

Ethical Decision-Making in Occupational Therapy Practice

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OBJECTIVES

After reading this chapter and completing the learning activities, readers will be able to:

1. Define ethical decision-making.
2. Describe sources of ethical tensions in daily clinical practice.
3. Outline the steps in ethical decision-making.
4. Identify the six ethical principles as outlined in the American Occupational Therapy Association Code of Ethics (2020).
5. Apply the occupational therapy code of ethics in ethical scenarios specific to daily practice.

KEY TERMS

autonomy
beneficence
confidentiality
ethical dilemmas
ethical distress

ethical uncertainty
ethics
fidelity
locus of authority
moral reasoning

nonmaleficence
occupational justice
self-determination
social justice
veracity

ICEBREAKER

In groups of three to four students, spend 10 minutes sharing something what you recently observed or happened that you felt was unfair or harmful to someone, your community, or the population at large.

- Did your peers seem to agree with you or confirm that they felt that what was observed or had occurred was not fair or harmful?
- Did you and your peers discuss potential alternatives as to how the situation may have been handled better?
- Based on each situation discussed in your group, does your group believe action to report the occurrence is warranted? If so, to which governing body would your group report the incident?

CASE EXAMPLE: TIA, JUAN, SUZANNA

Tina, Juan, and Suzanna are first-year occupational therapy students who have been assigned to Moultrie Developmental Center for a Level I clinical rotation during Fall semester. Before morning class, they meet at Starbuck for a coffee. Their first class scheduled for the day is with Dr. Hashtaf Coordinator of Level I fieldwork seminar. In preparation for their morning class, the students begin discussing their individual experiences at Moultrie Developmental Center the previous day. Suzanna begins their discussion explaining that she spent 2 hours in the senior ADL section where Teresa Hill, a 68-year-old client with multiple disabilities, had a “meltdown.” She further explains that all of the staff refers to Teresa Hill so as not to confuse this client with Teresa Hankel. None of the students were aware that Teresa Hill’s younger sister was sitting at the adjacent table having coffee with a few of her peers.

- Does this scenario represent a violation of AOTA Code of Ethics?
- If so, which one(s)? Explain why you believe an ethical breach or violation has occurred.
- What may be the next steps?

“Our ethical responsibilities to preserve and enhance the climate of caring for our patients (then) include: Promoting a new view of health based upon the occupational performance of disabled persons rather than upon pathology; examining our relationships with patients according to their influence upon patient self-directedness; and adapting new perspectives on disability that reduce the social prejudice which limits life opportunities for disabled persons” (Yerxa, 1980).

PERSPECTIVES ON ETHICS AND ETHICAL DECISION-MAKING

Ethics is classically defined as identifiable statements about norms and values that can be used to guide professional practice (Barnitt, 1993). Related to the notion of ethics is **moral reasoning**, which Barnitt (1993) defines as the “philosophical inquiry about norms and values, about ideas of right and wrong, good and bad, what should or should not be done, what ought to be done, and how you make moral decisions in your professional work.” In occupational therapy (OT) practice, day-to-day scenarios and situations require a clinician to carefully reflect on one’s ethical principles and use clinical and moral reasoning principles as guides. Interactions with patients and their caregivers, the interprofessional team, and navigation of practice systems and policies in the workplace may all pose situations that cause ethical uncertainty, ethical distress, or ethical dilemmas (Jameton, 1984).

Ethical uncertainty occurs when an individual is uncertain about which moral principles apply to a situation or whether a situation is indeed a moral problem. **Ethical distress** occurs when an individual knows the right course of action but feels constrained to act otherwise by institutional rules. **Ethical dilemmas** occur when an individual faces two or more equally unpleasant alternatives that are mutually exclusive (Jameton, 1984).

In a series of qualitative studies, several researchers (Bushby et al., 2015; Kinsella et al., 2008) identified common causes and clinical scenarios that cause ethical tensions in daily practice (Table 14.1).

Using a grounded theory approach from qualitative studies, VanderKaay and colleagues (2018) proposed a *Fundamentals Checklist*, a list of intersecting, distinct, and sometimes competing factors that may influence ethical decision-making in daily practice. According to VanderKaay and colleagues (2018), the occupational therapist—the core of the ethical decision-making process—must consider one’s personal ethical foundations and ethical values when faced with daily clinical dilemmas. Then, when presented with challenging clinical situations, the occupational therapist begins the inductive process of decision-making by considering the Fundamentals Checklist (Fig. 14.1). Some essential questions for reflection when considering the Fundamentals Checklist include:

- What are the client’s goals, needs, and wants?
- Are there policies from my work setting that can guide me on what I need to do?
- What does my professional association say about such actions?
- What are the best and evidence-based practices available and what does the health care team say about this?
- Are there state or federal practice laws that can guide my decision?

