# Ethics in Occupational Therapy

1 CE HOUR / .1 CEUs

## Course Abstract

This course reviews the ethical guidelines occupational therapists must adhere to in order to maintain best practice throughout the provision of services. It considers occupational therapy scope of practice, the American Occupational Therapy Association's Code of Ethics, and the procedures associated with reporting and investigating potential breaches of that Code. Case scenarios are provided.

Target audience: Occupational Therapists, Occupational Therapy Assistants

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**AOTA LOGO**

This course is offered for 0.1 CEUs (Introductory level; Category 3 – Contemporary Issues and Trends: Ethics)

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## Learning Objectives

At the end of this course, learners will be able to:

- Identify Principles and Standards of Conduct pertaining to the American Occupational Therapy Association's Code of Ethics
- Recognize the processes and disciplinary actions associated with a breach of the American Occupational Therapy Association's Code of Ethics
- Recall elements of the "Clinical Ethics and Legal Issues Bait All Therapists Equally" (CELIBATE) method

## Timed Topic Outline

I. Introduction to Ethics (5 minutes)
II. Occupational Therapy Scope of Practice (5 minutes)

III. Professional and Legal Responsibilities (5 minutes)
IV. Adherence/Breach (5 minutes)
V. Ethical Dilemmas in the Workplace (15 minutes)
VI. Occupational Therapy Assistants/Students (10 minutes)
VII. Ethics and Social Media: Modern-Age Healthcare (10 minutes)
VIII. Conclusion, References, and Exam (5 minutes)

**Delivery & Instructional Method**
Distance Learning – Independent. Correspondence/internet text-based self-study, including a provider-graded multiple choice final exam.

*To earn continuing education credit for this course, you must achieve a passing score of 80% on the final exam.*

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**Course Author Bio & Disclosure**
Alison Sims, OTD, OTR/L, is a registered and licensed occupational therapist in the state of Tennessee. She works in the pediatric outpatient setting, where she believes in a holistic therapeutic approach that involves both child and family. Her special interests include early intervention (ages 0-3) and sensory-based feeding disorders. Alison holds her Doctorate of Occupational Therapy from Belmont University, and a Bachelor of Science in Psychology from the University of Central Florida.

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Occupational therapy, also commonly referred to as OT, is an evidence-based and research-driven practice that aims to rehabilitate clients through the use of therapeutic everyday activities. This can include facilitating the client's engagement through home modifications, splinting, wheelchair seating and positioning, the use of physical agent modalities and more. Therapists and therapist assistants in this field focus on emphasizing the client's strengths and implement the use of daily activities as a means to enhance and increase occupational performance. The work of an occupational therapist may be seen in a variety of settings with clients of varying diagnoses. These settings and populations can include working in a pediatric outpatient clinic or school system with children who have intellectual disabilities or sensory processing disorders, in acute care with patients recovering from a surgical procedure, in a skilled nursing facility with older adults who have become unable to safely care for themselves at home, or in the area of mental health with adolescents whose mental illness is creating a barrier to them living independently, among many others. Occupational therapy emphasizes the importance of functional engagement in a client's desired and essential occupations to encourage them to perform at their highest level of independence.

In occupational therapy practice, it is both necessary and essential to engage in best practice when providing skilled services. The service-delivery model is complex and multifaceted, involving patients, their families, and often complicated medical states. Throughout service delivery, practitioners may be presented with difficult or questionable circumstances from which they must guide their actions. It is of the utmost importance to provide clients with quality and ethical care at all times. Therapists must ensure that confounding factors such as productivity level requirements, patient insurance coverage, and reimbursement do not influence their practice, and they must use due diligence and care to ensure that all healthcare-related decisions remain client-based and principled.

To exercise and maintain best practice, occupational therapists must adhere to specific ethical guidelines in order to deliver both skilled and vigilant therapeutic interventions throughout the provision of services. Ethics are also defined as the "continuous effort of studying our own moral beliefs and our moral conduct, and striving to ensure that we, and the institutions we help to shape, live up to standards that are reasonable and solidly-based," (Velasquez, Andre, Shanks & Meyer, 2010, p. 1). To get more specific, healthcare ethics are defined as the set of values, principles and beliefs that guide clinician choice in the making of medical decisions. Ethics also includes the rights and duties practitioners owe to those underneath their care, and ensuring the treatment that they are providing their clients is right, good, fair and just (Vermont Ethics Network, 2017).

## **Occupational Therapy Scope of Practice**

Due to both the medical and ethical complexities that are often found within the healthcare realm, it is first necessary to establish and understand the specific scope of practice underneath which a practitioner is responsible for acting. Specifically in order to ensure an understanding of his or her responsibilities, limitations, and that to which they are held accountable, an occupational therapist must become familiar with the scope of practice as outlined by the American Occupational Therapy Association. Last updated in 2014, the American Occupational Therapy Association defines the practice of occupational therapy to include the following:

"Strategies selected to direct the process of interventions, evaluation of factors affecting activities of daily living (ADLs), instrumental activities of daily living (IADLs), education, work, play, leisure, and social participation; interventions and procedures to promote or enhance safety and performance in activities of daily living (ADLs), and instrumental activities of daily living (IADLs), education, work, play, leisure, and social participation," (AOTA, 2014, p.4).

