The Canadian Framework for Ethical Occupational Therapy Practice

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July 2006

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1. INTRODUCTION: Ethics and Occupational Therapy Practice

The *Canadian Framework for Ethical Occupational Therapy Practice* (the Framework) is a system or guide designed to help occupational therapists (OTs) practise well in a complex world. The public expects a high degree of competency and integrity from health professionals, and the Framework assists OTs in their commitment to pursuing the highest standards of professional behaviour.

The Framework is about “ethics”, which simply means that it has to do with *considering or discussing the legality and quality of one’s behaviours towards others*. “Ethical occupational therapy practice” refers to the carrying out of tasks and duties associated with professional practice in a way that is technically proficient and honours the stories and lived experiences of both the therapist and the client; it involves relationships that are born out of deep and rich respect for others.

Ethical occupational therapy practice requires occupational therapists who are:

- reflective, sensitive, mindful and courageous people;
- considerate of laws and rules, professional codes of ethics and standards of practice;
- engaged in working towards health, or maximizing occupational performance for clients;
- aware and respectful of all other people involved in a professional encounter, striving to have everyone work together in a mutually beneficial relationship.

The purpose of the Framework is to propose a structure for practice that respects the different personal and professional commitments made by Canadian occupational therapists to the philosophy of client centredness. This practice takes place in an environmental context that is democratic, geographically disparate, culturally diverse and economically unequal, in which there are many competing values and systems that are constantly changing. The Framework does not replace codes of ethics or set them aside. It incorporates them within a wider understanding of ethical practice that also includes the moral agency of the professional. The Framework describes professional behaviours that facilitate ethical decision making in the workplace.
The Framework consists of both a conceptual model and a workbook. The workbook contains a series of reflective exercises for OTs to complete, assisting them to work towards development in the 4 areas listed above. The workbook will help OTs to consistently strive towards ethical OT practice.

**Practice Is Challenging.**

Occupational therapists are familiar with the workplace challenges of:

- Shrinking budgets, limited resources;
- Heavier workloads, quicker pace;
- Technological sophistication;
- Third-party payers;
- Multiple players/clients;
- Threats of litigation;
- Limited collegial contacts;
- Interprofessional differences;
- And more…………………..

These are social and cultural issues that evolve and change based on competing values in society. Generalized rules and codes of behaviour, while helpful, rarely address specific or complex situations and fail to engage the health professional person as a moral agent with a capacity for wisdom, judgment, discernment and creativity.

**Ethics as a Way to Survive and Thrive.**

A quick review of the list above shows that the challenges have a lot to do with relationships between people and the organizations that they represent. Hafferty and Franks (1994) wrote about the hidden curriculum in medical ethics. They argued that ethics is as much about socialization as education; it “combines elements of knowledge with elements of identity” (p. 867). More than that, it is about the structure and culture of the environment in which values and attitudes are fostered. As a way forward, they called for a process of moral enculturation and development of the professional person as a moral agent as well as a competent, law abiding professional. The Canadian Association of Occupational Therapists (CAOT) is responding to this call so that occupational therapists can survive and will thrive.
2. WHAT IS ETHICS?

While the Hippocratic Oath taken by physicians dates back to fourth-century BC, most codes of ethics evolved in the 20th century because of the abuse of human rights by health professionals. In developing their codes, many health professions adopted rules derived from the ethical principles of autonomy, beneficence, non-maleficence and justice first articulated by the medical profession as judgments of common morality. In ethics education, ethics has been traditionally presented as heady discussions of these abstract principles, along with decision-making tools designed to resolve conflicts and ethical dilemmas. This approach has marginalized ethics to situations of crisis rather than everyday concerns.

