

# Professional Ethics: The Foundation for Professional Practice

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# Learning Objectives

- Characteristics leading to the development of a self-monitoring profession
- Professional vs. nonprofessional behavior
- How Codes of Ethics are developed
- Inherent values in a Code of Ethics
- Frameworks for ethical decision making to resolve ethical dilemmas
- Using ethics to guide workplace behaviors
- Common ethical complaints and how to avoid them

# “In this ever-changing world in which we live in” ...or an expanding professional landscape

- We need clear concepts of what constitutes professional behavior
- We must be familiar with the principles and rules of our Code of Ethics
- We need internal tools for evaluating what is professional and ethical and what is not

# Professionalism

- As we go through the session, consider:
  - What is a profession?
  - What special responsibilities do professionals have and why?
  - What relationship exists between being a professional and behaving ethically?

# Professionalism

- The original professions:
  - Medicine
  - Law
  - Theology
- Many more today
  - Wikipedia now lists audiology and speech-language pathology along with 37 other professions, a change from 2012 when we did not appear in the listings

# “Steps” in Becoming a Profession

- Became a full-time occupation
- Training school was established
- University training was established
- Local professional association was founded
- National professional association was founded
- Codes of ethics were introduced
- State Licensure laws were established

“Profession,” Wikipedia; <http://en.wikipedia.org/wiki/Profession>

# When does a profession become a profession?

- A profession arises when any trade or occupation transforms itself through “the development of formal qualifications based upon education, apprenticeship, and examinations, the emergence of regulatory bodies with power to admit and discipline members, and some degree of monopoly rights.

Alan Bullock & Stephen Trombley, *The New Fontana Dictionary of Modern Thought*, London: Harper-Collins, 1999, p. 689 (from Wikipedia)

# Regulation of Professions

from Wikipedia

- By statute
- Professional bodies who direct members
  - Enforce
  - Define
  - Promote
  - Oversee
  - Support
  - Regulate: licensure, examination, and specification of a code of ethics



# Professions have:

(more from Wikipedia)

- **Autonomy**
  - High degree of control of own affairs
  - Must be willing to be subject to critical evaluation of other members of the profession
- **Status and Prestige**
  - Society's esteem related to skilled work and its special and valuable nature
- **Power**
  - Over its own members
  - Protecting “territory”

# Questions to Consider:

What are the obligations of a professional?

What is professional autonomy?

What is the self-monitoring function professionals must exhibit?

# This Leads to the Concept of:

- Ethics
  - Who determines what is ethical conduct for a profession/professional?
  - Who monitors this conduct?
  - What is the difference between ethics and legal requirements? Which is more stringent?

# The Community

- Our Professional Organizations
  - An important requirement for membership in a profession is the agreement to adhere to a Code of Ethics
  - Codes delineate the professional's responsibilities to consumers, colleagues, the public, and the profession
  - Established by the members of the profession

# Our Great and Noble Profession

Jacobson, G. P. (2002). *American Journal of Audiology*, 11, 54-55.

“To be a member of this great profession is to realize that we are each its ambassadors and represent the profession in every evaluation we perform and every counseling session we conduct. As such, we bear an awesome responsibility to discharge the highest quality with each professional contact.”

# More Jacobson

- “There are those outside our profession who minimize our value and would, if they could, define for us who we are and what we can and cannot do. However, we are an autonomous profession with noble bloodlines. We alone...will chart the course that defines our future.”

# Professionalism - Excerpts

Chial, M.(1998).Conveying expectations about professional behavior. *Audiology Today*, 10(4), p.25

- You show up.
- You show up on time.
- You show up prepared.
- You show up in the frame of mind appropriate to the professional task.
- You show up properly attired.
- You accept the idea that “on time,” “prepared,” “appropriate” and “properly” are defined by the situations, by the nature of the task, or by another person.
- You place the importance of professional duties, tasks and problem solving above your own convenience.

