

ASHA's Compass: The Revised Code of Ethics

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ASHA's Compass: The Revised Code of Ethics

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Learner Objectives

1. List the 4 principles in the ASHA 2010 Code of Ethics
2. Analyze ethical principles relevant to problematic cases &
3. Apply principles and rules of the ASHA Code of Ethics in determining appropriate ethical outcomes to problematic cases
4. Outline steps involved in submitting an ethics' complaint to the ASHA Board of Ethics e.g. Impaired Practitioner




Empowering audiologists, speech-language pathologists, and speech, language, and hearing scientists.


ASHA – We Set the Standards

Ethics

- Require adherence to a code of ethics by every member & certificate holder
- Ethical standards carefully reviewed and revised periodically. **3/'10 Revised Code**
- Any individual may bring allegations & evidence of ethical misconduct to ASHA's Board of Ethics
- Sanctions are imposed for violations

Definitions

- **Values**= shared or individually held concepts of things or actions or states of being that are good and worthy
- **Morals**=the actions or choices that are determined by a community to be 'good' or 'bad' or 'right' or 'wrong.'
- **Law**=the shared rules of a community

Definitions

Ethics- the study of how and why morals evolve in a society- why certain actions or states of being are considered to be 'good' or 'bad.' Helping to determine how to proceed if the solution to a particular issue pits morals vs. morals &/or values against each other.

ETHICS

Bioethics: Umbrella over all analysis of moral behavior & duties related to the interests of human beings and biological material

- Clinical Ethics
- Research Ethics
- Professional Ethics

Charge to the Board of Ethics

The Board of Ethics is charged by Bylaws of the Association (2008) to:

- Formulate, publish and from time to time amend a Code of Ethics
- Develop educational programs and materials for members
- Adjudicate complaints alleging violations of the Code of Ethics

Trends of Ethics Inquiries to ASHA National Office '01-'07

- **Ethical dilemmas are a common and difficult part of the practice of speech-language pathology and audiology (Anderson and Chabon, 2007)**
- **Approximately 3,000 ethics inquiries per year (Denton, 2007)**

Most frequently recurring themes of ethics inquiries are dilemmas associated with:

- Employer demands
- Use and supervision of support personnel
- Cultural competence
- Reimbursement for services
- Professional vs business ethics
- Clinical fellowship supervision

Employer Demands

Pressure to:

- Increase caseload
- Provide services without adequate training
- Adhere to treatment eligibility criteria or program placement recommendations which may be in conflict with your clinical judgment
- Use old or poorly maintained equipment/ technology
- Provide services which, in your clinical judgment, are not warranted.

Use & Supervision of Support Personnel

- › Inappropriate delegation of responsibilities to support personnel
- › Inadequate documentation of supervision
- › Billing for services by unsupervised students/assistants
- › Inadequate supervision

Reimbursement for Services

- › Misrepresenting information to obtain reimbursement
- › Billing for services provided by an SLP who is not certified and/or does not receive the necessary supervision
- › (Intentionally) misusing incorrect code numbers or diagnostic labels on billing forms for purpose of qualifying for payment
- › Billing for services not provided or not necessary

Professional vs Business Ethics

- › Solicitation of cases for private practice from your caseload
- › Acceptance of gifts or incentives from manufacturers or other individuals
- › Client abandonment and/or disruption of services
- › Misuse of professional credentials
- › Failure to report unethical behavior

Clinical Fellowship Supervision

- › Inadequate or inappropriate supervision of clinical fellows
- › Inadequate time to meet supervisory responsibilities
- › Inadequate documentation of supervision and CF's performance
- › Failure to maintain one's own competence
- › Misuse of power over the CF

Cultural Competence

- › Discrimination in:
 - ▶ provision of services, and/or
 - ▶ interaction with colleagues and students
- › Lack of competence in the selection, administration and interpretation of diagnostic and/or treatment materials or approaches

Where to Look for Help at ASHA



- Code of Ethics
- www.asha.org/practice/ethics/
- Issues in Ethics Statements
- Articles "From the Director of Ethics"
- David Denton is ASHA's Director of Ethics
ddenton@asha.org
- 800-498-2071, ext. 5785

Professional Codes Provide Guidance*

- ▶ Provide helpful guidance to members
- ▶ Establish and embrace the common, core values reflecting consensus among members
- ▶ Promote public trust by stating what is to be expected of professionals
- ▶ Promote high standards of practice
- ▶ Define acceptable/unacceptable conduct within the profession

* Chabon & Dunham, 2007

ASHA Code of Ethics 3/'10

The ASHA Code of Ethics consists of four *Principles of Ethics*, which form the moral basis for the code

Principles of the Code

Principle I – Responsibilities to persons served professionally

Principle II – Responsibility for one's professional competence

Principle III – Responsibility to the public

Principle IV – Responsibilities involving inter-and intra-professional relationships

