Are Occupational Therapy ethics based on individual preferences or is there a universal standard by which all professionals should conduct themselves?

Are our professional ethics static and fixed or do we have varying standards based on the situation to which they are applied?

Who decides what constitutes ethical behavior and what does not?

What should we do when faced with ethical dilemmas or scenarios in which there may be no clear-cut right answer?

These are not easy questions to answer. Whether we recognize it or not, we, as healthcare practitioners, make ethical choices every day. Through our interactions with others we choose how to respond to individuals that may be different from us. When showing respect and dignity to clients we abide by ethical principles. When we strive to provide the quality services and act on clients’ behalves, we base these goals on ethical standards.

Ethics impact all Occupational Therapy personnel. We must, therefore, have a solid understanding of ethical standards that have been established for our profession. In addition, we must be able to apply these standards to our particular areas of practice.
With these factors in mind, we developed the course, Occupational Therapy Ethics. This educational offering is intended for Occupational Therapists and Occupational Therapy Assistants, hereafter mentioned collectively as OT’s. It has been approved for one continuing education unit through the Ohio Occupational Therapy Board and meets the ethics requirement set forth by section 4755-9-01 of the Ohio Administrative Code. In this course participants will be required to read and understand the subject material and apply the acquired information to practice-related scenarios.

Upon successful completion of the Occupational Therapy Ethics course, participants will:

- Recognize the historical basis for ethics debates.
- Identify and understand key components of the AOTA Occupational Therapy Code of Ethics.
- Identify and understand professional behaviors that are guided by the Occupational Therapy Code of Ethics.
- Apply the Occupational Therapy Code of Ethics to case specific ethical situations and develop appropriate resolution plans for each.
- Pass a post test with a score of 70% or above.

II) Course Outline

I) Introduction
II) Course Outline
III) Historical Basis of Ethics
IV) Ethics and Occupational Therapy
   A) Occupational Therapy’s Core Values and Attitudes
   B) Occupational Therapy’s Code of Ethics
   C) Guidelines to the Occupational Therapy Code of Ethics
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   E) Case Studies
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III) Historical Basis of Ethics

To understand why and how modern Occupational Therapy ethics developed, it is necessary to recognize the historical basis for ethical debates. Let’s begin by looking at a few historical perspectives on ethics.

From man’s early days ethicists have philosophized ideals for living. These ponderings have examined multiple topics including the need for mental discipline, the importance of
self control, the search for pleasure, the attainment of true happiness, the quest of being in harmony with nature and other queries of life’s higher meaning.(1) The term ethics is derived from the Greek word ethos, meaning “character” or “custom.” In Latin the term is associated with the word mores, meaning “customs.” A modern interpretation of ethics defines this term “as principles and standards of human conduct or the study of such morals.”(1) Simply put, ethics can be understood as what we do and why we do it.

Since we just described the what and why of ethics, let us now consider the how. How do we define what constitutes ethical behavior? In all fairness, we should preface this statement by acknowledging there may be no universal answer to this question. Some individuals may regard ethical behavior as black-and-white absolutes; the “shall” and “shall nots”, if you will. Others may liken ethical behaviors to shades of grey that are colored by the variables of a given situation. Still there may be those that prescribe to an “anything goes” agenda in which the parameters for ethical behavior are seemingly boundless. One contemporary writer postulated that ethical behavior “is not the display of one’s moral rectitude in times of crisis … but in the day-to-day expression of one’s commitment to other persons and the ways in which human beings relate to one another in their daily interactions.”(2) These sorts of ethical debates are common to group societies as the outcomes establish accepted standards and expected norms for individuals’ behaviors.

OT’s, as a group, have concerned themselves with ethics debates since the inception of the profession. As you may recall, the field of Occupational Therapy was founded on philosophies that placed importance on moral treatment and the use of occupations for individuals who were hospitalized and living in institutions. These ethical values have accompanied Occupational Therapy treatment for nearly one hundred years. They are also present in the publications that that guide our practice to this very day. It makes sense, then, that ethics, ethical behaviors and Occupational Therapy are closely meshed.