THE OCCUPATIONAL THERAPY CODE OF ETHICS

The American Occupational Therapy Association (AOTA) Code of Ethics is a “statement of principles used to promote and maintain high standards of conduct” in all OT practice. It serves as a “guide to professional conduct when ethical issues arise”

TABLE 14.1 Common Sources of Ethical Tension in Daily Practice

Source of Ethical Tension	Commonly Cited Clinical Examples
Resource and Systemic Constraints: challenges related to providing services in conditions that are not optimal	Inadequate time for intervention with clients or for communication with team, patient, or family members. Insufficient levels of staff Overly large caseloads Lack of resources, such as appropriate assessment tools or ability to access research to inform practice
Conflicting values between practitioners and clients, between practitioners from different disciplines, and even between students and therapists	Differences of opinion between various team members; these differences frequently involved discharge issues
Witnessing questionable behavior by health care practitioners	Disrespectful attitudes, inappropriate language, failure to communicate, breach of confidentiality
Failure to speak up	Common tension experienced as to when to advocate and speak up on behalf of clients or to witness clients “falling through the cracks.” Tensions related to speaking up on behalf of clients emerged in the areas of protecting client rights, facilitating independence, and ensuring safety.
Working with vulnerable clients	Tensions experienced when clients are partly competent to make their own choices, and when health care practitioners do not involve them in their own health related decision-making
Client safety	Ethical tensions concerning client safety were identified with respect to discharge planning, knowledge of unsafe behavior, practice errors, clinical education, and involvement in research
Upholding professional standards	Ethical tensions related to upholding professional standards, such as implementing client-centered practice, evidence-based practice, competency of occupational therapists

From Bushby K, Chan J, Druif H, Ho K, & Kinsella, E. A. (2015). Ethical tensions in occupational therapy practice: a scoping review. *Br J Occup Ther*, 8(4), 212–221; Kinsella EA Park A, Appiagyei J, Chang E, & Chow, D. (2008). Through the eyes of students: ethical tensions in occupational therapy practice. *Can J Occup Ther*, 75(3), 176–183.

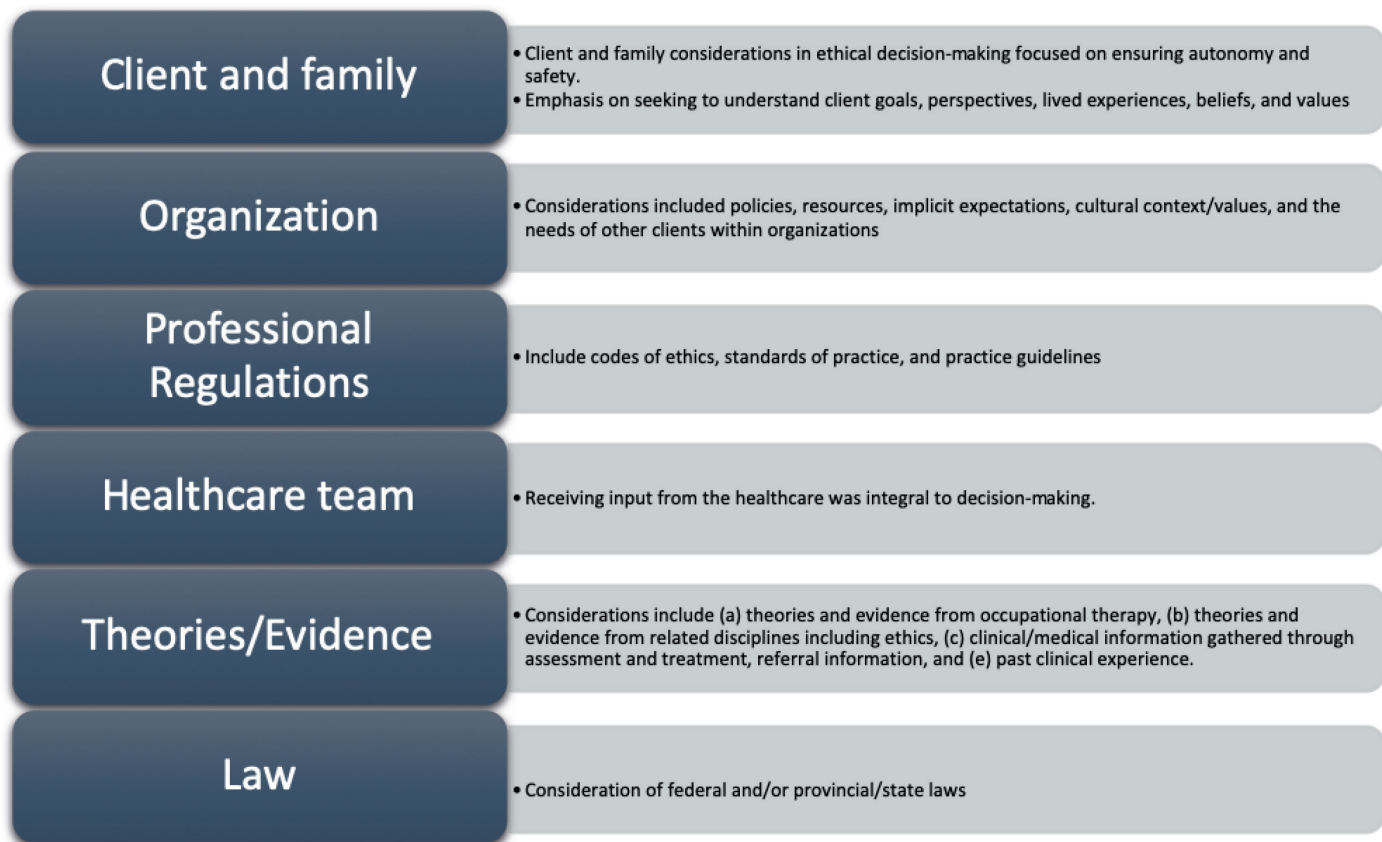


Figure 14.1 The Fundamentals Checklist. (From VanderKaay S, Letts L, Jung B, & Moll, S. (2018). Doing what's right: a grounded theory of ethical decision-making in occupational therapy, *Scand J Occup Ther*, 27(2), 98–111.)

