



College of **Occupational
Therapists** of Manitoba

Quality Occupational Therapy - Accountable to Manitobans

Code of Ethics (2010)

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PURPOSE OF THE *CODE OF ETHICS*

The COTM *Code of Ethics* (“*the Code*”) recognizes that occupational therapists have obligations and responsibilities to their clients, the profession, the public, their colleagues and themselves. Occupational therapists are committed to providing caring, competent, and ethical services to their clients.

The mission of COTM is to protect the public by regulating, advocating and advancing safe, ethical and quality occupational therapy practice in Manitoba. *The Code* supports this mission and has been developed in part as a requirement of *The Occupational Therapists Act of Manitoba (2002)*.

The purpose of *the Code* is to:

- a) encourage self-reflection and inform decision-making with the expectation that the client’s welfare is central in any ethical decision;
- b) guide the establishment of standards of practice and guidelines for regulatory responsibilities and activities;
- c) provide the general public with information about the basic ethical care and conduct that are to be expected from a registered occupational therapist; and,
- d) serve as an ethical basis to support quality practice environments.

It should be noted that COTM has not attempted to set out specific positions regarding all ethical issues that its members may face. All value statements and responsibilities set out in *the Code* are equally important and are not organized hierarchically.

Background on *Codes of Ethics*

Codes of ethics may take a variety of forms. When seen along a continuum, codes range from a prescriptive set of specific rules to a statement of values and principles. Sometimes a values-based code of ethics outlines ideal behaviour to which members aspire. This form may be very useful for supportive professional organizations, but it is not an appropriate form for a regulatory body such as COTM.

On the other hand, a purely prescriptive code lacks vision and tends to focus on wrongdoing. Another method for formulating a code of ethics is to combine both approaches by setting out the core organizational values as a foundation, and then providing behavioural guidelines based on each of those specific values. This is the approach that has been chosen for *the Code*. Each occupational therapy value is described, followed by a description of what behaviours occupational therapists must demonstrate in order to uphold the underlying value or principle.

Responsibilities of Therapists

Occupational therapists are not only expected to be familiar with *the Code*, but to integrate it into their everyday practice. The values and expectations are general statements for the purpose of interpretation, application, and problem solving in specific situations. *The Code* shall be construed as a general guide and not as a denial of the existence of other duties that are equally imperative, or other rights not specifically mentioned. This includes relevant legislation that relates to the duties of professionals and their obligations to clients, families and the public, including but not limited to: *The Personal Health Information Act*, *The Protection of Persons in Care Act*, *The Mental Health Act* and *The Vulnerable Persons Living with a Mental Disability Act*.

It is also incumbent upon all occupational therapists to reflect upon their own personal values and assumptions and how these guide their behaviour during their interactions with clients. Therapists must be aware of how their values and assumptions relate to *the Code* and be able to identify any personal conflicts that may arise.

It is recognized that with the breadth of occupational therapy practice today, many therapists practise in contexts other than the traditional medical model. For all members of COTM, the term “client” is meant to reflect all individuals, groups, communities and other consumers of an occupational therapist’s service. When entering into a therapeutic relationship, the therapist needs to identify: who the client is that is being served, what is the social and cultural context that will influence decision-making and care, and how the therapist will endeavour to keep the client’s welfare at the centre of all interactions.

By reflecting on the above, in all relationships, the therapist will be best able to provide ethical care to people of Manitoba.

Other supporting documents and resources:

While the COTM *Code of Ethics* is a guiding document for all occupational therapists registered with the COTM, it is by no means the only ethics resource for therapists. Interactions with colleagues on general and specific/hypothetical and real ethical dilemmas are a key resource. COTM has also developed a *Code of Ethics Resource* including *A Framework for Ethical Decision-Making*, Michael McDonald, 2001 and, occupational therapy practice scenarios.

COTM wishes to acknowledge the College of Occupational Therapists of BC (COTBC) and the Canadian Nurses Association (CNA) whose work and research provided a foundation and guide to the development of this *Code of Ethics*.

