AOTA 2020 Occupational Therapy Code of Ethics

Preamble

The *2020 Occupational Therapy Code of Ethics* (the Code) of the American Occupational Therapy Association (AOTA) is designed to reflect the dynamic nature of the occupational therapy profession, the evolving health care environment, and emerging technologies that can present potential ethical concerns in practice, research, education, and policy. AOTA members are committed to promoting inclusion, participation, safety, and well-being for all recipients of service in various stages of life, health, and illness and to empowering all beneficiaries of service to meet their occupational needs. Recipients of services may be persons, groups, families, organizations, communities, or populations (AOTA, 2020).

The Code is an AOTA Official Document and a public statement tailored to address the most prevalent ethical concerns of the occupational therapy profession. It sets forth Core Values and outlines Standards of Conduct the public can expect from those in the profession. The Code applies to all occupational therapy personnel[1] in all areas of occupational therapy and should be shared with relevant stakeholders to promote ethical conduct.

The Code serves two purposes:

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

Whereas the Code helps guide and define decision-making parameters, ethical action goes beyond rote compliance with these Principles and is a manifestation of moral character and mindful reflection. Adherence to the Code is a commitment to benefit others, to the virtuous practice of artistry and science, to genuinely good behaviors, and to noble acts of courage. Recognizing and resolving ethical issues is a systematic process that includes analyzing the complex dynamics of situations, applying moral theories and weighing alternatives, making reasoned decisions, taking action, and reflecting on outcomes. Occupational therapy personnel are expected to abide by the Principles and Standards of Conduct within this Code.

The process for addressing ethics violations by AOTA members (and associate members,[2] where applicable) is outlined in the Code's Enforcement Procedures (AOTA, 2019).

[1]The term *occupational therapy personnel* in this document includes occupational therapist and occupational therapy assistant practitioners and professionals (e.g., direct service, consultation, administration); educators; students in occupational therapy and occupational therapy assistant professional programs; researchers; entrepreneurs; business owners; and those in elected, appointed, or other professional volunteer service.

[2]For a definition of associate members, please see the AOTA website: https://www.aota.org/AboutAOTA/Membership/Types-and-Fees.aspx

The American Journal of Occupational Therapy, November/December 2020, Vol. 74, Suppl. 3 7413410005p1

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Although many state regulatory boards incorporate the Code or similar language regarding ethical behavior into regulations, the Code is meant to be a freestanding document that guides ethical dimensions of professional behavior, responsibility, practice, and decision making. This Code is not exhaustive; that is, the Principles and Standards of Conduct cannot address every possible situation. Therefore, before making complex ethical decisions that require further expertise, occupational therapy personnel should seek out resources to assist with resolving conflicts and ethical issues not addressed in this document. Resources can include, but are not limited to, ethics committees, organizational ethics officers or consultants, and the AOTA Ethics Commission. For a full list of AOTA ethics resources, please refer to the AOTA website at https://www.aota.org/Practice/Ethics.aspx.

Appendix A describes the revision process for the 2020 Code. Appendix B summarizes the history of the *AOTA Occupational Therapy Code of Ethics*.

Core Values

The occupational therapy profession is grounded in seven longstanding Core Values: Altruism, Equality, Freedom, Justice, Dignity, Truth, and Prudence (AOTA, 1993). The seven Core Values provide a foundation to guide occupational therapy personnel in their interactions with others. These Core Values should be considered when determining the most ethical course of action (adapted from *Core Values and Attitudes of Occupational Therapy Practice*; AOTA, 1993):

1. *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.
2. *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.
3. *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.
4. *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. 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).
5. *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

The American Journal of Occupational Therapy, November/December 2020, Vol. 74, Suppl. 3 7413410005p2

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occupational therapy personnel to act in ways consistent with cultural sensitivity, humility, and agility.

6. *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.
7. *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.

Principles

The 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.

Principle 1. Beneficence

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

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).

Principle 2. Nonmaleficence

Occupational therapy personnel shall refrain from actions that cause harm.