(AOTA, 2020). Inevitably, ethical issues and the need to establish the best outcome to a dilemma arise in practice, because OT practitioners have intimate contact with and a profound influence on the lives of the individuals, groups, and populations they serve. Although each OT practitioner has a personal set of values, he or she represents the profession when interacting with clients, caregivers, colleagues, authority figures, and subordinates. An understanding of the AOTA Code of Ethics (AOTA, 2020) is essential for carrying out one's professional responsibilities.

Professional organizations, such as the AOTA, provide its members with guidance in dealing with ethical dilemmas (Purtilo, 2005). The establishment and enforcement of the code of ethics ensure maintenance of the standards of the profession. The ethical decision-making process involves a systematic reasoning structure to enable practitioners to make professional decisions.

ETHICAL DECISION-MAKING PROCESS

OT practitioners facing ethical dilemmas use a process to guide their analysis and subsequent actions. The response considers the client's needs, professional roles and responsibilities, team members' roles and responsibilities, consequences of actions (or inaction), and legal issues. OT practitioners refer to the AOTA

Code of Ethics, state and federal laws, and institution or facility policies and procedures. Purtilo (2005) lists six steps to assist practitioners in making decisions on the best course of action (Box 14.1). These steps provide a method to thoughtfully act on ethical issues as they arise.

The process begins with gathering information about the situation, context, facts, and involved players. The practitioner identifies the type of ethical problem (i.e., ethical distress, ethical dilemma, or locus of authority). **Locus of authority** refers to the person or organization that is responsible for making the decision. For example, the OT practitioner may discover that the client seeks out a different course of treatment than the one recommended by the team. The client has the right to make his/her/their decisions regarding interventions indicating that the locus of authority belongs with the client. In this case, the OT practitioner may discuss the issue with the client but not have the final say.

The occupational therapist analyzes the problem using guidelines from the AOTA Code of Ethics (AOTA, 2020), Standards of Practice, laws, and regulation. This step allows the therapist to gain a more complete view of the problem, which leads to exploring alternatives. The therapist considers who will benefit and if anyone will be hurt. They select the course of action, complete the action, and evaluate the process and outcome.

BOX 14.1 Steps to Ethical Decision-Making

1. Gather information
 - What is the context of the dilemma?
 - What is the situation?
 - What are the facts?
 - Who are the involved players?
2. Identify the type of ethical problem
 - **Ethical distress** is the discomfort experienced when the OT practitioner is prevented from doing what is believed to be right.
 - An **ethical dilemma** occurs when a practitioner is required to choose between conflicting alternatives.
 - The **locus of authority** problem questions who should resolve ethical issues.
3. Use ethical theories or approaches to analyze the problems
 - Examine the AOTA Code of Ethics, Standards of Practice, and laws and regulations
 - Define the principles involved according to the Code of Ethics
4. Explore alternatives
 - Who will benefit?
 - Will anyone be hurt?
5. Complete the action.
6. Evaluate the process and outcome.

AOTA, American Occupational Therapy Association; OT, occupational therapy.

LEARNING ACTIVITY

In small groups, observe a short clip from a television medical drama illustrating issues related to ethical behaviors (such as confidentiality, patient rights, decision-making, professional competence). Describe the scenario and use Worksheet 14.1 (Chapter 16) to work through each of the steps to ethical decision-making and arrive at an action plan.

- Did you find new alternative actions by working through the plan?
- How did your knowledge of AOTA Code of Ethics (AOTA, 2020) inform the plan?
- What principles of the AOTA Code of Ethics (AOTA, 2020) were violated in this scenario?

AOTA CODE OF ETHICS—PRINCIPLES

The AOTA Ethics Commission (EC) informs and educates OT personnel regarding ethical matters and ensures compliance with the ethical standards (AOTA, 2019). The procedures to enforce the Code of Ethics are described in Enforcement Procedures for the Occupational Therapy Code of Ethics and Ethics Standards (AOTA, 2019).

In the next sections, the authors describe each of the six principles of the AOTA Code of Ethics, provide short case scenarios, identify sources of ethical tension, and describe how the use of the principle is applied in practice. The authors provide a synthesis of key applications of each principle (AOTA, 2020). For more detailed set of standards pertaining to each ethical principle, refer to the Occupational Therapy Code of Ethics (AOTA, 2020) official document.

Principle 1: Beneficence

“Occupational therapy personnel shall demonstrate a concern for the well-being and safety of the recipients of their services” (AOTA, 2020).

BOX 14.2 Key Applications of Principle 1: Beneficence

- Complete evaluation and reevaluation of clients based on best available evidence
- The practitioner must maintain current and evidence-based competencies (including credentials, qualifications, and skills) to ensure that the best care is provided to clients
- Do not provide services outside of the occupational therapist’s scope of practice and clinical competency
- The scope of occupational therapy service provision must always be a collaborative process with the client and caregivers

From American Occupational Therapy Association. (2020). AOTA 2020 occupational therapy code of ethics. *American Journal of Occupational Therapy, 74*, 7413410005. <https://doi.org/10.5014/ajot.2020.xxxxxx>

Beneficence is consistent with the OT core value of altruism. AOTA (2020) interprets this principle as the need to act, to not only provide service that is for the good of their clients but to also protect their clients from harm. Beneficence requires OT personnel to put the needs of the client above personal needs or the needs of the facility. Box 14.2 describes some how beneficence may be practiced in OT practice.

CASE EXAMPLE: PRINCIPLE 1

An OT student completing fieldwork at a rehabilitation facility is discussing with the site supervisor the discharge plan for a 57-year-old woman who had a stroke. The patient asserted that she does not need to be independent in several self-care tasks, as in her culture, family members and caregivers have the responsibility of providing and assisting with self-care. The supervising occupational therapist insisted that the patient cannot be discharged until scores in self-care assessments indicate independence or minimal assistance needed, and because her insurance allows for several more therapy sessions, they should max out on the allowable therapy visits.

