

CODE OF ETHICS

Approved by the Council: March 29, 2019

Dietitians have a fundamental responsibility to act in an ethical manner. Ethics is about the values that guide dietitians' decisions and actions in various contexts. This *Code of Ethics* has been developed to clearly articulate the application of four healthcare ethical principles: beneficence (to do good), non-maleficence (do no harm), respect for persons/justice and respect for autonomy all of which guide evidence-based dietetic practice.

All members are responsible for applying the *Code of Ethics* requirements in the context of their own specific professional working environments. The College holds members accountable for adhering to the Code of Ethics and will inquire into allegations of a breach and take appropriate action(s) in relation to the severity of the breach.

The *Code of Ethics*, standards of practice and all relevant legislation, policies and guidelines are companion documents and none of these should be read or applied in isolation of the others. It is not unusual for there to be duplication within these documents as requirements may be both ethical and legal.

1. RESPECT FOR AUTONOMY: DIETITIANS WILL TREAT CLIENTS AND/OR THEIR SUBSTITUTE DECISION-MAKER AS SELF-GOVERNING DECISION-MAKERS.

Application: A registered dietitian demonstrates this principle by ensuring that they:

- a. acknowledge and accept client's choices when obtaining informed consent for nutrition treatment and knowledgeable informed consent for collecting, using and disclosing personal health information; and
- b. 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.

2. BENEFICENCE - TO DO GOOD: DIETITIANS WILL ACT IN THE BEST INTEREST OF CLIENTS AND SOCIETY.

Application: A registered dietitian demonstrates this principle by ensuring that they:

- a. demonstrate professionalism, constructive dialogue and civility in all communications,

including when using social media;

- b. report inappropriate behavior or treatment of a client by fulfilling reporting obligations;
- c. take responsibility by being accountable for one's actions when practising dietetics;
- d. bill clients to reflect the extent of delivered services and maintain financial records whenever billing occurs in dietetic practice;
- e. practice using an evidence-based approach to meet a client's needs. Evidence-based practice refers to using the best evidence in balancing anticipated benefits and risks in supporting decisions for optimizing client-centered dietetic services; and
- f. collaborate with interprofessional colleagues, participate in and contribute to decisions that affect the well-being of clients.

3. NON-MALEFICENCE - DO NO HARM: DIETITIANS WILL AVOID AND MINIMIZE HARM TO OTHERS.

Application: A registered dietitian demonstrates this principle by ensuring that they:

- a. provide accurate and truthful information in all communications;
- b. refrain from communicating false, fraudulent, deceptive, misleading, disparaging or unfair statements or claims;
- c. refrain from verbal/physical/emotional/sexual harassment;
- d. uphold professional boundaries and abstain from sexual relationships with any clients;
- e. avoid conflicts of interest. Identify and manage potential situations that may lead to conflicts of interest, including any financial interests in products or services that are recommended. Refrain from accepting gifts or services which potentially influence or which may give the appearance of influencing professional judgement;
- f. implement appropriate measures to protect personal health information and safeguard client confidentiality according to current legislation, regulations and standards;
- g. practice within the limits of individual competence and scope of practice, know when to refer and collaborate with the inter-professional team;
- h. remain conscious of the need to be risk-aware and to identify any potential type of harm when practicing dietetics;
- i. identify risk of harm characteristics:
 - i. type of harm;
 - ii. the likelihood of the risk (rare, unlikely, possible, almost certain);
 - iii. frequency (almost never, sometimes, every day, monthly, always);

- iv. impact or severity of harm (low, moderate, high, extreme);
 - v. duration (one-time, short, long or indefinite period of time);
 - vi. determine whether the risk of harm is perceived (irrational beliefs or emotions) or rational.
- j. determine how best to mitigate the risk of harm in the specific situation, respond with appropriate actions and apply protective factors as applicable:
- i. deciding to do nothing may be a viable risk response but avoiding a response or ignoring a risky situation may lead to harm or professional misconduct. Communication and networking may be necessary for the implementation of effective protective factors in response to mitigating risk;
 - ii. determine whether others (interprofessional care team, organization, regulatory college, professional association or other stakeholders) need to be involved in the decision-making process, development and implementation of the protective factors.

4. RESPECT FOR PERSONS/JUSTICE: DIETITIANS WILL SHOW RESPECT AND TREAT OTHERS FAIRLY AND EQUITABLY.

Application: A registered dietitian demonstrates this principle by ensuring that they:

- a. act in a caring and respectful manner and treat people with dignity;
- b. provide culturally safe and culturally competent care. Refocus one's behaviour, attitude, awareness, knowledge, skills and policies to better serve the interests of the public;
- c. collaborate with others to reduce health disparities and protect human rights; promote fairness and equitable treatment;
- d. maintain objectivity, which is essential for any dietitian in order to exercise professional judgement;
- e. be collegial, have an understanding of how to work effectively with others and to manage conflicts; and
- f. contribute knowledge, skills and judgement and a professional attitude focused on client welfare to activities that promote safe, client-centred dietetic practices.

References

1. Corey, G., Corey, M. S., & Callanan, P. (1998). *Issues and ethics in the helping professions*. Toronto: Brooks/Cole Publishing Company; Syracuse School of Education. (n.d.). An ethical decision making model, accessed July 24, 2018, http://soe.syr.edu/academic/counseling_and_human_services/modules/Comm_on_Ethical_Issues/ethical_decision_making_model.aspx
2. Fornari A. (2015). Approaches to ethical decision-making. *Journal of Academy of Nutrition and Dietetics* 115(1):119-121.

3. Ontario College of Pharmacist (2015). Code of Ethics. Retrieved from <http://www.ocpinfo.com/library/council/download/CodeofEthics2015.pdf>
4. Ontario Human Rights Commission. (2010). Ontario Human Rights Code. Retrieved from <http://www.ohrc.on.ca/en/ontario-human-rights-code>
5. Peregrin, Tony (2018) *Revisions to the Code of Ethics for the Nutrition and Dietetics Profession*. Journal of the Academy of Nutrition and Dietetics, Volume 118, Issue 9, 1764 – 1767.