



# Guide to the Code of Ethics

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## Introduction

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The College of Occupational Therapists of Ontario (the College) considers the values of respect and trust as fundamental to *good practice*. The College's *Code of Ethics: Commitment to Good Practice* outlines the key principles that help occupational therapists (OTs) preserve and promote these values and enable clients to engage in meaningful ways with their world.

This Guide to the Code of Ethics further elaborates the values and principles that define professional practice and conduct, and form the foundation of the College's regulations, standards and guidelines, and the regulatory framework for its Complaints, Discipline and Quality Assurance programs.

When a situation gives rise to moral uneasiness, OTs need to think through the situation in a systematic way. The *Code of Ethics* offers a starting-point for this moral deliberation by identifying the values and principles relevant in practice. In complex situations, the College's decision-making framework (Conscious Decision-Making in Occupational Therapy Practice) can help OTs consider the appropriate questions and determine if they need additional information to develop and identify other options. However, no tool or process will completely eliminate the difficulty of some decisions. By following a conscious decision-making process, though, OTs can feel confident they've reached an ethically defensible decision.

The Code of Ethics and this guide focus on working through Step 2 of the framework – identify the principles related to the situation. If you are faced with a complex situation, you may be unable to determine the right and *good* response. The framework offers a structured approach to analyzing and documenting your reasoning process.

## The Principles of Good Practice

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**The values of respect and trust give rise to the Principles of Practice that underpin occupational therapy practice:**

### Client-centred practice

The principle of maintaining a client-centred approach is at the core of occupational therapy – demanding that practice is centred on the client's needs, wishes, and abilities, in the context of their priorities, supports and resources.

### Respect for autonomy

Autonomy, often stated as the principle of respect for autonomy, is the idea that a capable person (in the sense of mental capacity or competence) can make their own decisions about their own life, within legal limits, as always. Autonomy is implicit in the idea of client-centred practice.

## Collaboration and communication

Clear and respectful communication is core to the development of the client-therapist relationship. It is considered a core competency for our practice that we utilize a communication process that promotes shared understanding with those with whom we interact. Effective communication involves the establishment of a feedback process and includes appropriate use of verbal, non-verbal and written communication.

## Honesty

Honesty is recognized by most people as telling the truth. Honesty generally exists alongside other virtuous traits such as integrity and straightforwardness. These ensure that how we are honest is in keeping with other principles and our client's best interests.

## Fairness

Fairness is a term that is familiar to most people. Being fair and being perceived as fair is critical to developing trust and demonstrating respect.

## Accountability

As regulated professionals, occupational therapists are required to clearly demonstrate that they serve each client's best interest. Accountability means we are responsible for our actions; we have an obligation to account for, and to be able to explain our actions.

## Transparency

Transparent practice requires full disclosure, which ensures integrity within the client/therapist relationship and requires clear, open and thorough communication. It is inappropriate to withhold information, intentionally or not, that may impact the client's ability to become involved as an informed participant. We are responsible for ascertaining the nature and extent of information to be shared and with whom it needs to be shared. Transparency never substitutes for accountability – it supports it.

**This document does not create new obligations. Rather, it helps OTs to understand the Code of Ethics and use its values and principles in practice.**

## What is Good Practice?

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OTs are expected to use their judgement and are accountable for the decisions they make regarding individual clients and occupational therapy practice. The *Regulated Health Professions Act, 1991* recognizes OTs as autonomous practitioners. The self-regulation of the profession requires OTs to practise according to the Code of Ethics. It is an OT's responsibility to be familiar with and fulfill the professional obligations outlined in College publications.

Each practice area has unique complexities. When an OT encounters an unusual or challenging practice situation – in which the most ethical action is not immediately apparent – referring to the principles can help clarify the options and expectations.

## Recognizing Ethical Issues in Practice

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Ethical issues can initially be experienced as an uncomfortable feeling that has been referred to as the “yuck factor.” This unease or distress can be felt emotionally, intellectually and even viscerally (the feeling makes some people feel nauseated). An unresolved ethical issue may lead you to avoid a task, hesitate to act or delay a decision. Or, you may try to sidestep the situation altogether by arguing that there isn't enough time to deal with it. Even if these uncomfortable feelings are not experienced, it is important for you to reflect on your practice to determine if you are upholding the principles of ethical practice.

**Moral unease** arises when a situation creates a conflict with your values and sense of what is right. If you experience moral unease, you may be tempted to shy away from the demands of the principles of *good practice*. Being a *good* practitioner means consistently aiming to determine and do what is best for the client.