Source of Ethical Tension

In this case, the primary source of ethical tension is the dilemma concerning discharge planning and conflicting perspectives from the client and the supervising occupational therapist. The fieldwork student must practice professional behaviors to address the client’s demands but also respectfully follow chain of command and discuss with the site supervisor how to best address the situation.

Application of Principle 1

Beneficence emphasizes the use of evidence-based decision-making and a collaborative approach in service provision with the client to decide what is best for this client. The fieldwork student and supervising therapist must critically put in consideration the perspectives of the client, particularly cultural and contextual considerations, on which areas of occupational performance need further addressing while also considering client safety when discharged from services.

LEARNING ACTIVITY: NEW INTERVENTION STUDY

Review the case provided and complete the form to better understand the ethical issues.

An OT educator and a researcher are conducting a clinical research project testing the effectiveness of a novel, untested intervention protocol for adults with mental health disorders in a transitional shelter. The OT educator serves in an elected position for their OT state association. The intervention protocol is currently under review by the university institutional review board (IRB). The IRB recently returned the protocol to the educator because it flagged some concerns about claiming direct benefits to participants (i.e., participants will have improved outcomes as a result of participating in the experimental intervention) without any prior evidence or pilot data. The OT educator is currently revising the protocol to address the IRB's concerns. This extended review has pushed the timeline of research activities.

To minimize the delay in the research timeline, the OT educator started talking to patients in the transitional shelter and recruiting them to join the study without the final approval of the study protocol. The OT educator stated that he is an elected leader for the OT State Association that endorsed the intervention as something that can be beneficial for all the patients, and encouraged them to sign up for the study.

Use Worksheet 14.2 (Chapter 16) to outline the responses to the following questions based on this case.

- Is the OT educator/researcher violating any Code of Ethics Principles?
- Identify the sources of ethical tension for the case.
- List the Code of Ethics Principles that are potentially violated in the case.
- Describe action steps the occupational therapist must do to resolve the potential conflict or ethical dilemma.

Principle 2: Nonmaleficence

“Occupational therapy personnel shall intentionally refrain from actions that cause harm” (AOTA, 2020).

Nonmaleficence is an “ethical principle of doing no harm” (AOTA, 2020). On the surface, this may seem like a simple principle, because it seems obvious that an OT practitioner would not want to harm any client. However, there are inherent risks in some aspects of OT intervention that can cause harm regardless of the intent to do good. Before starting treatment, the OT practitioner must identify the risk of the intervention and proceed only if the benefits outweigh the potential risks (Purtillo, 2005). For example, the practitioner may consider taking a risk with a client to increase his or her independence, or the practitioner may decide to limit the client’s independence because of safety concerns. Nonmaleficence expands the principle of beneficence by emphasizing the practitioner’s duty to avoid abandoning the client when the OT services can no longer be provided by helping the client transition to appropriate services (AOTA, 2020). This may be especially difficult when working with a client who has limited financial or human resources available. The OT practitioner needs to be aware of resources offered in the community and work closely with other disciplines to arrange for the best possible outcome. Box 14.3 lists examples showing how the principle of nonmaleficence is applied in occupational therapy practice.

BOX 14.3 Key Applications of the Principle 2: Nonmaleficence

- Avoid inflicting harm or injury to the client. This may include:
 - Ensuring continuity or transition of services when the occupational therapist is unable to continue service provision
 - Solving personal problems or limitations to providing services
- Avoid causes of conflicts of interest in practice:
 - Avoid relationships that may obstruct clear professional boundaries
 - Avoid sexual or romantic relationships with clients and colleagues while a professional relationship is ongoing
 - Avoid exploiting professional relationships that may cause conflicts of interest

From American Occupational Therapy Association. (2020). AOTA 2020 occupational therapy code of ethics. *American Journal of Occupational Therapy*, 74, 7413410005. <https://doi.org/10.5014/ajot.2020.xxxxxx>

CASE EXAMPLE: PRINCIPLE 2

An OT practitioner, working in the home health setting, is evaluating a patient who was recently discharged home from an acute care hospital with extensive physical and cognitive impairments after suffering a cerebrovascular accident. During the hospital stay, it was recommended that the patient be admitted to an acute rehabilitation hospital. The patient and his son declined this recommendation and wished to return home, under the care of the patient’s trusted primary care physician (PCP), who specializes in holistic medicine and has not seen the patient in over a year.

Despite numerous conversations with the patient and the patient’s son explaining the benefits of acute rehabilitation and safety concerns with discharging the patient home, both the patient and son insisted that they would return home. The neurologist overseeing the patient’s care in the hospital reluctantly allowed the patient to return to home, under the care of the PCP, and with home health services. The neurologist contacted the patient’s PCP, alerted the patient of this plan, and the PCP agreed to oversee the patient’s care while recovering at home and receiving home health services.

Upon returning home, the patient was evaluated by an OT practitioner. After the evaluation, the OT practitioner called and asked the PCP to sign orders for OT services 4 times a week, for 8 weeks. The OT practitioner also asked the PCP to sign orders for durable medical equipment (i.e., hospital bed, a Hoyer lift, and 3-in-1 commode), speech therapy (because of risk of aspiration and cognitive-linguistic impairments), and social services. The PCP declined to sign these orders until he was able to examine the patient in his office. The OT practitioner expressed concern that it would be almost impossible for the patient to physically travel and access the physician’s office, because of current level of impairments. The PCP stated that he did not feel comfortable signing orders for the patient because he has not evaluated the patient in over a year and is not experienced in overseeing the care for someone so acutely ill. The OT practitioner and the home health agency have now accepted a patient under their care, for which they do not have a physician to provide oversight and ongoing orders for home health services.