To engage in best practice and the best interest of the client, it is important to understand the limitations of one's scope and to adhere to the practice guidelines set forth above. Occupational therapy practitioners should act in a just and ethically moral manner, implementing only treatments and interventions in which they are competent, and/or hold current and valid licensure to administer, when applicable. No occupational therapist or occupational therapy assistant should surpass these guidelines and provide services outside of their scope of practice.

## Professional and Legal Responsibilities

The American Occupational Therapy Association, often referred to as the AOTA, is the professional association of voluntary membership that aims to represent the interest and concerns of practitioners and students in the field of occupational therapy and improve the quality of occupational therapy services. Established in 1917, this professional association focuses on "assuring the quality of occupational therapy services; improving consumer access to health care services, and promoting the professional development of members. The American Occupational Therapy Association educates the public and advances the profession by providing resources, setting standards, and serving as an advocate to improve health care," (AOTA, 2017, p. 1).

As a governing body, the American Occupational Therapy Association outlines ethical expectations and standards for occupational therapy practitioners in the Code of Ethics. This document provides professional, ethical, legal, and moral principles to abide by and adhere to. It acts as a foundational platform with which to guide professional and clinical practice, and protects practitioners by providing them with the guidance and knowledge required to exercise sound and ethical decision-making.

Principles

Most recently updated in 2015, the American Occupational Therapy Association's Code of Ethics encompasses seven core principles:

1) Altruism,
2) Equality,
3) Freedom,
4) Justice,
5) Dignity,
6) Truth, and
7) Prudence.

The AOTA defines these core principles as follows: "*Altruism* is the individual's ability to place the needs of others before their own. *Equality* refers to the desire to promote fairness in interactions with others. The concept of *freedom* and personal choice is paramount in a profession in which the desires of the client must guide our interventions. Occupational therapy practitioners, educators, and researchers relate in a fair and impartial manner to individuals with whom they interact and respect and adhere to the applicable laws and standards regarding their area of practice, be it direct care, education, or research (*justice*). Inherent in the practice of occupational therapy is the promotion and preservation of the individuality and *dignity* of the client, by assisting him or her to engage in occupations that are meaningful to him or her regardless of level of disability. In all situations, occupational therapists, occupational therapy assistants, and students must provide accurate information, both in oral and written form (*truth*). Occupational therapy personnel use their clinical and ethical reasoning skills, sound judgment, and reflection to make decisions to direct them in their area(s) of practice (*prudence*). These seven core values provide a foundation by which occupational therapy personnel guide their interactions with others, be they students, clients, colleagues, research participants, or communities. These values also define the ethical principles to which the profession is committed and which the public can expect," (AOTA, 2010, p. 2).

Standards of Conduct

The American Occupational Therapy Association's Code of Ethics expands upon the core principles to also encompass the Standards of Conduct. The six principles and standards of conduct are as follows:

(1) Beneficence,
(2) Non-maleficence,
(3) Autonomy,
(4) Justice,
(5) Veracity, and
(6) Fidelity.

It is important for occupational therapy practitioners to familiarize themselves with these six foundational standards of conduct. Definitions for these standards of conduct are as follows:

- Beneficence includes “all forms of action intended to benefit other persons. The term beneficence signifies acts of mercy, kindness, and charity” (Beauchamp & Childress, 2013, p. 150).
- Non-maleficence is to “abstain from causing harm to others” (Beauchamp & Childress, 2013, p. 150), including eliminating risk of harm even with the absence of malice.
- Autonomy expresses the concept that “practitioners have a duty to treat the client according to the client’s desires, within the bounds of accepted standards of care, and to protect the client’s confidential information.” (AOTA, 2015, p. 4).
- Justice refers to the “fair, equitable, and appropriate treatment of persons” (Beauchamp & Childress, 2013, p. 150).
- Veracity signifies the “comprehensive, accurate, and objective transmission of information and includes fostering understanding of such information” (Beauchamp & Childress, 2013, p. 150).
- Fidelity is defined as “loyalty to the commitment that the health care professional has assumed as a provider in the client’s plan of care. This includes the commitment to abiding by ethical standards,” (AOTA, 2015, p. 7).