*With moral unease, the appropriate action can be clear – albeit uncomfortable. Imagine administering a standardized assessment to a child, and the child scores well below the norm. The mother anxiously asks how her child performed. It is normal to feel discomfort about relaying this information. In this case, the moral unease alerts the OT to the need to present the information in a respectful, professional manner.*

**Moral distress** can arise if you feel clear about what should be done, but you can't do it.

*Imagine learning that a client, who will be discharged today, is working for a friend while receiving unemployment benefits. You feel this is wrong because it is associated with harm – it could lead to legal charges, and the client may be compromising his recovery. The client, though, could be facing significant financial or peer pressure to work. You clearly see the best action as taking the time to help*

*the client think through the risks he's taking. However, because the therapeutic relationship is ending, you are unable to support him in making a conscious evaluation of his actions.*

A **moral dilemma** occurs when you are torn between two or more possible actions with no single or combination of options addressing all of the issues. In such a situation, you face equally *good* and bad options. There are moral reasons to act in one way and to act in another way.

*Consider an OT who receives two urgent referrals at the same time. On the face of it they are clinically the same in terms of their priority. The clinician can only see one at a time. The OT may flip a coin and make the decision by chance, or give priority to one principle over another to make the decision.*

## Managing Moral Distress

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Reflection is an important part of finding moral clarity. Unless you can understand the source of the distress and learn from the experience, the moral distress can linger and may affect your practice by causing you to avoid or resist similar situations. As additional ethical issues, conflicts and dilemmas appear over time, moral distress can build and become moral residue that stays with you, leading to job dissatisfaction and burnout.

Along with maintaining a work/life balance, professional support strategies are essential to maintaining capacity for *good* practice. Seek the help of peers and managers to support you in making a difficult decision. Some organizations have an ethicist or other staff member responsible for quality and risk issues. A lawyer might be available to clarify certain critical questions, and the College has practice resource liaisons to help you. In certain practice contexts, the OT may need to make a conscious effort to seek support. Professional links and groups can offer direct support and advice on how to find a mentor.

## The Principles of Good Practice

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The principles outlined in the Code of Ethics are at the heart of much of the legislative framework for occupational therapy practice. These principles align with the fundamental beliefs of the profession (*Enabling Occupation*, CAOT, 1997; *Enabling Occupation II*, CAOT, 2007) and the OT's legal obligations in Ontario. Novel challenges or situations may give rise to other principles.

Overwhelming systemic stressors – such as a major disaster or pandemic, or workforce issues – could require a temporary shift to principles that do not normally influence an OT's practice.

Principal	Legislation	College Resources
<p><b>Client-centred practice</b></p> <ul style="list-style-type: none"> <li>• Meaning and purpose</li> <li>• Diversity and individuality</li> </ul>	<p><i>Human Rights Code, 1990</i></p> <p><i>Health Care Consent Act, 1996</i></p> <p><i>Accessibility for Ontarians with Disabilities Act, 2005</i></p>	<ul style="list-style-type: none"> <li>• Standards for Prevention and Management of Conflict of Interest</li> <li>• PREP resources (Consent PREP)</li> <li>• Essential Competencies for Occupational Therapists in Canada</li> </ul>
<p><b>Respect for autonomy</b></p> <ul style="list-style-type: none"> <li>• Dignity and worth</li> </ul>	<p><i>Human Rights Code, 1990</i></p> <p><i>Substitute Decisions Act, 1992</i></p> <p><i>Health Care Consent Act, 1996</i></p> <p><i>Child and Family Services Act, 1990</i></p> <p><i>Personal Health Information Protection Act, 2004</i></p> <p>Professional Misconduct Regulation</p>	<ul style="list-style-type: none"> <li>• Standards for the Prevention of Sexual Abuse</li> <li>• Standards for Professional Boundaries</li> <li>• Consent Checklist, Standards for Consent</li> <li>• PREP resources related to privacy, consent, professional boundaries</li> <li>• Guide to the Child and Family Services Act</li> </ul>
<p><b>Collaboration and communication</b></p>	<p><i>Regulated Health Professions Act, 1991</i></p> <p><i>Child and Family Services Act, 1990</i></p> <p><i>Personal Health Information Protection Act, 2004</i></p> <p>Professional Misconduct Regulation</p>	<ul style="list-style-type: none"> <li>• The Conscious Competence Model</li> <li>• Consent Checklist, Standards for Consent</li> <li>• PREP resources - Communication</li> <li>• All standards of practice (eg. Standards for OT Assessments, Standards for Record Keeping, Standards for Consent)</li> <li>• Essential Competencies for Occupational Therapists in Canada</li> </ul>

<b>Honesty</b>	<i>Occupational Therapy Act, 1991</i> Professional Misconduct Regulation	<ul style="list-style-type: none"> <li>Standards for Prevention and Management of Conflict of Interest</li> </ul>
<b>Fairness</b>	<i>Human Rights Code, 1990</i> <i>Accessibility for Ontarians with Disabilities Act, 2005</i>	<ul style="list-style-type: none"> <li>The Conscious Competence Model</li> <li>Practice Guidelines for Working in a Climate of Managed Resources</li> </ul>
<b>Accountability</b>	<i>Personal Health Information Protection Act, 2004</i> <i>Regulated Health Professions Act, 1991</i> <i>Child and Family Services Act, 1990</i> Professional Misconduct Regulation	<ul style="list-style-type: none"> <li>The Conscious Competence Model</li> <li>Consent Checklist</li> <li>Professional development resources</li> <li>Competency Review and Evaluation resources</li> <li>PREP resources</li> <li>All standards of practice</li> </ul>
<b>Transparency</b>	<i>Apology Act, 2009</i> Professional Misconduct Regulation	<p>Standards for Prevention and Management of Conflict of Interest</p> <p>Standards for Record Keeping, Standards for Assessment, Standards for Consent</p>

# Respect

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## a) Client-centred practice

The principle of client-centred care is at the core of occupational therapy. Centre your practice on the client's needs, wishes and abilities in the context of his or her priorities, supports and resources. Client-centred practice engenders a sense of being respected and encourages a collaborative approach.

