Ethics and Professionalism: Knowing and Doing

Speakers

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Workshop Overview

1. Professionalism
2. Ethics, Values and Decision-making
3. Code of Ethics: Connecting Professionalism and Values
4. Ethical Reasoning and Decision-Making
5. Practice Scenarios
6. Summary & Resources

Section 1: Professionalism
Professional = “profess”

To affirm, avow (verb) – which means to “promise”

Being regulated includes specific knowledge and skills that sets one apart from others

Becoming Professional – Individual factors

We are individuals

We have our own experiences, needs, values, expectations, & aspirations

How you see yourself

How others see you

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Becoming Professional – Collective Factors

Accepting and participating in common (collective) behaviour(s)

A common set of values and actions

These establish profession identity that is recognized by others

Forming a Social Contract with Society

Becoming Professional – Self-Regulated

We are expected to regulate and monitor ourselves ("self-regulation")

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Act in best interest of your clients through ethics, laws, evidence-based practice, advocacy

Stay within Scope of Practice - or reasonably related

Stay within your individual competence/individual scope of practice

Follow professional standards and ethics

Communicate, document, and continue to learn

Ensure maintenance of knowledge and skills through continuing competence
Self-Directed Learning (SDL) Tool
Section 2: Ethics, Values and Decision-Making

Ethics: Set of behaviours that guide how we act
What ethics is not...

**Feelings**
- Feelings do not always coincide with what is ethical.

**Religion or Spirituality**
- Ethics applies to everyone regardless of religious beliefs.

**Legality**
- Not all laws are about ethics and not all ethics are made into laws.

**Culturally Accepted Norms**
- Just because everyone is doing it does not make it right.

**Science**
- Science alone cannot tell us what we should do ethically.

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Ethics: Deals with Values

Values are the building blocks in enabling ethical, safe practice.
Step 1: Identify a time when you were happiest, most proud, & most fulfilled and satisfied (career and personal)
• What were you doing? What other factors contributed to your feelings of happiness/pride/fulfillment?

Step 2: Determine and prioritize your top values
• Write down your top values, not in any particular order
• Look at the first two values and ask yourself, “If I could satisfy only one of these, which would I choose?”
• Keep working through the list, by comparing each value with each other value, until your list is in the correct order.

Step 3: Reaffirm your values - do these top-priority values fit your vision for yourself? Are you proud of your top three values?

Examples of Common Values
• Compassion
• Dependability
• Optimism
• Passion
• Respect
• Fitness
• Reliability
• Loyalty
• Commitment
• Open-mindedness
• Consistency
• Honesty
• Efficiency
• Innovation
• Creativity
• Good humor
• Spirit of adventure
• Motivation
• Positivity
• Optimism
• Passion
• Respect
• Fitness
• Courage
• Education
• Perseverance
• Patriotism
• Service to others
• Environmentalism

https://www.mindtools.com/pages/article/newTED_85.htm
Values: guide decisions

- When many options seem reasonable, values can be a strong guiding force to point you in the right direction, guiding behaviours and decisions.

Research about how values influence decision making

1. Focus on duty and obligation
   - What is right or wrong

2. Focus on outcomes or utility
   - What is the best outcome or consequence
Values are part of the decision-making process

Section 3: Connecting Professionalism and Values into a Code of Ethics
Video 1

Not addressing changes in practice

Process for updating:
- environment scan
- review of literature
- consultation with
  - council/committee/other regulators/members/public

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New Code of Ethics

A reflection of the social contract dietitians have with society and clients

New Code of Ethics
based on four healthcare ethical principles

- beneficence (to do good)
- non-maleficence (do no harm)
- respect for autonomy
- respect for persons (justice)

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Application of four healthcare ethical principles in dietetic practice

Autonomy
- Treat clients and/or their substitute decision-maker as self-governing decision-makers

Beneficence
- To do good. Act in the best interest of clients and society

Non-Maleficence
- To do no harm. Avoid and minimize harm to others

Respect for Persons/Justice
- Show respect and treat others fairly and equitably

Cultivating Autonomy
Consent

Unpacking Consent
Professional & Regulatory Obligations for Dietetic Practice

MODULE 2:
Informed Consent to Treatment

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2. To Do Good
Risk and Resilience

Building Resilience to Mitigate Risk in Dietetic Practice

Why some RDs thrive
Research about health-care serial killers

Some patterns/warning signs that all members could be on the look-out for amongst colleagues:

• frequent changes in employment settings
• patterns of poor conduct
• access to high-risk intravenous medications, and
• concerns from colleagues

• See Something, Say Something

The application of four healthcare ethical principles to dietetic practice are interconnected, corresponding, associated, complementary, reciprocal, interdependent, paired, related, matched, mated.

