

OCCUPATIONAL THERAPY CODE OF ETHICS (2005)

PREAMBLE

The American Occupational Therapy Association (AOTA) *Occupational Therapy Code of Ethics* (2005) is a public statement of principles used to promote and maintain high standards of conduct within the profession and is supported by the *Core Values and Attitudes of Occupational Therapy Practice* American Occupational Therapy Association (AOTA, 1993). Members of AOTA are committed to promoting inclusion, diversity, independence, and safety for all recipients in various stages of life, health, and illness and to empower all beneficiaries of occupational therapy. This commitment extends beyond service recipients to include professional colleagues, students, educators, businesses, and the community.

Fundamental to the mission of the occupational therapy profession is the therapeutic use of everyday life activities (occupations) with individuals or groups for the purpose of participation in roles and situations in home, school, workplace, community, and other settings.

“Occupational therapy addresses the physical, cognitive, psychosocial, sensory and other aspects of performance in a variety of contexts to support engagement in everyday life activities that affect health, well being and quality of life” (*Definition of Occupational Therapy Practice for the AOTA Model Practice Act*, 2004). Occupational therapy personnel have an ethical responsibility first and foremost to recipients of service as well as to society.

The historical foundation of this Code is based on ethical reasoning surrounding practice and professional issues, as well as empathic reflection regarding these interactions with others. This reflection resulted in the establishment of principles that guide ethical action. Ethical action goes beyond rote following of rules or application of principles; rather it is a manifestation of moral character and mindful reflection. It is a commitment to beneficence for the sake of others, to virtuous practice of artistry and science, to genuinely good behaviors, and to noble acts of courage. It is an empathic way of being among others, which is made every day by all occupational therapy personnel.

The AOTA *Occupational Therapy Code of Ethics* (2005) is an aspirational guide to professional conduct when ethical issues surface. Ethical decision making is a process that includes awareness regarding how the outcome will impact occupational therapy clients in all spheres. Applications of Code principles are considered situation-specific and where a conflict exists, occupational therapy personnel will pursue responsible efforts for resolution.

The specific purpose of the AOTA *Occupational Therapy Code of Ethics* (2005) is to:

1. Identify and describe the principles supported by the occupational therapy profession
2. Educate the general public and members regarding established principles to which occupational therapy personnel are accountable
3. Socialize occupational therapy personnel new to the practice to expected standards of conduct
4. Assist occupational therapy personnel in recognition and resolution of ethical dilemmas

The AOTA *Occupational Therapy Code of Ethics (2005)* defines the set principles that apply to occupational therapy personnel at all levels:

Principle 1. Occupational therapy personnel shall demonstrate a concern for the safety and well-being of the recipients of their services. (BENEFACTANCE)

Occupational therapy personnel shall:

- A. Provide services in a fair and equitable manner. They shall recognize and appreciate the cultural components of economics, geography, race, ethnicity, religious and political factors, marital status, age, sexual orientation, gender identity, and disability of all recipients of their services.
- B. Strive to ensure that fees are fair and reasonable and commensurate with services performed. When occupational therapy practitioners set fees, they shall set fees considering institutional, local, state, and federal requirements, and with due regard for the service recipient's ability to pay.
- C. Make every effort to advocate for recipients to obtain needed services through available means.
- D. Recognize the responsibility to promote public health and the safety and well-being of individuals, groups, and/or communities.

Principle 2. Occupational therapy personnel shall take measures to ensure a recipient's safety and avoid imposing or inflicting harm. (NONMALEFICENCE)

Occupational therapy personnel shall:

- A. Maintain therapeutic relationships that shall not exploit the recipient of services sexually, physically, emotionally, psychologically, financially, socially, or in any other manner.
- B. Avoid relationships or activities that conflict or interfere with therapeutic professional judgment and objectivity.
- C. Refrain from any undue influences that may compromise provision of service.
- D. Exercise professional judgment and critically analyze directives that could result in potential harm before implementation.
- E. Identify and address personal problems that may adversely impact professional judgment and duties.
- F. Bring concerns regarding impairment of professional skills of a colleague to the attention of the appropriate authority when or if attempts to address concerns are unsuccessful.

Principle 3. Occupational therapy personnel shall respect recipients to assure their rights.

(AUTONOMY, CONFIDENTIALITY)

Occupational therapy personnel shall:

- A. Collaborate with recipients, and if they desire, families, significant others, and/or caregivers in setting goals and priorities throughout the intervention process, including

full disclosure of the nature, risk, and potential outcomes of any interventions.

- B. Obtain informed consent from participants involved in research activities and ensure that they understand potential risks and outcomes.
- C. Respect the individual's right to refuse professional services or involvement in research or educational activities.
- D. Protect all privileged confidential forms of written, verbal, and electronic communication gained from educational, practice, research, and investigational activities unless otherwise mandated by local, state, or federal regulations.

Principle 4. Occupational therapy personnel shall achieve and continually maintain high standards of competence. (DUTY).