(Statements are direct quotes from the original document)

# So, We are Professionals

- With prestige, power, and autonomy - AND
- Governed by statutes established in legislatures and designed to regulate practice and protect consumers
- Adhering to ethical principles established by the profession which are designed to ensure the highest standards of conduct, and as a result, also benefit those we serve



# Some thoughts on ethics....

The value of professional codes of ethics is not so much that they exist but rather that they are practiced.

Joseph Helmick

On the Vitality of Ethical Conduct in a Foreword to Pannbacker, Middleton and Vekovius Ethical Practices in Speech-Language Pathology and Audiology

# Some thoughts on ethics....

Sometimes ethical behavior is not the difference in right and wrong. It is the difference in right and more right.

Stuart Finder

Director of Medical and Research Ethics at Vanderbilt University  
to a Department of Hearing and Speech Sciences class on  
Professional Issues

# What does a Code of Ethics enable us to do?

- Set out the ideals and responsibilities of the profession
- Exert a regulatory effect, protecting both clients and professionals
- Improve the profile of the profession
- Motivate and inspire practitioners by defining their reason for being
- Provide guidance on acceptable conduct
- Raise awareness and consciousness of issues
- Improve quality and consistency
- <http://www.is.cityu.edu.hk/research/resources/isworld/ethics/>

# Principles/Values identified in Codes of other professions

- APA
  - Beneficence (do good) and Non-maleficence (do no harm)
  - Fidelity and Responsibility
  - Integrity
  - Justice
  - Respect for People's Rights and Dignity (Autonomy)

[http://www.apa.org/ethics/code2002.html#principle\\_d](http://www.apa.org/ethics/code2002.html#principle_d)

# ...and from the AMA

<http://www.ama-assn.org/ama/pub/category/2512.html>

- Competence
- Compassion
- Respect
- Professionalism
- Honesty
- Responsibility
- Privacy
- Commitment
- Appropriate Patient Care
- Improvement of the community
- Betterment of public good
- Support access to care

# What a Code of Ethics is not:

- The same as feelings
- Religion
- Following the law
- Following culturally accepted norms
- Science

<http://www.scu.edu/ethics/practicing/decision/framework.html>

# Sources of Ethical Standards

- Utilitarian Approach – balance of good over harm
- Rights Approach – protects and respects the moral rights of those affected
- Fairness/Justice Approach – all beings are treated equally, or if unequally, then fairly based on some standard that is defensible

# Sources of Ethical Standards (cont'd)

- Common Good Approach – our actions should contribute to the inherent good of life in the community
- Virtue Approach – ethical actions ought to be consistent with certain ideal virtues that provide for the full development of our humanity

<http://www.scu.edu/ethics/practicing/decision/framework.html>



# The pieces of the puzzle don't always fit!

- We may not agree on the content of the approaches
- We may not all agree to the same set of human and civil rights
- We may not agree on what constitutes the common good
- We may not even agree on what is good and what is a harm
- Different approaches may not all answer the ethical questions the same way
- <http://www.scu.edu/ethics/practicing/decision/framework.html>

# Challenges and Realities

- Expected ethical behavior is consistent across all employment settings and with all clients
- Employers often make demands in conflict with ethical behavior
- Professionals sometimes develop bad habits or use bad judgment or make mistakes
- A Code of Ethics is the road map to avoid such pitfalls

Miller, T. (2007). Professional Ethics. In R. Lubinski, L. Golper, & C. Frattali (Eds.) *Professional Issues in Speech-Language Pathology and Audiology*. Clifton Park, NY: Thomson Delmar.

# Some thoughts on ethics....

Always stay on the high road. You'll find there is way less traffic up there.

Arlene Carney

In a personal conversation when we were working on the 2005 standards for certification in SLP and reactions and feelings were running high.

# Most Codes are Based On:

- Freedom of action and choice
- Justice and fairness
- Doing good for others
- Preventing or avoiding harm
- Fidelity and loyalty

Bupp, H. (2012). 9 Upsetting Dilemmas. *The ASHA Leader*, 17 (14), 10-14.

