



Ethical Application of Choosing Wisely to OT Practice

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Session 8z

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Objectives

- Identify the core values and principles of the 2020 AOTA Code of Ethics
- Identify the Choosing Wisely Campaign and the five items selected by membership
- Apply the Choosing Wisely Campaign and the AOTA Code of Ethics to specific case presentations



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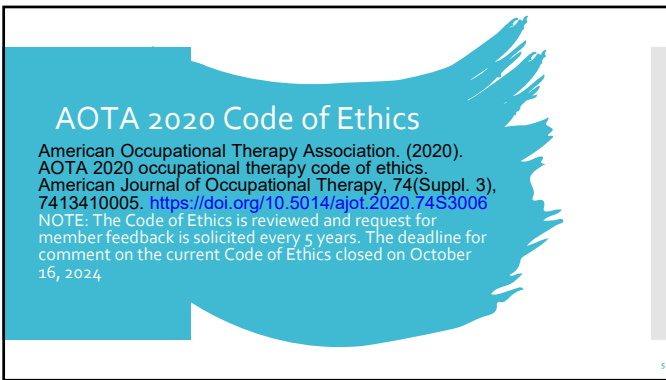
Synopsis

The AOTA Code of Ethics serves as a principled guide for occupational therapy practice. This document, combined with the "Choosing Wisely" information, published in 2019, can support ethical decision making across practice settings.

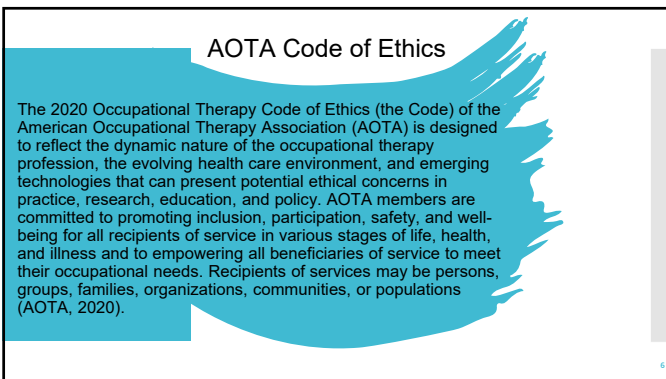
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The AOTA 2020 Code of Ethics serves two purposes:

- 1. *It provides seven aspirational Core Values that guide occupational therapy personnel toward ethical courses of action in professional and volunteer roles.*
- 2. *It delineates six ethical Principles and enforceable Standards of Conduct that apply to AOTA members.*

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Core Values of Occupational Therapy
AOTA 2020 Code of Ethics

Altruism

- Altruism indicates demonstration of unselfish concern for the welfare of others. Occupational therapy personnel reflect this concept in actions and attitudes of commitment, caring, dedication, responsiveness, and understanding.

Dignity

- Dignity indicates the importance of valuing, promoting, and preserving the inherent worth and uniqueness of each person. This value includes respecting the person's social and cultural heritage and life experiences. Exhibiting attitudes and actions of dignity requires occupational therapy personnel to act in ways consistent with cultural sensitivity, humility, and agility.

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Equality

Core Values of Occupational Therapy
AOTA 2020 Code of Ethics

- Equality indicates that all persons have fundamental human rights and the right to the same opportunities. Occupational therapy personnel demonstrate this value by maintaining an attitude of fairness and impartiality and treating all persons in a way that is free of bias. Personnel should recognize their own biases and respect all persons, keeping in mind that others may have values, beliefs, or lifestyles that differ from their own. Equality applies to the professional arena as well as to recipients of occupational therapy services.

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Freedom

Core Values of Occupational Therapy

AOTA 2020 Code of Ethics

- Freedom indicates valuing each person's right to exercise autonomy and demonstrate independence, initiative, and self-direction. A person's occupations play a major role in their development of self-direction, initiative, interdependence, and ability to adapt and relate to the world. Occupational therapy personnel affirm the autonomy of each individual to pursue goals that have personal and social meaning. Occupational therapy personnel value the service recipient's right and desire to guide interventions.

