



College of Occupational Therapists of Ontario  
Ordre des ergothérapeutes de l'Ontario

PREP

# Ethics and Professionalism

---

June 2021



## Introduction

---

The topic for the 2021 PREP is Ethics and Professionalism. This PREP will provide an opportunity for occupational therapists (OTs) in all stages of their career to re-examine the College's existing practice documents and expand their understanding of concepts related to ethics and professionalism to strengthen their work.

Practice examples and reflective practice exercises are embedded throughout the PREP to supplement learning and to support the ability to apply critical thinking skills to this topic. You are required to review and answer the questions for each scenario in the reflective practice exercise. The questions are not graded. The scenarios presented in the PREP are applicable to situations that arise when working with clients, from referral to discontinuation of services, and are also relevant to non-clinical situations.

Once you complete the PREP, including the six Reflective Practice Exercise questions, the status in your PREP box on your MyQA homepage will indicate "completed", along with a green dot. A reminder that the PREP is due for completion by October 31, 2021. Specific learning needs identified through completion of this PREP may be incorporated into your Professional Development Plan.

## Learning Objectives

---

Upon completion of this PREP you will be able to:

1. **Recognize** your own personal values, morals, and biases as well as client values and experiences and how they affect your clinical decision-making.
2. **Explain** the values and principles of ethical practice and how they enable you to meet your professional obligations when providing client-centred care.
3. **Actively** engage in a competent decision-making process in your practice.
4. **Apply** College resources to support ethical decision-making in your practice.



## Contents

---

Introduction .....	2
Learning Objectives.....	2
Background .....	4
Ethics .....	6
Professionalism.....	7
Values and Principles.....	10
The Principles of Ethical Practice .....	11
Reflective Practice Exercise Scenario 1.....	17
Reflective Practice Exercise Scenario 2.....	26
Ethical Issues in Practice .....	31
Reflective Practice Exercise Scenario 3.....	33
Reflective Practice Exercise Scenario 4.....	37
Informed Consent.....	43
Reflective Practice Exercise Scenario 5.....	44
Reflective Practice Exercise Scenario 6.....	50
Conclusion .....	55
College References / Resources.....	56
Other References / Resources.....	57



## Background

---

As a regulated health professional, an OT is required to recognize an ethical issue when it arises in practice. An OT must also know how to work through the issue while maintaining the Standards for Practice and the behaviours expected of a professional. As a health care provider, an OT has many responsibilities.

These responsibilities fall on each OT individually and collectively as a profession. They are spelled out in provincial laws, such as the *Occupational Therapy Act (1991)*, that allow OTs to self-regulate their profession. The ethical expectations for the profession are described in the [Code of Ethics](#) and [Essential Competencies of Practice for Occupational Therapists in Canada](#) published by the College. They are also outlined in the Standards for Practice documents.

Unexpected ethical issues can arise at any time. Therefore, it is imperative that all OTs are aware of the core values of the profession and uphold them by applying the principles of practice in their everyday work. By systematically evaluating, analyzing, and interpreting information, OTs can strive for greater self-reflection and use a decision-making approach to address ethical situations.

OTs need to reflect on what these ethical expectations mean day-to-day, and their commitment to good practice. Reflective practice is essential to ensuring OTs preserve and promote the respect and trust required to achieve the common goal of enabling individuals to engage in their lives in meaningful ways.

Professionalism encompasses a mixture of qualities that relate to the skills, competence and conduct displayed by an individual. A professional has specialized knowledge in their field along with other important traits and behaviours, including honesty, fairness, and respectfulness. Taking pride in your work and serving as a positive role model is important for any professional. Maintaining ethics is also considered as one of the foundations of professionalism.

### College Resources to Support Ethical Decision Making

Often situations arise that require a very thoughtful and rational decision. Situations that require conscious decisions frequently involve an ethical dilemma and are often initially identified as an uneasy or hesitant feeling. Becoming aware of, and understanding this uneasy feeling is usually the first step toward a competent decision-making process. Even if these uncomfortable feelings are not experienced, it is important to reflect to



determine if the principles of ethical practice are being upheld. This allows one to practise as a consciously competent practitioner, defined as someone who:

- knows their strengths and limitations
- knows the standards, guidelines and rules, and the values behind them
- makes good choices consciously and deliberately, and
- can explain why they took a particular course of action.

The College has provided OTs with a [decision-making framework](#) which can be used to assist them in making decisions that reflect accountable, principled practice. OTs are encouraged to use this framework to guide their decision making when presented with complex ethical situations.