**Meaning** and **purpose** are individually defined, crucial to motivation, and essential to fostering **dignity** and **worth**.

*A client recovering from a stroke is not concerned about dressing independently – his wife is willing to help him get dressed. He does, however, want to be able to make her a gin and tonic at 4 p.m. every afternoon as he has done since retiring. This tradition is meaningful to him, and being able to continue it is his number one goal for therapy.*

**Diversity** and **individuality** are important elements of client-centred practice. They are equally important with organizational clients; for example, companies, governments and institutions.

A client's uniqueness is multifaceted. It embraces specifics such as age, culture, gender, gender identity, religious beliefs, sexuality, socio-economic status and health literacy. It is expressed in spirituality, health belief systems, personal values and lifestyle preferences.

*Terminology can be a matter of individual preference. While one client may prefer to be referred to as a patient, another may like the term "person with a disability." Still others may choose "differently abled" or "disabled person." To keep your practice client-centred, ask your client what term he or she prefers.*

*Similarly, the willingness of a client to integrate technology into his or her daily life is uniquely individual. Some clients readily embrace it, others do not. The difference might be generational, but do not assume older clients will resist technology.*

### **Client-centred practice means:**

- striving to see the whole person and his or her whole story at all times;
- collaborating with the client or substitute decision-maker to set goals and plan care;
- being alert to the client's potential fluctuating capacity to make treatment decisions over the course of time and the health experience;
- avoiding making assumptions about what a client regards as meaningful and purposeful; and
- being aware of your own values and respecting that your client's values might be different.

**Client-centred practice involves:**

- obtaining informed consent for assessment, treatment and sharing personal health information;
- relaying information about treatment and the treatment plan in a manner that is adapted to the client's abilities and preferred way of receiving information; and
- being non-judgemental about client priorities you do not share.

**b) Respect for autonomy**

Respecting the client's right to make his or her own decisions helps ensure client-centred practice and reinforces or instils a sense of dignity in the client. Respect for autonomy also encourages respect for OTs and the profession.

It can be challenging when a client makes a capable autonomous choice that does not align with what you think is the right, *good* or best option. However, respect for the individual's autonomy demands that the OT respect the client's choice.

*Consider a client who takes up smoking. While the OT may disagree with this choice, he or she must respect the client's right to make it. However, the OT cannot avoid certain consequences of the choice; for example, the client may have to go outside of the care facility to smoke, and the client's smoking may interfere with the safe use of oxygen.*

When a client is incapable of making autonomous decisions, the OT is presented with the task of evaluating the extent to which autonomy can be respected, or a substitute decision-maker consulted from the hierarchy.

Dignity is often described as an imprecise concept. Most people, though, can tell you when they feel their dignity has been affronted or compromised. Dignity is closely related to sense of worth; both notions are intimately connected to the idea of a person being of value in the world. Certain behaviours affirm the client's dignity while others erode it.

*Simple oversights – such as discussing your weekend with a colleague while engaged in therapy – can make the client feel ignored and devalued.*

*The decision to apply a restraint of any kind can undermine dignity – even if only in the way others may perceive the client. The way the intervention is implemented can make a great difference. To maintain respect, pay attention to your nonverbal communication, such as touch, tone and expression.*

**Respect for autonomy means:**

- informing the client about the services you recommend so the client can consent to or refuse the services;
- accepting the client's choices even when they do not align with your own; and

- when working with a substitute decision-maker, acting in keeping with the prior expressed wishes of the client, the client's values (when known) and the client's best interests.

**Respect for autonomy involves:**

- regularly reviewing the College's Consent Standards Checklist;
- working toward achieving the client's priority goals rather than those you feel are important;
- respecting the client's wish not to share certain information with others;
- focusing on interacting with the client and avoiding being distracted; and
- working in a way that is client-centred.

**c) Collaboration and Communication**

Collaboration and communication enhance transparency, build trust and support the smooth delivery of integrated team practice. They also increase the likelihood of meeting client needs, minimizing errors and maximizing confidence in the treatment process.

Clear, respectful communication is key to developing the client/therapist relationship. A core competency is to use a communication process that promotes shared understanding. Effective communication involves establishing a feedback process and includes the appropriate use of verbal, non-verbal and written communication.