COTM *CODE OF ETHICS* - VALUES

A. Accountability

Occupational therapists are fully responsible for their practice and are able to account for their actions.

B. Individual Autonomy

Occupational therapists recognize and respect that every client has the right to self-determination.

C. Competent, Caring and Ethical Services

Occupational therapists recognize and respect that every client has the right to competent, caring and ethical occupational therapy services that promote health and well-being.

D. Dignity and Worth

Occupational therapists recognize and respect that every client is unique and has intrinsic worth.

E. Trusting and Respectful Practice Environment

Occupational therapists perform their professional duties in a manner that promotes a trusting and respectful practice environment that supports safe and competent care.

F. Fairness

Occupational therapists recognize and respect that every client has the right to quality occupational therapy services in accordance with individual needs.

G. Confidentiality and Privacy

Occupational therapists safeguard the confidentiality of information acquired in the context of professional relationships.

H. Honesty and Transparency

Occupational therapists communicate openly and honestly in a clear and caring manner, and respect each client's right to comprehensive information regarding occupational therapy services.

A. Accountability

Occupational therapists are fully responsible for their practice and are able to account for their actions.

Occupational therapists:

1. Act in the client's best interest and in a manner consistent with the occupational therapists' professional responsibilities.
2. Limit or discontinue the provision of professional services if they do not have the necessary physical or mental capacity to practise safely and competently. Where possible, occupational therapists facilitate continuity of care for their clients in the event of a necessary withdrawal of services.
3. Take all reasonable steps to resolve situations where management policies and professional obligations are in conflict, recognizing that professional obligations must always take priority.
4. Report suspected unethical conduct and unsafe or incompetent practice to the appropriate authorities.
5. Act in a manner that maintains respect for the profession and its members, and retain responsibility for all occupational therapy services provided to the client by others under their supervision.
6. Provide competent, caring and ethical services until alternative service arrangements are in place, when the care that is requested is in conflict with the occupational therapist's moral beliefs and values. If the occupational therapist can anticipate such a conflict, the occupational therapist has an obligation to notify his or her employer(s), or, if the occupational therapist is self-employed, has an obligation to notify in advance persons receiving care so that alternative arrangements can be made.

B. Individual Autonomy

Occupational therapists recognize and respect that every client has the right to self-determination.

Occupational therapists:

1. Advocate for and are guided by the client's right to determine and participate in meaningful occupations for his or her health and well-being.
2. Commit to building trusting relationships as the foundation of meaningful communication, recognizing that building this takes effort. Such relationships are critical to ensure that a person's choice is informed, understood, expressed and furthered by the occupational therapist.
3. Assist persons in obtaining the best current knowledge about their health care conditions.
4. Provide complete and accurate information to enable the client to make an informed decision regarding the need for, and nature of, occupational therapy services, including information about the anticipated benefits and risks of accepting or refusing such services.
5. Respect the wishes of those who refuse, or are not ready, to receive information about their health condition. Occupational therapists are sensitive to the timing of providing information and how the information is presented.
6. Respect the informed choices of those with the decisional capacity to be independent, to choose lifestyles not supportive of good health, and to direct their own care as they see fit. However, occupational therapists are obligated to not comply with a person's wishes when this is contrary to the law or will harm another individual.
7. Obtain and document informed consent for occupational therapy services. Consent can be established orally, or in writing, or where this is not possible it may be implied. Occupational therapists recognize that persons have the right to refuse or withdraw consent for care or treatment at any time.
8. Recognize the presence of coercion and work to minimize its impact.
9. Obtain informed consent for occupational therapy services provided by those under the occupational therapist's supervision, such as students and support personnel.
10. Recognize clients' support network, and where appropriate and with clients' permission, include their participation in occupational therapy services.
11. Provide opportunities for people to make choices and maintain their capacity to make decisions, even when illness or other factors reduce the client's capacity for self-determination. Occupational therapists seek assent of the client when consent is not possible.