**Adherence/Breach**

The Ethics Commission is a branch of the American Occupational Therapy Association that focuses on the development of ethical standards for clinicians, students, educators, businesses and communities involved in the field of occupational therapy. The Ethics Commission deals with both the education on and enforcement of these standards. The American Occupational Therapy Association keeps an updated list of the Ethics Commission Member Roster on the AOTA website. The titles that currently serve on this Commission include the Chairperson, Member at Large, Practice Representative, OTA Representative, Education Representative, Public Members (of which there are two), the Ethics Program Manager/Staff Liaison, and the AOTA Legal Counsel.

The AOTA states that it is the responsibility of those in the Ethics Commission to “develop and revise principles of the *Occupational Therapy Code of Ethics* and submit such revisions to the RA for approval regarding the Code of Ethics, …provide a process whereby existing and proposed documents can be reviewed and monitored from an ethical perspective for consistency, …inform and educate Association members and consumers regarding the Code of Ethics, …serve as a resource for any Association body requiring interpretation of the Code of Ethics, …issue Advisory Opinions on the interpretation and application of the AOTA *Occupational Therapy Code of Ethics a* as well as ethical trends, [and] …provide

members and the Association bodies with descriptions of the roles of regulatory or associated agencies or bodies (e.g., National Board for Certification in Occupational Therapy, State Regulatory Boards) that oversee the delivery of occupational therapy services and educational programs," (AOTA, 2017a).

Breaching the principles set forth by the Ethics Commission and the American Occupational Therapy Association may result in disciplinary action from the Ethics Commission. According to the *Enforcement Procedures for the Occupational Therapy Code of Ethics* (AOTA, 2015a), these actions are include but are not limited to:

- Reprimand - A reprimand is defined to be a "formal expression of disapproval of conduct communicated privately by letter from the EC Chairperson that is … non-communicative to other bodies (e.g., state regulatory boards [SRBs], National Board for Certification in Occupational Therapy® [NBCOT®])," (AOTA, 2015a, p. 2). Reprimands are not submitted for public record.
- Censure - Censure is a disciplinary action described as "a formal expression of disapproval that is publicly reported," (AOTA, 2015a, p. 2).
- Probation of Membership, Subject to Terms - "Continued membership is conditional, depending on fulfillment of specified terms. Failure to meet terms will subject an Association member to any of the disciplinary actions or sanctions. Terms may include but are not limited to a. Remedial activity, applicable to the violation, with proof of satisfactory completion, by a specific date; and b. The corrected behavior which is expected to be maintained. Probation is publicly reported," (AOTA, 2015a, p. 2).
- Suspension - Suspension of AOTA membership denies the individual of association with the AOTA for a specified period of time. This form of disciplinary action is reported publicly (AOTA, 2015a).
- Revocation - Revocation of Association membership includes the "permanent denial of Association membership. Revocation is publicly reported," (AOTA, 2015a, p. 2).

Complaints made to the Ethics Commission must meet several requirements, including being in writing, containing the Complainant's signature, and being formally submitted to the Ethics Commission Chairperson at the American Occupational Therapy Association. Any material or documentation that may support the claim should be included with the complaint, along with the identification of the person whom the claim is brought against (also known as the Respondent), and the ethical standard that the Complainant believes the person in question has violated. The Ethics Commission has a Disciplinary Council where the Respondent is welcome to answer to the specific charge brought forth. A preliminary assessment of the complaint is then to be completed by the Ethics Commission within 90 days of receipt of such a complaint. From this preliminary assessment, the Ethics Commission will then decide whether or not an investigation is warranted based upon the information provided. Upon the

conclusion of the investigation, if the Ethics Commission finds that an ethical violation has in fact occurred, an action such as one listed above may be chosen. In the case that an investigation does not conclude that an ethical violation occurred, the Ethics Commission may choose to educate both the Complainant and Respondent on the matter at hand, which may include a referral to resources or the use of an educative letter. For more information on this process, readers can refer to the *Enforcement Procedures for the Occupational Therapy Code of Ethics and Ethics Standards.*

## Ethical Dilemmas in the Workplace

As practitioners, it is not uncommon to be presented with ethical dilemmas in the workplace. With workplace pressures coupled with the expectations of productivity and insurance reimbursement, clinicians must ensure that they are prepared to handle potential ethical dilemmas that may arise, along with acknowledging and adhering to the standards of practice.

Take for example the following scenario in which an occupational therapy practitioner is presented with an ethical dilemma:

> Laura is an occupational therapist working in an inpatient rehabilitation center. Laura's patient, Jack, was admitted to the unit one week ago. Laura knows that Jack's insurance requires him to participate in 15 hours of therapy per week in order for his insurance to pay for the cost of his stay. Laura has treated Jack over the course of the past few days and has noticed he grows extremely fatigued before the end of each session. Today is Saturday, and Jack still needs 3 hours of therapy in order to fulfill his 15 hours. Laura works with Jack in the morning for an hour, knowing that he has physical therapy immediately following. Jack complained of experiencing a 9/10 on the pain scale earlier this morning at the conclusion of Laura's session, but Laura hopes that Jack will be feeling better this afternoon so that he can fulfill his 15 hours. With just one more hour of therapy left, Laura enters Jack's room. Jack is asleep, but when awoken agrees to therapy, as he knows he needs his hours to fulfill the insurance requirement. Laura begins to facilitate treatment but notices by Jack's physical appearance and body language that he is in a significant amount of pain and appears to be out of breath. Laura's clinical judgment tells her that it is unsafe for Jack to continue to participate in therapy at this time; however, she is worried she will get in trouble with her supervisor for not fulfilling Jack's therapy time, and she is also worried about Jack's insurance coverage.