Practising as an autonomous practitioner can mean working in relative isolation or as part of a large interprofessional team. Regardless, an OT must always work in collaboration with the client and colleagues. **OTs must work well with others to uphold the principles of good practice.**

Many factors can make collaboration challenging, including complex relationships in a client's support network. Regardless, the OT is responsible for ensuring that the client gets maximum benefit from the combined efforts of the health care team and that a colleague can carry on seamlessly if the OT must pass on responsibility for the client.

**Collaboration and communication mean:**

- maintaining the confidentiality and security of client information;
- working with the substitute decision-maker in the best interests of the client and as expected by law;
- knowing and fulfilling professional obligations when there is a duty to report or warn;
- sharing information in a way that is respectful and professional;
- improving interventions over the long term by enhancing service delivery through respectful, collaborative relationships with clients and others; and
- reducing misunderstandings and conflicts by ensuring everyone is clear about what each step involves, when and how it will occur, and who is responsible for which step.

### **Collaboration and communication involve:**

- agreeing to a clear treatment plan with each client and, with consent, relevant collaborators (for example, professionals, referral sources, fee payers);
- keeping up-to-date documentation that includes clinical reasoning;
- explaining the possible implications of an assessment (for example, restrictions on ability to drive) and with whom the results might be shared;
- making each client aware of your conclusions, opinions and recommendations from an assessment in a timely manner;
- involving each client as a full participant in the service process;
- establishing a mutual understanding of the OT service plan with each client and relevant family and team members; and
- being aware of nonverbal communication.

## Trust

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### **a) Honesty**

Honesty fosters trust more than anything else. It reduces the chance of a misunderstanding and helps the OT avoid moral distress.

Honesty exists alongside other virtuous traits, such as integrity and straightforwardness. These traits ensure that “how” the OT is honest is in keeping with other principles and the client’s best interests.

At the core of honesty is truthfulness. You can speak an honest statement without being entirely truthful. For example, by telling a staff member that someone has raised a concern about her fitness to practise but leaving out that that “someone” is you or your manager, you are not being entirely truthful. Truthfulness is about taking care not to deceive in any way. Small deceptions can be tempting when truthfulness is uncomfortable or painful. However, any deception – even well-intentioned – can damage the trust that is essential to *good* practice.

*A client’s partner is holding great expectations for the benefits of an intensive therapy program. While being positive and hopeful, it is important for the OT to avoid creating false hope.*

*Imagine that the substitute decision-maker for a client has asked that the client’s medications be dissolved in a glass of juice to avoid the upset that occurs when the client sees the pills. The team is prepared to grant the request but you feel uneasy about it. Share your misgivings to be true to yourself and to promote the idea that principles must only be overruled with good reason.*

**Honesty means:**

- recognizing when your values conflict with client choices and ensuring that the conflict does not affect your practice;
- sharing information that carries a duty to report; and
- being truthful with everyone, including clients, third-party payers, supervisors, colleagues and co-workers.

**Honesty involves:**

- discussing the potential for overstepping professional boundaries with a client and creating a plan to resolve the situation, which may include transferring the client to another OT;
- reporting whenever you are unfit to practise; and
- speaking up when you feel moral distress about an incident that happened or a treatment plan that does not promote the core values of occupational therapy.

**b) Fairness**

Fairness enhances transparency and builds trust. While increasing equity in health and community care, fairness also reduces moral distress for both the OT and his or her clients.

In the context of *good practice*, justice encompasses not only the notion of legal justice – practicing in accordance with the law – but the idea of moral rightness. Issues that arise in practice require a just resolution.

*An outpatient clinic has a high number of no-shows. These missed appointments mean wasted time and lost opportunities for people who need services. A first response might be a “three strikes policy” – after missing three appointments, a client is no longer booked. Such a policy may not violate the law, but it may not feel right because some clients have understandable difficulties with keeping appointments. It may be possible and fair to offer a walk-in clinic on certain days so these clients can receive therapy.*

Equity in occupational therapy practice is about the fair distribution of services. It extends the idea of justice to the ideal of social justice or distributive justice. Equity expects that like cases are treated alike. This can be challenging because people and their needs and contexts are hard to compare. Equity, though, expects that the needs of all are considered in allocating resources to individuals.

*It may take time to arrange for an interpreter to assist with a client who is deaf, but making the effort helps ensure that the client is not marginalized and receives the same service as others.*

*Occasionally, you may have a particularly complex relationship with a client and/or the client’s support network. This complexity can be due to a personality clash or value difference, or it can be because the client makes you feel uncomfortable. You may, for example, feel discomfort while working with a client who relates to her family in a manner you find abrupt and angry. It would be wrong to minimize the attention you give this client. She is as entitled to therapy as someone whose behaviours are more consistent with your values and communication style.*

**Fairness means:**

- distributing your time and services between clients in an unbiased, neutral manner;
- delivering services to all clients in keeping with relevant legislation, regulations, standards and guidelines; and
- advocating within your service context for safe, ethical, effective practice.

**Fairness involves:**

- identifying all of the stakeholders involved in a client's care and addressing any competing interests between them;
- responding to referrals in a timely fashion;
- supervising the work of the staff you manage in a balanced, unbiased manner;
- making reasonable accommodation for the special needs and preferences of everyone you collaborate with and provide services to; and
- making yourself aware of factors that may present a barrier to equitable service delivery, and making reasonable efforts to remove or minimize them.