12. Respect a client's advance care directives about present and future health care choices that have been given or written by the client prior to loss of decisional capacity.
13. Respect a client's method of decision-making, recognizing that different cultures place different weight on individualism and often choose to defer to family and community values in decision-making.
14. Advocate for the individual if that client's well-being is being compromised by family, community or other health professionals.
15. When a client lacks decision-making capacity, confirm the scope and authority of alternative decision makers and obtain consent for occupational therapy services from the alternate decision-maker, subject to the laws in the jurisdiction. Commit to building trusting relationships with alternative decision makers as one would with the client.
16. When prior wishes for treatment and care of an incompetent client are not known or are unclear, advocate for decisions to be made based on what the client would have wanted as far as is known, or, failing that, advocate that decisions be made in the best interest of the client in consultation with the family and other health care providers.

C. Competent, Caring and Ethical Services

Occupational therapists recognize and respect that every client has the right to competent, caring and ethical occupational therapy services that promote health and well-being.

Occupational therapists:

1. Provide services directed first and foremost toward the health and well-being of the client whether it is a person, family, or community receiving service.
2. Recognize that health is more than the absence of disease and work in partnership with people to achieve their goals of maximum health and well-being.
3. Recognize the need to address organizational, social, economic and political factors influencing health, and promote change.
4. Practise within the scope of the profession, with knowledge of, and adherence to, national and provincial legislation, regulations, standards of practice and policies relevant to the practice of occupational therapy.
5. Provide service in areas of professional competence, and practise within the limits of their knowledge and skills.
6. Regularly conduct self-assessments of their practice and participate in professional development to maintain currency and competence.
7. Seek support and additional training when aspects of practice are beyond personal competencies, such as when changing practice area.
8. Question and intervene to address unsafe, uncaring, unethical or incompetent practice or conditions that interfere with their ability to provide competent, compassionate and ethical care and services.
9. Support, use and engage in research and other activities that promote competent, compassionate and ethical care, and use nationally recognized standards for ethical research.
10. Collaborate with other health-care providers and other interested parties to maximize health benefits to persons receiving care and those with health-care needs, recognizing and respecting the knowledge, skills and perspectives of all.
11. Integrate current evidence-informed practices relevant to occupational therapy service delivery.
12. Request consultation or refer clients to colleagues or other health care professionals when such actions are in the best interest of the client.
13. Provide mentorship and guidance to assist in the professional development of students.
14. Provide services, when appropriate safety precautions exist, during a natural or human-made disaster, including a communicable disease outbreak, consistent with the profession's commitment to client well-being.

D. Dignity and Worth

Occupational therapists recognize and respect that every client is unique and has intrinsic worth.

Occupational therapists:

1. Provide services in a manner that upholds the dignity of clients.
2. Do not discriminate on the basis of a client's race, religion, culture, gender, social status, language, sexual orientation, age and ability in the delivery of occupational therapy services.
3. Support the client (person, family, group, community or population) receiving services in maintaining their dignity and integrity.
4. Recognize the power imbalance inherent in professional therapeutic relationships and maintain appropriate professional boundaries.
5. Act in the best interest of the client to maintain trust, and do not exploit the professional relationship for any personal, physical, emotional, financial, social or sexual gain.
6. Respect the physical and personal privacy of clients by providing services in a discreet manner and by minimizing unwanted intrusions.
7. Intervene and report, when necessary, when others fail to respect the dignity of a person receiving services, recognizing that to be silent and passive is to condone the behaviour.

E. Trusting and Respectful Practice Environment

Occupational therapists perform their professional duties in a manner that promotes a trusting and respectful practice environment that supports competent care.

Occupational therapists:

1. Foster work environments in which occupational therapists and other healthcare workers are treated with respect.
2. Reflect on how their personal and professional behaviours contribute to the work environment, and work to address behaviours that negatively impact on a trusting and respectful practice environment.
3. Respect the skills and knowledge of other team members and seek to commit to the spirit of collaboration, compromise, and conflict resolution.
4. Receive and act upon feedback given by colleagues regarding the provision of safe, competent, and ethical care.
5. Assist their colleagues to develop their knowledge and skills by providing timely and accurate feedback regarding safe, competent, and ethical care.
6. In partnership with their colleagues, assist their co-workers to recognize and take corrective action to address potentially unsafe, incompetent, or unethical care.
7. Collaborate with other colleagues to develop and maintain environments that are conducive to ethical practice, consistent with their professional roles and responsibilities.
8. Support a climate of trust that promotes openness, encourages questioning of the status quo, and supports those who speak out in good faith.