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Justice

Core Values of Occupational Therapy

AOTA 2020 Code of Ethics

- Justice indicates that occupational therapy personnel provide occupational therapy services for all persons in need of these services and maintain a goal directed and objective relationship with recipients of service. Justice places value on upholding moral and legal principles and on having knowledge of and respect for the legal rights of recipients of service. Occupational therapy personnel must understand and abide by local, state, and federal laws governing professional practice. Justice is the pursuit of a state in which diverse communities are inclusive and are organized and structured so that all members can function, flourish, and live a satisfactory life regardless of age, gender identity, sexual orientation, race, religion, origin, socioeconomic status, degree of ability, or any other status or attributes.

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Justice (cont.)

Core Values of Occupational Therapy

AOTA 2020 Code of Ethics

- Occupational therapy personnel, by virtue of the specific nature of the practice of occupational therapy, have a vested interest in social justice: addressing unjust inequities that limit opportunities for participation in society (Ashe, 2016; Braveman & Bass-Haugen, 2009). They also exhibit attitudes and actions consistent with occupational justice: full inclusion in everyday meaningful occupations for persons, groups, or populations (Scott et al., 2017).

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Core Values of Occupational Therapy
AOTA 2020 Code of Ethics

Truth


- Truth indicates that occupational therapy personnel in all situations should be faithful to facts and reality. Truthfulness, or veracity, is demonstrated by being accountable, honest, forthright, accurate, and authentic in attitudes and actions. Occupational therapy personnel have an obligation to be truthful with themselves, recipients of service, colleagues, and society. Truth includes maintaining and upgrading professional competence and being truthful in oral, written, and electronic communications.

Prudence

- Prudence indicates the ability to govern and discipline oneself through the use of reason. To be prudent is to value judiciousness, discretion, vigilance, moderation, care, and circumspection in the management of one's own affairs and to temper extremes, make judgments, and respond on the basis of intelligent reflection and rational thought. Prudence must be exercised in clinical and ethical reasoning, interactions with colleagues, and volunteer roles.

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The AOTA Code of Ethics Six Principles guide ethical decision making and inspire occupational therapy personnel to act in accordance with the highest ideals. These Principles are not hierarchically organized. At times, conflicts between competing principles must be considered in order to make ethical decisions. These Principles may need to be carefully balanced and weighed according to professional values, individual and cultural beliefs, and organizational policies.



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Ethical Principles of Occupational Therapy
AOTA 2020 Code of Ethics

Principle 1: Beneficence



- Occupational therapy personnel shall demonstrate a concern for the well-being and safety of persons.

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Ethical Principles of Occupational Therapy
AOTA 2020 Code of Ethics

Principle 1: Beneficence

- The Principle of Beneficence includes all forms of action intended to benefit other persons. The term beneficence has historically indicated acts of mercy, kindness, and charity (Beauchamp & Childress, 2019). Beneficence requires taking action to benefit others—in other words, to promote good, to prevent harm, and to remove harm (Doherty & Purtilo, 2016). Examples of Beneficence include protecting and defending the rights of others, preventing harm from occurring to others, removing conditions that will cause harm to others, offering services that benefit persons with disabilities, and acting to protect and remove persons from dangerous situations (Beauchamp & Childress, 2019).

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Ethical Principles of Occupational Therapy
AOTA 2020 Code of Ethics

Principle 2: Nonmaleficence

- Occupational therapy personnel shall refrain from actions that cause harm.