Source of Ethical Tension

In this case, the primary sources of ethical tension are conflicting values between the OT practitioner and the PCP, which includes their professional responsibilities to the patient and ensuring client safety.

Application of Principle 2

Nonmaleficence emphasizes ensuring the patient’s safety and that no harm will occur to him. Although the OT practitioner and the home health agency do not immediately have a physician

to oversee the care for this patient, they cannot abandon him. It is already clear that the patient and son have impaired insight in this situation. In addition, this patient is already in a potential unsafe situation, as the home setting does not offer enough support for the patient to adequately recover, placing the patient's safety potentially at risk. The home health agency must use its resources to identify an appropriate physician who is willing to oversee this patient's care and/or work with the patient and son to have them accept direct placement into a rehabilitation center, so that the patient can receive adequate medical support while he recovers. The OT practitioner must also ensure that there is continuity of service provision for this patient.

Principle 3: Autonomy

“Occupational therapy personnel shall respect the right of the individual to self-determination, privacy, confidentiality, and consent” (AOTA, 2020).

Confidentiality is essential in all areas of health care. OT personnel have access to privileged personal health information and they are responsible for protecting this information in any verbal, written, and electronic communication (AOTA, 2020). They must understand and follow the Health Insurance Portability and Accountability Act of 1996 (US Department of Health and Human Services, nd).

Personal rights, freedom, and autonomy are highly valued concepts and are consistent with client-centered care. The term **self-determination** refers to the client making decisions regarding personal health care. To make an informed decision, the client must be aware of the purpose of the intervention, including the possible risks and benefits. Practitioners are responsible for informing clients fully. Collaboration between the practitioner, the client, and family members is key. Collaboration is more than just choosing goals; it includes updates on progress, selection of intervention activities, and changes in goals as needed (Fig. 14.2). Collaboration is more difficult when working with



Figure 14.2 The occupational therapist collaborates with the client in his home to determine goals and intervention activities. She updates the client on his progress and changes goals as needed.

BOX 14.4 Key Applications of Principle 3: Autonomy

- Respect the right of the client to make critical decisions about their health and well-being, including:
 - Identifying needs and wants during service provision
 - The client's right to refuse services
 - Willingness to participate in research studies
 - Disclosing all potential risks, benefits, and harms of services
- Maintain confidentiality of the client on all verbal, written, or electronic communication, conversations with others, and social media posts

From American Occupational Therapy Association. (2020). AOTA 2020 occupational therapy code of ethics. *American Journal of Occupational Therapy*, 74, 7413410005. <https://doi.org/10.5014/ajot.2020.xxxxxx>

a client who has impaired judgment, cognitive skills, or speech skills. **Autonomy** refers to the client's right to make choices about his or her intervention, including the right to refuse intervention. The OT practitioner is responsible for making every attempt to communicate with the client, family, or conservator of the client. Once a client is informed, the practitioner must respect the client's decisions regarding intervention. Box 14.4 provides examples of how an OT practitioner follows the principle of autonomy in practice.

CASE EXAMPLE: PRINCIPLE 3

An OT practitioner has been working in a private outpatient pediatric facility for the past 3 years. This has been her first and only job since graduating from OT school. The OT practitioner enjoys working with the children and family at the clinic and she feels that she is developing clinical and professional skills for a long successful career in the field. The OT practitioner has become very close with her coworkers and she regularly sees many of them outside of work, in social situations. One day after work, when looking on social media, the OT practitioner noticed that her coworker (who is also an OT practitioner) posted a photo of herself posing with one of the children in the clinic and captioned that the photo is of her and a “3-year-old child in the autism spectrum.” The next day at work, the OT practitioner disclosed to her friend that she saw the social media posting with photo of her and the child. The OT practitioner expressed her concern that the social media posting violated the patient's privacy and is certain that this act is a violation of Health Insurance Portability and Accountability Act. The OT practitioner suggests to her friend that she remove the posting from the social media site and delete the photo. The friend replied that the patient did not object to having this picture taken and that the mother was aware of it and that she did not feel that the photo needed to be removed from the site and deleted.

Source of Ethical Tension

In this case, the primary source of ethical tension is witnessing questionable behavior by a health care practitioner and a violation of patient confidentiality.

Application of Principle 3

Autonomy emphasizes maintaining the patient's confidentiality on all verbal, written, or electronic communication, conversations with others, and social media posts. The OT practitioner who posted the photo of herself and a child on social media did not obtain proper written consent and approval to post

the photo. Even if the child's mother gave verbal permission to have this photo taken and posted, it may not be clear that they understood how this request would place the child and family's autonomy and confidentiality at risk. What did the OT practitioner who posted this picture have to gain by this action? There is no need or benefit to having the patient's photo posted on social media, and doing so may have violated the patient's right to privacy. The OT practitioner who noticed the photo is justified in feeling ethical tension. The OT practitioner did the right thing by expressing her concern first to her friend and asking that the photo be taken down. Being that the friend declined this request, the OT practitioner should seek support from her supervisors to uphold her commitment to maintaining patient confidentiality.

Principle 4: Justice

“Occupational therapy personnel shall promote fairness and objectivity in the provision of occupational therapy services” (AOTA, 2020).