F. Fairness

Occupational therapists recognize and respect that every client has the right to quality occupational therapy services in accordance with individual needs.

Occupational therapists:

1. Advocate for sufficient human and material resources to provide safe and effective care.
2. Make fair decisions about the provision of occupational therapy services.
3. Fairly allocate the resources under their control based on the needs of the persons, groups, or communities to whom they are providing services.
4. Advocate that fair and equitable services be provided to all clients in a respectful and unbiased manner, regardless of race, religion, culture, gender, social status, language, sexual orientation, age or ability.

G. Confidentiality and Privacy

Occupational therapists safeguard the confidentiality of information acquired in the context of professional relationships.

Occupational therapists:

1. Comply with all provincial legislation and professional regulations regarding confidentiality.
2. Collect and use only that information which is relevant and necessary for quality service delivery.
3. Take action to safeguard personal information while in the process of collecting, recording, releasing, securing and destroying information.
4. Are explicit with clients regarding the use and disclosure of their information, including how it is used in the context of providing services.
5. Share personal health information with others only with the authorized consent of the client, or where failure to disclose would cause significant harm, or if legally required.
6. Recognize that a duty of confidentiality remains even after the therapist-client relationship has ended.
7. Do not abuse their access to information by accessing healthcare records, including their own, a family member's, or any other person's, for purposes inconsistent with their professional obligations.
8. Advocate for their clients to receive access to their own health-care records through a timely and affordable process, when such access is requested.

H. Honesty and Transparency

Occupational therapists communicate openly and honestly in a clear and caring manner, and respect the client's right to comprehensive information regarding occupational therapy services.

Occupational therapists:

1. Communicate openly and effectively in a manner appropriate to their clients, and do not withhold any relevant information.
2. Provide qualifications and credentials to clients, including the means of contacting the College of Occupational Therapists of Manitoba, on request.
3. Accurately describe their knowledge, skills, and abilities in a manner appropriate for the intended audience.
4. Provide clients with access to their occupational therapy information in accordance with provincial legislation, professional regulations and workplace policies.
5. Identify and disclose any competing interests and expectations of all stakeholders, including themselves, and in situations of real or perceived conflict of interest take appropriate action in the best interest of the client.
6. Explain to the client the nature and extent of the occupational therapists' responsibility to the fee payer.
7. Use clear, accurate, and verifiable information in any advertising, which must conform to legal, social and professional norms that support the integrity and dignity of the profession.

GLOSSARY

The glossary does not necessarily provide formal definition of terms and is intended to provide Occupational Therapists with a common language for their reflections and discussions about OT ethical practice.

Accountability: the state of being answerable to someone for something one has done (Burkhardt & Nathaniel, 2002).

Advance Directives: clients' written wishes about how and what decisions should be made if they become incapable of making decisions for themselves. Also called "living wills" or "personal directives".

Advocate: actively supporting a right or good cause; supporting others in speaking for themselves or speaking on behalf of those who are unable to speak for themselves

Assent: the agreement by a child or incapacitated person to a therapeutic procedure; or involvement in research following the receipt of good information. Assent from the individual concerned/affected is encouraged in addition to informed consent from the guardian or parent

Autonomy: self-determination; an individual's right to make choices about one's own course of action (Alberta Association of Registered Nurses, 1996).

Beneficence: action that is done for the benefit of others. The obligation to do good, not harm, to others. Beneficent actions can be taken to help prevent or remove harm or to simply improve the situation of others (Pantilat, 2008)

Care: (caring) generic provision of OT services in a variety of environments and settings

Client: individuals, families, groups, populations, communities receiving or accessing OT services

Collaborate: building consensus and working together on common goals, processes, and outcomes (Registered Nurses Association of Ontario, 2006).