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Principle 2: Nonmaleficence

Ethical Principles of Occupational Therapy
AOTA 2020 Code of Ethics

- The Principle of Nonmaleficence indicates that occupational therapy personnel must refrain from causing harm, injury, or wrongdoing to recipients of service. Whereas Beneficence requires taking action to incur benefit, Nonmaleficence requires avoiding actions that cause harm (Beauchamp & Childress, 2019). The Principle of Nonmaleficence also includes an obligation not to impose risks of harm even if the potential risk is without malicious or harmful intent. This Principle is often examined in the context of due care, which requires that the benefits of care outweigh and justify the risks undertaken to achieve the goals of care (Beauchamp & Childress, 2019). For example, an occupational therapy intervention might require the service recipient to invest a great deal of time and perhaps even discomfort; however, the time and discomfort are justified by potential long-term, evidence-based benefits of the treatment.


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Ethical Principles of Occupational Therapy

AOTA 2020 Code of Ethics

Principle 3: Autonomy

- Occupational therapy personnel shall respect the right of the person to self-determination, privacy, confidentiality, and consent.



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Ethical Principles of Occupational Therapy

AOTA 2020 Code of Ethics

Principle 3: Autonomy


- The Principle of Autonomy expresses the concept that occupational therapy personnel have a duty to treat the client or service recipient according to their desires, within the bounds of accepted standards of care, and to protect their confidential information. Often, respect for Autonomy is referred to as the self-determination principle. Respecting the Autonomy of service recipients acknowledges their agency, including their right to their own views and opinions and their right to make choices in regard to their own care and based on their own values and beliefs (Beauchamp & Childress, 2019). For example, persons have the right to make a determination regarding care decisions that directly affect their lives. In the event that a person lacks decision-making capacity, their Autonomy should be respected through the involvement of an authorized agent or surrogate decision maker.

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Ethical Principles of Occupational Therapy

AOTA 2020 Code of Ethics

Principle 4: Justice



- Occupational therapy personnel shall promote equity, inclusion, and objectivity in the provision of occupational therapy services.

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Ethical Principles of Occupational Therapy
AOTA 2020 Code of Ethics

Principle 4: Justice


- The Principle of Justice relates to the fair, equitable, and appropriate treatment of persons (Beauchamp & Childress, 2019). Occupational therapy personnel demonstrate attitudes and actions of respect, inclusion, and impartiality toward persons, groups, and populations with whom they interact, regardless of age, gender identity, sexual orientation, race, religion, origin, socioeconomic status, degree of ability, or any other status or attributes. Occupational therapy personnel also respect the applicable laws and standards related to their area of practice. Justice requires the impartial consideration and consistent observance of policies to generate unbiased decisions. For example, occupational therapy personnel work to create and uphold a society in which all persons have equitable opportunity for full inclusion in meaningful occupational engagement as an essential component of their lives.

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Ethical Principles of Occupational Therapy
AOTA 2020 Code of Ethics

Principle 5: Veracity

- Occupational therapy personnel shall provide comprehensive, accurate, and objective information when representing the profession.



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Ethical Principles of Occupational Therapy
AOTA 2020 Code of Ethics

Principle 5: Veracity

- The Principle of Veracity refers to comprehensive, accurate, and objective transmission of information and includes fostering understanding of such information. Veracity is based on the virtues of truthfulness, candor, honesty, and respect owed to others (Beauchamp & Childress, 2019). In communicating with others, occupational therapy personnel implicitly promise to be truthful and not deceptive. For example, when entering into a therapeutic or research relationship, the service recipient or research participant has a right to accurate information. In addition, transmission of information must include means to ensure that the recipient or participant understands the information provided.

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Ethical Principles of Occupational Therapy
AOTA 2020 Code of Ethics

Principle 6: Fidelity

- Occupational therapy personnel shall treat clients (persons, groups, or populations), colleagues, and other professionals with respect, fairness, discretion, and integrity.