When considering the appropriate response to this situation, it is important for the practitioner to evaluate the scenario from a variety of angles. To assist in this process, occupational practitioners can consult models created to address ethical dilemmas and ethical analysis within clinical practice. One of these is the

CELIBATE method, short for Clinical Ethics and Legal Issues Bait All Therapists Equally (Jonsen, Seigler, & Winslade, 1998, cited in Kornblau & Starling, 2000). The CELIBATE method, which specifically considers ethical dilemmas involving research, can be applied to other ethical dilemmas in the healthcare field. This model assists in solving ethical dilemmas by posing the following questions:

- **What is the problem?** This includes identification of the issue at hand.
- **What are the facts of the situation?** When answering this question, the practitioner must eliminate all bias and stick to the facts of the specific scenario.
- **Who are the interested parties, what is the nature of their interest?** This identifies those involved, and what their involvement may be in the situation.
- **Does it violate a professional code of ethics?** An ethical analysis of principle violation is performed in this step, to determine whether or not any possible action steps may violate AOTA principles or standards of conduct.
- **Is there a legal issue?** This step determines the legality of potential actions, and considers the possibility that one or more may be illegal, i.e. abuse or fraud.
- **Do I need more information?** This allows the therapist to consider whether additional information from the involved or outside parties may be needed.
- **Brainstorm possible action steps.** During this step, the occupational therapist can determine potential actions to take in response to the situation.
- **Analyze the action steps.** An in-depth analysis of the action steps is performed at this time, including benefits and/or consequences of each potential action step.
- **Choose course of action.** Finally, the clinician is able to determine the best course of action after deliberating on the questions above.

These questions approach the situation with a holistic point of view that assesses all angles, parties and interests. By answering the above, the practitioner can evaluate potential solutions and problem-solve to conclude what action is considered best practice and most ethical.

As an example, we will utilize the CELIBATE method to examine the above scenario:

- **What is the problem?**
    - Jack has not met the 15-hour requirement of weekly therapy in order for insurance to cover the cost of his stay.
- **What are the facts of the situation?**
    - Jack must reach 15 hours of weekly therapy in order for insurance to reimburse for his stay.

    - Jack has only reached 14 hours.
    - Laura does not believe that Jack is able to participate in the remaining hour of therapy.
- **Who are the interested parties, what is the nature of their interest?**
    - Patient: Protection from harm
    - Occupational therapist: Respond appropriately
    - AOTA: Members are to practice in an ethical and principled manner
- **Does it violate a professional code of ethics?**
    - There are several ethical violations in question, including nonmalefience: “abstain from causing harm to others” (Beauchamp & Childress, 2013, p. 150), including eliminating risk of harm even with the absence of malice.
- **Is there a legal issue?**
    - While there is certainly an ethical dilemma in this scenario, there is no illegal action taking place.
- **Do I need more information?**
    - No additional information is needed at this time.
- **Brainstorm possible action steps.**
    - Continue the session.
    - Stop the session immediately.
- **Analyze the action steps.**
    - Continue with therapy: this option puts the patient at risk.
    - Conclude the session: this option eliminates the risk of harm to the patient. Choosing this option also means that Jack will not receive the 15 therapy hours required for insurance to cover his stay.
- **Choose course of action.**
    - End the session.

The action of pushing Jack to participate in the remaining hour of therapy would ensure his stay was reimbursed by insurance, but because it was in the best interest of the patient and eliminated the risk of harming him, Laura makes the ethical decision to stop the session. In fact, a 2008 study by Slater and Brandt (2011) recognized insurance reimbursement to be one of the most distressing and top ethical concerns as selected by occupational therapy practitioners. Utilizing methods such as the CELIBATE model allows practitioners to view these ethical dilemmas from a holistic point of view, assessing each segment of the scenario and the role it may play in the ethical dilemma.

Consider another scenario, in which a practitioner is working in a pediatric outpatient clinic:

> Angela is a pediatric occupational therapist who begins her treatment session with the child she is scheduled to see. The child is able to participate in therapy for 49 minutes before feeling ill and beginning to vomit in the therapy room. Angela’s boss advises her to bill for the entirety of the session, as the treatment session was “practically over” and that the

entire hour had been blocked off in her schedule anyway. This presents the occupational therapist with an ethical dilemma. How does the occupational therapist ethically and appropriately respond in this scenario?