Use in combination with other Standards of Practice and relevant legislation, policies and applicable organizational guidelines/policies in the workplace.

Workplace Ethicist or Ethics Boards may be available.
link to new research on professionalism

- Approach to practice
- Changes in technology, social media
- Recognition of cultural safety and humility
- Risk-based regulation
- Evidenced-Based

Section 4:
Ethical Reasoning and Decision-making in enabling ethical, safe practice
An ethical decision is what should be done (the best action), given the competing interests, obligations, and values involved in making the decision.

Ethical Reasoning: let values guide you
Critical Thinking

When presenting the evidence for decision-making

When to engage in critical thinking and reflection?

1) Reflection-in-action is “thinking on our feet.”

2) Reflection-on-action involves thinking about our experience after it has happened.

(Schön, 1983)
Reflective practice enables us to learn from our experiences.

Reflective Practice

“We learn by doing and realizing what came of what we did.”

John Dewey (1938)

“All our knowledge begins with experience.”

Kant (1965)
Professional Judgment

“Applying knowledge, skills and experience, in a way that is informed by professional standards, laws and ethical principles, to develop an opinion or decision about what should be done to best serve clients.”

Mindfulness

To support ethical reasoning and decision making
Be mindful of changing environments

"Relax! I know this road perfectly! I've been driving it all my life!"

The Code of Ethics in Action

Video

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Applying the concepts: Practice Dilemmas

Section 5:
Practice Dilemmas/Scenarios
Scenarios

• Is there an ethical dilemma? If yes, what is it?
• What principle(s) relate to dilemma?
• How might you handle this?

<table>
<thead>
<tr>
<th>Principle</th>
<th>Description</th>
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<tbody>
<tr>
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Scenario 1: Conflicting opinions

An outpatient dietitian counsels a child (recently diagnosed with type 1 diabetes) and her parents. The child’s parents are adamant that they wish to provide a ketogenic diet (meals that are low carbohydrate and high in fat). When treating hypoglycemia, they avoid quick acting sugars. You have discussed your concerns with the parents and have indicated that there is a lack of evidence on the ketogenic diet and type 1 diabetes. You are concerned about the child’s growth and on a subsequent visit, the child has lost weight. You discuss the case with a colleague who doesn’t seem to have the same concerns as you do.

Is there an ethical dilemma? If yes, what is it?
What principle(s) relate to the dilemma?
How might you handle this?
Scenario 1: Conflicting opinions

Are the parents’ acting in the child’s best interest? Have informed them of evidence, despite this they wish to continue with diet.

Who is looking out for the child? Obligation as professionals if we feel parents not acting in best interest.

Is the child at risk because of the diet? Some evidence to suggest (inappropriate treatment of hypoglycemia, weight loss/growth impact).

Scenario 1: Conflicting opinions

What principle(s) relate to the dilemma?

- Autonomy
  - Treat clients and/or their substitute decision-maker as self-governing decision-makers

- Beneficence
  - To do good. Act in the best interest of clients and society

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- Respect for Persons/Justice
  - Show respect and treat others fairly and equitably
**Scenario 1: Conflicting opinions**

How might you handle this?

a) Discuss risks and benefits with parents (reinforce correct way to treat hypoglycemia, discuss strategies to prevent weight loss) - monitor

b) Discuss with colleagues in circle of care

c) Consider if a report is warranted (any person who has a reasonable suspicion that a child is in need of protection needs to report that suspicion to the local *Children’s Aid Society*)

d) Consider the specific needs, wants and goals of clients to provide client-centered services. Be open to client input, respect decisions, accommodate choices and document the treatment accordingly

e) All of the Above

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**Scenario 2: Billing**

A dietitian in private practice receives a call from a client. The client requests the dietitian back date the counselling session on the client’s invoice. The client explains this is so they can “access funds that were in their health spending account”. You recall during the counselling session that the client told you their partner recently lost their job.

- Is there an ethical dilemma? If yes, what is it?
- What principle(s) relate to the dilemma?
- How might you handle this?
Scenario 2: Billing

Is there an ethical dilemma?
❑ No
❑ Yes, what is it?

Dishonest billing request from client. No ethical dilemma.

Scenario 2: Billing

What principle(s) relate to the dilemma?