Social justice is also called distributive justice, and this refers to “normative principles designed to guide the allocation of the benefits and burdens of economic activity” (VanderKaay et al., 2018). Social justice ensures a fair distribution of resources so that individuals and groups receive fair treatment and the opportunity to participate in society (Kinsella et al., 2008). Social justice refers to fairly distributing services and supplies. Social justice is considered when deciding who receives attention in the case of a disaster during which numerous people require medical attention at the same time.

Related to social justice is the construct of **occupational justice** (Durocher, Gibso, & Rappolt, 2014). Occupational justice embraces the principle that individuals have a unique set of occupational capacities, needs and, routines within the context of their environment, and that individuals have the right to exercise their capacities to promote and sustain their health and quality of life (Stadnyk & Wilcock, 2010). Occupational therapists must ensure that their assessment and intervention practices not only promote social justice but also make sure that

they are respecting their patient's self-determination capacities and choices in terms of their occupational participation, as this might inadvertently be promoting occupational injustices. Box 14.5 describes how justice is applied in OT practice.

CASE EXAMPLE: PRINCIPLE 4

An OT practitioner working in a home health setting is currently managing a caseload of 15 patients with various physical, cognitive, and environmental barriers to occupational participation. There is one patient, Mrs. H, that the OT practitioner is very fond of and considers one of his favorite patients. This patient has stage 2 heart failure and lives in a very well-kept home, in an affluent neighborhood, with her supportive husband. This patient is very grateful for the home health services she is receiving and is particularly pleased with the progress she has made in OT. She feels this service has helped her regain strength and endurance for performing laundry tasks and tasks associated with caring for her French bulldog, who she loves dearly. This patient has been receiving home health services for the past 60 days, and the plan is to provide additional home OT services for an additional 60 days.

The same OT practitioner has recently been assigned another patient with stage 2 heart failure, named Mr. S. This patient has physical, cognitive, and environmental barriers to occupational participation. Mr. S. lives in a very cluttered home that is not well maintained. Mr. S. is alone for much of the day, although his nephew occasionally stays with him. Mr. S. has few financial and social resources to help him at home. Mr. S. is quiet and apathetic, does not have the physical or cognitive capacity to maintain his home, and has difficulty making positive changes to meet his OT goals. After 3 weeks of OT services, the OT practitioner decides that Mr. S. is not making progress and he should be discharged from OT services. The physical therapist (PT) working with Mr. S. urges the OT practitioner to continue seeing this client; however, the OT practitioner feels that because Mr. S. is not making progress and that the environment is not supportive of potential progress, he cannot justify keeping him on services.

Source of Ethical Tension

In this case, the primary sources of ethical tension are: (1) conflicting values between practitioners and clients; (2) conflicting values between practitioners from different disciplines; and (3) working with vulnerable patients who have limited capacity to make the right decisions to improve their health and occupational participation and performance.

Application of Principle 4

Justice emphasizes that clients have fair, equitable, and appropriate access to high-quality OT service. In this case, it is important for the OT practitioner to reflect on his practice and whether he has allowed for some element of bias and occupational and social injustice to influence his decision to discharge Mr. S while recommending Mrs. H for further service provision. Is Mr. S. being unfairly limited in his access to high-quality OT services because of slow progress and difficulty following through with OT interventions? Is the OT practitioner's decision to discharge Mr. S partly based on his preference for working with Mrs. H and the difficulty he faces when working with Mr. S? As occupational therapists, it is important to understand that each patient we treat has unique sets of capacities and contextual influences. Each patient has different cultural, temporal, social, and physical

BOX 14.5 Key Applications of Principle 4: Justice

- Ensure that clients have fair, equitable, and appropriate access to high-quality occupational therapy service. This may include:
 - Reducing barriers to service provision
 - Ensuring access to care is free from bias, discrimination, and conflict of interest
 - Billing and collection of fees adhere to principles of justice and adheres to state and federal laws and regulations
- Advocate for fair, equitable, and access to high-quality service provision. This may include:
 - Maintaining awareness of relevant policies, procedures, and laws governing practice
 - Leadership in advocating for policies that impact practice

From American Occupational Therapy Association. (2020). AOTA 2020 occupational therapy code of ethics. *American Journal of Occupational Therapy*, 74, 7413410005. <https://doi.org/10.5014/ajot.2020.xxxxxx>

factors that affect their ability to participate in daily living tasks. Making positive change is more difficult for some patients than it is for others. Progress for some patients may not be immediately evident and may occur in small increments.

Also, progress toward occupational independence does not typically occur in a linear fashion. Patients progress at varying rates, suffer setbacks, and at times regress on their journey toward independence. From the perspective of occupational justice, OT practitioners must be sure that they are using evidence-based assessments and interventions to improve function with all of their patients. Every patient should be given equal access to the highest level of OT services and be free from bias that would limit that access. In this case, the OT practitioner should collaborate with other individuals on his health care team (i.e., the PT) to break down physical and social barriers impacting progress for Mr. S. The OT practitioner should also review evidence-based practice for techniques that may assist Mr. S. in making positive change to improve his situation.

Principle 5: Veracity

“Occupational therapy personnel shall provide comprehensive, accurate, and objective information when representing the profession” (AOTA, 2020).

Veracity refers to a duty to tell the truth and avoid deception (AOTA, 2020). Within working relationships, veracity is assumed and information conveyed is accepted as truthful. OT practitioners are obligated to communicate accurately and to make certain that the recipient clearly understands the message so they can make informed decisions. Veracity is an integral part of practice, research, and education leading to the development of trusting and productive relationships.