The 4A approach is a quick reference tool that outlines the critical steps of the decision-making framework. It is designed to support OTs when making professional decisions.

The decision-making framework relies on the values of respect and trust by considering the key principles of occupational therapy practice in relation to the situation. These concepts and the key principles of occupational therapy practice are defined in the College's [Code of Ethics](#).

When making a decision that involves difficult ethical considerations, knowing how to identify and apply these principles of occupational therapy practice is important. There are many factors that impact the final decision. These include client needs, professional ethics, professional standards, legislation, guidelines, policies, therapist competence, the practice setting, and the greater health system. Maintaining focus on the key principles can help to organize the process and ensure the result is one of *principled occupational therapy practice*.

Standards define the level of performance expectation, as a consensus of the profession, which form the framework for practising and ensuring continuing competence. Professional standards for OTs are outlined in a number of documents including Standards for Assessments, [Standards for Consent](#), [Standards for Prevention and Management of Conflict of Interest](#), and [Standards for Professional Boundaries](#). Further, in some instances, the “consensus of the profession” can be unwritten and represents a set of expectations and behaviors that are socialized through training programs, research and professional literature, and formal and informal interactions among professionals and with the College. This does not make them less real, and they remain an important part of the ethical principles and professional behavior by which all OTs are to abide.



Together with the Code of Ethics, the College's essential competencies, standards, guidelines, and the regulatory framework for its Registration, Quality Assurance and Investigations and Resolutions programs form the foundation for OTs about how to meet the requirements of the profession.

## Ethics

---

**Ethics** is an area of philosophy that is also called moral philosophy. It involves thinking and making decisions about what is right and wrong, or good and bad. Everyday human actions and interactions involve ethics in some way because there are certain expectations about how we behave toward one another and the world around us.

Ethical behaviour is everywhere, and we tend to take it for granted. Good behaviour is essential for society to thrive. When we experience unethical behaviour, we take note of it because it's unexpected.

These expectations work toward an overall goal – to promote good every time a decision is made to do one action instead of another. The idea of good focuses on what makes the world a better place for us to live with each other. Our understanding of good is linked to values – our own, each other's and our society's.

While responsibility lies with each of us, our expectations of each other depend on the role(s) we're fulfilling, the relationships we have, and the level of moral development we expect from ourselves and others. Some roles contain more power, duties, privileges, responsibilities, and accountabilities than others. We have higher ethical expectations of individuals in powerful roles because they have a larger circle of influence, and outcomes can have greater impact on others/society.

Health care professionals have additional privileges and powers compared to other members of society. As an OT, you have access to sensitive, private stories and information about people who may be vulnerable. Also, an OT's assessment can significantly affect a client's life; for example, it may lead to a client losing their driver's licence or may impact an insurance settlement. Even without such a significant outcome, an OT's practice can profoundly affect the lives of others.

In addition to maintaining the standards of the profession, it is also important for OTs to have cultural humility<sup>1</sup> and an awareness of their own biases and expectations. OTs

---

<sup>1</sup> Agner, Joy MS, MA, OTR/L. Moving from Cultural Competence to Cultural Humility in Occupational Therapy: A Paradigm Shift. *The American Journal of Occupational Therapy*, July/August 2020, Vol. 74, No. 4



must also be aware of what the right or good action is, and choose it over one that may be easier, simpler, faster, or more lucrative for them.

## Professionalism

---

Professionalism is generally associated with adhering to a set of standards or codes of conduct that characterize accepted practice within a particular area of activity. While there is broad acceptance that professionalism is important, there is no singular definition of professionalism.

For example, one academic study examined the different elements associated with professionalism and identified several themes and subthemes:<sup>2</sup>

- adherence to ethical practice principles (honesty, integrity, confidentiality, etc.).
- effective interactions with clients and with people important to clients (courtesy, empathy, respectful, etc.).
- effective interactions with other people working within the health system (teamwork, patience, maintain professional boundaries, etc.).
- reliability (accountability, punctuality, organized, etc.); and
- commitment to autonomous maintenance and continuous improvement of competence (lifelong learning, seek feedback, reflectiveness, etc.).

Other important aspects of professionalism include maintaining transparency in interactions, promoting safe workplaces, and addressing personal circumstances (for example, personal self-awareness). Compliance with regulatory requirements is also a standard of professionalism (for example, ensuring your professional membership is up to date, completing annual QA requirements, maintaining the appropriate professional liability insurance).

