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Everyday Application of the AOTA Code of Ethics

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Learning Outcomes

1. Articulate a minimum of four mandatory ethical practices that OT practitioners must demonstrate daily and consequences of not following mandatory practices, for each of the seven AOTA Code of Ethics principles.
2. Identify common and unusual dilemmas in OT practice and articulate the twelve steps of an ethical decision-making model that includes advocacy.
3. Recognize how to apply the 12 step ethical decision-making model to real life ethical dilemmas identified by attendees and/or the presenter.

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An important course

- **Because** in my 40 years in practice, I have found:
 - Third party reimbursement policies are sometimes arbitrary
 - Our health care system is enormously complex
 - Our clients are enormously complex
 - Competition for limited health care resources exist
 - Facilities where OTs work are generally highly regulated

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An important course.....

- Being culturally competent requires understanding that power differentials exist between practitioner and client
- **Inequities exist in America**

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And.....

- Because:
 - Reasonable people can disagree
 - Productivity standards for OTs are high
- OTs are confronted daily with the need for ethical decision-making

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Skillfully, speak up!



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Please think....

- About an everyday ethical issue or an unusual ethical dilemma you have experienced
- We will explore one in a bit



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AOTA Code of Ethics

- Guides OT practitioners toward ethical courses of action through the adherence to six principles:
 1. BENEFICENCE
 2. NONMALEFICENCE
 3. AUTONOMY
 4. JUSTICE (procedural and social)
 5. VERACITY
 6. FIDELITY

(AOTA, 2015)

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Principle 1: Beneficence Definition and Nuances

- OT Personnel shall demonstrate a concern for the well-being and safety of the recipients of their services.
- And.....
 - Demonstrate love, humanity, altruism
 - Defend the rights of others
 - Avoid the use of inappropriate use of outdated tests
 - Use evidenced-based intervention techniques and updated therapeutic equipment

(Scott & Reitz, 2013)

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Highlight Beneficence



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Principle 2: Nonmaleficence Definition and Nuances

- OT personnel shall intentionally refrain from actions that cause harm.
- Includes: requirement of self care for OT practitioner
- And.....
 - Balance benefits of treatment and potential risks
 - Ensure continuity of care
 - Address and report impaired practice

(Scott & Reitz, 2013)

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Highlight Nonmaleficence



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Principle 3: Autonomy (and confidentiality) Definition and Nuances

- OT personnel shall treat the client according to the client's desires, within the bounds of accepted standards of care, and shall protect the client's confidential information
- And.....
 - Fully disclose risks and benefits of treatment
 - Respect client's right to refuse treatment
 - Address language barriers

(Scott & Reitz, 2013)

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continued

Highlight Autonomy



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continued

Principle 4: JUSTICE (procedural and social) Definition and Nuances

- Occupational therapy personnel shall promote fairness and objectivity in the provision of occupational therapy services and respect the applicable laws and standards related to their area of practice.
- And...
 - Advocate for changes to systems and policies that are discriminatory or unfairly limit or prevent access to occupational therapy services
 - Teach self advocacy skills to clients

(Scott & Reitz, 2013)

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Highlight Justice



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Principle 5: VERACITY Definition and Nuances

- Occupational therapy personnel shall provide comprehensive, accurate, and objective information when representing the profession.
- And....
 - Establish trust and strengthen professional relationships
 - Identify and fully disclose to all appropriate persons errors or adverse events that compromise the safety of service recipients

(Scott & Reitz, 2013)

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Highlight Veracity



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Principle 6: FIDELITY Definition and Nuances

- Occupational therapy personnel shall treat clients, colleagues, and other professionals with respect, fairness, discretion, and integrity.
- And....
 - Respect the practices, competencies, roles, and responsibilities of other professions
 - Use conflict resolution strategies

(Scott & Reitz, 2013)

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Highlight Fidelity



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Spotting Ethical Issues

- Observations regarding systemic constraints, conflicting values, questionable behavior, and concerns about whether to speak up or not, probably occur every day in an OT's life

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Ethical Tension/Moral Distress