# The ASHA Code of Ethics

Since 1930 – modified frequently but  
amazingly consistent in its major  
tenets

# The AAA Code of Ethics

Established when the organization was founded in 1988—some revisions but amazingly consistent in its tenets

# Why so consistent?

- Settings change
  - Scopes of practice change
  - Reimbursement structures change
  - More people enter the professions
  - More training programs emerge
- 
- Codes of Ethics are designed to provide steady and inspiring guidance across the matrix of our practice.

# Valuable information in the Preamble

- Applies to all persons affiliated with the association
- Expects adherence to the ideals of the code even if a rule or principle is not specified
- Aspirational and inspirational



# ASHA Code of Ethics Based on 4 Principles Regarding Responsibilities

- To those we serve
- For professional competence
- To the public
- In our professional relationships

# A Framework for Ethical Decision Making

- Is there something occurring that could damage persons or the community?
- Does the issue go beyond legal or institutional concerns for people with dignity, rights, and hopes for a better life together?
- What are the relevant facts? What facts are unknown?

# A Framework for Ethical Decision Making (cont'd)

- What persons have an important stake in the outcome? Do some of them have a special need or do we hold a special obligation to them?
- What are the options for acting?
- Which option will produce the most good and do the least harm?
- Even if not everyone gets all they want, will everyone's rights and dignity still be respected?

# A Framework for Ethical Decision Making (cont'd)

- Which option is fair to all stakeholders?
- Which option would help all participate more fully in the life we share as a family, community, society?
- Would you want to become the sort of person who acts this way?
- Which option is the right or best thing to do?

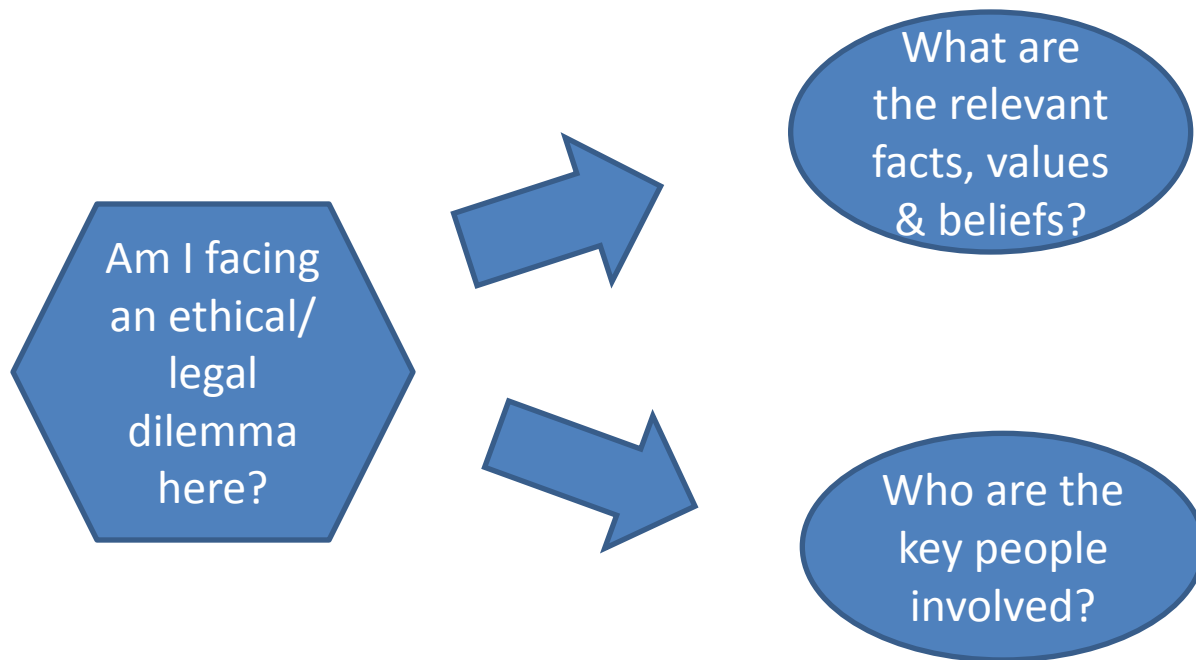
# Framework for Ethical Decision Making (cont'd)

- If you told someone you respect why you chose this option, what would that person say?
- If you had to explain your decision on television, would you be comfortable doing so?
- If you implemented your decision, how did it turn out for all concerned? If you had it to do over again, what would you do differently?