**IV) Ethics and Occupational Therapy**

Much like the definition above, the American Occupational Therapy Association (AOTA) also has an operational definition of the concept of ethics. The AOTA asserts that, “Ethical action goes beyond rote following rules or application of principles; rather it is a manifestation of moral character and mindful reflection. It is a commitment to beneficence for the sake of others, to virtuous practice of artistry and science, to genuinely good behaviors and to noble acts of courage.”(3) Through this understanding of what it means to be ethical, the AOTA developed its moral compass for the profession, the Occupational Therapy Code of Ethics (the Code). In developing the Code, the AOTA stopped short of declaring mere commandments for practice. Rather it noted the document is intended as “an aspirational guide to professional conduct when ethical issues surface.”(3) Moreover, the AOTA noted the purpose of The Occupational Therapy Code of Ethics is fourfold; namely to identify and describe principles supported by OT’s, to educate the public and its’ members of Occupation Therapy principles, to
inform new OT’s of standards of conduct and to assist OT’s in recognition and or resolution of ethical dilemmas.

A) Occupational Therapy’s Core Values and Attitudes

The development of the current Occupation Therapy Code was guided by yet another AOTA document, The Core Values and Attitudes of Occupational Therapy Practice. This reference was published in 1993 and was shaped by Occupational Therapy definitions, philosophies, educational guidelines and a previously issued Code of Ethics. Identified in this document are values; beliefs or ideals to which an individual is committed and actions and attitudes; individuals’ responses to objects, persons, concepts or situations based on the aforementioned beliefs or ideals.

As outlined by the AOTA, Occupational Therapy’s Core Values and Attitudes are based on seven concepts. These concepts are listed here and are accompanied by definitions prescribed to them. AOTA’s Core Values and Attitudes include:

1) Altruism – an “unselfish concern for the welfare of others”

2) Equality – a belief that “all individuals be perceived as having the same fundamental human rights and opportunities”

3) Freedom – an affirmation of individuals’ abilities “to exercise choice and to demonstrate independence, initiative and self-direction”

4) Justice – an aspiration that “places value on the upholding of such moral and legal principles as fairness, equity, truthfulness, and objectivity”

5) Dignity – a valuation of “the inherent worth and uniqueness of each person”

6) Truth – a requirement to be “faithful to facts and reality”

7) Prudence – “the ability to govern and discipline oneself through the use of reason”

B) Occupational Therapy’s Code of Ethics

The current Occupational Therapy Code of Ethics was published by the AOTA in 2005. Like the core values and attitudes document, this Code is based on seven principles. The principles of the Code are applicable to all professional relationships, including those with clients, co-workers, interdisciplinary colleagues, students, educators, businesses and
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the general public. In addition, the Code’s principles are meant to apply to all OT personnel, regardless of an individual’s educational or supervisory level.(3) The principles of the current Code are described below.

Principle 1) Beneficence
Beneficence is defined as “doing good for others or bringing about good for them. The duty to confer benefits to others.” Regarding beneficence, the AOTA notes that “Occupational therapy personnel shall demonstrate a concern for the safety and well-being of the recipients of their services.”(3)

The AOTA purports that Beneficent actions include:
- Treating all clients the same and without discrimination
- Ensuring that fees are fair and reasonable given the services provided
- Advocating for clients when particular services are indicated
- Promoting the health, safety and well-being of all individuals

OT personnel that disregard the principle of Beneficence may be engaged in doing the following:
- Refusing to treat a particular client because of personal disapproval of his/her marital status, religious history or lifestyle choices
- Discharging a client due to personality clashes
- Constructing caseloads based solely on revenue instead of client need
- Initiating OT services without an individualized evaluation or treatment plan

Principle 2) Nonmaleficence
The AOTA defines Nonmaleficence as, “Not harming or causing harm to be done to oneself or others. The duty to ensure that no harm is done.” They further contend, “Occupational therapy personnel shall take measures to ensure a recipient’s safety and avoid imposing or inflicting harm.”(3)