First, it should be taken into consideration and understood that occupational therapy services are billed per unit. These units are in time intervals of 15 minutes, beginning with at least 8 minutes. This means that 1 unit of therapy = 8-22 minutes, 2 units of therapy = 23-37 units, 3 units of therapy = 38-52 minutes, 4 units of therapy = 53-67 minutes, and so forth. In the above scenario, the questions listed in the CELIBATE model method can be answered to address and assume the most responsible and ethical route.

The occupational therapist in question can begin assessing this ethical dilemma by answering the following:

- **What is the problem?**
  - The child was not able to complete the full therapy session.
  - Angela's boss advises to bill for the full 4 units.
- **What are the facts of the situation?**
  - The child became sick and was no longer able to participate in the remainder of the therapy session.
  - Occupational therapy units are to be billed as listed above.
  - The child was seen for a total of 49 minutes. According to the manner in which occupational therapy units are to be billed, this treatment session equates to 3 units.
- **Who are the interested parties, what is the nature of their interest?**
  - Child: To receive the amount of therapy deemed medically necessary
  - Occupational therapist: To respond appropriately
  - AOTA: Members are to practice in an ethical and principled manner
- **Does it violate a professional code of ethics?**
  - As occupational therapists, the practitioner is expected to adhere to the ethical principles of both veracity "comprehensive, accurate, and objective transmission of information and includes fostering understanding of such information" (Beauchamp & Childress, 2013)," and fidelity, or "loyalty to the commitment that the health care professional has assumed as a provider in the client's plan of care. This includes the commitment to abiding by ethical standards," (AOTA, 2015). Should the occupational therapist choose to bill for more units than was administered, she would be violating both of these ethical principles.
- **Is there a legal issue?**
  - Yes, in the state in which the therapist practices, billing for services not provided is considered both fraudulent and unlawful.
- **Do I need more information?**

    - No additional information is needed at this time.
- **Brainstorm possible action steps.**
    - Bill the session for 3 units: this option bills for the appropriate amount of time that the occupational therapist was able to therapeutically work with the patient.
    - Bill the session for 4 units: this option would breach the ethical principle of both veracity and fidelity, as mentioned above.
- **Choose course of action.**
    - After deliberating, Angela makes the ethical decision to bill for three units.

**Occupational Therapy Assistants/Students**

Occupational therapists are granted the privilege and responsibility of supervising both occupational therapy assistants and students, when applicable. When assuming this position of authority, it is necessary for practitioners to exercise diligence and take care while acting in the advisory role. This includes overseeing the delegation of treatments, assessments, and administration of interventions. As always, practitioners should refer to the laws and regulations outlined in their individual state of practice.

The American Occupational Therapy Association composed the *Model State Regulation for Supervision, Roles, and Responsibilities During the Delivery of Occupational Therapy Services* as a means to guide and direct overseeing therapists in the responsibilities and requirements of assistant supervision. Per recommendation of these guidelines, the method and frequency of supervision to be provided by the occupational therapist to the assistant is left up to the supervising practitioner to deem what is appropriate. The manner of supervision may change based upon level of skill and competency, complexity of client's condition, number of clients on the caseload and other agency requirements.

The supervising occupational therapist is also responsible for overseeing the treatments and interventions that an occupational therapy assistant is implementing with a client. When signing off on documentation for an assistant practitioner, it is imperative that the occupational therapist ensures accuracy and honesty. This includes avoiding the backdating of documentation for any purpose, or signing off on documentation for a patient who has not been seen by the overseeing occupational therapist, both of which would violate the ethical principles of veracity and fidelity.

In reference to student supervision, the American Occupational Therapy Association states that an occupational therapy practitioner must meet specific qualifications in order to supervise a Level II fieldwork student. These qualifications include meeting the state's practice standards and regulations, holding a valid license, and having at least 1 year's worth of experience "subsequent to the requisite initial certification" (AOTA, 2017c). The AOTA also

emphasizes the importance of the therapist's preparedness to act as a fieldwork educator. This includes being educated on fieldwork objectives, expectations, guidelines, and agency regulations.

According to the *AOTA Guidelines for an Occupational Therapy Fieldwork Experience* (2015, p. 8), "the Standards state that supervision should initially be direct, and then progress to less direct supervision as is possible given the demands of the fieldwork site, the complexity of the client's condition being treated, and the abilities of the fieldwork student." The supervising practitioner should exercise caution to maintain a safe and ethical environment for both the student and patient at all times.

Occupational therapists who are acting as fieldwork educators should also use due diligence in familiarizing with the requirements that certain insurances enforce pertaining to client care involving students. For example, Medicare specifies certain requirements for patients who are included underneath their coverage. Because these Medicare requirements are eligible to be changed, it is recommended to seek the most up-to-date requirements on the AOTA website.