<http://www.scu.edu/ethics/practicing/decision/framework.html>

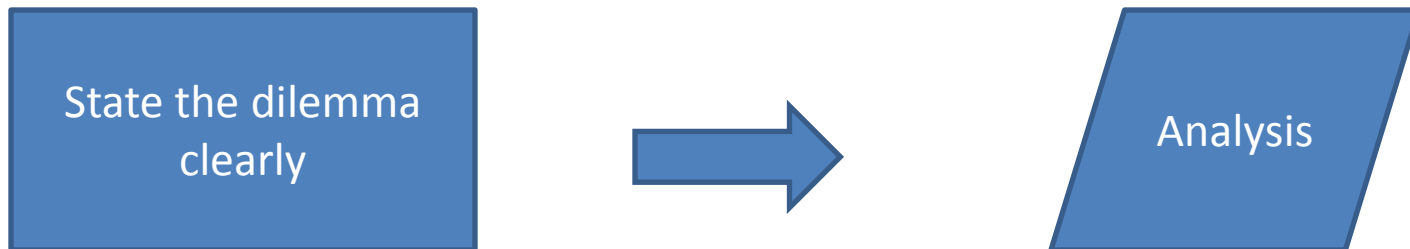
# Ethical/Legal Decision Making Model

Morris & Chabon, Rockhurst University, 2005)



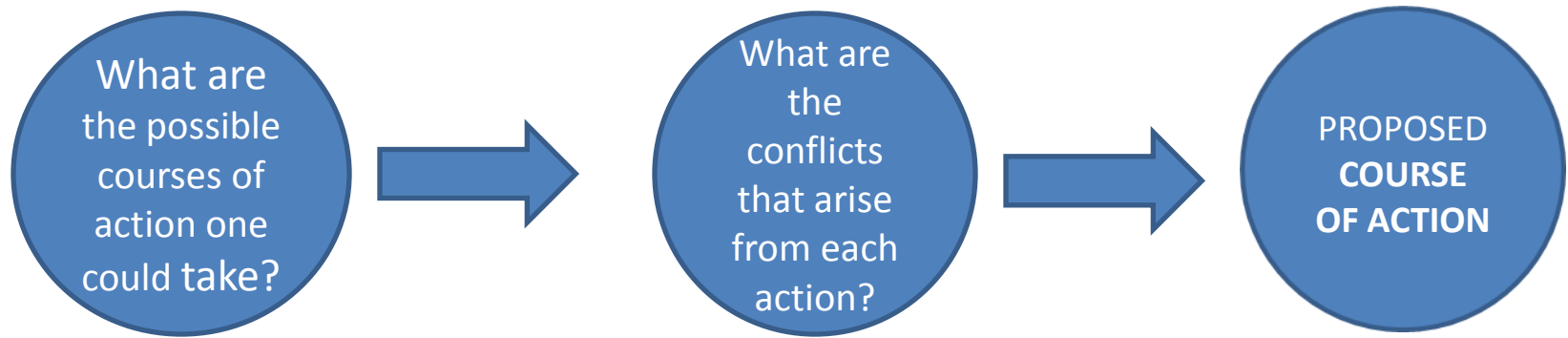
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# Ethical/Legal Decision Making Model

(Morris & Chabon, Rockhurst University, 2005)

## Evaluate:

- 1) Ethical Principles
- 2) Code of Ethics
- 3) Social Roles
- 4) Self-Interests
- 5) Laws



*Does your proposed course of action lead to CONSENSUS*

*If YES –  
then proceed...*

# Steps Toward Ethical Decision Making

Adapted by Duquesne University (2006) from Dorbin, A. (2002). *Ethics for everyone: how to increase your moral intelligence*. New York: Wiley.