According to the AOTA, an OT may seek to adhere to Nonmaleficence principle by:
- Maintaining therapeutic relationships that are free from exploitation
- Avoiding relationships or activities that may affect professional judgment or interfere with professional objectivity
- Refraining from influences that may unduly compromise provision of services
- Using good judgment and analysis to avoid harm
- Assuring that personal problems do not affect judgment or OT duties
- Notifying authorities of concerns regarding colleagues’ professional skills if earlier attempts to address have been unsuccessful.
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OT personnel that disregard the principle of Nonmaleficence may be engaged in doing the following:

- Verbally threatening or degrading clients
- Disregarding safety precautions that have been established for the client
- Stealing or misappropriating clients’ personal belongings
- Establishing romantic relationships with a client or his/her family member during treatment
- Using drugs or alcohol on the job or to the extent it affects work performance
- Failing to report colleagues’ known misconduct or harm inflicted upon clients

AUTHOR’S NOTE: These first two ethical principles and the terms used to describe them may seem somewhat foreign. Let’s face it, it’s not everyday that one has the opportunity to throw out the words Beneficence and Nonmaleficence! In attempt to better grasp and retain the principles in the Code, we’ve found it useful to reduce these terms to more simplistic language. Our aim is to pare down the sometimes verbose definitions in order the make the terminology a bit more understandable for the average clinician. For example, we believe the meaning of Beneficence can be reduced simply to BE GOOD. For Nonmaleficence we prefer, DO NO HARM. As we continue to discuss the principles in the Code, you’ll find our simplified version following each academic definition.

Principle 3) Autonomy and Confidentiality

For their definition of Autonomy, the AOTA draws on Beauchamp and Childress’s definition, “The right of an individual to self-determination. The ability to independently act on one’s decisions for their own well-being.”(5) They prescribe the following description, “Not disclosing data or information that should be kept private to prevent harm and to abide by policies, regulations and laws” to Confidentiality. With regard to these principles, the AOTA notes, “Occupational therapy personnel shall respect recipients to assure their rights.”(3) Our simplified version of this term is RESPECT OTHERS.

According to the Code, OT’s can assure that the Autonomy and Confidentiality of others is preserved by:

- Inviting the input of the client and his/her family when setting goals or establishing treatment plans
- Assuring that informed consent for all services provided
- Allowing clients the right to refuse treatment or participation in research
- Protecting clients’ private information unless mandated by law to report it

OT personnel that disregard the principles of Autonomy and Confidentiality may be engaged in doing the following:

- Disregarding clients’ personal goals or treatment aspirations
Failing to seek the permission of the client or responsible party prior to initiating an evaluation or treatment

Breeching confidentiality by sharing clients’ personal information with one’s own friends and family

**Principle 4) Duty**

The AOTA definition of this term is “actions required of professionals by society or actions that are self-imposed.” They further explain duty by noting, “Occupational therapy personnel shall achieve and continually maintain high standards of competence.”

Our simplified version of this term is **BE TRUE.**

The AOTA contends that OT’s can uphold the principle of Duty by:

- Holding necessary credentials for services provided
- Following AOTA standards for practice at all times
- Participating in professional development and educational activities
- Maintaining competency in their current practice areas
- Utilizing current evidence-based practice methods
- Assuring that other OT personnel abide by their credentials, experience, qualifications and scopes of practice
- Providing appropriate supervision of other OT personnel as indicated
- Referring to or consulting with other healthcare professionals whenever this would benefit the client

OT personnel that disregard the principles of Duty may be engaged in doing the following:

- Lacking adequate continuing education for license renewal
- Providing treatment outside one’s scope of practice
- Initiating treatment in a new practice area without adequate training, orientation or study
- Failing to include other disciplines in the overall care of the client if indicated

**Principle 5) Procedural Justice**

The AOTA definition of this term is “assuring that processes are organized in a fair manner and policies or laws are followed.” Procedural justice is further explained as the AOTA notes, “Occupational therapy personnel shall comply with laws and Association policies guiding the profession of occupational therapy.”