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.

Principle 3. Autonomy

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

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,

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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.

Principle 4. Justice

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

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.

Principle 5. Veracity

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

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.

Principle 6. Fidelity

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

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.

Standards of Conduct

The AOTA Ethics Commission, under the *Enforcement Procedures for the AOTA Occupational Therapy Code of Ethics* (AOTA, 2019), enforces the Standards of Conduct listed in Table 1.

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Table 1. Standards of Conduct for Occupational Therapy Personnel

Section	Standards of Conduct
1. Professional Integrity, Responsibility, and Accountability: Occupational therapy personnel maintain awareness and comply with AOTA policies and Official Documents, current laws and regulations that are relevant to the profession of occupational therapy, and employer policies and procedures.	1A. Comply with current federal and state laws, state scope of practice guidelines, and AOTA policies and Official Documents that apply to the profession of occupational therapy. (Principle: Justice; key words: policy, procedures, rules, law, roles, scope of practice) 1B. Abide by policies, procedures, and protocols when serving or acting on behalf of a professional organization or employer to fully and accurately represent the organization's official and authorized positions. (Principle: Fidelity; key words: policy, procedures, rules, law, roles, scope of practice) 1C. Inform employers, employees, colleagues, students, and researchers of applicable policies, laws, and Official Documents. (Principle: Justice; key words: policy, procedures, rules, law, roles, scope of practice) 1D. Ensure transparency when participating in a business arrangement as owner, stockholder, partner, or employee. (Principle: Justice; key words: policy, procedures, rules, law, roles, scope of practice) 1E. Respect the practices, competencies, roles, and responsibilities of one's own and other professions to promote a collaborative environment reflective of interprofessional teams. (Principle: Fidelity; key words: policy, procedures, rules, law, roles, scope of practice, collaboration, service delivery) 1F. Do not engage in illegal actions, whether directly or indirectly harming stakeholders in occupational therapy practice. (Principle: Justice; key words: illegal, unethical practice) 1G. Do not engage in actions that reduce the public's trust in occupational therapy. (Principle: Fidelity; key words: illegal, unethical practice) 1H. Report potential or known unethical or illegal actions in practice, education, or research to appropriate authorities. (Principle: Justice; key words: illegal, unethical practice) 1I. Report impaired practice to the appropriate authorities. (Principle: Nonmaleficence; key words: illegal, unethical practice) 1J. Do not exploit human, financial, or material resources of employers for personal gain. (Principle: Fidelity; key words: exploitation, employee) 1K. Do not exploit any relationship established as an occupational therapy practitioner, educator, or researcher to further one's own physical, emotional, financial, political, or business interests. (Principle: Nonmaleficence; key words: exploitation, academic, research) 1L. Do not engage in conflicts of interest or conflicts of commitment in employment, volunteer roles, or research. (Principle: Fidelity; key words: conflict of interest) 1M. Do not use one's position (e.g., employee, consultant, volunteer) or knowledge gained from that position in such a manner as to give rise to real or perceived conflict of interest among the person, the employer, other AOTA members, or other organizations. (Principle: Fidelity; key words: conflict of interest) 1N. Do not barter for services when there is the potential for exploitation and conflict of interest. (Principle: Nonmaleficence; key words: conflict of interest) 1O. Conduct and disseminate research in accordance with currently accepted ethical guidelines and standards for the protection of research participants, including informed consent and disclosure of potential risks and benefits. (Principle: Beneficence; key words: research)
2. Therapeutic Relationships: Occupational therapy personnel develop therapeutic relationships to promote occupational well-being in all persons, groups, organizations, and society,	2A. Respect and honor the expressed wishes of recipients of service. (Principle: Autonomy; key words: relationships, clients, service recipients) 2B. Do not inflict harm or injury to recipients of occupational therapy services, students, research participants, or employees. (Principle: Nonmaleficence; key words: relationships, clients, service recipients, students, research, employer, employee)

