Code of Ethics

For The Dietetic Profession In Canada

Professional Oath:

As a professional dietitian/nutritionist I pledge to practice the art and science of dietetics to the best of my abilities:

· to maintain integrity and empathy in my professional practice;
· to strive for objectivity of judgment in such matters as confidentiality and conflict of interest;
· to maintain a high standard of personal competence through continuing education and an ongoing critical evaluation of professional experience;
· to work co-operatively with colleagues, other professionals, and laypersons;
· to protect members of society against the unethical or incompetent behaviour of colleagues or other fellow health professionals;
· to ensure that our publics are informed of the nature of any nutritional treatment or advice and its possible effects;
· to obtain informed consent for our invasive or experimental procedures.

I further pledge to promote excellence in the dietetic profession:

· to support others in the pursuit of professional goals;
· to support the training and education of future members of the profession;
· to support the advancement and dissemination of nutritional and related knowledge and skills;
· to involve myself in activities that promote a vital and progressive profession.

The Code of Ethics was developed by Dietitians of Canada and officially adopted by the provincial dietetic associations and regulatory bodies:

Alberta Registered Dietitians Association
British Columbia Dietitians' and Nutritionists' Association
College of Dietitians of Ontario
New Brunswick Association of Dietitians
Newfoundland Dietetic Association
Nova Scotia Dietetic Association
Manitoba Association of Registered Dietitians
Ontario Dietetic Association
Ordre professionnel des diététistes du Québec
Prince Edward Island Dietetic Association
Saskatchewan Dietetic Association
# Table of Contents

Preamble ....................................................................................................................... (i)

Part A. Definitions .......................................................................................................... 1

Part B. Code of Ethics Interpretive Guide .............................................................. 3

**Responsibilities to the Client**
Principle 1:
To maintain integrity and empathy in professional practice. ................................. 3

Principle 2:
To strive for objectivity of judgment in such matters as confidentiality
and conflict of interest ................................................................................................... 8

Principle 3:
To work co-operatively with colleagues, other professionals and lay persons. .......... 10

Principle 4:
To obtain informed consent for our invasive or experimental procedures. ............... 12

**Responsibilities to Society**
Principle 5:
To maintain a high standard of personal competence through continuing
education and an ongoing critical evaluation of professional experience. ..................... 13

Principle 6:
To protect members of society against the unethical or incompetent
behaviour of colleagues or other fellow health professionals. ................................. 15

Principle 7:
To ensure that our publics are informed of the nature of any nutritional treatment
or advice and it’s possible effects. ................................................................................. 17

Principle 8:
To support the advancement and dissemination of nutritional and related
knowledge and skills. ....................................................................................................... 18

**Responsibilities to the Profession**
Principle 9:
To support others in the pursuit of professional goals ................................................. 20

Principle 10:
To support the training and education of future members of the profession .......... 21

Principle 11:
To involve myself in activities that promote a vital and progressive
profession. ...................................................................................................................... 22

Part C. A Worksheet Using A Decision-Making Framework .................................. 23

Part D. An Example Using A Decision-Making Framework
To Resolve An Ethical Dilemma ................................................................................. 30
Preamble

What is ethics?

In our society, the terms “values” and “ethics” are often used interchangeably. However, they are distinct.

Ethics is concerned with determining which behaviour(s) in a particular situation reflects an individual’s values.

Values are abstract ideals that we believe in and base our behaviour(s) upon. Values, whether personal or professional, shape our self-image, our perception of others, influence our goals and shape our definition of justice and equity. Values assist us to determine what moral conduct or standards are acceptable.

In effect, ethics translates values into appropriate and effective behaviours that respond to the realities of day-to-day life.

For Example:

<table>
<thead>
<tr>
<th>Values</th>
<th>Ethical Behaviour</th>
</tr>
</thead>
<tbody>
<tr>
<td>Honesty</td>
<td>I do not plagiarize.</td>
</tr>
<tr>
<td>Quality Care</td>
<td>I listen to my client and individualize his/her treatment plan.</td>
</tr>
</tbody>
</table>

In the process of ethical or moral reasoning, it is often helpful to observe the following basic principles and rights:

- Give to others the service, compassion, care and respect you would want for yourself in a similar situation.
- Each person has the right to be treated only as he or she knowingly and willingly consents to be treated.
- Each person has the right to privacy. Each person has a right to withhold information and expect confidentiality about private activities.
- Each person has the right to refuse to act in any way that violates his or her moral beliefs as long as said beliefs do not violate the rights of others.
- Each person has the right to freedom of speech in advocating for change as long as this does not violate the rights of others.
- Each person has the right to a fair and impartial hearing if there is a reason to believe his or her rights are being violated.
How can an ethical issue be identified?

In order to remain “consciously competent”, all practitioners need to realize their strengths and limitations, know the regulations and rules governing the profession, make good decisions deliberately and consciously and be able to provide a rationale for those decisions. Maintaining and improving competence requires professionals to reflect upon and question their practice. This is particularly true when deciding whether or not a particular situation constitutes an ethical dilemma.

When in doubt about whether you are facing an ethical dilemma, identify all possible decisions that you could make in this situation. Then consider the following:

1. Does the decision have legal implications?  
   Will you be violating civil law, company policy, CDO regulations or the standards of the profession?

2. Is the decision balanced?  
   Is it fair and beneficial to all concerned in the short term as well as the long term?  
   Does it promote a win/win situation/relationship?

3. How will the decision, if acted upon, make you feel about yourself?  
   Will it make you feel proud of yourself? Would you feel good if your family knew about it?  Would you feel good if your decision was published in the newspaper?

What is a priority compass?

While values may be absolute, ethics, which involves action in a given situation, is necessarily open-ended. In the event that more than one ethical dilemma has been identified, more than one value may be in conflict. For this reason, it may be useful to develop a “priority compass”. A dietitian might use the following priority compass in assisting to identify the value of highest priority in a particular situation:

![Priority Compass Diagram]

This priority compass offers direction for identifying the values which should take precedence in situations such as:

→ your immediate supervisor suggests a course of action which is not in the interest of your company and not in compliance with the profession’s standards of practice; or

→ the organization you work for requests behaviour which would harm or fail to meet the needs of your client.
What is a Code of Ethics?

A code of ethics is a structure which enables an individual to convert his/her personal and professional values into actions and to provide public assurance that professionals practise in the public interest. The 1987 Code of Ethics developed by the Canadian Dietetic Association (presently Dietitians of Canada) and adopted by the College of Dietitians of Ontario in 1996, describes acceptable professional behaviours for dietitians in Canada.