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Ethical Principles of Occupational Therapy
AOTA 2020 Code of Ethics

Principle 6: Fidelity

- The Principle of Fidelity refers to the duty one has to keep a commitment once it is made (Veatch et al., 2015). This commitment refers to promises made between a provider and a client, as well as maintenance of respectful collegial and organizational relationships (Doherty & Purtilo, 2016). Professional relationships are greatly influenced by the complexity of the environment in which occupational therapy personnel work. For example, occupational therapy personnel should consistently balance their duties to service recipients, students, research participants, and other professionals, as well as to organizations that may influence decision making and professional practice.

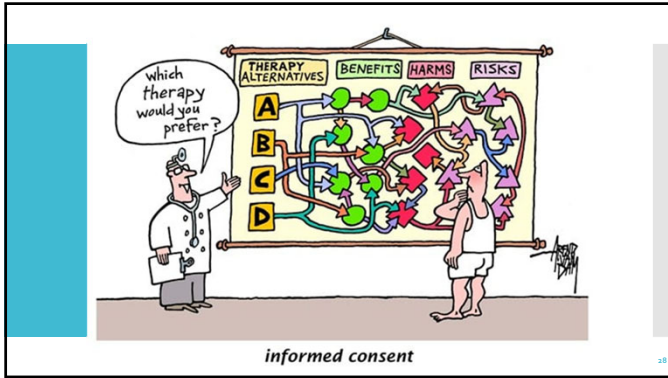
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Limitations of Principle-based Ethical Approaches

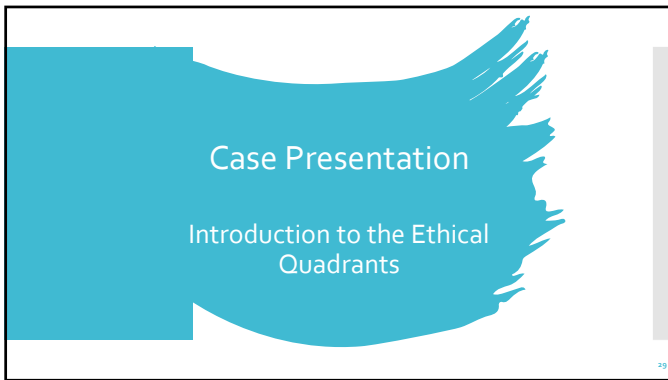
Ho, A. (2022). Disability bioethics and epistemic injustice. In J. M. Reynolds & C. Wieselner (Eds.), *The disability bioethics reader* (pp. 324-332). Routledge. DOI 10.4324/9781003289487

- Principle-based ethical approaches are one of many approaches and may not be appropriate for every case (Beauchamp & Childress, 2019)
- May privilege non-disabled positions or actively dismiss disability perspectives (Ho, 2021)
- May reinforce ableist assumptions and perpetuate organizational or cultural biases (Ho, 2021)
- Raises the possibility of epistemic injustice and testimonial injustice (Ho, 2021)

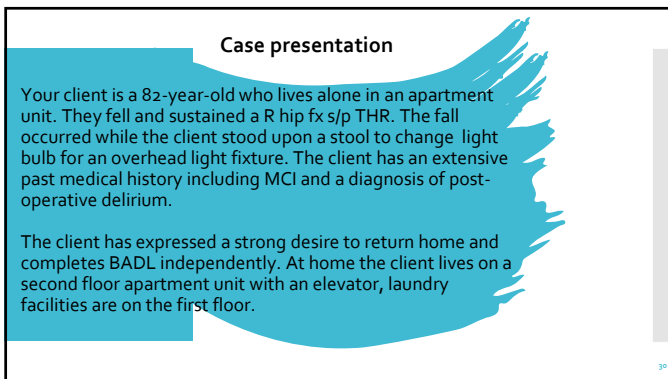
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The family members, all who live out of state, are concerned about the executive function of the client, and the primary care physician is not certain about the client's safety awareness. The OT has only used the MMSE and pencil & paper cognitive intervention activities.

What are the potential ethical issues that could arise in this case?