Figure 14.3 Two occupational therapy students engage a woman in an activity at the assisted living facility. The students clearly identify themselves as students and remind the woman that they are learning and appreciate her allowing them to spend time with her. They let her know that she may refuse to participate at any point. They ask the woman to give them feedback on the activity so they may learn from the experience. They answer her questions honestly and are supervised during the session.

BOX 14.6 Key Applications of Principle 5: Veracity

- The occupational therapy professional must ensure truthful and accurate representation of services, information, and any content they provide. This includes:
 - Statements and claims about services provided and marketing of such services
 - Representing qualifications and credentials
 - Citing and crediting published and unpublished work in all professional venues
 - Representing information, credentialing, and curricula in educational programs

From American Occupational Therapy Association. (2020). AOTA 2020 occupational therapy code of ethics. *American Journal of Occupational Therapy*, 74, 7413410005. <https://doi.org/10.5014/ajot.2020.xxxxx>

Upholding the principle of veracity means that OT practitioners accurately represent themselves and, when appropriate, acknowledge their part in causing mistrust in the profession. They must be unambiguous, comprehensive, and timely in their communication, irrespective of the audience. This includes crediting sources of information and avoiding plagiarism. Practitioners must always be truthful in communication, including explaining and documenting services, marketing and advertising, commenting on the performance of others, and presenting in writing or orally. In Fig. 14.3 two OT students clearly identify themselves as students as they engage a woman in an activity at her independent/assisted living center. Box 14.6 further explains how the principle of veracity is applied in occupational therapy practice.

CASE EXAMPLE: PRINCIPLE 5

An OT practitioner is having difficulty with work–life balance between working a full-time job in home health and his role as a single father of two school-aged children. The home health agency expects the OT practitioner to provide treatment to five patients within an 8-hour period. On most days, this should allow the OT practitioner adequate time to spend 40 to 60 minutes with each patient, spend time with the patient to review their performance and progress, document, reflect on the session, plan the interventions and activities for the next session, and then travel to his next patient. The OT practitioner is struggling with this obligation because he must make sure his children are at the bus stop at 9:00 AM to attend school and he needs to be back at the bus stop by 3:30 PM to pick them up. This time constraint decreases the amount of time he can spend on patient care. The OT practitioner has been attempting to condense the time he is spending on patient care from 8 hours into a 6-hour time frame. He reasons that if he forgoes documenting, he can treat all of his patients in this reduced time frame and be back at the bus stop at 3:30 to pick up his children.

After picking up his children from the bus stop, the OT practitioner's evenings consist of transporting his children to various afterschool activities, taking them home and providing dinner, putting his children to bed, then completing the documentation from his patient visits earlier in the day. As a result, the timeliness and quality of his documentation are suffering. On several occasions, he cannot remember details of sessions and patient response to the intervention. His peers find it difficult to follow his documentation and care plans when they cover for him. Similarly, other disciplines (i.e., nursing and physical therapy) are not always aware of the patients' progress in OT because key elements of OT sessions are inaccurate and incomplete in the medical record.

Source of Ethical Tension

In this case, the primary source of ethical tension in relation to veracity are: (1) constraints and challenges related to providing services in conditions that are not optimal, and (2) upholding professional standards.

Application of Principle 5

Veracity emphasizes that OT practitioners must ensure truthful and accurate representation of services, information, in any content they provide. Because of competing roles and decreased work–life balance, the OT practitioner in this scenario is not maintaining his commitment to providing a truthful and accurate representation of OT services provided to his patients. OT practitioners must be truthful and accurate in their documentation to demonstrate the skilled nature of the services, communicate the patient’s status with other health care providers, and ensure that services are considered skilled and necessary, and therefore covered by insurance companies. In this situation the OT practitioner should assess resources available to him to assist with work–life balance. For example, perhaps he could seek the help of a friend, neighbor, or family member to assist with transporting his children to and from the bus stop. The OT practitioner could also seek the support of his supervisors at the home health agency. An altered work schedule or dropping his status to part time may be a possibility to improve work–life balance in this situation.

Principle 6: Fidelity

“Occupational therapy personnel shall treat colleagues and other professionals with respect, fairness, discretion, and integrity” (AOTA, 2020).

Fidelity is defined as the quality or state of being faithful (AOTA, 2020). In a broad sense, it is the commitment to follow through on proposals and keep promises. Fidelity refers to the relationships that OT practitioners have with other service providers and organizations. This includes other health care professionals, administrators, caregivers, and support staff. Fidelity guides OT practitioners, educators, and researchers in fulfilling their responsibilities in a fair and respectable way to the organization, students, research subjects, and colleagues while meeting the client’s reasonable expectations (Purtillo, 2005).

Adhering to the principle of fidelity involves respecting others in the workplace and maintaining their privacy. OT practitioners cannot use their profession or information from their role as an occupational therapist to create conflict or for personal gain and they are obligated to encourage OT practitioners to follow the Code of Ethics. If breaches in the Code of Ethics occur, OT personnel must first use internal resources before reporting to external bodies (AOTA, 2019). If OT personnel are involved in a disagreement with other people or an organization, they need to use conflict resolution strategies to solve the problem. Fidelity includes providing accurate feedback regarding the performance of others (including students), in a considerate manner and without prejudice or derision. OT practitioners treat others with respect, avoid exploitation of others in

BOX 14.7 Key Applications of Principle 6: Fidelity

- Treat colleagues with respect. The occupational therapist must avoid the following:
 - Using disrespectful and unprofessional communications with colleagues
 - Using position of power and authority and volunteer affiliations and roles that may give rise to potential conflict
- Use appropriate conflict resolution resources to address professional issues

From American Occupational Therapy Association. (2020). AOTA 2020 occupational therapy code of ethics. *American Journal of Occupational Therapy, 74*, 7413410005. <https://doi.org/10.5014/ajot.2020.xxxxx>

the workplace, prevent misappropriation of resources, and show integrity in behaviors. Box 14.7 describes how fidelity is applied in occupational therapy practice.