The client-dietitian relationship represents the foundation or context within which the dietitian uses his/her competence to serve the client. Dietitians have an ethical obligation to ensure this relationship is based upon mutual trust, respect, empathy and confidentiality. Consideration of ethical issues is an essential component of providing service.

A code of ethics is also different from a regulation defining professional misconduct. Professional misconduct is what one must not do for fear of discipline. A code of ethics relates to what one ought to do and not do. Obviously one of the things that a dietitian ought not to do is to engage in professional misconduct. However, there are many additional things that you ought to do to be an ethical practitioner.

What is the Code of Ethics Interpretive Guide?

The Code of Ethics is one of the criteria used to assess the practice of dietitians within the Quality Assurance Program. The following document represents an interpretation of that Code of Ethics and is intended to facilitate the ethical decision-making process undertaken by dietitians in daily practice. The Interpretive Guide seeks to clarify thinking about ethical action in situations of uncertainty and to resolve ethical conflicts which arise when compelling reasons for pursuing two or more actions exist but only one option must be selected. This interpretation of the Code identifies professional values and encourages self reflection and continuing education about ethical practice. Understanding and communicating ethical beliefs and values helps to prevent conflicts and also helps dietitians to work through ethical situations.

While using this document will assist you in making decisions regarding ethical issues, it will still be necessary to make judgement calls. To adequately resolve an ethical issue, consultation with peers, clients and colleagues should be sought. Decisions should not be made in haste or without obtaining all relevant and necessary information.

Format of the Code of Ethics Interpretive Guide

The Code of Ethics Interpretive Guide has been organized into the following parts:

Part A. Definitions
Part B. Code of Ethics Interpretive Guide
Part C. A Worksheet Using A Decision-Making Framework
Part D. An Example Using A Decision-Making Framework To Resolve An Ethical Dilemma
Part A defines relevant terms to assist you in understanding the statements within this guide. Part B consists of the interpretation of each of the 11 principles from the *Code of Ethics*. Each principle has been matched to one of the following three obligations that a dietitian holds:

- The dietitian’s responsibilities to the client,
- The dietitian’s responsibilities to society, and
- The dietitian’s responsibilities to the profession.

Underneath each principle are *statements* which serve to provide dietitians with guidance in applying the principle to their practice. While this document is applicable to all areas of dietetic practice, there are a few individual statements that relate more to one area of practice than others. In some cases, a statement may be relevant to more than one principle. To assist you in locating information with greater ease, statements have been grouped and categorized into *subheadings* which are located in the left margin. In addition, specific-related *examples* follow some of the statements and are intended to better clarify the intent of those statements.

Each principle is succeeded by a list of College *regulations, standards and documents* that form the basis for the statements within that principle.

---

*The College regulations, standards or other documents take precedence over the Interpretive Guide if there is any inconsistency. Please contact the Registrar if there is any confusion as to how these documents relate to each other.*

---

Part C includes a generic decision-making framework to assist you in working through the ethical issues, identifying all possible alternative actions and reaching a resolution.

Part D includes examples of ethical issues and how the decision-making framework can be used to resolve these issues.
# Part A.

## Definitions

**Appropriate other(s)**

Refers to the client and potential partners in the process. Administration, staff, community representatives, resource people, suppliers, family, interest groups, partners in industry, and those part of the health care team may be considered appropriate others.

**Benefits**

Benefits refer to anything for the good of the client; anything, within the limits of the law, that would assist the client in achieving his/her goals. The client in collaboration with the dietitian may determine what is beneficial. The dietitian may alert the client to particular benefits to which he/she may take advantage of when he/she is not aware of them.

**Client**

An individual, family and/or substitute decision-maker, group, agency, employer, employee, organization, or community who is a potential or actual recipient of the dietitian’s expertise. The client is unique and diverse in needs, culture, motivations, resources, religion, and perception of wellness.

**Client’s best interest**

Each client has the right to share or take part in developing, planning, implementing and evaluating the goals for the service he/she receives by the dietitian. It is the dietitian’s responsibility to ensure that any activity, recommendation or implemented plan will benefit the client and assist in achieving the client’s needs and goals. The decision or choice remains with the client, although the dietitian may indicate certain activities or treatments which may not benefit the client.

**Communication**

Communication refers to the act of exchanging information with another person either in written form, in spoken form or in nonverbal language (i.e., body language). Communication is a two-way exchange which is built on respect and trust. Dietitians are expected to seek and provide appropriate information and assess the understanding of this information.

**Competition**

Competition refers to an attempt to obtain something wanted by others or an attempt to do something better than others. Competition is unethical when it poses harm or risk to another or provides one with an unfair advantage over another.

**Plan**

A plan refers to the dietitian’s methods, strategies or activities for achieving the goal(s) of the client. A plan is not limited to a nutrition care plan but may also include a strategic plan, financial plan, a business plan, etc.
<table>
<thead>
<tr>
<th>Practice</th>
<th>Professional practice is practice that is within professional, legal and ethical standards, and that is monitored according to those standards. Professionalism is inherent within all areas of dietetic practice.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service</td>
<td>Professional service refers to activities performed within the scope of professional practice.</td>
</tr>
<tr>
<td>Transparent practice</td>
<td>All aspects of a dietitian’s service must be clearly communicated to the client. Activities, treatments, plans, fees and payment options must be discussed with the client and informed consent for all treatments must be sought. No aspect of the dietitian’s service should be unexpected or undisclosed.</td>
</tr>
<tr>
<td>Treatment</td>
<td>Treatment is defined as anything done for a therapeutic, preventative, palliative, diagnostic, cosmetic or other health-related purpose. It includes a course of treatment or plan of treatment.</td>
</tr>
</tbody>
</table>
Part B.

RESPONSIBILITIES TO THE CLIENT

| PRINCIPLE |
|-----------------
| To maintain integrity and empathy in professional practice, I will: |

1. Place my clients best interests as my primary professional obligation.

2. Respect the wishes of my client and his/her appropriate others within the obligations of the law and CDO’s standards of practice.

   Example: A dietitian learns that her 15 year old client is being abused but the client does not want this information divulged. Despite the client’s wishes, in this case, the dietitian is obligated by the *Child and Family Services Act* which requires that suspected emotional, physical or sexual abuse of a minor (under the age of sixteen) be reported immediately.

3. Make every effort to communicate effectively with clients.

4. Use language that is respectful in written and verbal communication.

5. Seek out and share information with my clients so that:
   a) they are able to make an informed decision or choice; and
   b) they are able to take advantage of any resources or programs that would benefit them or assist them in meeting their needs.