- What are the facts and how reliable do you consider them to be?
- What information is missing? What assumptions might you reasonably make from the known facts to fill in what is missing?
- What do the facts mean; how do you interpret them in light of the values that are important to you?
- What are the perspectives of the various stakeholders involved in the dilemma? Can you understand the problem from various interests?

# Steps Toward Ethical Decision Making (cont'd)

- What are the consequences of deciding one alternative course over another
- What do your feelings and intuitions tell you? (Engage your emotional and rational mind)
- What will your conscience tell you if you make one decision over another?
- How will you explain or justify your decision to others in a moral and reasoned way?

Adapted from Duquesne University (2006) Dorbin, A. (2002). *Ethics for everyone: how to increase your moral intelligence*. New York: Wiley

# Ethical Dilemmas

1. Examples
2. Outcomes

# Ethics and Evidence-Based Practice

- Evidence-Based Practice (EBP) –
  - “...the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of an individual patient.” (Sackett, D.L., Rosenberg, W.M., Gray, J..A.M., Haynes, R.B., & Richardson, W.S. (1996, Jan) Evidence-based medicine: What it is and what it isn't. *British Medical Journal*, 312, 71-72).
- 3 Key Sources of EBP and EB decision-making
  - Clinician expertise
  - Client values and preferences
  - Research evidence from studies of treatment **outcomes** (ASHA (2004). *Evidence-based practice in communication disorders: An introduction [technical report]*. <http://www.asha.org/members/deskref-journals/deskref/default>

# Ethics and EBP (cont'd)

- Challenge of taking a decision-making framework that was developed in various medical fields (specifically in regard to pharmaceutical treatments) and applying it to professions where interventions are often based on achieving behavioral changes.

Yorkston, K.M. and Baylor, C.R. (2013). Evidence-based practice: Applying research outcomes to inform clinical practice. In *Outcomes in Speech-Language Pathology* (Golper & Frattali, Eds.), p. 265. New York: Thieme.

# Ethics and Evidence-Based Practice

- Evidence-based practice
  - Studies are required to help resolve questions about the nature and characteristics of communication and its disorders
  - More weight should be accorded to evidence from high-quality studies than to opinions and beliefs of experts.
  - ASHA (2004) available at <http://www.asha.org/members/deskref-journals/deskref/default>

# Evidence-based Practice

- How do we ethically address questions about
  - Oral motor therapy
  - Auditory integration therapy
  - Central auditory processing disorders
  - Childhood apraxia
  - Certain autism therapies
  - Computer-based language/literacy programs

How do we relate these concepts to patient preferences?



# Evidence-Based Practice

- We should know and understand:
  - Levels of evidence as a guide for clinical decision making
  - How to explain levels of evidence to parents/clients
  - How to apply levels of evidence in EBP

# Ethics and an Expanding Scope of Practice

- Graduate programs turn out “generalists”
  - Educated across the big 9
  - Skills and knowledge measured by formative and summative assessment across the graduate program
- Once we graduate, we enter settings that require relatively specialized skills
- Lose the ability to “do everything” well

# All Things to All People

- We can't read every journal article on every topic, so we read and learn in the areas in which we practice most
- Employers sometimes demand practice in areas in which we are not competent
- Ethically bound not to provide clinical services unless we have skills and experience

# All Things to All People?

- My generation encountered dysphagia after we were already out of school
- Recent additions of spelling, reading, writing as part of our scopes with school-aged children
- Patients have the right to expect competent care—and we are ethically bound to provide it

# Principle I – Responsibilities to those we serve

- Welfare of patient is paramount
- Competence
- Non-discriminatory services
- Supervision and delegation of assistants and students
- Confidentiality/Record keeping
- Not impaired by substance abuse
- Not abandon patients; adhere to requirements for “notice” and arrange for transitions

# Supervision of and Delegation of Responsibility to Students/Assistants

DeRuiter, M. & Rao, A. (2012). More than Overseeing, *The ASHA Leader*, 17 (14), pp/ 22-25.