Ethical dilemmas may present themselves in the area of supervision as well. Take for example a scenario in which an occupational therapist, Jamie, works in the skilled nursing facility setting. Jamie is responsible for the supervision of several occupational therapy assistants that work both on-site and in home health. A recently hired certified occupational therapy assistant (COTA), Linda, has treated several home health patients throughout the week and submitted the documentation to Jamie. Due to time constraints and an end-of-day deadline for filing paperwork, Linda notices that Jamie has signed off on this documentation without consulting her or interacting with the patients. This is the second time that Linda has witnessed this from Jamie, even after consulting her about it.

- **What is the problem?**
    - Jamie has signed off on documentation in which she has not verified.
- **What are the facts of the situation?**
    - Linda has seen and treated patients throughout the week.
    - Jamie has signed off on all documentation provided and recommended by Linda.
    - Jamie has not collaborated with Linda nor interacted with the clients.
- **Who are the interested parties, what is the nature of their interest?**
    - Patient: Protection from harm
    - Occupational therapy assistant: Respond appropriately
    - AOTA: Members are to practice in an ethical and principled manner
- **Does it violate a professional code of ethics?**
    - In this scenario, Jamie may be violating the principle of nonmalefience: "abstain from causing harm to others" (Beauchamp

& Childress, 2013, p. 150), including eliminating risk of harm even with the absence of malice, along with the principle of veracity, which ensures "comprehensive, accurate, and objective transmission of information and includes fostering understanding of such information" (Beauchamp & Childress, 2013, p. 150).

- **Is there a legal issue?**
  - As a supervising occupational therapist, Jamie has both a legal and ethical responsibility to provide supervision.
- **Do I need more information?**
  - No additional information is needed at this time.
- **Brainstorm possible action steps.**
  - Ignore Jamie's actions
  - Consult supervisor
- **Analyze the action steps.**
  - Ignore Jamie's actions: this will allow for Jamie's actions to potentially continue and place Linda's integrity at risk, along with placing potential risk to patients involved.
  - Consult supervisor: this option allows for Linda to consult the lead therapist on how best to handle the situation.
- **Choose course of action.**
  - Consult supervisor.

## Ethics and Social Media: Modern-Age Healthcare

Social media, which is defined to include blogs, social networking sites, wikis and social tagging, encompasses "internet-based tools that allow individuals and communities to gather and communicate; to share information, ideas, personal messages, images, and other content; and, in some cases, to collaborate with other users in real time," (Ventola, 2014, p. 1). In an increasingly digital world, patients and practitioners alike are utilizing the online community for both business and personal use. Social media acts as a global platform that allows practitioners to not only share with their personal friends and family, but to connect with their patients and other clinicians on a wider scale.

However, in the modern age of social media where content quickly goes viral and posts are shared at a rapid rate, the benefits and negatives of social media should be carefully weighed. The social media website QuantiaMD conducted a survey in 2011 with over 4,000 participating physicians. Their findings concluded that more than 90% of physicians use some form of social media for personal endeavors, compared to only 65% utilizing a social media platform for professional reasons (Ventola, 2014). While social media is able to increase public access to health care-related topics, the dangers of healthcare practitioners oversharing on social media should also be acknowledged.

Ventola (2014) also states that the improper use of social media may "present potential risks to patients and HCPs [healthcare practitioners] regarding the

distribution of poor-quality information, damage to professional image, breaches of patient privacy, violation of personal-professional boundaries, and licensing or legal issues." In order to prevent these from occurring, many agencies have adopted regulations which the employed practitioner should abide by to help prevent the occurrence. However, whether governed by agency-assigned regulations or not, when utilizing social media it is important for healthcare professionals to conduct themselves in a proper and ethical manner. This includes post content, pictures, and biographies.

Representatives and members of the American Occupational Therapy Association Ethics Commission developed an advisory opinion paper emphasizing the importance of caution when using social media as a healthcare provider. The Ethics Commission advises that "ethical issues related to Facebook postings [specifically] fall into three categories: confidentiality, privacy, and fidelity, or respect for others. Of utmost importance is keeping clients' protected health information confidential in accordance with HIPAA (1996) regulations," (AOTA, 2015).

Often referred to and discussed in the healthcare realm, HIPAA stands for the Health Insurance Portability and Accountability Act of 1996. HIPAA is the legislation that guarantees patients private, secure and confidential safeguards when involving their personal medical information. HIPAA also "mandates industry-wide standards for health care information on electronic billing and other processes; and requires the protection and confidential handling of protected health information," (CDHS, 2017, p. 1). When sharing on social media, be it personally or professionally, healthcare practitioners should exercise extreme caution to abide by HIPAA policies.