   Example: A dietitian is asked by her client if she is aware of any services provided to seniors of limited income needing transportation to get to their medical appointments and to shop for groceries. The dietitian is not aware of any such services. However, she takes this opportunity to contact various public health units, Meals-On-Wheels programs and other community resource centres and soon discovers a seniors program which offers free transportation and assistance to seniors going shopping or going to their medical appointments. The dietitian obtains and relays all relevant information to the client so that the client is able to take advantage of this service.

   Example: During an informal conversation with an employee, an employer (dietitian) finds out that her employee is thinking about taking courses on how to develop a website in order to be qualified for advancement in her career. The dietitian/employer informs her about a program being offered at the local community college.
6. Respect my clients’ right to have physical modesty and psychological privacy protected.

Example: Dietitians counseling clients in a hospital bed should ensure that the client feels that their physical modesty and psychological privacy are being protected. This might be done by pulling the curtains around the client’s bed when speaking to him/her and ensuring that the client is covered.

7. Not derive physical, emotional or financial advantage from my clients, their property, their reputation or employment. For this reason...

- any form of physical or sexual abuse of a client by a dietitian is not tolerated by CDO. Physical abuse refers to inappropriate behaviour such as pushing, slapping, pinching or using undue force while providing dietetic treatment to a client. Sexual abuse is defined as a) sexual intercourse or other forms of physical sexual relations between the dietitian and the client, b) touching of a sexual nature, and c) behaviour or remarks of a sexual nature. Sexual nature does not include touching, behaviour or remarks of a clinical nature appropriate to the service provided.

- any form of verbal or emotional abuse of a client by a dietitian is not tolerated by the CDO.

The CDO defines verbal abuse as remarks that are rude, sarcastic or seductive in nature, and that tend to demoralize or demean the client. Words that degrade a client rather than encourage is a form of verbal abuse. The tone in which a client is addressed could show disapproval and may be considered abusive and demeaning, especially to a sensitive and vulnerable client.

For example: “You are very fat and you have no will-power.”

Verbal abuse or communication of an abusive nature may also be defined as any behaviours or remarks towards a client that may be reasonably perceived by the client, the dietitian or others to be demeaning, sexually or otherwise, seductive, suggestive, exploitive, insulting, derogatory or humiliating. Such behaviours or remarks include but are not limited to sarcasm, swearing, racial slurs, teasing and inappropriate tone of voice. (source: College of Nurses of Ontario’s One is One Too Many Abuse Prevention Plan)

CDO defines emotional abuse as a lack of sensitivity on the part of the dietitian towards the client. Dietitians should be aware of the power that their position brings to the dietitian-client relationship. This relationship requires an atmosphere of trust, understanding and sensitivity.

For example: “The food you grew up on is giving you heart problems and if you don’t stop eating the way you do, you will die!”
Emotional abuse has also been defined as any verbal or non-verbal behaviour which demonstrates disrespect for the client and which is perceived by the client, the dietitian, or others to be emotionally abusive. Such verbal and non-verbal behaviours include, but are not limited to:

- sarcasm, retaliation, intimidation, manipulation, teasing or taunting;
- insensitivity to the client’s culture, race, religious practices, economic status and education;
- insensitivity to the client’s preferences with respect to sex and family dynamics; and
- consciously deciding to withhold information which could contribute to the client’s well-being.

(source: College of Nurses of Ontario’s *One is One Too Many* Abuse Prevention Plan)

- do not make assumptions or judgments and maintain professional boundaries with clients at all times (for example, not dating a client).

- dietitians should avoid gaining financially from their clients or their clients’ property, reputation or employment. This does not preclude charging reasonable fees.

**Example:** Not accepting monetary gifts from clients.

**Example:** While one should not charge wealthy clients more than one’s usual fee, this does not preclude the reduction of one’s usual fee for clients who cannot afford to make full payment, or reductions made for valid business reasons (e.g., volume discounts).

**Example:** During a counselling session, one of your clients mentions to you that he owns a professional building with office space that he is trying to rent. The lease for your present office will soon expire and you have been looking to rent an office at a lower monthly rent than you currently pay. It would be unethical for you to try to negotiate a monthly rent that is lower than your client would usually charge, taking advantage of the fact that you assisted this client to lose weight.

**Example:** A dietitian declines any large personal incentives for renewing the hospital’s contract with a company selling nutritional supplements. In addition, the dietitian follows institutional policies in making his/her decision.

8. Ensure that competition in my practice is carried out with integrity, honesty and does not compromise quality of service.

**Example:** Dietitians in private practice may find themselves competing for the same clientele. Examples of unethical competition would be misrepresenting the abilities of rival dietitians, promising to achieve results that cannot be guaranteed, or cutting corners in one’s practice in order to lower fees, to the extent that the quality of service one is able to deliver is compromised.

9. Treat all individuals equitably, regardless of gender, age, health status, religion, ethnic origin, socioeconomic status, lifestyle, sexual orientation or other characteristic listed in the *Ontario Human Rights Code* or that is similarly irrelevant to equitable treatment.
<table>
<thead>
<tr>
<th>Limiting Treatment of Services</th>
<th>10. Listen to and appreciate my clients’ values, opinions, needs and ethno-cultural and religious beliefs in order to offer them appropriate services.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>11. Recommend only services or treatments (or action plans) that are necessary for my client’s well-being and relate to the goals or objectives developed with my client.</td>
</tr>
<tr>
<td></td>
<td>12. Terminate an activity or treatment when it becomes clear that the treatment or activity is more harmful than beneficial or when it is shown to be ineffective in producing the desired outcome.</td>
</tr>
<tr>
<td></td>
<td><strong>Examples:</strong></td>
</tr>
<tr>
<td></td>
<td>It could be unethical to continue to provide thin fluids when a client complains of and demonstrates choking, coughing, drooling when he/she drinks, and fails to gain weight which was identified as one of the goals for nutrition care.</td>
</tr>
<tr>
<td></td>
<td>It could be unethical to use a teaching tool/method in which a large proportion of clients indicate is ineffective or useless in meeting their needs. Dietitians should adapt their teaching tools to the population or group that they serve.</td>
</tr>
<tr>
<td></td>
<td>It could also be unethical to continue to use and distribute educational materials with outdated and inaccurate information in order to get rid of these materials.</td>
</tr>
<tr>
<td>Fees for Services Rendered</td>
<td>13. Be responsible for charging a fair and reasonable fee and charge only for professional services rendered.</td>
</tr>
<tr>
<td></td>
<td>14. Inform clients of the fee for my service and available methods of payment prior to providing the service.</td>
</tr>
<tr>
<td></td>
<td>15. Avoid offering a reduction for prompt payment of an account.</td>
</tr>
<tr>
<td>Honoring Commitments</td>
<td>16. To the best of my knowledge, only enter into agreements or contracts which allow me to act in accordance with the law and CDO’s Standards of Practice which include the Code of Ethics.</td>
</tr>
<tr>
<td></td>
<td>17. Honour all promises or commitments made verbally or in writing unless serious and unexpected circumstances intervene.</td>
</tr>
<tr>
<td>Ensuring Provision of Service</td>
<td>18. Continue professional services that are needed unless,</td>
</tr>
<tr>
<td></td>
<td>a) my client requests the discontinuation; or</td>
</tr>
<tr>
<td></td>
<td>b) alternative services are arranged, or</td>
</tr>
<tr>
<td></td>
<td>c) my client is given reasonable notice to arrange alternative services.</td>
</tr>
<tr>
<td></td>
<td>19. If my client requests discontinuation of service and is deemed competent according to the <em>Health Care Consent Act</em>, I will inform the client of the risks and consequences of discontinuing service before doing so.</td>
</tr>
</tbody>
</table>
20. Accurately represent my own and my associates’ qualifications, experience and affiliations in all spoken or written communications.