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Table 1. Standards of Conduct for Occupational Therapy Personnel (*cont'd*)

Section	Standards of Conduct
regardless of age, gender identity, sexual orientation, race, religion, origin, socioeconomic status, degree of ability, or any other status or attributes.	2C. Do not threaten, manipulate, coerce, or deceive clients to promote compliance with occupational therapy recommendations. (Principle: Autonomy; key words: relationships, clients, service recipients) 2D. Do not engage in sexual activity with a recipient of service, including the client's family or significant other, while a professional relationship exists. (Principle: Nonmaleficence; key words: relationships, clients, service recipients, sex) 2E. Do not accept gifts that would unduly influence the therapeutic relationship or have the potential to blur professional boundaries, and adhere to employer policies when offered gifts. (Principle: Justice; key words: relationships, gifts, employer) 2F. Establish a collaborative relationship with recipients of service and relevant stakeholders to promote shared decision making. (Principle: Autonomy; key words: relationships, clients, service recipients, collaboration) 2G. Do not abandon the service recipient, and attempt to facilitate appropriate transitions when unable to provide services for any reason. (Principle: Nonmaleficence; key words: relationships, client, service recipients, abandonment) 2H. Adhere to organizational policies when requesting an exemption from service to an individual or group because of self-identified conflict with personal, cultural, or religious values. (Principle: Fidelity; key words: relationships, client, service recipients, conflict, cultural, religious, values) 2I. Do not engage in dual relationships or situations in which an occupational therapy professional or student is unable to maintain clear professional boundaries or objectivity. (Principle: Nonmaleficence; key words: relationships, clients, service recipients, colleagues, professional boundaries, objectivity, social media) 2J. Proactively address workplace conflict that affects or can potentially affect professional relationships and the provision of services. (Principle: Fidelity; key words: relationships, conflict, clients, service recipients, colleagues) 2K. Do not engage in any undue influences that may impair practice or compromise the ability to safely and competently provide occupational therapy services, education, or research. (Principle: Nonmaleficence; key words: relationships, colleagues, impair, safety, competence, client, service recipients, education, research) 2L. Recognize and take appropriate action to remedy occupational therapy personnel's personal problems and limitations that might cause harm to recipients of service. (Principle: Nonmaleficence; key words: relationships, clients, service recipients, personal, safety) 2M. Do not engage in actions or inactions that jeopardize the safety or well-being of others or team effectiveness. (Principle: Fidelity; key words: relationships, clients, service recipients, colleagues, safety, law, unethical, impaired, competence)
3. Documentation, Reimbursement, and Financial Matters: Occupational therapy personnel maintain complete, accurate, and timely records of all client encounters.	3A. Bill and collect fees justly and legally in a manner that is fair, reasonable, and commensurate with services delivered. (Principle: Justice; key words: billing, fees) 3B. Ensure that documentation for reimbursement purposes is done in accordance with applicable laws, guidelines, and regulations. (Principle: Justice; key words: documentation, reimbursement, law) 3C. Record and report in an accurate and timely manner and in accordance with applicable regulations all information related to professional or academic documentation and activities. (Principle: Veracity; key words: documentation, timely, accurate, law, fraud) 3D. Do not follow arbitrary directives that compromise the rights or well-being of others, including unrealistic productivity expectations, fabrication, falsification, plagiarism of documentation, or inaccurate coding. (Principle: Nonmaleficence; key words: productivity, documentation, coding, fraud)

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Table 1. Standards of Conduct for Occupational Therapy Personnel (*cont'd*)