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Additional Resources for Ethical Decision Making Source:

- Jonsen, A.R., Siegler, M., & Winslade, W.J. (2021). *Clinical ethics: A practical approach to ethical decisions in clinical medicine (9th ed.)*, (R. Mishra, ed.). McGraw Hill. ISBN: 978-1-26-04754-4

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Medical Indications <i>Principles of Beneficence and Nonmaleficence</i>	Preference of Patients <i>The Principle of Respect for Autonomy</i>
Quality of Life <i>The Principles of Beneficence and Nonmaleficence and Respect for Autonomy</i>	Contextual Features <i>The Principles of Justice and Fairness</i>

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Occupational Therapy Intervention Indications
Principles of Beneficence and Nonmaleficence

- What is the patient's occupational problem/medical problem? Is the problem acute? Chronic? Critical? Reversible? Emergent? Terminal?
- What are the goals of treatment or occupational therapy intervention?
- In what circumstances are medical treatments or occupational therapy treatments not indicated?
- What are the probabilities of success of various treatment options?
- In sum, how can this patient be benefited by medical and occupational therapy services, and how can harm be avoided?

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Preference of Patients
The Principle of Respect for Autonomy

- Has the client been informed of the benefits and risks of diagnostic and treatment recommendations, understood this information, and given consent?
- Is the patient mentally capable and legally competent or is there evidence of incapacity?
- If mentally capable, what preferences about treatment is the patient stating?
- If incapacitated, has the patient expressed prior preferences?
- Who is the appropriate surrogate to make decisions for an incapacitated patient? What standards should govern the surrogate's decisions?
- Is the patient willing or unable to cooperate with medical treatment? If so, why?

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Quality of Life
The Principles of Beneficence and Nonmaleficence and Respect for Autonomy

- What are the prospects, with or without treatment, for achieving life goals, and what physical, mental, and social deficits might the patient experience even if treatment succeeds?
- On what grounds can anyone judge that some quality of life would be undesirable for a patient who cannot make or express such a judgment?
- Are there biases that might prejudice the provider's evaluation of the patient's quality of life?
- What ethical issues arise concerning improving or enhancing a patient's quality of life?
- Do quality-of-life assessments raise any questions that might contribute to a change of treatment plan, such as forgoing life-sustaining treatment?
- Are there plans to provide pain relief and provide comfort after a decision has been made to forgo life-sustaining interventions?
- Is medically assisted dying ethically or legally permissible?
- What is the legal and ethical status of suicide?

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Contextual Features

The Principles of Justice and Fairness

- Are there professional, interprofessional, or business interests that might create conflicts of interest in the clinical treatment of patients?
- Are there parties other than clinician and patient, such as family members, who have a legitimate interest in clinical decisions?
- What are the limits imposed on patient confidentiality by the legitimate interests of third parties?
- Are there financial factors that create conflicts of interest in clinical decisions?
- Are there problems of allocation of resources that affect clinical decisions?
- Are there religious or cultural factors that might influence clinical decisions?
- What are the legal issues that might affect clinical decisions?
- Are there considerations of public health and safety that influence clinical decisions?
- Does institutional affiliation create conflicts of interest that might influence clinical decisions?

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AOTA Standards of Conduct

1. Professional Integrity, Responsibility, and Accountability
2. Therapeutic Relationships
3. Documentation, Reimbursement, and Financial Matters
4. Service Delivery
5. Professional Competence, Education, Supervision, and Training
6. Communication
7. Professional Civility

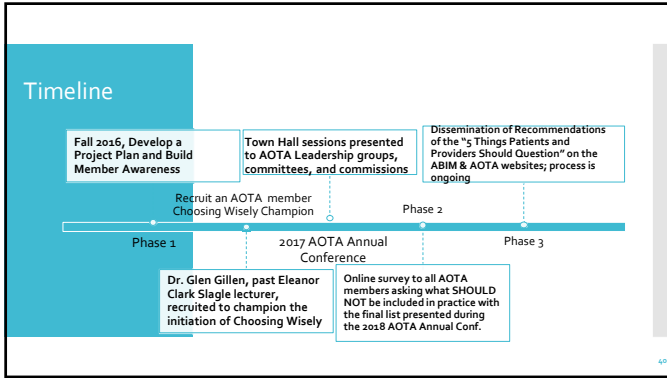
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Choosing Wisely Campaign

