



The Balance of Professional Ethics

IT OFTEN SEEMS THAT THE balancing act that is professionalism raises more questions than answers. This is particularly the case in health care, a field where professionals representing different disciplines collaborate amidst for-profit and nonprofit models. The question of how individuals balance the ethical demands of their own organizations while practicing among others is raised daily. The role a registered dietitian nutritionist (RDN) plays can seem to change by the minute, even though the professional standards remain the same. To properly balance the issues, one must first understand what and where they are. The objective at hand is to identify, define, and explain in broad terms the standards to which RDNs and nutrition and dietetics technicians, registered (NDTRs) adhere relative to those at place in various work environments. Furthermore, this article provides readers with resources and portals where questions can be directly asked and answered.

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The Academy of Nutrition and Dietetics and its credentialing agency, the Commission on Dietetic Registration (CDR), maintain a comprehensive Code of Ethics for the Profession that applies to all members, credentialed or otherwise, as well as all RDNs and nutrition and dietetic technicians, registered, in practice.¹ The Code of Ethics contains a total of 19 principles, divided into five sections: Fundamental Principles, Responsibilities to the Public, Responsibilities to Clients, Responsibilities to the Profession, and Responsibilities to Colleagues and Other Professionals.¹ Overseen by a three-person Ethics Committee, the Code of Ethics offers a starting point for addressing issues, as well as resources for professional guidance.

The Academy's Ethics Chair Lisa Dierks, MFCS, RDN, LD, nutrition manager for the Mayo Clinic Healthy Living Program, Rochester, MN, and speaker-elect for the Academy Dianne Polly, JD, RDN, LDN, FAND, executive director of the Shelby County, TN, Education Foundation, both experienced members of the Ethics Committee, said when questions arise concerning a potential conflict of ethics between individuals and the organizations with whom they work, disclosure is a starting point.

"Transparency is the key," said Dierks, who observed that in instances where ethics are questioned, the issue is more often why one did something rather than what they did. In cases where a nutrition and dietetics practitioner reads through the Code of Ethics, compares it to their own organization's guiding principles, and still has questions, the best thing to do is consult with others, be they supervisors or colleagues within one's dietetic practice groups, state affiliate, or employment organization. In addition, ethics resources are provided on the Academy's website (www.eatrightPRO.org).

Polly, an attorney who spent more than 20 years practicing as an RDN before getting her law degree, said the

real question facing many in the field is whether to disclose or not disclose.

"Ethics are more gray than law," she said, advising practitioners use their best instincts when questions arise and not hesitate to ask for input.

Questions of when it is appropriate to accept gifts, sponsorships, payments, and from whom, routinely arise. Depending on the variables involved, these questions can yield very different answers, and guidelines established through years of discourse are available for consultation. Health care ethics and laws have changed over the decade, and evidence supports the idea that accepting gifts and meals is associated with medical decisions favorable to the gifter.^{2,3} Both Dierks and Polly said more information is good and ongoing discussions among colleagues is ideal in helping stave off ethical conflicts between individuals and the organizations with whom they work.

ETHICS, MORALS, AND LAWS

The idea of morality being distinct from ethics and law is as ancient as it is relevant. In the simplest terms, *morals* are ideas pertaining to an individual's beliefs about right and wrong, whereas *ethics* represent agreed upon codes of behavior,⁴ and *laws* are established rules administered by government entities.⁵ While distinct one from the others, the three terms can easily be muddled in

FOR MORE ETHICS INFORMATION:

- Academy's Code of Ethics: <http://bit.ly/2jggky2>
- More resources on the Code of Ethics: <http://bit.ly/2jMFENd>
- Academy's Ethics Toolkit: <http://bit.ly/2jfhPIb>
- Questions concerning ethics? E-mail ethics@eatright.org

discourse, as that which is considered moral by one individual may not be considered ethical according to a group's agreed upon code, and the legal status of an action is most often determined by a court or court administrator and can differ again from an individual's morals or ethics. Also, that which is considered ethical behavior by one set of professionals might be unacceptable by another.

The Academy/CDR Code of Ethics is based upon four key principles of ethical theory: autonomy, non-maleficence, beneficence, and justice. Simply defined, *autonomy* represents the idea that patients should have as much input and control of their health care decisions as possible. *Non-maleficence* is a core principle in health care meaning providers should hold as a priority the avoidance of harm to patients. Its opposite is *beneficence*, which is the idea that providers should keep the patient's best welfare as a ruling priority. *Justice* is more a complex issue relating to the treatment of all patients equally regardless their individual characteristics or socioeconomic circumstances.