Competence: the integrated knowledge, skills, judgment, and attributes (attitudes, values, beliefs, etc) required of an OT to practice safely and ethically in a designated role and setting

Confidentiality: ethical obligation to keep clients' private and personal information secret or private (Fry & Johnstone, 2002); the duty to preserve a person's privacy

Conflict of Interest: occurs when personal or private interests interfere with the interest of clients' or OTs' professional responsibilities (College of Registered Nurses of British Columbia, 2006)

Dignity: The right of an individual to be treated with respect as a person in his own right (World Health Organization, 2001). The quality of worth and honor intrinsic to every person. This establishes basic entitlements that are the right of every human. Dignity is

the threshold level of status required to meet basic human [needs](#). It establishes the basic boundaries of humanity.

Ethical: formal process for making logical and consistent decisions based upon ethical values

Ethics: moral practices, beliefs, and standards of individuals and/or groups (Fry & Johnstone, 2002)

Fair: equalizing a person's opportunities to participate in and enjoy life, given his circumstances and capacities (Caplan, Light, & Daniels, 1999) and society's equitable distribution of resources; equitable treatment.

The attitude of being just to all (World Health Organization, 2009)

Family: In care giving, people identified by the person receiving care or in need of care providing familial support, whether or not there is a biological relationship (Canadian Nurses Association, 1994). Note: In matters of legal decision-making, provincial legislation includes an obligation to recognize family members in priority, according to their biological relationship

Fidelity: refers to the concept of keeping a commitment. Fidelity is the concept of accountability (Silva & Ludwick, 1999).

Health: A state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity.

Health is a resource for everyday life, not the object of living. It is a positive concept emphasizing social and personal resources as well as physical capabilities (World Health Organization, 2001).

Health Care Team: regulated and unregulated health care providers from different disciplines working in collaboration to provide care for individuals, families, groups, populations, and communities

(Regulated) Health Professions Act: governing legislation that delegates the authority of the COTM to regulate the practice of Occupational Therapists in Manitoba

Informed Consent: client's agreement to authorize OT services on a full disclosure of the facts required to make an informed decision (about care, treatment, and involvement in research). The obligation to obtain informed consent is a legal and professional duty (College of Occupational Therapists of British Columbia, 2006).

An ethical principle of respect for an individual's right to sufficient information

Informed Decision-making: (See informed consent above). In the Code, primarily used to emphasise the choice involved

Justice: is closely tied to the legal system and refers to the obligation to be fair to all (Silva & Ludwick, 1999).

Occupational Therapist (OT): refers to a registered Occupational Therapist practising in Manitoba

Non-maleficance: means to “do no harm.” It is the concept of preventing intentional harm or evil and may include protecting clients by reporting unsafe, illegal, or unethical practices by any person. The pertinent ethical issue is whether the benefits outweigh the burdens (Silva & Ludwick, 1999).

Occupational Therapy Services: may include direct care, research, education, consultation, care coordination, programme development, administration, or a combination thereof (College of Occupational Therapists of British Columbia, 2006)

Personal Information: Any recorded information, collected by an OT, that would identify an individual is considered personal information in the context of OT practice (College of Occupational Therapists of British Columbia, 2006)

Privacy:

Physical – right or interest in controlling/limiting the access of others to oneself;
Informational – right of an individual to determine how, when, with whom, and for what purposes any of his personal information will be shared

Professional Boundary: limit of what constitutes appropriate professional conduct. Boundaries make relationships professional and safe for the clients (College of Occupational Therapists of British Columbia, 2006)

Public Good: the good of society or community; often termed the “common good”

Quality Practice Environments: have the organizational and human support allocations necessary for safe, competent, ethical care (Canadian Nurses Association, 2001)

Values: standards or qualities that are esteemed, desired, considered important or have worth or merit (Fry & Johnstone, 2002)

Well-Being: person’s state of being well, level of contentment, and ability to make the most of his abilities

Whistle-blowing: speaking out about unsafe or questionable practices affecting people receiving care or affecting working conditions. This should be used only after unsuccessfully accessing appropriate organizational channels and has a sound moral justification (Burkhardt & Nathaniel, 2002).

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