Our pared down version of Procedural Justice is **KEEP IT LEGAL.**

The Code suggests OT’s can uphold this principle by:

- Understanding and following with institutional rules, association guidelines or related laws
- Remaining aware of changes in these areas and notifying employers, employees
and peers of such as needed
    • Encouraging supervised OT personnel to abide by the Code
    • Ensuring employers are aware of the Code and its relationship to OT practice
    • Recording and reporting all practice-related activities in a timely manner

OT personnel that disregard the principles of Procedural Justice may be engaged in doing the following:

    • Neglecting to understand or abide by regulations and company policies in their treatment area
    • Disregarding state or federal laws pertaining to provision and reimbursement of OT services
    • Failing to discontinue services or goals when they no longer benefit the client or produce measurable outcomes
    • Allowing employees to disregard certain components of the Code if they are otherwise “good” employees

Principle 6) Veracity
The AOTA defines veracity as “a duty to tell the truth and avoid deception.” Of Veracity they also note, “Occupational therapy personnel shall provide accurate information when representing the profession.”(3) Our simplified version of this term is **BE HONEST**.

The AOTA’s guidelines for adhering to Veracity include:

    • Accurately representing one’s professional credentials, qualifications, education, experience and competencies
    • Disclosing potential conflicts of interest with those whom they engage in professional, contractual or other working relationships
    • Refraining from communication that contains false, inaccurate, inflated, fraudulent or deceptive claims
    • Disclosing errors that could impact clients’ safety
    • Accepting responsibility for actions that may decrease public trust of the OT field or of OT practitioners

OT personnel that disregard the principle of Veracity may be engaged in doing the following:

    • Practicing without a current license
    • Misrepresenting oneself as another discipline, with specialty certification or with qualifications that have not been attained
    • Billing for services not provided
    • Destroying documentation
    • Falsifying progress claims in order to pre-approve additional treatment sessions
    • Failing to report harm or potential harm sustained during treatment
    • Assuring guaranteed outcomes for services provided
Principle 7) Fidelity
The AOTA again uses a Beauchamp and Childress definition for the final principle in its Code of Ethics. According to these authors, Fidelity is defined as “Faithfully fulfilling vows and promises, agreements and discharging fiduciary responsibilities.” (5) With regard to this principle, the AOTA notes, “Occupational therapy personnel shall treat colleagues and other professionals with respect, fairness, discretion, and integrity.” (3) Our simplified version of Fidelity is BE FAIR.

OT’s can be true to this principle by following the Code’s guidelines of:
- Respecting, preserving and protecting confidential information about peers unless mandated by law to report it
- Accurately representing the work of colleagues
- Attempting to avoid breeches in the Code and reporting known breeches to authorities as appropriate
- Avoiding conflicts of interest in work roles or volunteer affiliations
- Using conflict resolution strategies to resolve professional disputes
- Remaining familiar with handling concerns with the Code and ethics complaints

OT personnel that disregard the principles of Fidelity may be engaged in doing the following:
- Neglecting to include references for sources used in in-services or research
- Accepting a work assignment that is in conflict with another
- Exploiting the human, financial or material resources of an employer
- Maintaining adversarial relationships with colleagues or employees
- Remaining silent to a peers’ ethical disregrads rather than making them known

C) Guidelines to the Occupational Therapy Code of Ethics
A third document that is useful when discussing OT ethics is the Guidelines to the Occupational Therapy Code of Ethics. This reference was originally issued in 1998. A revised version was issued by the AOTA’s Ethics Commission in 2005. According to the AOTA, numerous professional behaviors are driven by the Code. (6) These actions are listed below and are accompanied by the AOTA statements related to the expected behaviors.

1) Honesty - “Professionals must be honest with themselves, must be honest with all whom they come in contact with, and must know their strengths and limitations.”

2) Communication - “Communication is important in all aspects of occupational therapy. Individuals must be conscientious and truthful in all aspects of written, verbal and electronic communication.”
3) Ensuring the Common Good - “Occupational therapy personnel are expected to increase awareness of the profession’s social responsibilities to help ensure the common good.”