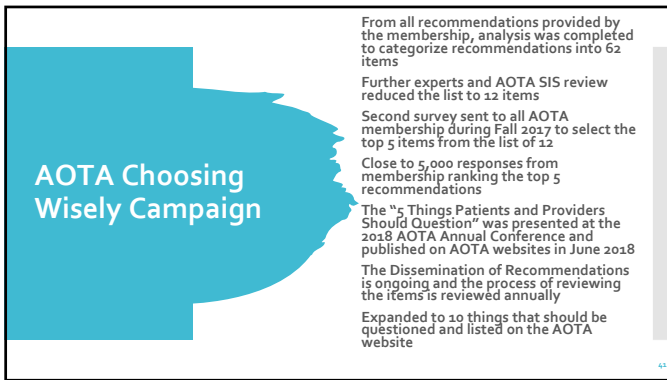
Gillen, G., Hunter, E. G., Lieberman, D., & Stutzbach, M. (2019). The Association—AOTA's top 5 Choosing Wisely® recommendations. *American Journal of Occupational Therapy*, 73, 7302420010. <https://doi.org/10.5014/ajot.2019.732001>

In 2012, Choosing Wisely®, an initiative of the American Board of Internal Medicine (ABIM) Foundation started with the aim to encourage meaningful conversations between health care practitioners and clients to ensure that appropriate and quality care is being provided. The American Occupational Therapy Association (AOTA) made a commitment to join Choosing Wisely in 2016. With support and input from AOTA members, the Board of Directors, and staff, AOTA implemented a three-phase process to develop and publish the list, "Five Things Patients and Providers Should Question." The goal of AOTA's participation in this initiative is to start dialogue within the occupational therapy profession about providing quality services that are supported by evidence, not duplicative, free from harm, and truly necessary.

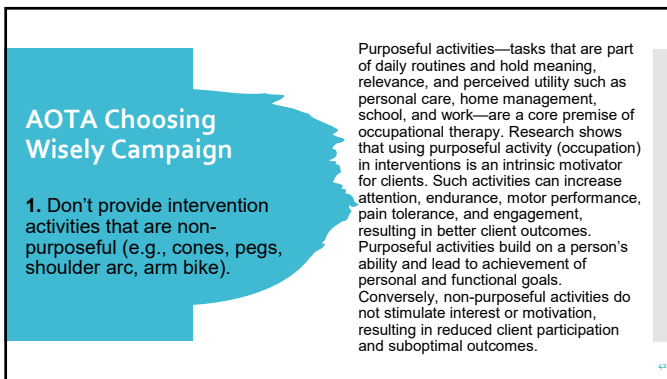
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AOTA Choosing Wisely Campaign

2. Don't provide sensory-based interventions to individual children or youth **without documented assessment results of difficulties processing or integrating sensory information**

Many children and youth are affected by challenges in processing and integrating sensations that negatively affect their ability to participate in meaningful and valued occupations. Processing and integrating sensations are complex and result in individualized patterns of dysfunction that must be addressed in personalized ways. Interventions that do not target the documented patterns of dysfunction can produce ineffective or negative results. Therefore, it is imperative to assess and document specific sensory difficulties before providing sensory-based interventions such as Ayres Sensory Integration®, weighted vests, listening programs, or sensory diets.

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AOTA Choosing Wisely Campaign

3. Don't use physical agent modalities without providing purposeful and occupation-based intervention activities.

The exclusive use of physical agent modalities (PAMs; e.g., superficial thermal agents, deep thermal agents, electrotherapeutic agents, mechanical devices) as a therapeutic intervention without direct application to occupational performance is not considered occupational therapy. PAMs provided with a functional component can lead to more positive health outcomes. PAMs should be integrated into a broader occupational therapy program and intervention plan in preparation for or concurrently with purposeful activities or interventions that ultimately enhance engagement in occupation.