Dierks said most organizations maintain some form of ethical code and quite often they're similar one to the other, and many are similar to that of the Academy. However, differences do appear particularly between private- and public-sector organizations. Nutrition and dietetics practitioners working in the nonprofit sector amid for-profit vendors and partners experience this dissonance frequently, particularly when questions of gifts and sponsorships arise, Dierks said. The Academy member has an acknowledged set of ethics which codifies expected behavior, but one might question what to do when working for an organization that has its own set of principles and colleagues see nothing wrong with an action nutrition and dietetics practitioners might find problematic.

"It all depends on the situation," Dierks said, adding that every organization is a little different, and it can strike some as unfair when one member of the team is allowed to receive gifts and sponsorships, but another is not. And just because an action is legal for all doesn't mean it's ethical for all.

In determining whether an issue is in point of fact an ethical dilemma,

members should first consider whether it might instead be a communication problem, a practitioner–patient issue, a practitioner–supervisor/employer issue, or a legal matter, as these can often be mistaken one for another. As both an RDN and attorney, Polly advises practitioners to try resolving questions concerning their moral, ethical, and legal obligations at the lowest level possible before taking them up the chain of command. Every situation is so markedly different that hypothetical examples can often raise more questions; yet, she said, at some point a lawyer's consultation might be required.

Meanwhile, nutrition and dietetics practitioners are not alone in the effort to maintain an ethical health care environment amid numerous potential conflicts. In its ethics toolkit made available to its members, the American College of Healthcare Executives published a six-step process by which individuals can judge situations to better determine whether they are indeed ethical or perhaps even legal⁶:

1. remove the background circumstances that lead to the conflict;
2. identify the specific ethical questions that need clarification;
3. consider the related ethical principles and/or organizational values;
4. determine options for response;
5. recommend a response; and
6. anticipate the ethical conflict.

Preventing an ethical question from becoming one of legal concern is a top goal for most professionals and, again, discussion and disclosure are typically the straightest paths to those answers. Professionals throughout the broad field of health care strive for lofty goals in terms of care, and an ethical practice is most certainly a key component.

ETHICAL HOT SPOTS

Gifts

Under the Code of Ethics section Responsibilities to the Profession, Principle 18 states: "The dietetics practitioner does not invite, accept, or offer gifts, monetary incentives, or other considerations that affect or reasonably give an appearance of affecting his/her professional judgement."¹ Because nutrition and dietetics practitioners utilize

evidence-based research in their practice when making nutrition-related recommendations, the receipt or solicitation of funds can give the appearance of impropriety. Principle 19a states: "The dietetics practitioner does not engage in dishonest, misleading, or inappropriate business practices that demonstrate a disregard for the rights or interests of others":¹ However, these principles are further clarified within the code to explain that whether a gift or incentive is viewed as improper depends on all factors relating to the transaction, and this does not mean that nutrition and dietetics practitioners cannot serve as consultants or participate in events, such as conference, where meals and promotional samples are shared. Knowing how the 'when' and 'where' affect the 'why' is a matter of judgement and the topic of many questions within the field, Polly and Dierks said.

Studies indicate that gifting is indeed a powerful tool that can sway an individual's favor.^{2,3} The simple act of providing meals to physicians and other professionals has been demonstrated to make an accompanying message more palatable, particularly if a sales representative is attempting to sway a prescription-maker instead of a patient directly.^{2,3} A cross-sectional analysis of industry payment and Medicare data reveals an association between receipt of industry-sponsored meals and an increased rate of prescribing the medication being promoted.³ Polly explained that this has become a subject of controversy throughout the health care field, and whereas once pharmaceutical representatives used to heavily gift and sponsor physicians, the rules have changed.

But it's not just physicians and pharmaceuticals. Nutrition and dietetics practitioners need to continually assure themselves that the advice they're giving patients is based on sound science and not advertisements, and, depending on the circumstances, accepting gifts can, at minimum, give the appearance of commercial bias. This dilemma grows into the question of sponsorships, both by the individual practitioner and the organizations with which they associate, she said. Organizational sponsorships, donations, and gifts can create a comparable appearance and is likewise a subject

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