NEW Code of Ethics Effective 3-1-10: Principle I

- **Substantive changes**
 - Principle I, Rule C related to discrimination=>gender identity/expression added
 - Principle I, Rule D related to misrepresentation of credentials=>added students, CFs & others under your supervision
 - Principle I, Rule F (substitute for deleted content) related to delegating clinical tasks to support personnel=>must be supervised
 - Principle I, Rule G (substitute for deleted content) related to delegating clinical tasks to students=>must be supervised
 - Principle I, Rule P (formerly N) related to research participants=>must be voluntary & without coercion
 - Principle I, Rule R (new) related to discontinuation of service=>must provide reasonable notice

NEW Code of Ethics Effective 3-1-10: Principle II

- **Substantive changes**
 - Principle II, related to maintaining competence=>added performance
 - Principle II, Rule B related to scope of clinical service=>added professional practice
 - Principle II, Rule C related to professional development=>change to engagement in lifelong learning to enhance competence & performance
 - Principle II, Rule D related to delegating clinical services by those with CCC only=>deleted

NEW Code of Ethics Effective 3-1-10: Principle III

- **Substantive changes**
 - Principle III, related to providing accurate information =>added promoting, marketing & advertising products/services
 - Principle III, Rule C related to referrals=>added not based on anything but needs of client
 - Principle III, Rule D related to misrepresenting results=>added results of services & effects of products
 - Principle III, Rule E (substitute for deleted content) related to fraud=>no engagement in any scheme to defraud services, productions, reimbursement, research
 - Principle III, Rule F (formerly E) related to public statements=>added statements about products

NEW Code of Ethics Effective 3-1-10: Principle IV

- Principle IV, Rule A (substitute for deleted content) related to dignity & autonomy of the professions=>maintain harmonious inter & intraprofessional relationships & acceptance of standards
- Principle IV, Rule D (substituted for deleted content) related to harassment=>included sexual harassment and power abuse
- Principle IV, Rule E (substituted for deleted content) related to conduct=>anything that adversely affects the professions or fitness to serve clients
- Principle IV, Rule F (formerly C) related to sexual activities=>added engagement with research participants
- Principle IV, Rule K (formerly H) related to discrimination in relationships=>with other professions & added gender identity
- Principle IV, Rule L (new) related to filing complaints=>without regard to facts or use of Code of Ethics for person reprisal

Difficulties Applying a Code of Ethics

- Most Codes are broadly written; it is sometimes difficult to apply general rules to specific cases
- Ethical questions are complex and may not be completely addressed by a code of ethics
- An ethical code may conflict with institutional policies and practices
- We may be required to practice within a framework of numerous codes of conduct (Huffman, 2003)

?

The decision-making process begins with the question,

“Am I facing an ethical dilemma?”

If the situation is one in which personal and professional integrity are being challenged, the answer will likely be

‘Yes.’

(Morris & Chabon, 2005)

Once it is established that an ethical dilemma exists:

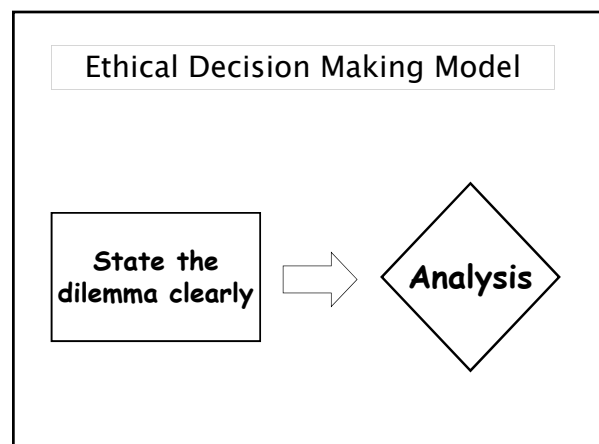
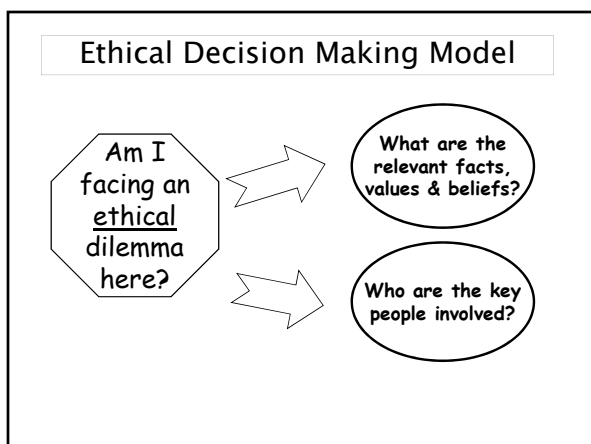
the questions addressed include:

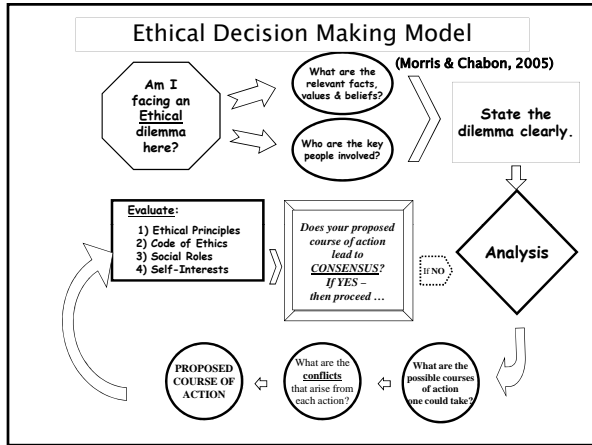
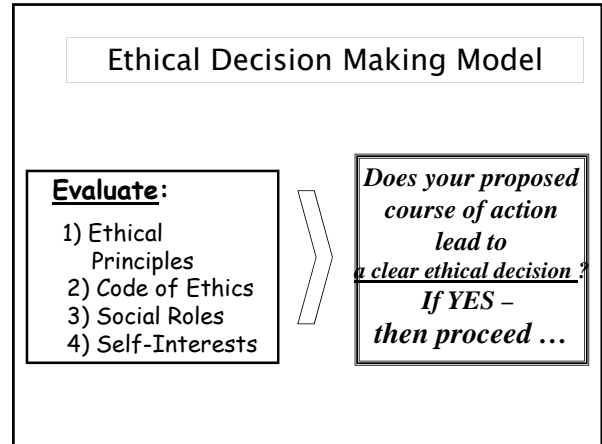
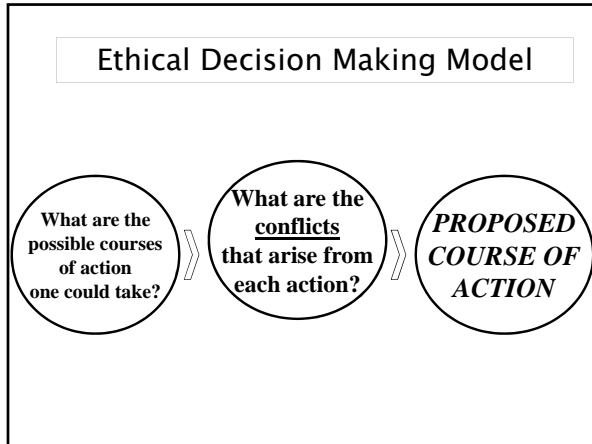
“What possible courses of action are permissible, impermissible or necessary?”

&

“What are the effects (benefits and burdens) of each action?”

(Chabon & Morris, 2006)





- ### Filing an Ethics Complaint
- Complaints must be filed in writing—the required form and instructions are available on the Ethics area of the ASHA website
 - Complaint attachments should provide the facts on which the complaint is based and **evidence** that corroborates and supports the allegations
 - The complaint must be signed—ASHA does not accept anonymous complaints
 - **Pay attention to the instructions and seek guidance from the Director of Ethics when preparing a complaint!!!!**

- ### Board of Ethics Jurisdiction
- ▶ ASHA members who hold ASHA certification
 - ▶ Non-members who hold ASHA certification
 - ▶ Applicants for ASHA certification

- ### Initial Determination
- The Board of Ethics reviews each case, considering **only** the information presented in the complaint and the response
 - Based on the information provided, the Board renders an “Initial Determination”
 - May find that there is insufficient evidence to support a violation
 - May find that there is a violation of the Code of Ethics (the board will indicate the portions of the Code that have been violated)
 - **The Board does not have investigative powers!!!**

Sanctions

If the individual has been found to be in violation of the Code of Ethics, one of the following sanctions will be applied as part of the Initial Determination

- Reprimand (private)
- Censure (public)
- Withholding (for clinical fellows), Suspension, or Revocation of Membership and/or Certification for a period of time

Further Consideration

- Individuals found to be in violation of the Code of Ethics in the Initial Determination may request a Further Consideration Hearing
 - Additional written evidence in defense
 - Ability to appear before the Board of Ethics to present a defense
 - At the conclusion of the process, a "Final Decision" is rendered
- A final appeal can be made to ASHA's Board of Directors

Case Studies e.g. Impaired Practitioners



Contact ASHA

- Start with the Web site: www.asha.org
- **Contact the ASHA Action Center**
Available 8:30 a.m. – 5:00 p.m. EST
Monday–Friday
Members: 800-498-2071
Nonmembers: 800-638-8255
Fax: 301-296-8580
TTY (Text Telephone Communication Device): 301-296-5650
E-mail: actioncenter@asha.org



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References

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