- Autonomy
  - Treat clients and/or their substitute decision-maker as self-governing decision-makers

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Scenario 2: Billing

How might you handle this?

a) Inform client that you cannot back date a receipt

b) Ensure billing practices reflect a dietitian’s professionalism. Invoices, receipts and accounts must all accurately record the dietetic services that were provided

c) Provide services at a discounted rate. This would be handled on a case-by-case basis and should be up to the dietitian’s discretion and/or workplace polices

d) All of the above

Scenario 3: Providing a eulogy

You have been involved providing nutrition support to a client with a developmental delay for many years. The client passes away suddenly after a bout of pneumonia. The client’s family says you were an important part of the client’s life and asks you to provide the eulogy at the client’s funeral service.

• Is there an ethical dilemma? If yes, what is it?
• What principle(s) relate to the dilemma?
• How might you handle this?
Scenario 3: Providing a eulogy

Is there an ethical dilemma?
- No
- Yes, what is it?

Yes – conflict between being there for family and acting in a respectful manner and protecting the client’s personal health information (eulogy may disclose information that you are privy to as health care provider).

Scenario 3: Providing a eulogy

What principle(s) relate to the dilemma?

- Autonomy
  - Treat clients and/or their substitute decision-maker as self-governing decision-makers

- Beneficence
  - To do good. Act in the best interest of clients and society

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Scenario 3: Providing a eulogy
How might you handle this?

a) Decline request to do eulogy citing professional obligations for privacy/confidentiality (PHIPA) but possibly attend service or send flowers

b) Send a sympathy card

c) Consult organization policies as applicable

d) None of the above

Scenario 4: I don’t want to be referred!

Shay is a new dietitian working in a family health team in a rural setting. He recently saw a 14 year-old male client with an eating disorder for an initial nutrition assessment. The client was nutritionally unstable, had a low BMI. Shay was concerned for the well-being of this client and recognized that nutrition counselling would not address the full array of issues that affected him. Shay felt that continuing to treat this client was outside of his personal scope and confidence and decided to refer him to a psychiatrist/eating disorders treatment program. The client objects to the referral and wishes to be seen only by Shay.

• Is there an ethical dilemma? If yes, what is it?
• What principle(s) relate to the dilemma?
• How might you handle this?
Scenario 4: I don’t want to be referred!

Is there an ethical dilemma?
☐ No
☐ Yes, what is it?

Yes. Shay’s competence to provide care (do no harm) and the client’s needs (respect for autonomy).

Scenario 4: I don’t want to be referred!

What principle(s) relate to the dilemma?

- Autonomy
  - Treat clients and/or their substitute decision-maker as self-governing decision-makers

- Beneficence
  - To do good, Act in the best interest of clients and society

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  - Show respect and treat others fairly and equitably
Scenario 4: I don’t want to be referred!

How might you handle this?

a) Discuss concerns with client – explain lack of expertise in area and how client can be best served within scope

b) Explore reasons why the client doesn’t want to be referred; address client’s concerns

c) Provide care with other practitioner if possible (remain involved in Shay’s care)

d) All of the Above

e) None of the Above

Scenario 5: Decisions about nutrition support

An older adult with Alzheimer’s disease develops pneumonia and is no longer able to tolerate oral intake. As per SLP an alternate route of feeding is suggested. The client’s daughter disagrees with tube feeding and feels it would be against her father’s wishes. The client’s son demands that the client receives tube feeding as he believes his father would starve to death otherwise. No directives available. Both children share the SDM role (client is not capable).

• Is there an ethical dilemma? If yes, what is it?
• What principle(s) relate to the dilemma?
• How might you handle this?
Scenario 5: Decisions about nutrition support

Is there an ethical dilemma?
- No
- Yes, what is it?

Yes. Conflicting opinions on care – SDMs – one feels harm, other feels benefit.

What is in the client’s best interest?

Scenario 5: Decisions about nutrition support

What principle(s) relate to the dilemma?

- Autonomy: Treat clients and/or their substitute decision-maker as self-governing decision-makers
- Beneficence: To do good. Act in the best interest of clients and society
- Non-Maleficence: To do no harm. Avoid and minimize harm to others
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Scenario 5: Decisions about nutrition support
How might you handle this?

a) Consider a family meeting with team to discuss risks and benefits of nutrition support

b) Consultation with Ethicist

c) Consult hospital administration and/or legal counsel

d) None of the above

Section 6:
Summary & References


Resources & References


Resources & References


Questions?

Please do not hesitate to contact the College:

Practice Advisory Service

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416-598-1725; 1-800-668-4990 ext. 397

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