The definition of professionalism has advanced over time to address changes in attitudes and values. For example, while the concept of fairness is commonly

---

<sup>2</sup> Wilkinson, Tim J.; Wade, Winnie B.; Knock, L Doug. A Blueprint to Assess Professionalism: Results of a Systematic Review, *Academic Medicine*: May 2009 84 (5) 551-558



associated with professionalism, a more recent development is the grouping of fairness (equity) along with diversity and inclusion as a set of interacting values.

## Diversity, Equity, and Inclusion

**Equity** generally relates to promoting justice and fairness within procedures, processes, and allocation of resources. Within the healthcare context, **diversity** focuses on understanding the background of people such as OTs and clients being served (for example, culture, gender, sexual orientation and identity, religious beliefs, socioeconomic status, etc.) while **inclusion** is associated with promoting a culture of belonging by actively enabling both OTs and clients to help provide/receive high-quality care. Inclusion also relates to encouraging the presence of a diverse healthcare team in the treatment experience of clients. Diversity, equity, and inclusion are very important in the context of healthcare as they can directly affect client health outcomes and quality of life.

Many organizations and institutions have adopted initiatives focused on some aspects of diversity, equity, and inclusion (DEI) with the understanding that individuals at all levels need to develop their capacities to work across differences and create environments that are welcoming, equitable, and inclusive in order to be effective and successful. Whether it is working with co-workers, serving clients, or engaging with the broader community, individuals need to develop the cultural humility — the awareness, knowledge, and skills related to DEI to do their jobs effectively.

Practising in a culturally safe manner includes:

- Self-awareness of our prejudices, stereotypes, and biases as well as our internalized superiority and internalized inferiority.
- Understanding and appreciating others' social identities, cultures, and perspectives, and understanding their biases and internalized inferiority and superiority.
- Understanding different forms of privilege and oppression and how these affect people's experiences and access to social power, resources, and opportunities.
- Ability to engage in dialogue about diversity, equity, and inclusion issues and adapt to different cultural styles. Cultural safety is generally recognized as an ongoing learning process and is often developed in stages by building upon previous knowledge and experience.





## Workplace Practices

OTs fulfill many roles and titles such as employee, employer, colleague or peer, supervisor, or practice lead. Regardless of the role, OTs have the same level of responsibility to uphold standards of practice and to behave professionally and ethically to contribute to safe workplaces. Training, education, and information on workplace safety is important for OTs to obtain so they can meet all professional responsibilities.

## Personal Self-Awareness

A key element of professionalism includes having the self-awareness to identify when, as a professional, one is, or is not, performing at the needed capacity of the job they are expected to perform. OTs need to self-regulate their own health situations and to understand when this is impacting their role and the services they are providing. Addressing personal circumstances professionally may mean taking time away from work, asking for accommodations, or speaking with others to ensure that client care or workplace performance are not impacted. Should there be an absence from work, OTs are expected to take steps to minimize the impact of this on clients and colleagues and to ensure any transition of duties and care are managed as possible. These responsibilities are an important part of adhering to the Essential Competencies of Practice.

## Virtual Services

A situation such as a pandemic increases the need for OTs to engage in a new level of clinical decision making as part of service delivery. For example, when determining whether to provide in-person or virtual services, the OT must consider many things including risks to the client and self, the nature of the client-therapist relationship, and the safety and privacy of the home and the electronic platform. The effectiveness of providing the required intervention through a virtual channel is also a factor, especially when evidence to support the efficacy of online delivery may not be available. An OT needs to use decision-making to inform their choice of whether to provide virtual services and be able to provide rationale for their decision. For more information about providing virtual services, please review the [Guidelines for Telepractice in Occupational Therapy](#).

## Billing Practices

In some sectors, clients receive private or insurance services and are provided invoices or copies of invoices for the occupational therapy they receive. Professionalism requires an occupational therapist to be transparent about costs before the services are rendered, and in the invoicing provided. OTs need to always be ready and willing to



speak with their clients openly and honestly about the costs of their services.

## Values and Principles

---

Engaging in ethical practice starts with values and grows with principles. The College considers the values of **respect** and **trust** as fundamental to good practice. The [Code of Ethics](#) forms the foundation for OTs' ethical obligations and outlines the key principles that help OTs promote these values and enable clients to engage with their world in meaningful ways.

**Values** are the ethical building blocks of human behaviour and interaction. They are at the heart of our everyday exchanges, and shape how we relate to and treat others.