- Moral Distress-arises when one knows the morally right thing to do, but cannot act because of organizational constraints.
 - Can lead to:
 - chronic stress
 - "burn out"
 - "hardening"
 - disengagement
 - lack of focus

(Kinsella, Park, Appiagyei, Chang & Chow, 2008)

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Moral Courage

- Courage to take action for moral reasons despite the risk of adverse consequences
- Courage is required to take action when one has doubts or fears about the consequences
- Moral courage is the exemplary modernist form of courage

(Kinsella et al., 2008)

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Moral Courage

- OT leaders who obtain knowledge outside of the clinical domain and broaden their experience to include knowledge of ancillary operations and financial processes can better influence their organizational colleagues for the betterment of patient care.
- OT leaders may ‘level their playing field’ by becoming members of, and fellows in healthcare-related organizations, such as the American College of Healthcare Executives (ACHE.org).

(Kinsella et al., 2008)

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Strategies to Promote Moral Courage

- Identify professional values, other staff's values and the values of the organization
- Develop collaborative partnerships:
- Create and use “sacred” spaces
- Create an ethics committee or task force or monthly meeting

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Plain Old Courage!



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OT Models of Ethical Decision Making

- Morris (2010)
- Purilito and Doherty (2011)
- Scott and Reitz (p. 110)
- Slater and Bogenrief (2010)
- Scott and Reitz (pp. 112-113)

(Scott & Reitz, 2013)

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Other Professions' Models

- Fairchild, (2010) Nursing
- Hundert (2003) Physicians

▪ Elwyn, G. (2012)

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Example, Morris Model

- Step 1: Gather relevant information
- Step 2: Identify the type of ethical problem
- Step 3: Analyze problem using ethics theory
- Step 4: Explore the practical alternatives
- Step 5: Act
- Step 6: Evaluate the process and outcome

Morris (2010)

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Common Modern OT Ethical Dilemmas

- Sexual misconduct
- Professional boundaries
- Arbitrary directives and productivity expectations
- Duty to self-disclose personal conflicts
- Social media and privacy
- Plagiarism
- Unethical colleagues

(AOTA, n.d.)

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Who has an
ethical
dilemma to
explore?



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Dilemma I faced

- Working as a staff OT on an acute locked inpatient psychiatric hospital unit that served the jail, I was asked by one of the deputy sheriffs (deputy) if I would inform him if a newly admitted patient (considered an inmate and a patient) used the symbol of a crescent moon with three stars in any of his OT projects. The deputy explained that the symbol was associated with recent terrorist activity.
- Wanting to build my relationship with the deputy (who was an armed guard in the psychiatric unit), I said yes I would let him know, but then immediately felt terrible about it as I did not know if I should, or would tell the deputy if I saw the image.

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My 12-Step Model

(not necessary to use steps in order)

1. Name and frame the problem
2. Identify key players involved and the values driving players' action or inaction
3. Make a plan to identify additional information needed from key players or elsewhere
4. Obtain and review all additional information needed

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My Model

5. Identify the AOTA Code of Ethics principles at stake
6. Explore the practical alternatives
7. Identify consequences or possible conflicts associated with each alternative
8. Narrow choices
9. Consult with colleagues or authority

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MY Model

10. Act

11. Evaluate the process

12. Evaluate the outcome

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most dilemmas should be reported immediately to supervisors, and sometimes ...

- If a suspected ethical breach is severe, the situation may need to be reported to enforcement agencies such as the police, Child Protective Services, Adult Protective Services, the Equal Employment Opportunities Commission, Occupation Safety and Health Administration, **etc., etc.**

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- If a suspected ethical breach is severe, the situation might need to be reported to enforcement agencies such as state licensing boards for both OT practitioners and other disciplines

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AOTA Ethics Commission (EC)
has both an enforcement function and an education
function

- Reviews and investigates ethics complaints filed against AOTA members
- Formulates disciplinary actions including reprimand, censure, probation, suspension, and revocation.
- Also, available to answer questions and advise members on how to solve ethical dilemmas
- Has a primary role in ethics education
- Periodically issues advisory opinions on current topics with ethical implications
- Offers a variety of continuing education products

(AOTA, n.d.)