21. Permit the use of my name for the purpose of verifying that dietetic services have been rendered only if I have provided or supervised the provision of those services.

22. Properly credit the contribution and work of others.

23. Use “RD/Dt.P.” only when registration with the College of Dietitians of Ontario is current.

24. Not hold myself out to be someone who is qualified to practise in Ontario as a dietitian or in a specialty of dietetics when registration with CDO is not current.

25. Avoid using the title “doctor” or any variation or abbreviation or equivalent in another language in the course of providing or offering to provide health care unless I am a member of the College of Chiropractors, Optometrists, Physicians and Surgeons, or Psychologists of Ontario or the Royal College of Dental Surgeons of Ontario.

26. Provide accurate ongoing information as required by the College of Dietitians of Ontario (for example, when seeking initial or continued registration, when participating in the QA Program).

27. To the best of my knowledge, avoid false entries, misleading statements, prolonged delays or omissions in any records relating to my practice.

28. Respect my client’s right to health records as outlined in CDO’s Professional Misconduct Regulations (Record Keeping and Reports section).

References
- Regulated Health Professions Act (RHPA), 1991
- Dietetics Act, 1991
- Code of Ethics for Dietitians in Canada
- Professional Standards for Dietitians in Canada (May 1997)
- Professional Misconduct regulation
- CDO’s Abuse Prevention Plan
- Proposed Conflict of Interest regulation
- Health Care Consent Act (HCCA)
- Child and Family Services Act
- CDO’s Proposed Regulation Records Relating to Members’ Practices
- CDO’s Draft Guidelines of Conduct for Professional Members on the Prevention of Sexual Abuse (expected publication in 2000)
- College of Nurses of Ontario’s One is One Too Many Abuse Prevention Plan
- Health Care Consent Act (HCCA): Guidelines for Members
RESPONSIBILITIES TO THE CLIENT

PRINCIPLE

2. To strive for objectivity of judgment in such matters as confidentiality and conflict of interest, I will:

29. Arrange for another dietitian and withdraw from the situation when my client’s wish conflicts with my personal values such that I cannot provide appropriate service. If no alternative dietetic service can be arranged and if the service is urgently required by my client, I will seriously consider providing the service required.

Example: You are a dietitian in private practice. During a counselling session with a long-standing client, the client describes a new fad diet that he would like to try, with your assistance, in order to lose weight. He requests that you change his diabetic meal plan so that it is in line with this fad diet. You are familiar with this fad diet and proceed to describe the potential harm to the client and the risk that his blood sugars could rise when following this diet. You review his current diet and discuss strategies for healthy weight loss. At the end of the session, the client appears dissatisfied. You ask your client if you are assisting him to meet his needs. He indicates again that he truly believes this fad diet will help him. You inform him that you cannot educate clients using a diet that in your professional opinion, you believe to be harmful. You offer the client the choice of continuing with your service, respecting your professional opinion, or offer to provide him with a list of dietitians qualified in diabetes education that he can contact.

30. Avoid or disclose a real or perceived conflict of interest in which my professional judgment could be compromised.

Example: “Conflict of interest” generally refers to situations involving the possibility of financial advantage to yourself. Offering dietetic services to a client who could advance your private practice, contracting legal services for your department/organization from a close relative who is a lawyer, or advising clients to take nutritional supplements which you sell are all examples of conflict of interest. In most cases, it will be possible to avoid those situations, but when the conflict of interest is unavoidable (i.e., you are the sole dietetic practitioner within the community, or the only supplier of the needed nutritional supplements, or you did not recognize the potential conflict in time to avoid it or suggest an alternative practitioner), you are obligated to fully disclose the actual or potential conflict of interest to the client.
31. Provide nutrition treatment to my client once informed consent is obtained and respect my client’s wishes when he/she refuses the treatment.

32. Divulge confidential information without consent only when authorized or required by law. This would include circumstances of disclosure for the purpose of eliminating or reducing a risk to an individual’s health or safety if there are reasonable grounds to believe the risk is significant. Where there is discretion to disclose confidential information, I will balance the harm to be avoided by revealing it against the harm to the client of revealing it. Where appropriate, I will provide my client with the first opportunity to reveal such information and as much as possible, confidentiality should be preserved in terms of what is revealed and to whom.

33. Refrain from collecting (i.e. actively requesting) information which is irrelevant or unnecessary to providing dietetic service. In areas that may be questionable, document reasons for collecting the information.

34. Develop practices which ensure confidentiality of service records; comply with pertinent legislation and assist to improve agency practices in this regard; if needed, act on my client’s behalf to prevent revelation of my client’s personal information to others.

References:
- Code of Ethics for Dietitians in Canada
- Professional Standards for Dietitians in Canada (May 1997)
- Proposed Regulation on Records Relating to Members’ Practices
- Professional misconduct regulation
- Proposed conflict of interest regulation
- Health Care Consent Act (HCCA)
- HCCA: Guidelines for Members
RESPONSIBILITIES TO THE CLIENT

To work co-operatively with colleagues, other professionals and lay persons, I will:

35. Keep informed of the expertise of dietitians and other professionals with whom I work or consult. Exchange knowledge and refer clients to them when clients would benefit from their expertise.

36. Seek the opinion of an appropriate colleague (i.e., to clarify a practice issue, a nutritional diagnosis or treatment plan, or when the client requests it). When requesting the opinion of a colleague, I will make all relevant information available to him/her. In the case of a clinical client, it may be necessary to indicate clearly whether the colleague is to assume the continuing care of the client.

