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From the Editor

1. Introduction

'Reverently and earnestly do I pledge my whole-hearted service in aiding those crippled in mind and body.

To this end that my work for the sick may be successful, will ever strive for greater knowledge, skill, and understanding in the discharge of my duties, in whatsoever position I may find myself.

I solemnly declare that I will hold and keep inviolate whatever I may learn of the lives of the sick.

Acknowledge the dignity of service in the cure of disease and the safeguarding of health in which no act is menial or inglorious.

Will walk in upright faithfulness and obedience to those under whose guidance I am to work and I pray for patience, kindness, strength in the holy ministry to broken minds and bodies.' (AOTA, 1995)

The above Pledge and Creed was written for occupational therapists, however a similar one may be found for most professions. We all enter our respective professions with the intentions of following these words, but sometimes ethical dilemmas arise that make it problematic.

Ethical dilemmas are part of the fabric of our activities of daily living, not only for us as practitioners, but as members of society. Just pick up a newspaper or professional newsletter or listen to the six o'clock news to confirm this reality!

Penny Kyler-Hutchison, MA, OTR/L, FAOTA, the American Occupational Therapy Association's (AOTA) Ethics Program Manager describes an ethical dilemma as '... a conflict of moral choices and values with no satisfactory solution. Often an ethical dilemma is caused by attempting to balance two or more undesirable alternatives with

no overriding principle to tell people what they ought to do' (Kyler-Hutchinson, 1995a, pp. 14–15).

Ethics is the examination of moral actions (Kyler-Hutchinson, 1995a, p. 13). Society, through its laws and systems, tries to clarify its moral values in relation to health care. Ethics pertains to society's relationship to the client, the practitioner, and the health care system. It also pertains to the professional relationship between client and the practitioner, between client and health care organization, and practitioner and organization (Baum, 1985, p. 6). Limits may increasingly be placed on health services for moral as well as economic reasons, as ethical issues are raised about the technology available to create, maintain, and prolong life (Baum, 1985, p. 6). Practitioners are likely to encounter ethical dilemmas in their work, and need to develop an understanding of potential conflicts and how to maintain their personal ethics while successfully carrying out their roles.

2. Ethical issues

Managed care has precipitated the dilemma of limited or fewer resources to carry out what we want to do as professionals. Some common ethical issues seen in the practice of occupational and physical therapy include: The types of services provided by non-licensed or non-professional staff; large staff to supervisor ratios or one supervisor with many supervisees located geographically in multifacilities and in multiple states; and

the fraud or misappropriation of funds through false or improper billing practices. In particular, in recent months we've all become keenly aware of the media coverage related to medicare fraud and abuse.

3. A code of ethics

While many health care facilities have formal ethics procedures for resolving individual cases, such cases are likely to continue to go before the courts and become matters of national debate in years to come. Further, even individuals who use the same reasoning process may arrive at different conclusions based on their value systems.

A code of ethics is commonly found in many professional organizations to represent '...the philosophical grounding of the collective group' (Kyler Hutchinson, 1995a, p. 14). For example, The American Occupational Therapy Association (AOTA) developed their Occupational Therapy Code of Ethics in 1977; and its most recent revision was adopted in 1994. 'The current code embraces all the roles an occupational therapy practitioner may hold' (Kyler Hutchinson, 1995a, p. 14) stating values, responsibilities, and prohibited actions for occupational therapy practitioners. The American Physical Therapy Association (APTA) has adopted a similar document.

4. Ethical decision making

Linda J. Kamp, MSED., OTR/L, FAOTA writes, 'preventing breaches of ethics requires identifying the problem, thinking of alternative actions and weighing their consequences, and selecting the action that leads to the least undesirable result' (Kamp, 1980, p. 1).

Ruth Hansen, PhD, OTR, former Chairperson of the Commission on standards and Ethics for AOTA has expanded on Mila Aroskar's model of ethical decision making by developing a series of questions designed to assist the practitioner to understand the ethical dilemma so as to be able to develop options for action (Kyler-Hutchinson, 1995a, p. 15; Aroskar, 1980). These questions are:

1. Who are the decision makers?

2. What are the relevant facts?
3. What other facts or information do you need?
4. What are the actions/viable options that might be taken? (ethical, medical, and legal)
6. Evaluate the values reflected in the situation. What are those values? Which values are in conflict? Prioritize these values in light of the options presented.
7. Choose an action that you are able to justify and defend. (Kyler Hutchinson, 1995a, p. 15).

5. Ethical jurisdiction

The majority of professions have organizations or groups that provide ethical jurisdiction over their members. I will use the ethical jurisdiction of Occupational Therapy as one example. For the non-OT reader, I advise you to contact your national professional organization to ascertain specifics for yourself. For example, Allen Wicken, MS, PT, Associate Director of Practice and other colleagues in the Practice Department, are the contacts for members of the American Physical Therapy Association (APTA).

There are three organizations that have specific jurisdictions over occupational therapy: the American Occupational Therapy Association (AOTA), the American Occupational Therapy Certification Board (AOTCB), and state regulatory boards. Ruth Hansen, PhD, OTR, former Chairperson of the Commission on Standards and Ethics for AOTA writes that, 'Some areas of concern overlap while others are distinct and unique. When deciding which of the three to contact for information and where to most effectively file a specific complaint, you need to answer three questions:

1. Did the alleged violation take place in a state that regulates occupational therapy?
2. Is the individual a member of AOTA?
3. What consequences would you consider appropriate if the complaint were determined to be justified?' (Hansen, 1995, p. 31).

Once the answers to these questions are determined, it is suggested that, if the individual

lives in a state with occupational therapy regulatory laws, first contact that state's regulatory board. If the state is without regulatory law and the individual is an AOTA member, contact either AOTA or AOTCB. Your only recourse if the individual is not an AOTA member is to contact the AOTCB (Hansen, 1995).

Depending upon the severity of the infraction, each of the organisations can elect several different types of sanctions, such as public censure or temporary suspension of certification or membership or practice privileges (Hansen, 1995).

6. Awareness

I believe that practitioner's knowledge about ethics and values have risen over the years. For OT practitioners this increased awareness can be attributed to the hiring of an AOTA Ethics Program Manager, a regular column in OT Week written by the Ethics Program Manager and the concerted efforts made by Ruth Hansen, PhD, OTR, former Chairperson of the Commission on Standards and Ethics for AOTA to broaden practitioner's awareness.

Penny Kyler-Hutchison, MA, OTR/L, FAOTA stated that: 'I receive an average 60 telephone calls a month from practitioners concerned about a variety of ethical issues. I am very happy to receive the calls and for the most part it is nice to know that OT practitioners are doing the right thing and that they are equally concerned for the recipients of their services as well as their peers. One of the best rewards of my job is that I can validate the individual's course of action and that they are walking down the right road' (Kyler-Hutchinson, 1995b). Just as the calls have increased because of Penny's presence, the number of complaints covering a variety of issues related

to unethical conduct by members of the AOTA have increased.

In challenging times ethics becomes even more important. Make sure you set a good example for everyone you work and live with. As Ralph Waldo Emerson wrote, 'Who you are speaks so loudly, I can't hear what you are saying'.

Karen Jacobs
Editor

Resource

An excellent generic resource for all practitioners is *Everyday Ethics: Common Concerns in Occupational Therapy* and its companion video. I highly encourage that these resources become part of each of your own libraries. The resources contain vignettes that are generic enough for all health care professionals and useful as an inservice vehicle.

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