Contemporary writers (Meulenbergs, Verpeet, Schotsmans, & Gastman, 2004; Seedhouse, 2001; Thompson, 2002; Wright-St.Clair & Seedhouse, 2005) propose approaches that recognize a common commitment to health and guide health professionals in their everyday practice. Seedhouse (1998) has suggested that the founding question of ethics is “How should I conduct my life in the presence of other lives?” (p. 18). The answer is not always very clear. Somerville (2000) writes that “doing ethics” involves a debate about how a person’s everyday actions might be perceived; a ‘good’ deed may be regarded as “wrong” and a “bad” deed might be seen as “right.” Such debate has to take place in the ‘thick’ context of relationships: between the OT, who is not only a professional person but a unique individual, and other individuals and groups who will be affected directly or indirectly by the outcome. In other words, ethics is an umbrella term that involves:

- Something one already does; “doing ethics” is a part of everyday thinking and acting;
- The values and meaning that each person holds as important and good in life;
- More than following rules and regulations;
- Everyday ways of behaving that have an effect on other people and the communities to which they belong.

In theory, actions that do not involve or do not have an impact on others do not have ethical components. For example, when I choose to take one or two creams in my coffee, or which shirt to wear, these decisions seem not to affect anyone else, so are ethically insignificant. However, within a social justice perspective, it matters very much if my $1.75 morning coffee was grown and picked by a poor farmer with little opportunity to bargain for the selling price his coffee beans. Does the manufacturer of my shirt utilize child labour? The decisions I make about how I spend my money may have a very real impact on people on the other side of the globe, and are sometimes easily dismissed. Much more immediate effects of behaviour are seen with those we interact with directly. Within the health system it is difficult to concede that there are any actions that do not affect others in some direct way – all professional or clinical actions have ethical components (Seedhouse, 2001).
3. WHY A FRAMEWORK?

A recent description of a profession has been proposed by Cruess, Johnston & Cruess (2004):

**Profession**: An occupation whose core element is work based upon the mastery of a complex body of knowledge of some department of science or learning or the practice of an art founded upon it is used in the service of others. Its members are governed by codes of ethics and profess a commitment to competence, integrity and morality, altruism, and the promotion of the public good within their domain. These commitments form the basis of a social contract between a profession and society, which in return grants the profession a monopoly over the use of its knowledge base, the right to considerable autonomy in practice and the privilege of self-regulation. Professions and their members are accountable to those served and to society (p.74).

The mission of CAOT, to pursue excellence in occupational therapy practice, and to promote values, such as integrity, accountability, equity and respect, are clearly consistent with this definition. CAOT also has a Code of Ethics or rules of professional conduct that members are required to uphold. Regulatory bodies across Canada have articulated their own codes of ethics and standards of practice for occupational therapists. To assist with accountability, the rules have become more and more specific so that clients may know what to expect, and OTs are guided in their responsibilities. Yet, excellence in practice calls for clinical judgments and discernment that goes beyond basic service and so accountable OTs must be prepared to defend actions that are not codified. Many continue to experience their work, and the relationships in which they are involved, as challenging and troubling (Barnitt, 1993, 1998).

The contemporary approach described in more recent ethics writing indicates that codes of ethics represent only one aspect of ethical practice (Barnitt, 1993, 1998; Brockett, 1996; Irvine, Kerridge, McPhee, & Freeman, 2002; Kumas-Tan & Beagan, 2003, Richardsom & Belsky, 2004; Seedhouse, 2002, 2001; Thompson, 2002; Tong, 2002; Triezenberg & Davis, 2000). These writers call for measures that develop health professionals as moral agents who are self-aware, ethically sensitive, able to reason and motivated to take the moral high road even at cost to themselves. **Integrity and accountability to clients and to society is only one part of ethical practice; the professional person needs to be equally respectful of his or her own values and their influence on how that practice is accomplished.** The big picture of ethical occupational therapy practice necessarily describes the people who are involved in that practice as well as the code(s) of ethics and accompanying rules and regulations and clinical protocols that ensure a basic standard of practice.
While some professional groups attempt to enforce compliance with codes of ethics (AOTA, 2004) and even to develop a common code of ethics for health professionals (Tavistock group, 1999), others are moving to develop the moral agency of their members (Thompson, 2002; Meulenberg, Verpeet, Schotsmans, & Gastmans, 2004). The inclusion of moral agency requires an addition to the description of a profession as:

An occupation whose core element is .... Professions and their members are accountable to those served, to society and to themselves.