37. Report to the referring health professional all pertinent findings, recommendations and nutrition-related services provided to my client.

38. Provide service as a member of a professional team, showing respect for its members, recognizing their expertise, sharing information with them and planning collaboratively with them regarding quality service to my client.

39. Discuss and work through consent issues, ethical conflicts and concerns with the professional team.

40. Discuss resource allocation with the professional team so that they can be involved in resolving a problem.

Example: In the event that a dietitian’s position has been reduced from full-time to part-time hours, he/she should consult with the professional team to identify how they can work together to maintain a high level of quality service and identify critical instances that require the dietitian’s attention.

41. Ensure that the action plan is consistent with the overall plan of the team. When the overall plan of the team is inconsistent with the goals of my client, advocate on my client’s behalf.

Example: Your supervisor is a vegetarian who does not believe that animal products can be part of a healthy diet. Consequently, your supervisor asks you not to distribute Canada’s Food Guide. This goes against the mandate of your employer which is to provide nutrition information to the public in order to promote health and prevent disease. Canada’s Food Guide is based on accepted current scientific nutrition evidence which is in accordance with your employer’s mission. In response, you arrange a meeting with your supervisor to discuss this issue and advocate on the public’s behalf.
Example: You work in a long-term care facility. While speaking to one of the residents, she informs you that she is being force fed by staff. She also tells you that she has no appetite and since the recent death of her son, she wants to die. As a result, you document the conversation in the resident’s medical record and arrange a meeting with the health care team to discuss this resident’s nutritional status and emotional health.

42. Place the needs of my clients first, but also consider the philosophy and policies of my employer. I will explore solutions to meet the needs of my clients and my employer.

43. Encourage and collaborate with my employer to develop and update policies and standards in order to improve the quality of service provided to my clients.

References:
- Code of Ethics for Dietitians in Canada
- Professional Standards for Dietitians in Canada (May 1997)
- Health Care Consent Act (HCCA)
- HCCA: Guidelines for Members
RESPONSIBILITIES TO THE CLIENT

PRINCIPLE

To obtain informed consent, for our invasive or experimental procedures, I will:

44. Take all reasonable steps to ensure that consent is not given under conditions of coercion or undue pressure.

45. Recognize that informed consent results from collaborating with my client or substitute-decision maker. This entails fully informing my client of the related treatment and obtaining a clear indication that my client understands.

46. Assure, in the process of obtaining informed consent from both capable and incapable clients, that I follow CDO’s Guidelines for the Health Care Consent Act.

47. Explain to my clients their right to information and help them obtain additional information as needed.

48. Assist clients in understanding information especially when ethno-cultural or literacy issues apply.

49. Respect informed, voluntary decisions and choices even when they may conflict with my personal opinion.

50. Respect the right of individuals to discontinue service or participation in a research study at any time. Be sensitive to nonverbal indications of a desire to discontinue and seek confirmation from the individual or substitute decision maker.

51. Discuss my clients’ direct questions with the professional team and advocate for clients’ right to receive relevant information. I will use professional judgement in cases where relevant information exists but my client has not requested such information.

52. Recognize and avoid discussing health related information which is beyond my scope of expertise and avoid doing so.

References:
- Code of Ethics for Dietitians in Canada
- Professional Standards for Dietitians in Canada (May 1997)
- Health Care Consent Act (HCCA)
- HCCA: Guidelines for Members
- Professional Misconduct regulation
- Proposed Conflict of Interest regulation
RESPONSIBILITIES TO SOCIETY

5. To maintain a high standard of personal competence through continuing education and an ongoing critical evaluation of professional experience, I will:

Compliance with Standards of Practice

53. Comply with CDO’s Standards of Practice, including regulations, rules and the Code of Ethics.

54. Refrain from practising when a physical or mental condition or incapacity (e.g., substance abuse) affects my ability to provide appropriate dietetic service. Practitioners will report to the appropriate regulatory body any regulated professional who is practising while incapable.

55. Consider seriously any concerns others may express about my professional ethics in an attempt to reach an agreement on the issue and if needed, change my practice accordingly.

Commitment to Quality Practice

56. Always practise with the knowledge and skills of which I am capable.

57. Explore alternative ways of providing quality service within CDO regulations. In the case of clinical practice, the dietitian should usually favour options that minimize the risk of harm to clients.

58. Accept only those responsibilities which I am competent to perform.

59. Disclose pertinent limitations to my employer and obtain further training when asked to assume responsibilities beyond my present level of competence.

60. Commit myself to continuous self-evaluation and professional development.

61. Keep myself up-to-date with the knowledge and skills appropriate to my practice setting through a variety of learning opportunities and resources.

62. Seek and accept relevant and objective feedback from peers, clients, supervisors and employers.

63. Demonstrate knowledge of advances in research and incorporate relevant results into my practice.

64. Acknowledge and correct all errors in my practice as soon as they are identified.

65. Develop, promote and participate in accountability processes and procedures related to my work.
References:

- Code of Ethics for Dietitians in Canada
- Professional Standards for Dietitians in Canada (May 1997)
- All CDO regulations
- Regulated Health Professions Act (RHPA)
- Health Care Consent Act (HCCA)
- HCCA: Guidelines for Members
- Professional Misconduct regulation
- CDO’s Self Directed Learning Tool
- QA regulation
# RESPONSIBILITIES TO SOCIETY

**PRINCIPLE**

To protect members of society against the unethical or incompetent behaviour of colleagues or other fellow health professionals, I will:

<table>
<thead>
<tr>
<th>66. Protect the skills, knowledge of dietetics and credentials of dietitians from being misused, misrepresented or used incompetently and act quickly to address any misuse.</th>
</tr>
</thead>
<tbody>
<tr>
<td>67. Not assist another person in violating any dietetic registration requirements or aiding another person in misrepresenting herself/himself as an “RD”.</td>
</tr>
<tr>
<td>68. Prevent or correct practices that are discriminatory or are physically, verbally, emotionally, sexually or financially abusive of clients.</td>
</tr>
<tr>
<td>69. If there is the potential for serious and immediate risk of harm to client(s) or when my client’s rights are being violated, report this immediately to the appropriate regulatory body.</td>
</tr>
</tbody>
</table>

Any situation in which statutory law or current legislation *(Regulated Health Professions Act)* is being violated, should be reported to the appropriate regulatory body.

For example:

**Reporting of Sexual Abuse by Members**
Uphold my responsibility to society by reporting sexual abuse of a client by a dietitian or another professional to the appropriate college.