Section	Standards of Conduct
4. Service Delivery: Occupational therapy personnel strive to deliver quality services that are occupation based, client centered, safe, interactive, culturally sensitive, evidence based, and consistent with occupational therapy's values and philosophies.	4A. Respond to requests for occupational therapy services (e.g., referrals) in a timely manner as determined by law, regulation, or policy. (Principle: Justice; key words: occupational therapy process, referral, law) 4B. Provide appropriate evaluation and a plan of intervention for recipients of occupational therapy services specific to their needs. (Principle: Beneficence; key words: occupational therapy process, evaluation, intervention) 4C. Use, to the extent possible, evaluation, planning, intervention techniques, assessments, and therapeutic equipment that are evidence based, current, and within the recognized scope of occupational therapy practice. (Principle: Beneficence; key words: occupational therapy process, evaluation, intervention, evidence, scope of practice) 4D. Obtain informed consent (written, verbal, electronic, or implied) after disclosing appropriate information and answering any questions posed by the recipient of service, qualified family member or caregiver, or research participant to ensure voluntary participation. (Principle: Autonomy; key words: occupational therapy process, informed consent) 4E. Fully disclose the benefits, risks, and potential outcomes of any intervention; the occupational therapy personnel who will be providing the intervention; and any reasonable alternatives to the proposed intervention. (Principle: Autonomy; key words: occupational therapy process, intervention, communication, disclose, informed consent) 4F. Describe the type and duration of occupational therapy services accurately in professional contracts, including the duties and responsibilities of all involved parties. (Principle: Veracity; key words: occupational therapy process, intervention, communication, disclose, informed consent, contracts) 4G. Respect the client's right to refuse occupational therapy services temporarily or permanently, even when that refusal has potential to result in poor outcomes. (Principle: Autonomy; key words: occupational therapy process, refusal, intervention, service recipients) 4H. Provide occupational therapy services, including education and training, that are within each practitioner's level of competence and scope of practice. (Principle: Beneficence; key words: occupational therapy process, services, competence, scope of practice) 4I. Reevaluate and reassess recipients of service in a timely manner to determine whether goals are being achieved and whether intervention plans should be revised. (Principle: Beneficence; key words: occupational therapy process, reevaluation, reassess, intervention) 4J. Terminate occupational therapy services in collaboration with the service recipient or responsible party when the services are no longer beneficial. (Principle: Beneficence; key words: occupational therapy process, termination, collaboration) 4K. Refer to other providers when indicated by the needs of the client. (Principle: Beneficence; key words: occupational therapy process, referral, service recipients) 4L. Provide information and resources to address barriers to access for persons in need of occupational therapy services. (Principle: Justice; key words: beneficence, advocate, access) 4M. Report systems and policies that are discriminatory or unfairly limit or prevent access to occupational therapy. (Principle: Justice; key words: discrimination, unfair, access, social justice) 4N. Provide professional services within the scope of occupational therapy practice during community-wide public health emergencies as directed by federal, state, and local agencies. (Principle: Beneficence; key words: disasters, emergency)

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Table 1. Standards of Conduct for Occupational Therapy Personnel (*cont'd*)