Working from this ‘thicker’ perspective, the Framework emphasizes OT self-development and encourages occupational therapists to engage in conscious practice as thoughtful, sensitive and courageous professionals. Therapists will:

- Be self-aware and practice mindfully;
- Be sensitive to the ethical issues of everyday practice as well as times of ethical conflict and crisis;
- Be familiar with and able to reason using ethical theories and concepts;
- Build moral character by following through on ethical decisions that call for moral courage.
4.a. The Ethical Person-Environment-Occupation Model.

The model for ethical occupational therapy practice is based on the Person-Environment-Occupation (PEO) model, (Law et al, 1996) and presented with the good will and permission of the original authors. The PEO model describes: how well someone can perform their chosen and valued occupation is affected by the interplay of the person, elements of the environment, and the occupation itself.

The model for ethical OT practice builds on this by expanding to consider the PEOs of several people and how they interact with one another. Other people’s PEOs are added because ethics is fundamentally about how to act or behave when others are involved. Practising ethically is about being aware of, and taking into account oneself, others’ identities and experiences, and how the interaction is affecting each person.

In this model, first consider the PEO of the individual occupational therapist as he/she goes about her practice. He/she is the person, his/her practice setting (supports and constraints) is the environment, and the occupation encompasses all of his/her professional actions.

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**ENVIRONMENT**
(supports or constraints)

The Canadian Charter of Rights and Freedoms  
Codes of Ethics  
OT College regulations  
Professional associations  
Legal system  
Practice setting  
Cultural and family affiliation  
Family support

**PERSON**
(the OT)

Values  
Stories  
Experiences  
Skills  
Knowledge

**OCCUPATION**
(your role in this situation: “doing OT”)

Working with clients  
Desired outcomes  
Practice activities  
Interventions

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The other PEOs represent others involved in the encounter. The person(s) may be a client, a co-worker, family member, etc. The occupation is the person’s task, occupation, or role in this situation, and the environment includes any supporting or constraining elements.

**ENVIRONMENT**
(supports or constraints)
- Physical setting (geographically distant from home)
- In an unfamiliar “institution”?
- Cultural and family affiliation
- Limited finances

**PERSON**
(the client, family member, professional peer, etc)
- Values
- Stories
- Experiences
- Skills
- Knowledge

**OCCUPATION**
(“his or her role in this situation”)
- Learning to use new equipment
- Adjusting to disability
- Advocating for a vulnerable family member
- Seeking information from a team member

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An “Unethical” Encounter:
The PEOs of those involved are scattered; people do not really know about each other, how and where they see themselves, or what each person’s intentions or hopes are.

An “Ethical” Encounter:
Effort has been made to build understanding and awareness of all people involved: who they are, how they see themselves, and what each wants to see happen.
Ethical Occupational Therapy Practice:
Bringing the PEOs together.

First or top “PEO”: YOU, the individual OT, in your practice setting, engaged in professional practice.

“PEOs” for other people who are involved in the scenario: who they are, things limiting or supporting them, and their interests or goals in the situation.

“Ethical OT Practice” involves awareness, sensitivity and respect for your own PEO and the PEOs of others... along with working towards understanding and cooperation by all involved. Ethical OT Practice is “bringing the PEOs together.”

Note: Analogies or models are necessarily limited. The “alignment” of the PEOs here is not intended to suggest congruency or even agreement, but rather an attempt to honour or respect all the perspectives.
4.b. Challenge of Ethics.