**Professional Misconduct**
Uphold my responsibility to society by bringing forward concerns about unsafe practice or unethical conduct of health care professionals including misuses of knowledge and techniques.
Non-Mandatory Reporting

If there is no serious or immediate risk of harm to my clients, attempt to reach resolution on the issue and the appropriate action first with the individual involved.

Report the situation to the employer, and to the appropriate regulatory body if resolution or correction of the problem is not appropriate or possible informally.

References:

- Code of Ethics for Dietitians in Canada
- Professional Standards for Dietitians in Canada
- Professional Misconduct regulation
- CDO’s Abuse Prevention Plan
- Regulated Health Professions Act - Health Professions Procedural Code, Section 85.1 (mandatory reporting)
RESPONSIBILITIES TO SOCIETY

PRINCIPLE

7. To ensure that our publics are informed of the nature of any nutritional treatment or advice and its possible effects, I will:

- Represent substantiated information and interpret controversial information without personal bias, recognizing that legitimate differences of opinion exist.
- Not recommend or promote the use of nutritional supplements or other agents whose complete formulas are not available to the dietetic profession, nor use “secret remedies”. Recommended supplements must be authorized or recognized as approved safe by government legislation.
- Not recommend vitamin, mineral or nutritional supplements for improper use.
- Not hold out to the public as exclusive to me any agent, method or technique I employ; nor hold out that any technique I employ is the only technique to deal with a concern.
- Not advertise products or services in a false or misleading manner.
- Inform my client when personal values prevent the recommendation of some form of therapy.
- Recognize that my clients have the right to decline my service or to request the opinions of other dietitians.

References:
- Code of Ethics for Dietitians
- Professional Standards for Dietitians in Canada (May 1997)
- Professional Misconduct regulation
- Health Care Consent Act (HCCA)
- HCCA: Guidelines for Members
- Proposed Conflict of Interest regulation
### RESPONSIBILITIES TO SOCIETY

**PRINCIPLE**

**To support the advancement and dissemination of nutritional and related knowledge and skills, I will:**

<table>
<thead>
<tr>
<th>Advocacy and Lobbying</th>
<th>77. Speak out, in a manner consistent with this Code, when I possess expert knowledge that bears on important societal issues being studied or discussed.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>78. Advocate for needed health policy and resources by working with individuals, groups, other health professionals, employers or the government.</td>
</tr>
<tr>
<td></td>
<td>79. Explain the value of dietitians to clients, and advocate for input into policies relating to client service.</td>
</tr>
<tr>
<td>Promoting Excellence in Dietetics Through Research</td>
<td>80. Advance and support nutrition and health promotion and research.</td>
</tr>
<tr>
<td></td>
<td>81. Secure patents, trademarks and copyrights only on the condition that they are not used to restrict research, practice or the benefits of the material.</td>
</tr>
<tr>
<td>Conducting Research</td>
<td>82. Ensure that research participants are informed of and completely understand the benefits and risks before partaking in the study.</td>
</tr>
<tr>
<td></td>
<td>83. Ensure that research participants are informed of the purpose of the research study and if agree to participate, provide them with a copy of their informed consent agreement.</td>
</tr>
<tr>
<td></td>
<td>84. Recognize that my clients have the right to reject or withdraw from a research project at any time and I will ensure that the quality of service provided afterwards is not affected by their choice.</td>
</tr>
<tr>
<td></td>
<td>85. Establish valid inclusion and exclusion criteria for selection of research participants.</td>
</tr>
<tr>
<td></td>
<td>86. Ensure that confidentiality and anonymity of my research participants is maintained.</td>
</tr>
<tr>
<td></td>
<td>87. Ensure that research participants have an opportunity to voice their concerns or ask questions throughout the duration of the study.</td>
</tr>
</tbody>
</table>
When conducting research, the following Guiding Ethical Principles will be adhered to:

Adapted from Tri-Council Policy Statement - Ethical Conduct for Research Involving Humans, August 1998:

· Medical Research Council of Canada
· Natural Sciences & Engineering Research Council of Canada
· Social Sciences and Humanities Research Council of Canada

1. Respect for Human Dignity - protect the multiple and interdependent interests of the person (i.e., bodily to psychological to cultural integrity).
2. Respect for Free and Informed Consent - all dialogue and processes will include informed consent by the research subject.
3. Respect for Vulnerable Persons - for those who have diminished competence and/or their decision-making capacity make them vulnerable, special procedures are to be implemented to protect their interests.
4. Respect for Privacy and Confidentiality - protect the access, control and dissemination of personal information.
5. Respect for Justice and Inclusiveness - the ethics review process should include fair methods, standards and procedures for reviewing research protocols and no segment of the population should be unfairly burdened with the harms of the research.
6. Balancing Harms and Benefits - the foreseeable harms should not outweigh the anticipated benefits.
7. Minimizing Harm: subjects should not be subjected to unnecessary risk of harm and their participation in research should be essential to achieving scientifically and socially important aims that cannot be realized without their participation.
8. Maximizing Benefits - researchers have a duty to benefit others and in research, a duty to maximize net benefits.

References:
- Code of Ethics for Dietitians in Canada
- Professional Standards for Dietitians in Canada
- Professional Misconduct Regulation
- Health Care Consent Act (HCCA)
- HCCA: Guidelines for Members
RESPONSIBILITIES TO THE PROFESSION

PRINCIPLE  

To support others in the pursuit of professional goals, I will:

91. Support and contribute to the continuing education and the professional development of employees and colleagues.

92. Provide objective, unbiased evaluations of candidates for professional memberships, awards, scholarships or job advancements. Make all reasonable efforts to avoid bias in any kind of professional evaluation of others.

93. Empower and provide support for peers and colleagues to develop to their full potential and recognize their contributions (i.e., mentoring).

References:
- Code of Ethics for Dietitians in Canada
- Professional Standards for Dietitians in Canada (May 1997)
- CDO’s Self Directed Learning Tool
Responsibilities to the Profession

10.

To support the training and education of future members of the profession, I will:

94. Empower students and interns to develop to their full potential and recognize their contributions.

95. Assume overall responsibility for the professional activities of students, interns, trainees and avoid assigning tasks to anyone who cannot perform them competently.

96. Make no attempt to conceal the status of a student, trainee or intern.

97. As much as possible, provide or arrange for adequate working conditions, timely evaluations and experience opportunities for students, trainees and interns.

98. Provide or arrange for a safe working environment for students and interns, free from discrimination and potential abuse, such as physical, sexual, financial or verbal abuse.