CASE EXAMPLE: PRINCIPLE 6

A senior OT practitioner working in an acute rehabilitation unit is coevaluating a new patient, with a newly hired PT. The new PT is very excited about this new position. The new PT is a board-certified orthopedic specialist and has 5 years of experience. Most of the experience that this PT has is in the outpatient setting, working with patients who have had orthopedic conditions. Working in an acute rehabilitation setting with patients who have various other impairments, for example from cardiac and neurologic conditions, has caused the PT much anxiety before starting this job.

The patient the two therapists are coevaluating has multiple sclerosis. During the evaluation, the senior OT practitioner has concerns about the new PTs clinical knowledge of the patient’s disease, deficits, and their impact on the patient’s performance with strength and mobility-related tasks. During the evaluation, the OT practitioner felt the need to take a more active and direct role in the session to prevent an unsafe situation from occurring, such as the patient falling.

After the evaluation, the OT practitioner chatted with another therapist and made negative comments about the new PTs clinical skills. This started a rumor that circulated among the therapy staff that the new PT was incompetent, and this rumor eventually reached the new PT and their department supervisor. The senior OT practitioner’s disclosure about the experience with the new PT made their collaborative relationship difficult and patient care was strained.

Source of Ethical Tension

In this case, the primary sources of ethical tension are: (1) upholding professional standards in terms of competency of other health care professionals; and (2) questionable behavior by the senior OT practitioner.

Application of Principle 6

Fidelity emphasizes treating colleagues with respect, avoiding disrespectful and unprofessional communication, and use of appropriate conflict resolution resources to address professional issues. The OT practitioner in this example violated this principle by not directly talking to the new PT about concerns about skills and competence. Likewise, the other therapists who circulated this rumor are also responsible for disrespectful communication and inappropriate conflict resolution between the senior OT practitioner and newly hired PT.

LEARNING ACTIVITY: COTREAT SESSIONS

After reviewing the following case scenario, complete Worksheet 14.3 (Chapter 16).

A newly licensed occupational therapist was recently hired in a sensory gym (private pediatric clinic). The OT practitioner started taking in the patient case load of the clinic owner. When endorsing documentation and orienting the new OT practitioner about some of the children on the case load, the clinic owner said that these children are cotreated with a speech language pathologist (SLP). For example, the owner explained that the new OT practitioner will start seeing a child at 10:00 AM every Monday, Wednesday, and Friday with just OT for the first half hour (10:00–10:30 AM), then will be joined by the SLP in the next half hour for cotreat (10:30–11:00 AM), and then another half hour treatment with just the SLP (11:00–11:30 AM). The clinic owner noted that these cotreat arrangements are common with many of the clients and SLPs and PTs on staff. When the new OT practitioner asked how the sessions are documented for billable hours, the clinic owner stated to make sure that the OT practitioner bills for a full 1 hour for OT services and the SLP will bill for another 1 hour of speech therapy services. The new OT practitioner felt uncertain that this is the proper way of billing for therapy hours.

- Identify the sources of ethical tension for the case.
- List the Code of Ethics Principles that are potentially violated in the case.
- Describe action steps the occupational therapist must do to resolve the potential conflict or ethical dilemma.

COMPLAINT RESOLUTION PROCESS AND ENFORCEMENT

The purpose of the AOTA Code of Ethics (AOTA, 2020) is to protect the public and to reinforce its confidence in the OT profession rather than to resolve disputes. The Ethics Committee outlines the process for a just resolution of an ethics complaint in the *Enforcement Procedures for the Occupational Therapy Code of Ethics and Ethics Standards* (AOTA, 2019).

Any individual, group, or entity within or outside the AOTA can lodge an ethics complaint, including state regulatory boards (SRBs), the National Board for Certification in Occupational Therapy (NBCOT), or other professionals. The EC recommends that the complainant discuss the alleged ethical violation with the respondent first. If an acceptable resolution is not achieved, the complainant may submit a formal statement of complaint to the EC.

The EC, Disciplinary Council, or the Appeal Panel evaluates the complaint and disciplines the respondent if necessary, by instituting the following sanctions:

- Reprimand: A private, official notification of disapproval
- Censure: A public, official notification of disapproval
- Probation of membership (with terms): Conditions need to be met to avoid further sanctions.
- Suspension: Temporary prohibiting of AOTA membership
- Revocation: Permanent barring from AOTA membership

AOTA publishes the outcome of the process (except reprimands) and notifies relevant parties (e.g., SRBs, the NBCOT).

SUMMARY

This chapter outlined seminal and contemporary perspectives on ethical decision-making and various sources of ethical tensions encountered in daily OT practice. OT practitioners must

ensure that they understand and are up to date with the code of ethics principles of the AOTA and abide by these principles in practice.

REVIEW QUESTIONS

1. What are ethical dilemmas?
2. Describe common sources of ethical tension in clinical practice based on recent research.
3. What factors must occupational therapists consider in the Fundamentals Checklist (see Figure 14.1) when encountering ethical dilemmas in practice?
4. What are the six principles of the AOTA Code of Ethics?
5. What kinds of sanctions might an occupational therapist face, according to AOTA guidelines, when one violates the code of ethics principles?

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