The American Occupational Therapy Association (2015) also advises "it is important to remember that the privacy of information posted on the Internet should not be expected and is not guaranteed. This includes descriptions that could be linked to clients, even without posting names. Therefore, individuals must exercise prudence to avoid posting information that is illegal or unethical. Finally, posting negative information about others, with or without their knowledge, is unprofessional and disrespectful, and should be avoided."

It is essential to avoid any content or postings that may be considered inflammatory and unprofessional, and it is important to maintain an air of e-professionalism (Jannsen, 2009). This includes careful selection of content, and ensuring that care is taken to respect patient privacy and rights, and to adhere by all regulations set forth by state and agency. When in question, occupational therapy practitioners should refer to the *American Occupational Therapy Association Code of Ethics*, and refrain from posting if any content is in question.

In an example of an ethical dilemma involving social media, Frank, an occupational therapist, works part-time at a pediatric outpatient facility. Frank

logs online to find that a fellow OT coworker, Miranda, has posted pictures and information of a patient in one of her Facebook albums.

- **What is the problem?**
  - The patient's pictures and personal information are listed online, placing the patient's privacy at risk due to a breach of confidentiality.
- **What are the facts of the situation?**
  - Miranda has posted pictures of a patient.
  - Confidentiality policies and procedures are governed by both the agency that Frank and Miranda work for along with HIPAA.
  - Frank wants to protect the patient and maintain confidentiality.
- **Who are the interested parties, what is the nature of their interest?**
  - Patient: Preservation of confidentiality and protection from harm
  - Occupational therapist: Respond appropriately
  - AOTA: Members are to practice in an ethical and principled manner
- **Does it violate a professional code of ethics?**
  - The principle of autonomy, which includes that "practitioners have a duty to treat the client according to the client's desires, within the bounds of accepted standards of care, and to protect the client's confidential information," (AOTA, 2015, p. 4), may be compromised in this scenario.
- **Is there a legal issue?**
  - If a HIPAA violation has taken place, a fine can be imposed upon the practitioner for violating the policies outlined in the legislation.
- **Do I need more information?**
  - Was a photo release form signed by the family?
- **Brainstorm possible action steps.**
  - Report the social media post directly to administration.
  - Consult Miranda about the post.
- **Analyze the action steps.**
  - Report the social media post directly to administration: this option avoids communication with the therapist and makes administration aware of the situation.
  - Consult Miranda about the post: this will allow Frank to inquire whether or not Miranda received permission from the family to post the patient's status in therapy on an online platform.
- **Choose course of action.**
  - Consult Miranda: Frank approaches the therapist on an individual level and is shown the release form that the patient's parents have signed. Miranda explains that the patient's parents wish for the public to have a better understanding of the patient's diagnosis and have expressed their desire for their story to be shared.

## Conclusion

Ultimately, occupational therapists make a commitment to serve their clients with integrity and respect. Throughout all elements of practice – the service-delivery process, engagement in social media, decisions when supervising others, and when engaging in clinical activities -- it is an obligation of occupational therapy practitioners, assistants and students to maintain the outlined ethical principles and standards of conduct. It is through continued education, the exercising of competence and care, and the use of due diligence that a principled practice can be carried forth. By abiding by the ethical principles of occupational therapy service and maintaining their treatments and interventions to stay inside the scope of practice, clinicians are able to ensure that they are acting in the best interest of their patients, and providing the most appropriate and ethical care.

**References**

American Occupational Therapy Association. (2013). AOTA Guidelines for an Occupational Therapy Fieldwork Experience. AOTA: Bethesda, MD.

American Occupational Therapy Association (2014). Scope of practice. American Journal of Occupational Therapy, 68(Suppl.3):S34-S40. http://dx.doi. org/10.5014/ajot.2014.686S04.

American Occupational Therapy Association. (2015a). Enforcement procedures for the Occupational Therapy Code of Ethics. American Journal of Occupational Therapy, 69(Suppl.3,) 3), 6913410012. http://dx.doi.org/10.5014/ajot.2015.696S19

American Occupational Therapy Association. (2015b). Occupational therapy code of ethics (2015). American Journal of Occupational Therapy, 69(Suppl. 3), 6913410030. http://dx.doi. org/10.5014/ajot.2015.696S03

American Occupational Therapy Association. (2017a). Ethics commission roles. Retrieved July 8, 2017, from https://www.aota.org/About-Occupational-Therapy/Ethics/Roles.aspx

American Occupational Therapy Association. (2017b). About AOTA. Retrieved July 7, 2017, from https://www.aota.org/AboutAOTA.aspx

American Occupational Therapy Association. (2017c). Frequently Asked Questions about Ethics. Retrieved July 10, 2017, from https://www.aota.org/Practice/Ethics/FAQ.aspx

Beauchamp, T. L., & Childress, J. F. (2013). Principles of biomedical ethics (7th ed.). New York: Oxford University Press.