Section	Standards of Conduct
5. Professional Competence, Education, Supervision, and Training: Occupational therapy personnel maintain credentials, degrees, licenses, and other certifications to demonstrate their commitment to develop and maintain competent, evidence-based practice.	5A. Hold requisite credentials for the occupational therapy services one provides in academic, research, physical, or virtual work settings. (Principle: Justice; key words: credentials, competence) 5B. Represent credentials, qualifications, education, experience, training, roles, duties, competence, contributions, and findings accurately in all forms of communication. (Principle: Veracity; key words: credentials, competence) 5C. Take steps (e.g., professional development, research, supervision, training) to ensure proficiency, use careful judgment, and weigh potential for harm when generally recognized standards do not exist in emerging technology or areas of practice. (Principle: Beneficence; key words: credentials, competence) 5D. Maintain competence by ongoing participation in professional development relevant to one's practice area. (Principle: Beneficence; key words: credentials, competence) 5E. Take action to resolve incompetent, disruptive, unethical, illegal, or impaired practice in self or others. (Principle: Fidelity; key words: competence, law) 5F. Ensure that all duties delegated to other occupational therapy personnel are congruent with their credentials, qualifications, experience, competencies, and scope of practice with respect to service delivery, supervision, fieldwork education, and research. (Principle: Beneficence; key words: supervisor, fieldwork, supervision, student) 5G. Provide appropriate supervision in accordance with AOTA Official Documents and relevant laws, regulations, policies, procedures, standards, and guidelines. (Principle: Justice; key words: supervisor, fieldwork, supervision, student) 5H. Be honest, fair, accurate, respectful, and timely in gathering and reporting fact-based information regarding employee job performance and student performance. (Principle: Veracity; key words: supervisor, supervision, fieldwork, performance) 5I. Do not participate in any action resulting in unauthorized access to educational content or exams, screening and assessment tools, websites, and other copyrighted information, including but not limited to plagiarism, violation of copyright laws, and illegal sharing of resources in any form. (Principle: Justice; key words: plagiarize, student, copyright, cheating) 5J. Provide students with access to accurate information regarding educational requirements and academic policies and procedures relative to the occupational therapy program or educational institution. (Principle: Veracity; key words: education, student)
6. Communication: Whether in written, verbal, electronic, or virtual communication, occupational therapy personnel uphold the highest standards of confidentiality, informed consent, autonomy, accuracy, timeliness, and record management.	6A. Maintain the confidentiality of all verbal, written, electronic, augmentative, and nonverbal communications in compliance with applicable laws, including all aspects of privacy laws and exceptions thereto (e.g., Health Insurance Portability and Accountability Act, Family Educational Rights and Privacy Act). (Principle: Autonomy; key words: law, autonomy, confidentiality, communication, justice) 6B. Maintain privacy and truthfulness in delivery of occupational therapy services, whether in person or virtually. (Principle: Veracity; key words: telecommunication, telehealth, confidentiality, autonomy) 6C. Preserve, respect, and safeguard private information about employees, colleagues, and students unless otherwise mandated or permitted by relevant laws. (Principle: Fidelity; key words: communication, confidentiality, autonomy) 6D. Demonstrate responsible conduct, respect, and discretion when engaging in digital media and social networking, including but not limited to refraining from posting protected health or other identifying information. (Principle: Autonomy; key words: communication, confidentiality, autonomy, social media) 6E. Facilitate comprehension and address barriers to communication (e.g., aphasia; differences in language, literacy, health literacy, or culture) with the recipient of

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Table 1. Standards of Conduct for Occupational Therapy Personnel (*cont'd*)

Section	Standards of Conduct
	service (or responsible party), student, or research participant. (Principle: Autonomy; key words: communication, barriers) 6F. Do not use or participate in any form of communication that contains false, fraudulent, deceptive, misleading, or unfair statements or claims. (Principle: Veracity; key words: fraud, communication) 6G. Identify and fully disclose to all appropriate persons any errors or adverse events that compromise the safety of service recipients. (Principle: Veracity; key words: truthfulness, communication, safety, clients, service recipients) 6H. Ensure that all marketing and advertising are truthful, accurate, and carefully presented to avoid misleading recipients of service, research participants, or the public. (Principle: Veracity; key words: truthfulness, communication) 6I. Give credit and recognition when using the ideas and work of others in written, oral, or electronic media (i.e., do not plagiarize). (Principle: Veracity; key words: truthfulness, communication, plagiarism, students) 6J. Do not engage in verbal, physical, emotional, or sexual harassment of any individual or group. (Principle: Fidelity; key words: inappropriate communication, harassment, digital media, social media, social networking, professional civility) 6K. Do not engage in communication that is discriminatory, derogatory, biased, intimidating, insensitive, or disrespectful or that unduly discourages others from participating in professional dialogue. (Principle: Fidelity; key words: inappropriate communication, professionalism, professional civility) 6L. Engage in collaborative actions and communication as a member of interprofessional teams to facilitate quality care and safety for clients. (Principle: Fidelity; key words: communication, collaboration, interprofessional, professional civility, service recipients)
7. Professional Civility: Occupational therapy personnel conduct themselves in a civil manner during all discourse. *Civility* "entails honoring one's personal values, while simultaneously listening to disparate points of view" (Kaslow & Watson, 2016, para. 1). These values include cultural sensitivity and humility.	7A. Treat all stakeholders professionally and equitably through constructive engagement and dialogue that is inclusive, collaborative, and respectful of diversity of thought. (Principle: Justice; key words: civility, diversity, inclusivity, equitability, respect) 7B. Demonstrate courtesy, civility, value, and respect to persons, groups, organizations, and populations when engaging in personal, professional, or electronic communications, including all forms of social media or networking, especially when that discourse involves disagreement of opinion, disparate points of view, or differing values. (Principle: Fidelity; key words: values, respect, opinion, points of view, social media, civility) 7C. Demonstrate a level of cultural humility, sensitivity, and agility within professional practice that promotes inclusivity and does not result in harmful actions or inactions with persons, groups, organizations, and populations from diverse backgrounds including age, gender identity, sexual orientation, race, religion, origin, socioeconomic status, degree of ability, or any other status or attributes. (Principle: Fidelity; key words: civility, cultural competence, diversity, cultural humility, cultural sensitivity) 7D. Do not engage in actions that are uncivil, intimidating, or bullying or that contribute to violence. (Principle: Fidelity; key words: civility, intimidation, hate, violence, bullying) 7E. Conduct professional and personal communication with colleagues, including electronic communication and social media and networking, in a manner that is free from personal attacks, threats, and attempts to defame character and credibility directed toward an individual, group, organization, or population without basis or through manipulation of information. (Principle: Fidelity; key words: civility, culture, communication, social media, social networking, respect)