**c) Accountability**

As regulated professionals, OTs are required to clearly demonstrate that they serve each client's best interests. They are accountable for their actions and must be able to explain them. Accountability promotes quality practice and maintains public confidence in the profession.

*Writing and signing documentation is an act of accountability. Following through on commitments – from contacting a client or colleague within the promised timeframe, to completing assessments and reports, to explaining why you are late for an appointment – shows accountability.*

**Accountability means:**

- making the best interests of the client central to service delivery;
- ensuring your competence and defining your sphere of competence;
- maintaining an up-to-date awareness of the laws, regulations, standards, policies and current evidence relevant to the services you provide; and
- ensuring that your clients receive the agreed-on services and are referred to an appropriate service when you cannot offer what is required.

**Accountability involves:**

- being responsible for your actions;
- recognizing situations that require the use of clinical judgement to resolve an ethical and/or practice concern;
- fulfilling any legal duty to report;
- recognizing your responsibilities for both assigning and accepting an assignment only when the assignment is within your competence and scope;

- engaging in regular professional development after actively identifying the assistance and resources you need to remain fully competent in providing quality services;
- making each client and referral source aware of appropriate services that may not be available within the available funding;
- discontinuing services only in consultation with the client; and
- appropriately addressing misconduct by another health care professional.

### d) Transparency

To ensure integrity within the client-therapist relationship, the OT must communicate in a clear, open and thorough manner. It is inappropriate to withhold information that may influence the client's ability to be an informed participant. Transparency never substitutes for accountability – it supports it.

By avoiding misunderstandings about scope, competence, treatment plans and expectations, transparency reduces the possibility of conflicts. It helps develop moral integrity by promoting a trusting therapeutic relationship.

When transparency guides the OT's interactions and becomes central to his or her practice, it becomes embedded in the OT's professional identity. The OT with integrity consistently makes *good* choices, even when there is an opportunity for personal gain by making a different choice.

*Practising in an appropriately transparent manner can, at times, require focused conscious thought. It is best practice to carefully consider what informed consent means in each situation and inform each client of all of the potential outcomes of an assessment or intervention. Ask: What would a reasonable person want to know? Or: What information will make the choice to consent or refuse most meaningful to this client? When assessing on behalf of a third-party payer, find out what benefits may be affected. Integrity leads you to do what is morally right, even when it takes extra effort.*

*If you made an error, transparency about the mistake is the best way to preserve the trust in the client/therapist relationship, even if the error may go unnoticed. Taking responsibility for an error may cause you anxiety, but immediate disclosure and an apology is what clients and their family members want and deserve. Allow integrity – your steady commitment to the values and principles of good practice – direct you to do what is right.*

#### **Transparency means the OT is:**

- open, professional and objective;
- aware of potentially competing interests and expectations of the client, other stakeholders and him- or herself;
- attentive to the expectations a client develops and careful that the expectations are reasonable and justified;
- mindful of not misrepresenting his or her role or competence to a client; and
- careful to promote a shared understanding of the services and expected outcomes with the client and relevant stakeholders.

**Transparency involves:**

- providing professional OT credentials when requested;
- acknowledging limitations in competence or scope relevant to a client's needs;
- clearly and fully presenting costs for services; and
- taking reasonable steps to ensure advertising and media convey accurate, appropriate information that correctly identifies the OT's credentials, services and fees in keeping with College regulations and standards.

## Good Practice Examples

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The resolutions to the following scenarios highlight behaviours guided by the principles of *good practice*. While the scenarios portray clinical situations, the same principles apply in educational, research and other occupational therapy settings.

### Amita and Her Mother

As an OT at a teen centre, you are helping organize a Halloween party for all of the teens. The week before the party, you run into a teen's mother at the mall, and she informs you that Amita is grounded so will not be attending the event. On the night of the party, Amita, 15, arrives at the centre with two friends.

When the client is an adolescent, the central issue often involves the principle of respect for autonomy or emerging autonomy. In this example, you must be clear about who your client is and to whom you are accountable.

Some immediate questions arise. Will you tell Amita about your conversation with her mother? Will you tell Amita's mother that her daughter attended the party? If so, will you inform Amita of your intention and/or obligation?

Your answers will depend on your knowledge of Amita and on your relationship with Amita and her mother. If you know Amita well, you may have reason to consider one action over another. If she is a new client, your decision could be more difficult.

The principles of honesty and transparency may directly conflict with the principles of respect for autonomy and client-centred practice. You need to consider how you will do the right thing. You will likely decide to proceed in a collaborative manner to demonstrate your respect for both Amita and her mother.

### Ron's safety in a wheelchair

In the hospital, you are working with Ron, a client who sustained a CVA with a resultant hemiplegia. Ron spends most of his day in a wheelchair and cannot transfer safely by himself. If left unattended, he tries to get up and falls. After considering all alternatives to assist Ron with this safety concern, you determine that he requires a seatbelt and lap tray. The doctor has already written an order for a restraint.