Ethical practice is not limited to direct interventions with a client. The workplace involves many different relationships, which are likely to affect clinical decisions and outcomes. Team members, especially those who work well together, are blind to the perspectives of one another and may be surprised by disagreement and confused by changes in personnel. The development and practice of ethical sensitivity allows team members to appreciate each unique colleague as someone who is shaped by his or her identities, contextual environments and occupational experiences in different concentrations.

So how is the ethical occupational therapist to behave?

The workbook suggests exercises for occupational therapists to help them prepare for ethical occupational therapy practice. An example of the process, outlined below, is provided in The Art of Decision-Making in Section 3.

Stage 1. Personal Awareness.

Take a new look at your own PEO and where they “fit” with others.

Stage 2. Ethical Sensitivity.

Build the big picture by deliberately. 
Who are the people involved in the issue? Follow the questions suggested in the example.
Appreciate the uniqueness of the other persons.
Identify the legal environments that facilitate and restrain ethical sensitivity.

Stage 3a. The Occupation of Ethical Reasoning

Determine the overall client goal and theoretical approach
Encourage each person to consider any obstacles that get in the way of moving towards more clarity.

Explore ways forward together in small steps taken by all involved.

Move forward only when there is a real understanding and be prepared to step back and realign the PEO when there are differences of opinion.

Consider actions that really help each person to be informed to a similar degree.
Stage 3b. Reaching an Ethical Judgment or Decision

The ability to keep moving forward towards understanding depends upon a number of motivating factors: some are inherent in the person’s stories and others are part of the workplace environment. Similarly, continued activity will be limited by external factors e.g. time, legal and employment contracts, and demands upon persons that have little or nothing to do with the occupation that is being explored. At some point these limitations may call a halt to the occupation of ethical reasoning whether or not understanding has been achieved and however minimally. This is the point of reaching an ethical decision that brings the persons PEO’s together in the closest fit with optimal outcome and minimal negative consequences for those who are involved. There are various ethical decision-making tools available, which are listed in the workbook.

Stage 4. Moral Motivation and Moral Character

Consider the actions that must go along with the ethical decision that has been reached and your own motivation to carry through with those actions, remembering that as an ethical professional person you are accountable to your client and professional colleagues, to society as a whole and to yourself.

Recognize the consequences of:
- following through with the ethically determined actions;
- taking other steps;
- doing nothing.

Now how will you behave?
BIBLIOGRAPHY


Glossary of Terms

Ethical occupational therapy practice is described as:

- reflective, sensitive, mindful and courageous;
- considerate of laws and rules, professional codes of ethics and standards of practice;
- engaged in working towards health, healing or maximizing occupational performance for clients;
- aware and respectful of all other people involved in a professional encounter, striving to have everyone work together in a mutually beneficial relationship.

Ethics is an umbrella term that involves:

- something one already does; “doing ethics” is a part of everyday discourse;
- the values and meaning that each person holds as important and good in life;
- more than simply following rules and regulations;
- everyday ways of behaving that affect individuals and the communities to which they belong.

The Ethical Person, Environment, Occupation Model adapted from Law et al. (1996):

- Person: The unique human being and the identities which describe that person.
- Environment: Cultural, institutional, physical, social and legal elements that lie outside individuals and yet influence individual actions.
- Occupation: Groups of activities and tasks of everyday life, named, organized and given value and meaning by individuals and cultures.
- Occupational Performance: The result of a dynamic, interwoven relationship between the person, the environment and occupation.
- Personal Awareness and Identity – having a sense of one’s own PEO
- Ethical Sensitivity: interpreting the PEOs of others who are affected by one’s actions.
- Ethical Reasoning: the tasks and activities involved in finding a position of sunlight in which the occupational performances of people working together are brought into optimal alignment.

The Four-Component Model for Determining Moral Behaviour (Rest, 1994)

1. Moral sensitivity: interpreting the situation
2. Moral judgment: judging which action is morally right/wrong
3. Moral motivation: prioritizing moral values relative to other values