Occupational therapy personnel shall:

- A. Hold the appropriate national, state, or any other requisite credentials for the services they provide.
- B. Conform to AOTA standards of practice, and official documents.
- C. Take responsibility for maintaining and documenting competence in practice, education, and research by participating in professional development and educational activities.
- D. Be competent in all topic areas in which they provide instruction to consumers, peers, and/or students.
- E. Critically examine available evidence so they may perform their duties on the basis of current information.
- F. Protect service recipients by ensuring that duties assumed by or assigned to other occupational therapy personnel match credentials, qualifications, experience, and scope of practice.
- G. Provide appropriate supervision to individuals for whom they have supervisory responsibility in accordance with Association official documents, local, state, and federal or national laws and regulations, and institutional policies and procedures.
- H. Refer to or consult with other service providers whenever such a referral or consultation would be helpful to the care of the recipient of service. The referral or consultation process shall be done in collaboration with the recipient of service.

Principle 5. Occupational therapy personnel shall comply with laws and Association policies guiding the profession of occupational therapy. (PROCEDURAL JUSTICE)

Occupational therapy personnel shall:

- A. Familiarize themselves with and seek to understand and abide by institutional rules, applicable Association policies; local, state, and federal/national/international laws.
- B. Be familiar with revisions in those laws and Association policies that apply to the profession of occupational therapy and shall inform employers, employees, and

colleagues of those changes.

- C. Encourage those they supervise in occupational therapy-related activities to adhere to the Code.
- D. Take reasonable steps to ensure employers are aware of occupational therapy's ethical obligations, as set forth in this Code, and of the implications of those obligations for occupational therapy practice, education, and research.
- E. Record and report in an accurate and timely manner all information related to professional activities.

Principle 6. Occupational therapy personnel shall provide accurate information when representing the profession. (VERACITY)

Occupational therapy personnel shall:

- A. Represent their credentials, qualifications, education, experience, training, and competence accurately. This is of particular importance for those to whom occupational therapy personnel provide their services or with whom occupational therapy personnel have a professional relationship.
- B. Disclose any professional, personal, financial, business, or volunteer affiliations that may pose a conflict of interest to those with whom they may establish a professional, contractual, or other working relationship.
- C. Refrain from using or participating in the use of any form of communication that contains false, fraudulent, deceptive, or unfair statements or claims.
- D. Identify and fully disclose to all appropriate persons errors that compromise recipients' safety.
- E. Accept responsibility for their professional actions that reduce the public's trust in occupational therapy services and those that perform those services.

Principle 7. Occupational therapy personnel shall treat colleagues and other professionals with respect, fairness, discretion, and integrity. (FIDELITY)

Occupational therapy personnel shall:

- A. Preserve, respect, and safeguard confidential information about colleagues and staff, unless otherwise mandated by national, state, or local laws.
- B. Accurately represent the qualifications, views, contributions, and findings of colleagues.
- C. Take adequate measures to discourage, prevent, expose, and correct any breaches of the Code and report any breaches of the Code to the appropriate authority.
- D. Avoid conflicts of interest and conflicts of commitment in employment and volunteer roles.

- E. Use conflict resolution and/or alternative dispute resolution resources to resolve organizational and interpersonal conflicts.
- F. Familiarize themselves with established policies and procedures for handling concerns about this Code, including familiarity with national, state, local, district, and territorial procedures for handling ethics complaints. These include policies and procedures created by AOTA, licensing and regulatory bodies, employers, agencies, certification boards, and other organizations having jurisdiction over occupational therapy practice.

Note. This *AOTA Occupational Therapy Code of Ethics* is one of three documents that constitute the *Ethics Standards*. The other two are the *Core Values and Attitudes of Occupational Therapy Practice* (1993) and the *Guidelines to the Occupational Therapy Code of Ethics* (2000).

Glossary

Autonomy—The right of an individual to self-determination. The ability to independently act on one's decisions for their own well-being. (Beauchamp & Childress, 2001)

Beneficence—Doing good for others or bringing about good for them. The duty to confer benefits to others.

Confidentiality—Not disclosing data or information that should be kept private to prevent harm and to abide by policies, regulations, and laws.

Dilemma—A situation in which one moral conviction or right action conflicts with another. It exists because there is no one, clear-cut, right answer.

Duty—Actions required of professionals by society or actions that are self-imposed.

Ethics—A systematic study of morality (i.e., rules of conduct that are grounded in philosophical principles and theory).

Fidelity—Faithfully fulfilling vows and promises, agreements, and discharging fiduciary Responsibilities. (Beauchamp & Childress, 2001)

Justice—Three types of justice are:

Compensatory—Making reparation for wrongs that have been done

Distributive justice—The act of distributing goods and burdens among members of Society.

Procedural justice—Assuring that processes are organized in a fair manner and policies or laws are followed.

Morality—Personal beliefs regarding values, rules, and principles of what is right or wrong. Morality may be culture-based or culture-driven

Nonmaleficence—Not harming or causing harm to be done to oneself or others the duty to

ensure that no harm is done.

Veracity—A duty to tell the truth; avoid deception

References

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Authors

The Commission on Standards and Ethics (SEC):

S. Maggie Reitz, PhD, OTR/L, FAOTA, Chairperson

Melba Arnold, MS, OTR/L

Linda Gabriel Franck, PhD, OTR/L

Darryl J. Austin, MS, OT/L

Diane Hill, COTAL, AP, ROH

Lorie J. McQuade, MEd, CRC

Daryl K. Knox, MD

Deborah Yarett Slater, MS, OT/L, FAOTA, Staff Liaison

With contributions to the Preamble by Suzanne Peloquin, PhD, OTR, FAOTA

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Note. This document replaces the 2000 document, *Occupational Therapy Code of Ethics (2000)* (*American Journal of Occupational Therapy*, 54, 614–616).

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