To determine the best course of action, you first need to identify what ethical principles are involved. Here, the principle of respect for autonomy conflicts with your sense of accountability.

Wherever a restraint is used, it potentially limits autonomy because it restricts free movement. Nevertheless, limiting a client's autonomy can be a defensible, responsible action. If you choose to use a restraint, minimize the extent to which the client's autonomy is restricted. In this situation, Ron's safety and well-being might trump his autonomy.

Clarify the autonomy that is involved by evaluating Ron's capacity to understand and appreciate the need for a restraint. Some clients can capably consent to the use of a restraint. However, Ron may not have insight into the risks associated with attempting to get up from his chair. If he doesn't, he is not capable of choosing to live with the risk. In such instances, the law requires that health care professionals seek consent or refusal from an appropriate substitute decision-maker.

As an OT, you are accountable for being aware of the laws governing the use of restraints as well as any relevant hospital policies and procedures. The hospital's policies and procedures are an important part of the accountability as imposing a restriction on a client's liberty carries a high level of responsibility. The *Patient Restraints Minimization Act, 2001* and the policies and procedures that uphold it promote fairness and equity in how restraints are used and ensure they are not used simply for convenience.

### Siri's suicide

You are an OT in a day program for individuals with serious mental illness. The service provides a structured group and activity-based program, and many of the clients socialize outside of the program. When you arrive at work one morning, the program manager informs you that Siri, a client who has attended regularly for several weeks, took her own life the night before. He also tells you that a few of the clients are aware of the situation.

While you have a duty to respect Siri's dignity, many of your professional duties to her have ended, although ensuring confidentiality of her personal health information remains.

You will likely feel an immediate duty to support your clients. You should, though, check to see if the program has a policy or procedure that comes into effect in this circumstance. Ask yourself what your

limitations are regarding crisis and bereavement counselling and what other resources might be available. It is easy to overstep your competence in these types of highly emotional situations. You may also be tempted to disclose more information than you should. You will also be grieving yourself. How will your grief affect your ability to support your clients?

Asking these questions will help you follow the principles of honesty, transparency and accountability.

### Joni's Suspension

As the manager of a team of OTs, you have just learned that Joni, a team member, has been suspended from duties pending an investigation triggered by a complaint you received from a colleague. You are instructed not to disclose to the team any information beyond the fact that Joni will not be at work for a period of time. Within a few hours, it becomes evident that the staff are piecing together details of the story.

As the team manager, you are responsible and accountable to both Joni and the other team members who, in essence, are your clients. Your client is also the organization, and you are accountable for upholding its policies and procedures.

Concerns about confidentiality restrict what details you may reveal if, in fact, you know any. Being client-centred in this situation presents a conflict. You want to respect Joni's privacy by withholding information, but you do not want to erode the trust within the team by not upholding honesty and transparency. Equally, organizational procedures may restrict your communication with Joni. As always, context specifics shape ethical issues.

A conflict may be minimized by communicating openly about the process that has been initiated and why the restrictions on information apply. Exploring the potentially damaging nature of unverified information can help curtail the human tendency to seek understanding. You could ask the team to collaborate on countering the innate need to know and explain uncertainty. Without compromising the respect for Joni's privacy, it may be possible to address any fears that the team members are experiencing; for example, they may be afraid that they too will be suspended.

You must also remain accountable to the expectations of your role as manager within the organization. If you feel the existing procedures do not adequately demonstrate client-centred practice, you may have a moral obligation to advocate for their revision.

## Conscious Decision-Making in Good Practice

The *Code of Ethics* informs and underpins the conscious decision-making process. The resolutions to the following scenario are clarified using the eight steps in the College's *Conscious Decision-Making*

*Framework.*

*You work in the community and have received a referral to assess Thom, 72, who is in the hospital following a myocardial infarction. You are to complete an assessment and provide a program to support his return home. Thom lives with his wife, Elana, who is 67. During the assessment, you notice he has trouble seeing. You conduct a vision screening and determine he has visual deficits. You inform Thom of the vision assessment results and that you're concerned that when he gets behind the wheel he poses a danger to himself, Elana and others. Thom assures you that his vision is fine and he has absolutely no trouble driving. He says his physician knows he is driving and is not concerned, so you must not worry.*

*Thom tells you he is looking forward to driving Elana to volunteer at a hospice once a week. He explains that it's just a 10-minute drive each way. Elana does not drive, and the position has become important to her since retiring two years ago. You leave the assessment feeling uneasy and uncertain about what to do next.*

**Step 1: Describe the situation**

You identified vision deficits while assessing overall functional performance. You also learned that your client is engaged in an activity (driving) that you believe is unsafe for him, his wife and others.

You are unclear about the legislative requirements to report the situation and if you would be legally responsible if Thom was to cause an accident.

The moral distress you feel arises from not knowing whether to take action based on your safety concerns. If you are to take action, what action should you take?