California Department of Health Care Services. (2017). Health Insurance Portability and Accountability Act. Retrieved July 10, 2017, from http://www.dhcs.ca.gov/formsandpubs/laws/hipaa/Pages/1.00WhatisHIPAA.aspx

Jannsen, M. (2009). Social networking and e-professionalism. *American Journal of Health-System Pharmacy*, *66*(18), 1672-1672.

Kornblau, B. L., & Starling, S. P. (2000). Ethics in rehabilitation: A clinical perspective. Thorofare, NJ: Slack.

Slater, D. Y., & Brandt, L. C. (2011). Combating moral distress. In D. Y. Slater (Ed.), Reference guide to the Occupational Therapy Code of Ethics and Ethics Standards (pp. 107–113). Bethesda, MD: AOTA Press; p. 108.

Van Denend, T., & Finlayson, M. (2007). Ethical decision making in clinical research: Application of CELIBATE. American Journal of Occupational Therapy, 61, 92–95.

Vermont Ethics Network. (2017). Health Care Ethics: Overview of the Basics. Retrieved July 8, 2017, from http://www.vtethicsnetwork.org/ethics.html.

Ventola, C. L. (2014). Social Media and Health Care Professionals: Benefits, Risks, and Best Practices. Pharmacy and Therapeutics, 39(7), 491–520.

# Ethics in Occupational Therapy

1 CE HOUR / .1 CEUs

## FINAL EXAM

1. While attempting to treat a client, an occupational therapist is told by the client that they wish to refuse all occupational therapy services. After receiving education on the importance of therapy and the potential benefits from participating, the client maintains that they do not wish to participate. What principle affords this client the choice of refusing services?

a. Autonomy
b. Beneficence
c. Justice
Veracity

2. The body of the Ethics Commission to which a Respondent can answer to a violation charge brought against them is called the _____.

a. Disciplinary Council
b. Ethical Breach Commission
c. Ethics Hearing
d. Violation Trial

3. An occupational therapist is treating an elderly patient in the skilled nursing facility setting for a total hip replacement. As the therapist is heading to the patient's room to begin therapy, the patient's relative stops her to inquire on his progress. How should the occupational therapist respond?

a. Because the individual is a relative, allow them access to the patient's medical records
b. Explain confidentiality guidelines to the relative, and let them know that they must inquire with the patient to retrieve that information
c. Fill the relative in on the patient's progress and estimated discharge date
d. Welcome the relative to join in on the therapy session where the patient will be able to demonstrate said progress

4. Upon the receipt of a formal complaint, the Ethics Commission follows a series of steps. What is the first course of action they take when having received an ethical complaint?

a. Communicating with the Respondent via educative letter
b. Opening a formal investigation
c. Performing a preliminary assessment
d. Temporarily suspending the Respondent's membership

5. When working in a pediatric outpatient setting, an occupational therapist is approached by a parent who gives the therapist a $100 gift card as a “thank you.” The therapist fails to report this gift, and responds by favoring the client during scheduling, even if it means cancelling sessions with another patient. What ethical principle did this therapist violate?

a. Autonomy
b. Beneficence
c. Justice
d. Veracity

6. What is the most severe sanction the Ethics Commission may serve if they conclude that a violation of ethical principles has occurred?

a. Censure
b. Reprimand
c. Revocation
d. Suspension

7. A new therapist working in the outpatient setting is completing her first formal assessment at the clinic. When inquiring about standardized assessment forms, she is handed a stack of photocopied duplicates. How should the therapist respond?

a. Deny services and refuse to complete the evaluation
b. Inquire about where to obtain official and copyrighted versions of the assessment
c. Use just what is left of the photocopied prints, and then inquire about copyrighted versions later
d. Utilize the copied assessments and continue with the evaluation

8. An occupational therapist employed in an outpatient clinic has noticed that a client has plateaued in therapy and is no longer making progress. The client’s wife, however, insists that the client continues to require therapy and asks that therapy services continue. How should the therapist respond?

a. Begin the patient’s discharge process
b. Continue with services as the patient’s spouse sees the patient more often and has insight into the patient’s needs
c. Continue with two more weeks of therapy and see if the patient responds
d. Terminate services immediately

9. A patient evaluated by an occupational therapist has been deemed appropriate for physical agent modalities. The treating therapist, unfamiliar with the use of ultrasound, consults a more experienced therapist for guidance on how to administer the modality. What ethical principle is the treating therapist abiding by?

a. Autonomy
b. Beneficence
c. Justice
d. Veracity

10. An occupational therapist working in the acute care setting treats a new patient who takes an interest in her. During the second session of therapy, the patient asks the therapist to accompany him to lunch upon discharge. How should the therapist respond?

a. Accompany the patient to lunch; after all, once he is discharged, he is no longer on the therapist's caseload
b. End the session immediately and terminate therapy services
c. Hint to the patient that the offer will be considered and decided upon later
d. Politely but firmly decline and set the expected professional boundaries