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Revised by the AOTA Ethics Commission, 2020

Adopted by the Representative Assembly, November 2020

Note. This revision replaces the 2015 document *Occupational Therapy Code of Ethics (2015),* previously published and copyrighted in 2015 by the American Occupational Therapy Association in the *American Journal of Occupational Therapy, 69,* 6913410030. https://doi.org/10.5014/ajot.2015.696S03

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Citation. American Occupational Therapy Association. (2020). AOTA 2020 occupational therapy code of ethics. *American Journal of Occupational Therapy, 74*(Suppl. 3), 7413410005. https://doi.org/10.5014/ajot.2020.74S3006

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Appendix A. 2020 Revision Process for the *AOTA 2020 Occupational Therapy Code of Ethics*

In Fall 2019, the Ethics Commission (EC) of the American Occupational Therapy Association (AOTA) began the process of reviewing the *Occupational Therapy Code of Ethics* (the Code) as part of the AOTA Representative Assembly's 5-year review cycle. Although ethical principles are timeless, the issues to which they apply and the manner of application are constantly evolving, as are the health care and community environments in which occupational therapy personnel apply them. Therefore, the Code must change to remain applicable to the environments in which occupational therapy personnel work. The following paragraphs outline the changes made to the 2015 Code.

From August to November 2019, EC members reviewed codes of ethics from several health care professions and found that the organization of codes of ethics documents and online platforms had evolved. These professions had organized their codes not by bioethical principles, but by their relationship to areas of practice and professionalism. Moreover, the professions had organized their online platforms for greater interactive agility. The EC decided that a major revision of the Code's organization was in order, although the majority of the content would remain unchanged.

EC members divided into work groups to reorganize the Code by dividing the 2015 Code into the following parts: Preamble, Core Values, Principles, Standards of Conduct, and Appendixes.

EC work group members reorganized the Standards of Conduct from the 2015 Code into behavioral categories. The work group reviewed and discussed the placement of the Standards until consensus was reached. The work group then presented the reorganization of the Standards to the full EC for discussion on February 25, 2020. The EC continued to review and reorganize the standards until June 9, 2020. The EC added a section on Professional Civility in response to a referred motion from the Representative Assembly. Once completed and reviewed on June 9, the EC sent the revised Code draft to content experts for further review and edits.