**Step 2: Identify the principles related to the situation**

Using the Code of Ethics and the Guide, the following principles are considered to be relevant.

## Principles that Promote Respect

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**Client-centred practice.** Driving his wife to the hospice helps give Thom meaning and purpose.

**Respect for autonomy.** Thom does not feel driving is a problem, and his doctor does not seem concerned. The drive is short and familiar, and Thom seems to feel driving is part of his role as a husband. However, Thom is not considering your assessment that indicates he may not be able to drive safely.

Your personal and professional autonomy also deserve respect, and your professional role may carry certain legal and moral obligations.

The issue of respect for autonomy arises in obtaining consent. Did you make Thom aware that the visual screening might question his ability to drive?

**Collaboration and communication.** You are trying to collaborate with your client and have communicated your concerns. Thom has communicated his perceptions and denies a problem. The communication has been partially successful – you have made Thom aware of your concern. You have not, though, convinced him of the seriousness of the finding.

To ensure quality interprofessional practice, you need to consider who on the health care team is the most appropriate to involve. You must also know how to proceed without violating the issues of consent and confidentiality.

## Principles Promoting Trust

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In this situation, the principles that promote trust conflict with each other.

**Honesty.** You have been open and truthful with Thom about your concern and need to continue to be truthful. In certain situations like this one, sharing why you feel moral distress can foster honesty and trust.

**Fairness.** To determine fairness, ask yourself if you are approaching Thom's situation in the same way you would another person's. If another client accepted your assessment, you would expect them to stop driving. Is there anything in Thom's situation that would lead you to expect less? Is his resistance enough to override your safety concern and any moral or legal obligation you may have?

**Accountability.** This principle might be a major source of your moral distress. You are now aware of a situation you consider to be a safety risk to Thom and others. You may be legally accountable owing to a duty to warn. Even if no legal duty exists, you may feel a moral duty.

**Transparency.** While usually related to a conflict of interest, transparency in this scenario relates to a conflict of principles. If you decide to pursue the situation, it's important to disclose your plans to Thom. As long as your actions are legally correct, you have little concern about professional repercussions. However, it is important to consider the repercussions on your professional relationship with Thom. Also, if Thom's trust is undermined in this situation, it can influence his future interactions with other health care professionals.

A thorough informed consent process should precede any subsequent assessments. Thom, though, may exercise his right to refuse more assessments.

### Step 3: Identify the relevant resources to assist with the decision-making

The occupational therapy regulatory framework is layered. Its principles are related in a foundational way to the College standards and guidelines by which practice is judged. The framework exists against the backdrop of the laws and regulations that govern practice.

Starting with the legal layer, there are a number of relevant considerations. The *Highway Traffic Act, 1990*, requires only medical practitioners and optometrists to report driver concerns. Therefore, you do not have a legal duty to report.

You may decide to inform Thom's physician of your findings to bring about a report. Here, the *Personal Health Information Protection Act, 2004* raises the issue of confidentiality. You must check whether you are legally entitled to share Thom's personal health information with his physician. If you are, will you discuss your plan with Thom or simply go ahead and exercise your professional privilege? How will the transparency of your approach change the outcome, if at all?

A common legal consideration is the duty to warn, which involves the extent and likelihood of the risk. If the risk is sufficient, then the duty to warn serves as the legal authority to release the information.

The College standards about consent and assessment provide additional information to assist you in this situation. For example, while you were engaged to provide a program to support return to home, you did not obtain consent related to the topic of driving safety.

### **Step 4: Consider if you need further information or clarification**

It's easy for your concern about risk to overshadow other important factors. For instance, the vision screening tool you used is useful as an initial assessment, but is not refined. Consider your own scope here – both your knowledge of the assessment tool and your experience in using and interpreting it. Might it be reasonable to propose a more detailed assessment? And is there anything about Thom's situation that is different from other situations you have known?

The steps above can be very difficult to complete - understanding how the principles apply and which resources are relevant. Obtaining assistance from others, including colleagues, managers, or the College can assist you to complete these steps well.

### **Step 5: Identify the options**

After exploring the relevant considerations, outline your options. If you list as many options as you can, you may be able to construct a plan of action that incorporates a number of them. Here are four options you might consider.

1. **Do not press the driving issue and only address the challenges arising from Thom's heart attack.**
  - Are you fulfilling your professional and moral obligations?
  - Does this path of least resistance foster trust in you as a professional and in the occupational therapy profession?
  - Is it morally defensible to place the principle of respect for autonomy above the accountability to manage the safety risk?
  
2. **Bring your concerns to the attention of someone in a position to pursue the matter further. This could be Thom's physician, Elana, other family members, the police or the Ministry of Transport.**
  - Does this choice follow the principles of collaboration, honesty, transparency and confidentiality?
  - How will you inform others? Will you seek Thom's consent?
  - If Thom does not give his consent, will you proceed without it?