- Pass on a “culture of ethical conduct” by example, practice, and discussion
- Monitor student/assistant work; actively supervise
- Adhere to billing regulations for sessions which include students/assistants
- Provide clear guidance with feedback with rationales for “why” it is given
- Access needed knowledge and skill for clinical supervision

# Supervision/Delegation (cont'd)

DeRuiter, M. & Rao, A. (2012). More than Overseeing, *The ASHA Leader*, 17 (14), pp/ 22-25.

- Be certain patients know students/assistants are involved in service delivery
- Avoid “dual” relationships with students/assistants
- Consider gifts from students as a conflict of interest

# Documentation and Confidentiality of Records

- Essential for patient care
- “Poor record keeping poses a threat to evaluation and follow-through with therapy, to insurance reimbursement, and to the development of a clinical record that meets legal standards.” (Hapner, E. (2008). Documentation that works. *Perspectives on Voice and Voice Disorders*, 33-42. Retrieved from <http://div3.perspectives.asha.org/cgi/content/abstracts/18/1/33>)
- Must be kept confidential through duty of fidelity to the patient



# Principle II – Professional Competence

- Maintain credentials
- Practice within our Scope of Practice
- Lifelong learning

# Scope of Practice Issues

- May not engage in professional activities outside the scope of practice for the profession
- Resist coercion by others as “the most knowledgeable” person on staff to address an issue—if it is outside your scope
- Have appropriate ways of communicating scope issues and a network of resources

# Principle III – Responsibility to the Public

- Honest statements regarding competence
- Avoid Conflict of Interest
- Accurately provide information about diagnosis, treatment, and the professions

# Ethics and Conflicts of Interest

- Representation of Services for Reimbursement
  - AVOID:
    - Misrepresenting information to obtain reimbursement or funding (unethical to substitute a covered diagnosis for one that is not)
    - Providing service when there is no reasonable expectation of improvement in order to obtain or continue reimbursement or funding

ASHA (2004) Representation of services for insurance reimbursement or funding.  
*ASHA Supplement 24.*

# Conflicts of Interest and Reimbursement

- Scheduling an unreasonable number of treatment sessions to increase the amount of reimbursement or funding
- Ethical Guidelines:
  - Any form of dishonesty is prohibited
  - Misrepresentation to obtain funding is not only dishonest but an unethical exploitation of the patient

ASHA (2004) Representation of services for insurance reimbursement or funding. *ASHA Supplement 24*.

# Conflicts of Professional Interest

- Gifts, travel and honoraria, attendance at social events, and scholarships for CE events may be accepted under certain clearly defined circumstances
- Self-dealing, exclusive referrals to self from one setting to another, use of institutional resources to benefit the sponsor of research or clinical treatment, distribution of resources in a manner that is unfair should be avoided in almost all circumstances.

ASHA (2004). Conflicts of professional interest. *ASHA Supplement 24*, 46-48.

# Principle IV – Professional Relationships

- Maintain dignity and harmonious relationships
- Avoid harassment of all types
- Avoid sexual relations with clients and students
- Report/cooperate with investigations by Board of Ethics (BOE)

# Dignity and Harmonious Relationships

ASHA (2011). *Issues related to competition in professional practice* [Issues in Ethics]. Available from [www.asha.org/policy](http://www.asha.org/policy)

- Serve the public by providing accurate information
- Maintain well-balanced, collegial relationships with “competitors”
- Compete with dignity
- Do not distort facts to gain a competitive advantage



# Report/Cooperate with BOE

- If we see a violation that cannot be corrected with dialogue/coaching/intervention, it is our responsibility to report it to the BOE
- Should be aware that the name of the complainant is conveyed to the person complained about
- If the complaint is against you, you must cooperate with the BOE as it adjudicates the complaint

# When Complaints to the BOE Occur

# What happens when...

- Somebody believes a member of the profession has violated one of the principles?
- A member of the profession thinks he/she is being asked to do something unethical?
- Inquiry or complaint is routed to the Ethics Office at ASHA

# First Determination

- Does the BOE have jurisdiction?
  - Only for members (anyone affiliated with the association)
  - Does not have jurisdiction over non-member employers or supervisors

# Most Common Types of Inquiries or Complaints

Bupp, H. (2012). 9 Upsetting Dilemmas, *The ASHA Leader*, 17 (14), pp.10-14.