4) Competence - “Occupational therapy personnel are expected to work within their areas of competence and to pursue opportunities to update, increase, and expand their competence.”

5) Confidential and Protected Information - “Information that is confidential must remain confidential. This information cannot be shared verbally, electronically, or in writing without appropriate consent. Information must be shared on a need-to-know basis only with those having primary responsibilities for decision making.”

6) Conflict of Interest - “Avoidance of real or perceived conflict of interest is imperative to maintaining the integrity of interactions.”

7) Impaired Practitioner - “Occupational therapy personnel who cannot competently perform their duties after reasonable accommodation are considered to be impaired. The occupational therapy practitioner’s basic duty to student’s, patients, colleagues, and to research subjects is to ensure that no harm is done. It is difficult to report a professional colleague who is impaired. The motive for this action is to provide for the protection and safety of all, including the person who is impaired.”

8) Sexual Relationships - “Sexual relationships that occur during any interaction are a form of misconduct.”

9) Payment for Services and Other Financial Arrangements - “Occupational therapy personnel shall not guarantee or promise specific outcomes for occupational therapy services. Payment for occupational therapy services shall not be contingent on successful outcomes.”

10) Resolving Ethical Issues - “Occupational therapy personnel should utilize any and all resources available to them to identify and resolve conflicts and/or ethical dilemmas.”

D) Other Ethics Resources

Beyond the documents we have utilized here, the AOTA has issued several professional references that may also provide useful information for OT’s facing ethical issues. These publications include the OT Scope of Practice as well as position papers and articles on topics such as plagiarism, patient abandonment and payment for services. In addition, information contained in state and federal regulations or administrative codes may also be of use for better understanding the requirements of particular treatment settings.
E) Case Studies

Making ethical decisions in Occupational Therapy is not always easy. Periodically OT’s are involved in ethical dilemmas. These dilemmas may involve “a situation in which one moral conviction or right action conflicts with another” or times in which there may be “no one, clear cut, right answer.”(3) As we discussed, part of the Code’s purpose is to provide guidance for responses in these sorts of situations.

Please use your understanding of Occupational Therapy ethics and the AOTA Code to assess the situations below. Following each case study take a minute to consider the components of the particular scenario and ask the following questions: Is this an ethical dilemma? How should I resolve it? What components of the Code are included?

Case Study 1) Glenn
Glenn is a 40 year old male that has been on your caseload for several weeks. He was admitted to your rehab facility with a diagnosis of CVA with right hemiparesis. Glenn made great initial strides and progress. His progress appears to have slowed the past few days, however, as Glenn seems increasingly depressed and withdrawn. He even refused therapy on one occasion. This refusal and other short treatments are on track to affect your weekly productivity. You record the units Glenn should have achieved as you know you’ll be able to make them up next week. Is this an ethical dilemma? How should I resolve it? What components of the Code are included?

Our response – While there are a few ethical issues at play here, no dilemmas seem to exist. The Code provides clear guidance in how to resolve this case’s components. Certainly Glenn has the right to refuse treatment. By respecting his right to do so an OT would be abiding by the principle of Autonomy (RESPECT OTHERS). As an advocate for Glenn, the OT might suggest that the services of a Counselor or Psychiatrist may also be needed. This involves the principles of Beneficence (BE GOOD) and Duty (BE TRUE). Finally, it is never acceptable to bill for services not provided or to place productivity standards over ethical actions. This area involves the principles of Procedural Justice (KEEP IT LEGAL) and Veracity (BE HONEST).