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AOTA Choosing Wisely Campaign

4. Don't use pulleys for individuals with a hemiplegic shoulder.

Use of an overhead pulley for individuals with a hemiplegic shoulder resulting from a stroke or other clinical condition is considered too aggressive and should be avoided because it presents the highest risk of the client developing shoulder pain. Gentler and controlled range of motion exercises and activities are preferred.

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AOTA Choosing Wisely Campaign

5. Don't provide cognitive-based interventions (e.g., paper-and-pencil tasks, tabletop tasks, cognitive training software) without direct application to occupational performance.

To improve occupational performance, cognitive-based interventions should be embedded in an occupation relevant to the client. Examples of cognitive-based interventions include awareness approaches, strategy training, task training, environmental modifications, and assistive technology. The use of cognitive-based interventions not based on occupational performance will result in suboptimal client outcomes.

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AOTA Choosing Wisely Campaign

Cahill, S., & Richardson, H. (2022). Health Policy Perspectives—Shared decision making and reducing the use of low-value occupational therapy interventions. *American Journal of Occupational Therapy*, 76, 7603090010. <https://doi.org/10.5014/ajot.2022.050065>

Additional Choosing Wisely items to foster shared decision making with clients for OT services

- 6. Don't initiate occupational therapy interventions without completion of the client's occupational profile and setting collaborative goals
- 7. Don't provide interventions for autistic persons to reduce or eliminate "restricted and repetitive patterns of behavior, activities, or interests" without evaluating and understanding the meaning of the behavior to the person, as well as personal and environmental factors.
- 8. Don't use reflex integration programs for individuals with delayed primary motor reflexes without clear links to occupational outcomes.
- 9. Don't use slings for individuals with a hemiplegic arm that place the arm in a flexor pattern for extended periods of time.
- 10. Don't provide ambulation or gait training interventions that do not directly link to functional mobility.

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Shared Decision Making (SDM) Process and Ethical Reasoning

Stiggebout, A. M., Pieterse, A. H., & De Haes, J. C. (2015). Shared decision making: Concepts, evidence, and practice. *Patient Education and Counseling*, 98, 1172–1179. <https://doi.org/10.1016/j.pec.2015.06.022>

Stiggebout et al. (2015) proposed four steps for SDM that can easily be applied to occupational therapy intervention decisions:

1. The practitioner presents the decision to the client and stresses that the client's opinion is important.
2. The practitioner uses evidence and explains the pros and cons of each intervention option.
3. The practitioner elicits the client's preferences and supports the client as they weigh different considerations.
4. The practitioner and the client negotiate and come to a decision.

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The way to get started is to quit talking and begin doing.

Walt Disney

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Application of AOTA Code of Ethics and the Choosing Wisely Campaign

Case 1: Your client is a 28-year-old who sustained a TBI and is now receiving community-based OT services to increase independence in ADL & IADL skills. You, as the OT practitioner (OTP), helped the client select a meal to prepare, create a shopping list, and accompanied the client to the grocery store to make purchases. The client then wants to “friend” you to share recipe ideas for the purchased items. How do you respond and what potential ethical issues could arise in this situation?

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Ethical Principles of Occupational Therapy of OT Practice

Many agencies have professional guidelines and policies restricting social media posts regarding clients. Even private messaging is not private and social media correspondences between the OTP and client can reveal the client is receiving OT services.