- #1 Documentation Lapses
  - Sign-off on the work of students or assistants who have not been supervised by the signatory
  - Lack of time for documentation
  - Failure to keep adequate records
    - Evaluation and treatment
    - Time

# Most Common Types of Inquiries or Complaints

Bupp, H. (2012). 9 Upsetting Dilemmas, *The ASHA Leader*, 17 (14), pp.10-14.

- #2 Employer Demands
  - Increasing caseloads
  - Higher productivity requirements
  - Rejection of professional judgments regarding need/type of treatment
- #3 Use and Supervision of Support Personnel
  - Also involves state guidelines
  - No jurisdiction over the support person, only the supervising member

# Most Common Types of Inquiries or Complaints

Bupp, H. (2012). 9 Upsetting Dilemmas, *The ASHA Leader*, 17 (14), pp.10-14.

- #4 Clinical Fellowship Mentoring/Student Supervision
  - CFs who don't feel they are getting sufficient guidance from the supervisor
  - CFs and students who do not respond appropriately to supervisory input
- #5 Client Abandonment
  - Used by employers when professionals change jobs abruptly
  - Adequate notice is essential
  - Have transition plans for patients

# Most Common Types of Inquiries or Complaints

Bupp, H. (2012). 9 Upsetting Dilemmas, *The ASHA Leader*, 17 (14), pp.10-14.

- #6 Reimbursement for Services
  - Intent, fraud, misrepresentation
  - Reputation and livelihood may be placed “on the line” for what is judged to be the “greater good”
- #7 Business Competition
  - Marketing, bidding on contracts, and business competition may be necessary
  - Welfare of patients must still be paramount
  - May not be detrimental to the professions



# Most Common Types of Inquiries or Complaints

Bupp, H. (2012). 9 Upsetting Dilemmas, *The ASHA Leader*, 17 (14), pp.10-14.

- #8 Impaired Practitioners
  - Untreated or undiagnosed mental illness
  - Issues of substance abuse
  - Liability to clients and colleagues that increases with time and opportunity
  - Should not be taken on by one person – use the institution and other resources
- #9 Affirmative Disclosures
  - Employers, licensure boards and other regulators require disclosure about previous sanctions and findings
  - Professionals must be honest and disclose fully

# Summary thoughts

- Understanding ethical canons is the joint responsibility of the individual and our educational institutions
- Principles of ethics can and must be taught with the very same rigor that we would use to teach the scientific method.

# Institute of Society, Ethics, and the Life Sciences report (1980, p. 4)

ASHA (2002) Ethics in Research and professional practice. *ASHA Supplement 22*.

- Students should learn to examine and make distinctions among large concepts such as justice, dignity, privacy, virtue, right, and good (as well as) ethical principles and moral values
- Students should take ethics seriously—and relate “thinking about ethics” to personal conduct

# Institute of Society, Ethics, and the Life Sciences report (1980, p. 4)

ASHA (2002) Ethics in Research and professional practice. *ASHA Supplement 22*.

- Students should learn that even if ethical certainty is often impossible, ethical reasoning about choices can be precise
- Students should learn to seek exact points of difference, attempting to solve disagreements as much as possible by resisting false distinctions and evasions.

# Issues in Ethics Statements

[http://www.asha.org/practice/ethics/ethics\\_issues\\_index/](http://www.asha.org/practice/ethics/ethics_issues_index/)

Includes guidance on competition, confidentiality, conflicts of professional interest, cultural competence, fees for service provided by students and CFs, protection of human subjects, etc.

# A Word of Caution

A long habit of not thinking a thing wrong gives it the superficial appearance of being right.

Thomas Paine

# A Word of Advice

Always do what is right. That will satisfy most people and astonish the rest.

Mark Twain