Content experts completed a survey for responding to changes in the Code using both Likert-type scale ratings and open-ended responses. The EC reviewed the feedback from the content experts on July 14, 2020, and incorporated revisions to create a draft of the Code for membership review.

In July and August 2020, the EC sent a survey to all AOTA members to garner feedback on the revised Code. Results of the survey indicated that among the 122 respondents to the survey, there was 80% or greater agreement that each part of the Code was both relevant and clear. EC members compiled qualitative feedback, carefully considered comments, and made edits to complete the final draft of the Code. The EC then submitted this final draft of the Code, and accompanying motion and rationale, to the Representative Assembly in September 2020. After online discussion, the Representative Assembly voted on November 4, 2020, to pass the motion to strike the *Occupational Therapy Code of Ethics (2015)* and replace it with the *AOTA 2020 Occupational Therapy Code of Ethics*.

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Appendix B. History of the *AOTA Occupational Therapy Code of Ethics*

As society evolves, so must our understanding and implementation of ethical practices as occupational therapy personnel. The American Occupational Therapy Association (AOTA) *2020 Occupational Therapy Code of Ethics* (the Code) continues to be a critical tool in the AOTA Ethics Commission's quest to guide ethical conduct and elevate public trust in the profession. The Code must be a dynamic, living document that grows and develops to complement changes in occupational therapy delivery models, technology, and society.

The first official AOTA ethical code was established in 1975. Work to create this document, titled "Principles of Ethics," began in 1973. Carolyn Baum, Carlotta Welles, Larry Peak, Lou Arents, and Carole Hayes authored this document. At that time, many professional associations began creating codes of ethics in response to the ethical issues being raised by the Tuskegee Syphilis Study, in which researchers studied the effects of syphilis on African-American men who had not given informed consent and were told that they were being treated for the disease (Centers for Disease Control and Prevention, 2016). The outcry after the public became aware of this violation, even after standards had been put in place after World War II and the Nuremberg Code of 1947, led many professions to establish ethics rules.

In April 1977, the AOTA Representative Assembly approved the "Principles of Occupational Therapy Ethics," and AOTA distributed them in the *American Journal of Occupational Therapy* in November 1977. This first publicly circulated rendition of the Code of Ethics consisted of 12 principles, all starting with the words "Related to," such as "Related to the Recipient of Service."

The Code of Ethics underwent revisions in 1988, 1994, 2000, 2005, 2010, 2015, and 2020, with input from AOTA membership. The 1988 revision began to look like the modern Code, with headings called "Principles" and subheadings called "Standards." In 1994, the members of the AOTA Ethics Commission added a focus on bioethical principles rather than professional behaviors, as in the previous two editions. The Principles included in the 1994 Code were Beneficence; Autonomy, Privacy, and Confidentiality; Duty; Justice; and Fidelity and Veracity. The Principle of Nonmaleficence was added in 2000, and Social Justice was added in 2010, then combined with the Principle of Justice in 2015.

There were 30 Standards of Conduct in 2000; this number increased to 38 in 2005 and to 77 in 2010, then decreased to 69 in 2015. These Standards, categorized under the various Principles, were expanded to promote ethical practice in a variety of areas, including the use of technology for telehealth, social media, Internet use, and health records. With the 2020 Code revision, the EC has grouped the revised 73 Standards of Conduct by behaviors rather than under the Principles, in order to return to the original concept of relating the Standards to desired professional behaviors, so that they are more easily accessible to the membership when using the Code. As charged by the Representative Assembly, the Ethics Commission added a section on Professional Civility in 2020.

The Representative Assembly mandates that the Code, as an official AOTA policy document, undergo review every 5 years. This continual review is especially important because some states use the AOTA Code as part of their licensure acts. In addition, some states require occupational therapy practitioners to obtain continuing education in ethics in order to maintain licensure. In updating the Code to meet the needs of members and society, the occupational therapy profession continues to reflect and lead change in health care.

The American Journal of Occupational Therapy, November/December 2020, Vol. 74, Suppl. 3 7413410005p12

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