AOTA Code of Ethics

- Principle of Nonmaleficence - .avoiding potential harm of revealing a client is receiving services
- Principle of Autonomy – the need to protect the confidentiality of the client
- Principle of Fidelity – the need to maintain a professional relationship with the client

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Application of AOTA Code of Ethics and the Choosing Wisely Campaign

Case 2: A parent with a 7-year-old who has Autism Spectrum Disorder requests OT services at a private pediatric clinic. The parent has read various books on sensory processing issues and is sure the child has a sensory processing disorder and working on sensory processing interventions will eliminate the repetitive hand flapping the parent reports seeing when in public, especially when shopping for groceries or in large department stores. The parent does not want an assessment but wants OT sensory services provided.

How do you respond and what potential ethical issues could arise in this situation?

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Ethical Principles of Occupational Therapy of OT Practice

<p>Choosing Wisely</p> <ul style="list-style-type: none"> • One of the original items was to NOT provide sensory integrative services without an assessment of the client's sensory processing skills to determine the appropriate services • The additional Choosing Wisely items include NOT working to eliminate repetitive behaviors for those who have ASD without evaluating and understanding the meaning of the behavior to the person, as well as personal and environmental factors. 	<p>AOTA Code of Ethics</p> <ul style="list-style-type: none"> • Principle of Beneficence – How can you provide the best OT service without evaluating the client's needs • Principle of Nonmaleficence - avoiding potential harm by providing the wrong services or providing ineffective services • Principle of Veracity – the need to provide comprehensive and accurate information
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Application of AOTA Code of Ethics and the Choosing Wisely Campaign

Case 3: A client, who sustained a CVA, was just transferred to inpatient rehab services. Both OT and PT services have been ordered by the physiatrist to improve function for this client. You, as the OTP, evaluated the client and provided the first session in the client's room addressing self-care skills. The second session is in the shared gym area and the client notices the hand bike on a table and the overhead pulleys. The client wants to know why you, as the OTP, are not using these devices to improve arm function.

How do you respond and what potential ethical issues could arise in this situation?

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Ethical Principles of Occupational Therapy of OT Practice

Choosing Wisely

- An original item in the Choosing Wisely stated: Don't provide intervention activities that are non-purposeful (e.g., cones, pegs, shoulder arc, arm bike).
- An additional original item was to NOT use pulleys for individuals with a hemiplegic shoulder.

AOTA Code of Ethics

- Principle of Beneficence – Need to be concerned about the structural integrity of the shoulder and safety for the client
- Principle of Nonmaleficence - avoiding potential harm by providing the wrong services or providing ineffective services
- Principle of Veracity – the need to provide comprehensive and accurate information

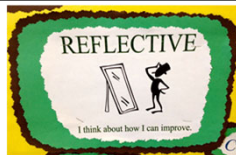
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Ethical Occupational Therapy Practice uses current evidence to provide the most appropriate client-centered services to support the client's occupational engagement

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Reflective Practice: What is it and why do it?



Steps to reflective practice:

1. Received knowledge + experiential knowledge - practice - reflection = professional competence
2. Process of self-observation of your actions in the moment and self-evaluation of did your actions support/help the client
3. Assessing what you do, thinking about WHY you do what you do in a specific situation, and evaluating the outcomes
4. Deciding on next steps to continually improve your practice.

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Reflective Practice: Individual Exercise

- Reflect on your practice setting
- What ethical dilemmas have you encountered in your setting? How have you addressed them?
- What choosing wisely area(s) directly apply to your practice setting?
- How can the information from the review of ethics and choosing wisely enhance your practice?
- Identify one systematic step you can make to improve your practice?

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Objectives

Identify the core values and principles of the 2020 AOTA Code of Ethics

Identify the Choosing Wisely Campaign and the five items selected by membership

Apply the Choosing Wisely Campaign and the AOTA Code of Ethics to specific case presentations

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SJSU SAN JOSÉ STATE UNIVERSITY

Thank You!

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Hopefully, we provided something for you to “chew” on but did not ask you to “bite off more than you can handle”!!!

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OTAC 2024 References for Session 82 Ethics and OT Ethical Application of “Choosing Wisely” to OT Practice

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