Case Study 2) Sally
You are a P.R.N. OT that has been called to the facility to cover treatment for a vacationing therapist. On the last day of your assignment, you witness the staff PT lower Sally, a 76 year old female who just had surgery to repair her fractured left hip, to the floor after she lost her balance. The PT asks for your help to assist Sally from the floor. You think the facility has a policy for this occurrence and that you should call for nursing assistance. You ask the PT for clarification and are told it’s “not a big deal” because the patient “didn’t hurt herself anyway.” In fact, Sally says she’s fine and wants to continue. Is this an ethical dilemma? How should I resolve it? What components of the Code are included?
Our response – There does seem to be a bit of an ethical dilemma here. If the OT refuses to assist the PT, the Fidelity (BE FAIR) of the team may be compromised. However, if the OT assists as requested, he/she may be disregarding facility policies and may be placing Sally at risk of harm. In scenario the principles of Beneficence (BE GOOD), Non-maleficence (DO NO HARM), Procedural Justice (KEEP IT LEGAL) and Veracity (BE HONEST) are involved. It is our conviction that a client’s safety and well-being should always come first. Our recommendation would be to seek the assistance of the nurse in order to report the event’s occurrence and to get further guidance. If this action impedes the OT’s relationship with the PT, these two individuals can resolve the matter later, without the client present.

Case Study 3) Anna
You are in a staffing bind as an OTA in your department just quit without notice. You maintain your own caseload and now have all the OTA’s clients as well. Your only saving grace is that your Rehab Aide is very efficient and really should have gone to OT school herself. You ask her to collect Anna, a sixteen year old female with a femur fracture, while you continue working with three other clients in the gym. After some time, the Rehab Aide returns and she has Anna with her. The Aide reports that Anna was in bed upon her arrival so they completed 1 unit of ADL and 1 unit of transfer training prior to coming to the gym. **Is this an ethical dilemma? How should I resolve it? What components of the Code are included?**

Our response – No dilemmas here. The Procedural Justice (KEEP IT LEGAL) principle explicitly notes that OT’s must encourage adherence to the Code by those whom they supervise. As Anna’s advocate, it is OT’s responsibility to act on her behalf through Beneficence (BE GOOD) and to educate the Rehab Aide of what she can and cannot do to assist with clients’ treatment. In order to qualify as skilled, billable treatment, these services must be provided by a licensed therapist. By allowing the Rehab Aide to consider her unsupervised acts acceptable and billable, the Duty (BE TRUE) and Veracity (BE HONEST) areas would be compromised. In addition, by independently practicing skills for which she has no credentials, the Rehab Aide might actually injure Anna. This would involve the principle of Non-maleficence (DO NO HARM).

Case Study 4) Licensure
While in the process of completing paperwork for your license renewal you recognize that you had miscalculated the number of units you received at continuing education courses. Your employer offered several free educational sessions in the past two years but they were held after work and, with young children at home, you couldn’t find time to attend. You are only three CEU’s short. You decide to turn in the CEU’s you have and to explain your situation to the Licensure Board and to your employer should you be audited. You continue to work-full time and sign your documentation as a licensed therapist. **Is this an ethical dilemma? How should I resolve it? What components of the Code are included?**
Again, no dilemmas are present in this situation. The AOTA Code clearly explains that it is the responsibility of each OT to keep his/her credentials up to date, to participate in ongoing educational opportunities and to be truthful when representing oneself as a member of the profession. An OT without the adequate number of CEU’s for license renewal would need to complete the necessary requirements or share this information with the Licensure Board and his/her employer. In Ohio, it is unacceptable to practice OT without a current license. This scenario involves the principles of Duty (BE TRUE), Procedural Justice (KEEP IT LEGAL) and Veracity (BE HONEST).

V) Conclusion

Through this brief educational session, we hope that participants have developed a better grasp of what is means to be ethical and of the Occupational Therapy profession’s expectations for ethical behaviors. When incorporating this information into various practice settings, it will be important for OT’s to recall the core values and attitudes, historical documents and other philosophies that formed the basis of the Occupational Therapy Code of Ethics. In addition, it is imperative that OT’s know and retain the Code’s components as these principles are intended to guide OTs’ professional behaviors in day-to-day situations. As participants have learned, ethical responses are not always black and white. At times scenarios present ethical dilemmas that may not have clear-cut, right answers. OT’s must, therefore, have a solid understanding of Occupational Therapy ethics in order to guide to their everyday decisions and actions.

VI) References