99. Ensure that all students, interns are not coerced in their selection and fulfillment of their educational goals.

100. Perform my teaching duties on the basis of careful preparation so that my instruction is current and scholarly.

101. Present instructional information accurately, avoiding bias in the selection and presentation of information and publicly acknowledge any personal values or bias which influence the selection and presentation of information.

102. Assist in the development of those who enter the discipline of dietetics by helping them to acquire a full understanding of the ethics, responsibilities and needed competencies of their chosen area(s).

103. Ensure that my students, trainees or interns understand the Code of Ethics. I will serve as a role model for them by applying the Code of Ethics to everyday practice situations and preparing students for the ever changing aspects of ethics in dietetic practice.

References:

- Code of Ethics for Dietitians in Canada
- Professional Standards for Dietitians in Canada (May 1997)
- CDO’s Self Directed Learning Tool
- Professional Misconduct regulation
PRINCIPLE

To involve myself in activities that promote a vital and progressive profession, I will:

11.

Advancing Dietetic Standards and Knowledge

104. Uphold the profession’s responsibility to society by promoting and maintaining high standards.

105. Participate in ethical and ongoing dietetic research to advance the profession and for incorporation into dietetic practice.

106. Be sensitive to the needs, current issues and problems of society when determining research projects and program development.

Advancing the Regulation of the Profession

107. Assist the profession in improving its standards and values by identifying issues for CDO that are relevant to the provision of safe, effective and ethical nutritional care; bringing to the attention of the College ethical issues which require clarification or development of new guidelines or standards; and assisting in the continuous review of the Code of Ethics and other standards to assure relevance and comprehensiveness.

108. Co-operate with health regulatory bodies in the investigation of complaints against health professionals.

Supporting or Participating in Professional Activities

109. Get involved, as much as possible, in organizations, committees, or activities which promote personal and professional growth or the nutritional health of the public.

For example: participating in national or provincial committees, networks, interest groups, focus groups and nutrition month activities.

References:

- Code of Ethics for Dietitians in Canada
- Professional Standards for Dietitians in Canada (May 1997)
- CDO’s Complaints Process
Part C.

A Worksheet Using A Decision-Making Framework

There are many strategies that can be used when attempting to make a decision related to an ethical issue. The following framework may be helpful to dietitians faced with a situation of ethical conflict or uncertainty. Refer to Part D for examples which illustrate the implementation of this framework. In attempting to resolve an ethical dilemma, it may be helpful to follow these steps sequentially or you may need to go back to certain steps in order to make a decision.

1. Identify the problem.
   - State the problem as clearly as possible.
2. State how you feel about the problem.
   · What are your “gut” reactions? Biases? Loyalties?
   · Are there any conflicts of interest?

3. Identify the ethically relevant issues.
   · What personal and/or professional values are in question?
   · What are the client’s personal, cultural and/or religious values?
   · Who are the other stakeholders involved in this issue? What are their issues, beliefs and values?
   · What is the relevant legislation? What standards of practice apply?
   · What current policies and procedures apply?
   · What aspects of the Code of Ethics and Code of Ethics Interpretive Guide are relevant?
   · Where is the conflict? What is at stake?
   · Does this change your perception of the problem?
4. Rank the values in conflict.
   · Some values may be more important than others. You may find it helpful to refer to the description of a Priority Compass on page -ii- of the preamble.
   · Justify your rankings. On what basis? Dignity of person vs common good? Consequences vs duty to rescue?

5. Outline possible courses of action.
   · Consider both current and future options. Options which at first do not seem feasible should be considered.
   · It may also be helpful to consult with others, including the College of Dietitians of Ontario.
6. Analyze likely short-term and long-term risks and benefits of each possible course of action.

Consider: *Sometimes a completely “good” outcome is impossible; the best possible outcome may be the one which is the “least” bad. Sometimes doing nothing will be the best course of action, but this should be a conscious decision, since doing nothing will still affect the outcome.*

- What are the risks (costs) in each?
- Who bears the costs (economic or health)?
- What is the benefit (or good) expected in each?
- Who receives the benefit (economic or health)?
- What are the wider implications/consequences of each course of action?

<table>
<thead>
<tr>
<th>Course of Action #</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Risks/Costs? For Whom?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Benefits? For Whom?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Implications/Consequences?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Course of Action #</td>
<td></td>
</tr>
<tr>
<td>-------------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Risks/Costs? For Whom?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Benefits? For Whom?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Implications/Consequences?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
7. Evaluate the courses of action based on consideration of the issues and consequences.
   · Refer to your ranking of values in step 4 and use this to rank each course of action.
   · Consider the costs and benefits of each course of action and the implications/consequences of each action.
   · Who is/are responsible for making the decision? Is this the appropriate person?

8. Document your decision and why this alternative is preferable to other options. Articulate this decision with other stakeholders.
   · Why does this alternative best reflect the ranking of values?
   · Have any other alternatives come to light?
9. **Take action based on the decision made.**
   - Consider the various ways of implementing the choice, including timing, context, assistance needed, etc.
   - Communicate and implement the action agreed upon with a commitment to assume responsibility for the consequence of your actions.
   - Consider how the decision should be carried out and how you will be responsible for this decision. 
     *Consider: a. How best to communicate the decision. b. Who needs to know it. c. Who needs to act.*

10. **Monitor and evaluate the results of the action.**
    - Involve those who were part of the initial assessment and planning, including the client.
    - Compare actual with expected outcomes.
    - Include correction of negative consequences, if any.
    - Establish criteria for revision of decision or goals.
    - Consider policies and guidelines for subsequent situations and decisions and revise them as necessary.
    - Consider how this decision will affect future practice.
Part D.

An Example Using a Decision-Making Framework to Resolve an Ethical Dilemma

The following is an example of an ethical dilemma that a dietitian may encounter in his/her practice. This example is fictional in nature and has been developed in order to provide members with an illustration of how the decision-making framework can be used. In most ethical situations, more than one right course of action is possible. Each ethical situation is different because the perspectives and values of each client and dietitian vary. Consequently, this example remains open-ended. The possible courses of action listed below may not be exhaustive.

Dietitians may identify alternative options for an ethical dilemma in a similar situation.