3. Reiterate your concerns with Thom and help him understand your distress about how his visual deficits affect his driving. This option emphasizes respect for autonomy and collaboration.
  - Did you consider that Thom may not be capable under the *Health Care Consent Act, 1996* to make this decision? By repeating your findings and concern, you are imparting the information that is essential to his making an autonomous choice to stop driving. If he can't understand and appreciate the risks, he may not be capable to make the decision.
  - Have you explored with Thom other ways for Elana to get to her volunteer work that do not depend on him driving her?
  - Is it possible that the risk Thom presents is not sufficient to warrant further action? His drive on a familiar route could be manageable.
  - Have you asked Thom if he has consulted his physician about his vision?
  
4. Make a referral to another service or resource for further assessment; for example, a driving assessment centre, optometrist, ophthalmologist or Thom's physician. This option allows the issue to remain alive and offers further evidence to support either your findings or Thom's assertion of the lack of risk.
  - Are you willing to be transparent about your wish to refer? This approach requires Thom's consent and could foster a sense of the depth of your concerns. It could introduce a collaborative compromise – you will both be bound by the more in-depth findings.
  - Does this approach demonstrate client-centred practice and respect for Thom's autonomy? If so, it will foster trust between you and Thom.

### Step 6: Choose the best option

After evaluating the options, offer Thom a plan that may involve a number of these possibilities you identified. Here are some potential next steps.

- Repeat the reasons for your concern, indicating that you're aware of the impact that not driving will have on Thom's life.
- Describe how his visual deficits affect his driving, helping him to appreciate how they relate to even minimal driving activities. To make the risk more concrete, discuss how his driving can affect his family members and the community.
- Suggest a referral to confirm or discount your findings. This step will make you both accountable to the decision of the specialized assessment.
- Offer Thom the opportunity to discuss options beyond driving that can keep him involved in Elana's volunteer commitment and contribute to his role as husband.

If you feel you must act unilaterally, it is important that the preceding discussions are honest and transparent.

### Step 7: Take action

The *good* or right action must be implemented in a *good* manner. How you do the right thing can make all the difference to its outcome.

Acting in a way that does not show respect for autonomy feels distressing to all parties. At times, though, it is the most ethically and morally defensible course of action. Before deciding to take this action, thoroughly analyze the decision and document your analysis.

### Step 8: Evaluate the decision

If you decide to restrict Thom's autonomy against his wishes, it may take time for him to appreciate the merits of your action. Seek Thom's thoughts on the outcome. Listening to his distress about not driving will show your ongoing respect and willingness to be accountable for your actions.

## References

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### College references

Code of Ethics: Commitment to Good Practice (2011)  
Standards for Prevention and Management of Conflict of Interest (2012)  
Consent Checklist (2011)  
Conscious Decision-Making in Occupational Therapy Practice (2012)  
The Conscious Competence Model (2009)  
Standards for the Prevention of Sexual Abuse (2007)  
Standards for Consent (2008)

These documents are available at [www.coto.org](http://www.coto.org).

### Canadian Association of Occupational Therapists references

Townsend, E.A. (1997). *Enabling Occupation*. Ottawa: CAOT Publication ACE.

Townsend, E.A. and Polatajko, H. J. (2007). *Enabling Occupation II: Advancing an occupational therapy vision for health, well-being, & justice through occupation*. Ottawa: CAOT Publication ACE.

## Appendix A: Good Process Makes for Good Practice

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The following statements highlight some of the essential elements of practice that promote the values of respect and trust by applying the ethical principles outlined in the Code of Ethics.

### Screening

1. I clarify the parameters of the referral with the referral source and the client, ensuring collaboration from the start.
2. I am accountable for examining my scope and competency related to the referral.
3. I consider any conflicts of interest, including those that may be perceived as a conflict of interest.

### Initiating Service

1. I communicate to clarify my role with all collaborators and stakeholders. I am transparent in discussing conflicts of interest.
2. I am honest about my scope, competency and potential resource limitations.
3. I respect autonomy by ensuring I obtain informed consent from each client.

### Assessment and Intervention

1. I am aware of my rationale for all interventions. When appropriate, I communicate my rationale to demonstrate collaboration and client-centred practice.
2. I am accountable for basing my interventions on available evidence and best practice information.
3. I respect my client's autonomy by communicating all necessary information to ensure ongoing informed consent.
4. I am accountable and perform only those controlled acts that have been appropriately delegated.
5. I am accountable to assign only those activities that can be appropriately performed by someone else.
6. I am accountable to refer each client to other services as necessary, in keeping with client-centred practice and while respecting autonomy and collaboration.

### Discharge

1. I communicate my findings with each client as a collaborating partner.
2. I ask for client consent before communicating my findings to others.

## **Documentation**

1. My records accurately communicate my interactions with each client and include any limitations.
2. My records include justification for my recommendations and actions, to which I am accountable.
3. I only release my reports with consent, respecting the autonomy of each individual client.

## **Administration**

1. I am transparent with all clients about fees prior to providing service.
2. I am honest in advertising my services, presenting only factual and verifiable information in a trustworthy manner.
3. I recognize my accountability for the safety of my equipment and ensure it is maintained according to manufacturer specifications.

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