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EC

- **How to File an Ethics Complaint** <https://www.aota.org/Practice/Ethics/Complaint.aspx>
- The Ethics Complaint Form requires Name, address and contact information of both the complainant (the individual filing the complaint) and respondent (the individual against whom the complaint is being filed)
 - The Principles of the Code which were allegedly violated
 - Signature of the individual filing the complaint
 - Identification of any additional agencies or organizations with which a complaint has been filed
 - The complaint form and supporting documentation, including any attachments, must be mailed to the address on the complaint form, and clearly marked **CONFIDENTIAL, Attn: Ethics Program**. Please note that the **EC does not accept anonymous complaints or those submitted by telephone, or facsimile.**

(AOTA, n.d.)

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Procedures for the Enforcement of the NBCOT Candidate / Certificant Code of Conduct

- https://www.nbcot.org/-/media/NBCOT/PDFs/Enforcement_Procedures.ashx?la=en

(NBCOT, n.d.)

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Other enforcement and educational groups

- Ombudsmen Office-dedicated to investigating, reporting on, and helping settle complaints
- Compliance Hotlines-organization of franchise specific call centers dedicated to investigating, reporting on, and helping settle complaints
- Ethics Boards-help solve ethical dilemmas and issue advisory opinions
- The “Biggy” State Licensing Boards

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Analysis using model

1. Name and frame the problem:

Asked by a “colleague” to share confidential patient info. Would sharing be a violation of AOTA Code of Ethics principle of **confidentiality**? Would I breach **nonmaleficence** by telling the deputy? Was this really a matter of safety where my and other staff’s **beneficence was at stake**? Are deputies part of the team? Does **veracity** require me to be 100% truthful with the deputy?

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Analysis using model

2. Identify key players and their values:

Me: value following the OT Code of Ethics and keeping treatment client centered

Patient: values his privacy and not getting into more trouble

Patient's friends and family: value the client

Multidisciplinary team: value excellent clinical care, but also safety

Deputy: values crime fighting and safety

(Elected) Sheriff: values his staff and also being an inmate advocate

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Analysis using model

3. Make a plan to obtain additional information needed from key players

- What did the multidisciplinary team think?
- How realistic was the terrorist threat?
- Did Sheriff Office policies exist re inmate privacy and public safety (terrorist threats)?

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Analysis using model

4. Obtain and review all information available

When discussed briefly, multidisciplinary team said to respond positively to deputy, but not share artwork of patient, but I was not satisfied with this response

Elected Sheriff said that whatever a deputy learns about inmate patients through the course of doing their jobs was not private, but deputies were not clinical staff

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Analysis using model

5. Identify the AOTA Code of Ethics principles at stake

- Principle 3: confidentiality
- Principle 2: nonmaleficence
- Principle 1: beneficence
- Principle 6: veracity

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Analysis using model

6. Explore the practical alternatives
 - Tell deputy if I saw the image
 - Do not tell deputy if I saw the image
 - Tell deputy that I cannot tell him and explain why
 - (Hope I never see the image)

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Analysis using model

- 7. Identify consequences or possible conflicts of each proposed alternative
- (Tell deputy if I saw the image) Breaching patient's confidentiality
- (Do not tell deputy if I saw the image) Breaching veracity
- (Tell deputy that I cannot tell him and explain why) NO consequences (went over the deputy's head, but that shows moral courage and does not mean I am not a team player) OR conflict

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CONTINUED

Analysis using model

8. Narrow choices

- I intended the step of talking to the Sheriff as part of the information gathering step, but he resolved the dilemma for me: *Deputies should not ask for confidential information about inmate patients and I should not provide any.*

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CONTINUED

Analysis using model

9. Consult with colleagues or authority

- No need for me to consult with anyone on this matter, but sometimes authorities do need to be consulted or behaviors reported to authorities

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Analysis using model

10. Act

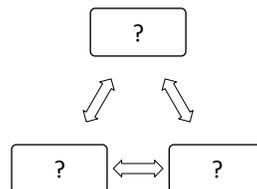
- Shortly after the inmate patient was discharged, I told the deputy both that I had not seen the patient use the imagery and that I had spoken to the sheriff to clarify issues of confidentiality and safety.