---

**EXAMPLE**

Mary is a dietitian working in the home care setting for a Community Care Access Centre (CCAC). She has been treating Joe, an elderly man who has recently been diagnosed with Type 2 Diabetes. Joe dislikes medications and prefers more “natural methods” of treatment. As a result, he refuses to take Metformin and Glyburide which his doctor has prescribed. Mary is trying to convince him to take his medications, so far unsuccessfully. Joe does not speak English very well, and although he claims to understand her directions, Mary finds her communication with him difficult and frustrating. He does not read English at all. She believes that he has been following her nutritional recommendations for the most part. However, there have been no signs of improvement or progress. Mary’s supervisor requests that Mary discontinue counseling Joe as she has spent many sessions with him without achieving any positive outcomes. Also, there is a waiting list of clients requiring Mary’s nutrition services who might better benefit from her time. Mary fears that since Joe’s blood sugars have not yet stabilized, discontinuing counseling could cause serious harm to him.

1. Identify the problem.

   Mary has a responsibility to her client to provide services which are necessary and appropriate. Mary also holds responsibility to her employer to demonstrate efficiency in her practice. These responsibilities are in conflict. In addition, Mary’s client demonstrates noncompliance with traditional medicine. Is it effective, efficient and necessary for her to continue service?

2. State how you feel about the problem.

   Mary has gotten to know Joe quite well and consequently, discharging him this soon makes her feel as though she is being irresponsible and abandoning him when he may be at risk. She feels frustrated with her employer’s focus on reducing number of visits per client in order to meet the budget.

3. Identify ethically relevant issues.

   Stakeholders: Joe, Joe’s family, Mary, Mary’s supervisor, Joe’s physician, clients on waiting list requiring Mary’s nutrition care, the dietetic profession

---

(30)
Values in Question

**Place client first**
Mary believes she would be placing Joe at serious risk if she discontinues her services, especially since he does not read English, does not speak English well and her educational materials are written in English.

**Follow supervisor’s orders**
Mary has a professional obligation to obey her supervisor.

**Respect client’s values**
Joe values “natural” methods like dietary regimens over medication. He believes that if he can “fine-tune” his diet with Mary’s help, he will be able to get his blood sugars under control.

**Meet community needs**
There is an insufficient number of dietitians to meet the needs of the community. Mary’s supervisor believes it is more valuable to have her employees (Mary) see clients whom they can positively impact rather than not be available to counsel clients who could benefit because they are spending more time with those who may not show signs of benefitting (Joe) from Mary’s nutrition care.

**Uphold the standards of the profession**
As a dietitian, Mary represents all dietitians and has an obligation to uphold the dignity and standards of the profession.

**Follow relevant legislation/policies/procedures**
Under the Professional Misconduct regulation, Mary may be held responsible for discontinuing needed service unless Joe requests the discontinuation or alternative services are arranged, or Joe is given reasonable notice to arrange alternative services. Mary will also be held responsible for following company policy of counseling a maximum of six clients daily.

Relevant statements from the Code of Ethics Interpretive Guide

1. Place my client’s best interests as my primary professional obligation.
3. Make every effort to communicate effectively with my clients.
10. Listen to and appreciate my clients’ values, opinions, needs and ethno-cultural and religious beliefs in order to offer them appropriate services.
18. Continue professional services that are needed unless,
   a) the client requests the discontinuation,
   b) alternative services are arranged, or
   c) the client is given reasonable notice to arrange alternative services.
39. Discuss and work through consent issues, ethical conflicts and concerns with the professional team.
42. Place the needs of my clients first, but also consider the philosophy and policies of my employer. I will explore solutions to meet the needs of my clients and my employer.
43. Encourage and collaborate with my employer to develop and update policies and standards in order to improve the quality of service provided to my clients.
48. Assist clients in understanding information especially when ethno-cultural or literacy issues apply.
49. Respect informed, voluntary decisions and choices even when they may conflict with my personal opinion.
53. Comply with CDO’s Standards of Practice, including regulations, rules and the

(31)
**Rank the values in conflict.**

Using the Priority Compass described on page -ii- of the preamble, the values identified in step 3 are ranked in the following manner:

1. **Take care of your client.**
   
   Related Values: - Placing client first  
   - Respect client’s values  
   - Meet community needs

2. **Take care of your organization/company/profession.**
   
   Related Values: - Uphold the standards of the profession  
   - Relevant legislation/policies/procedures

3. **Take care of your supervisor.**
   
   Related Value: - Follow supervisor’s orders

**Outline possible courses of action:**

i) Advocate on Joe’s behalf to continue counseling him. (Statements 1, 43)

ii) Arrange alternative dietetic counseling (i.e., private practice dietitian, diabetes education center). (18, 42)

iii) Give Joe notice so he can arrange alternative services for himself. (18, 42)

iv) Leave written material with a relative or community translator. (3, 42)

v) Seek additional information on methods of treating diabetes without medication, speak to Joe’s physician and also encourage Joe to speak to his doctor about them. (10, 49)

Discuss situation and all above options with Joe and supervisor. (39)

Some possible courses of action may be dropped as a result of these discussions and additional alternatives may surface.

**Analyze likely short-term and long-term risks/costs and benefits of each possible course of action:**
COURSE OF ACTION I

Risks/Costs: You may get fired and Joe will have no help. Potential clients at higher nutritional risk may have to wait for your services.
Benefits: You may be allowed to continue but will this help Joe?

COURSE OF ACTION II

Risks/Costs: You may not be able to find anyone Joe can afford. The trust relationship already built with Joe may be disrupted.
Benefits: You may find someone better suited to helping Joe. Joe’s counseling will continue. You may meet the supervisor’s needs and can help clients on waiting list.

COURSE OF ACTION III

Risk/Costs: Joe may not be able to find anyone and be at risk. Supervisor may not be able to wait through notice.
Benefits: Compromise with supervisor. Additional time to help Joe (during notice period). Will soon be able to take on new clients.

COURSE OF ACTION IV

Risks/Costs: Joe won’t follow/understand written information without counseling. Relative/translator may not do job responsibly therefore, Joe at risk.
Benefits: Will solve doubts as to whether Joe understands instructions. If relative/translator willing, may be long-term support. Supervisor satisfied and can take on new clients.

COURSE OF ACTION V

Risks/Costs: Joe may not talk to doctor and will be at risk. Information accuracy may be questionable - Joe at risk. May get “in trouble” (offering non-mainstream advice).
Benefits: Will be responding to Joe’s values and needs rather than imposing Mary’s and doctor’s values. Will be respecting Joe’s decision. Supervisor satisfied and available to help new clients. Joe’s physician will be aware of Joe’s dietary needs and nutrition status.

Evaluate the courses of action based on consideration of the issues and consequences.

Document your decision and why this alternative is preferable to other options. Articulate this decision with other stakeholders.
9 Take action based on the decision made.

10 Monitor and evaluate the results of the action.

* Please note that no answers have been provided for steps 7 to 10 since the best solution will vary with each individual situation.