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Analysis using model

11. Evaluate the process

Going step by step was very satisfying, The process seemed more of a multidirectional cycle than linear



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Analysis using model

12. Evaluate the outcome

- Sheriff started planning an in-service on confidentiality vs. public safety and asked me to co-present



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Ethic of Diversity (all concepts touch a nerve)

Understanding	"Standing up to evil"	Respect
Tolerance	Fallibility	Cultural competence
Justice	Care	(Black & Wells, 2007, p. 391)

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AND.....

- Ethical dilemmas tend to reoccur if structural changes are not made
- Ethical dilemmas and conflicts arise frequently in culturally pluralistic environments like we work in
- Mainstream U.S. culture views the “good life” as one that includes a large measure of individual autonomy and not all cultures value autonomy

(Black & Wells, 2007, p. 391)

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AND.....

- Black and Wells ask the question:
- “As healthcare providers, do occupational therapists and occupational therapy assistants have a moral obligation or social responsibility to ensure the just distribution of access to health care to all people?”

(Black & Wells, 2007, p. 392)

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And they answer the question with YES!

13. Identify ways to avoid the dilemma from occurring again

- The answer is advocacy

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Advocacy

- Merriam-Webster Dictionary (2012) definition of advocacy is:
 - the act or process of supporting a cause or proposal

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Advocacy is the 13th step

- The Occupational Therapy OT Practice Framework Guide (3rd ed., 2014 considers advocacy a “type of OT”
 - Efforts directed toward promoting occupational justice and empowering clients to seek and obtain resources to fully participate in daily life occupations. The outcomes of advocacy and self-advocacy support health, well-being, and occupational participation at the individual or systems level. (p. S30., emphasis added)
- (AOTA, 2014)

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Advocacy Activities

beautifully coordinated by AOTA and State OT Assoc.

- Candidate advocacy US Congress advocacy
 - State legislative advocacy Federal regulatory advocacy
 - State regulatory advocacy City or county government advocacy
 - Advisory group advocacy Consumer groups advocacy
 - Diagnosis groups advocacy Board membership for non-profit org.
- Advisory group advocacy for most advocacy activities

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Another way of categorizing advocacy activities:

- In Your Practice:
 - On behalf of a specific client
 - To change a facility based program or policy
 - To change an organizational policy or structure



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System wide advocacy (see advocacy activities)

- Actions to change laws, regulations and policies for a community, state, nation or globe
- Includes work with advocacy groups like AOTA and groups like National Alliance for the Mentally Ill and Autism Speaks
- Includes attempts to influence city and county governments, state legislations, the US Congress and regulators at all levels

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Another way to think about advocacy:

- **As a professional activity**, e.g. joining
ACHE
- **AOTA advocacy**, e.g. responding to all
action alerts (we are special interest group)
- **State advocacy**, e.g. responding to all
action alerts (we are special interest group)

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Examples of advocacy from OTPF

- Serve on a policy board of an organization to procure supportive housing accommodations for people with disabilities
- Serve on the board of a local park district to encourage inclusion of children with disabilities in mainstream district sports programs when possible

(AOTA, 2014, p. S.30)

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Political Action Committees (PACS)

- AOTPAAC is a voluntary, nonprofit, nonpartisan, unincorporated committee of members of AOTA. The purpose of AOTPAAC is to further the legislative aims of the Association by influencing or attempting to influence the selection, nomination, election, or appointment of any individual to any Federal public office, and of any occupational therapist, occupational therapy assistant, or occupational therapy student member of AOTA seeking election to public office at any level.

(AOTA, n.d.)

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No matter the type of advocacy, being a good advocate means having:

- Objectivity
- Independence
- Sensitivity and understanding
- Persistence and patience
- Knowledge and judgement
- Assertiveness
- Moral compass
- Respect for others, and.....

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Being a good advocate

- Strength in numbers yourself with others
- Evidence evidence, evidence to back up your request



Evidence Based by Nick Youngson CC BY-SA 3.0 Alpha Stock Images

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Advocacy

- Ethics and Advocacy Equals Success



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Thank you

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