Ethical values are intangible and invisible. They are, however, made visible or observable by choices and the actions that arise from these. Your values reflect your intentions, which are also invisible. The assumption is that our choices reveal what we feel makes the world a better place, and what makes us better people in the world. We live our values in countless acts throughout our life. In doing so, we live our ethics. We consider our ethical values – such as respect and trust – to be good in our lives.

**Principles** relate to a set of practices and behaviours that promote our values. At times, principles can conflict with each other. To follow one principle might mean you can't honour another. When values and principles conflict with each other, it can present an ethical dilemma. Judging which principle is more important than another is, in part, specific to the situation. You need to consider a whole host of factors before making decisions. One significant factor is the relationship you have with the other person or persons involved. When the relationship is a business or professional one, different ethical standards apply. When that relationship is also a therapeutic one, the complexities as well as your responsibilities and accountabilities increase. An OT is professionally responsible for the judgments they make in practice. Your professional choices are also your professional responsibilities.

---

### Practice Example 1

You have not yet met the deadline to submit your annual Professional Development (PD) plan, a mandatory component of the College's Quality Assurance Program. You are taking a parental leave of absence in three months and wonder whether you really need to complete your PD Plan.



### What should you do?

- A. You should complete your Professional Development Plan by the College's due date and continue to participate in professional development activities until your leave.
- B. You should not complete your Professional Development Plan or any continuing professional development due to your pending absence from work.
- C. You should contact the Quality Assurance program at the College to see if you can be exempt from completing your Professional Development Plan.

### Answer: A

OTs are obligated to participate in their quality assurance requirements annually to maintain the knowledge, skills, and judgment necessary to practise competently, safely, and ethically throughout their career. Although you are planning to take a leave from your job soon, you are still registered with the College and are therefore required to complete your QA requirements. Further, good, and ethical practice requires a life-long dedication to learning and self-improvement throughout your time as a registrant.

## The Principles of Ethical Practice

---

OTs are guided by two fundamental values: respect and trust. These core values are as important as the laws, regulations, and College standards and principles under which OTs are governed.

Values relate to the obligations OTs have as self-regulated professionals in whom the public places its respect and trust. The values of being **respectful** and **trustworthy** in all professional interactions, give rise to the **principles of practice** that underpin occupational therapy services.

An OT is **RESPECTFUL** by applying the principles of client centred practice, respect for autonomy, and collaboration and communication.

### Client-Centred Practice

The principle of maintaining a client-centred approach is at the core of occupational therapy – ensuring that practice is centred on the client's needs, preferences, and abilities, in the context of their priorities, supports and resources.

This principle is demonstrated when OTs:



- Determine what has meaning and purpose for the client; and
- Recognize that clients are diverse, and that each client is an individual.

### **Practice Example 2**

Mr. Levitt suffered an injury to his back which is preventing him from returning to work. Following assessment and the development of a treatment plan, you provide Mr. Levitt with ten sessions of occupational therapy to help with coping and activity tolerance to support his return-to-work. These sessions were covered by his insurance company. Mr. Levitt's symptoms improved over the course of treatment and he wishes to continue treatment as he has not yet returned to work. You conduct a re-assessment and recommend an additional five sessions. The insurer denies this request. You understand that paying out of pocket may be difficult for Mr. Levitt.

### **What should you do?**

- A. You should contact the insurer directly on Mr. Levitt's behalf and inform them that you are upset about their decision not to cover the additional five sessions.
- B. You should cease services immediately and provide Mr. Levitt with a discharge plan. There is no point discussing the recommendation for additional services as his insurance coverage has run out and he is likely unable to afford payment out of pocket.
- C. You should discuss your recommendation with Mr. Levitt and explain that the five sessions would not be covered by his insurance. You can outline your rationale for the additional sessions to Mr. Levitt and discuss your fees.

### **Answer: C**

You should provide your recommendation to the client and be transparent about the absence of further insurance coverage for the additional five sessions to enable the client to make the best decision for himself. You should engage in a discussion with him about other options, such as challenging the insurer's findings, public funding, and how the goals can be adjusted to try and achieve as many outcomes as possible within the number of sessions he might be able to afford.



## Respect for Autonomy

Autonomy, often stated as the principle of respect for autonomy, is the idea that a capable person (in the sense of mental capacity or competence) can make their own decisions. Once a client is informed about the treatment options that are available, they have the right to decide on the option they prefer, including the decision not to have intervention. Autonomy is implicit in the idea of client-centred practice.

This principle is demonstrated when OTs:

- Recognize each client's right to make choices for themselves; and
- Honour the dignity and worth of everyone.

### Practice Example 3

You have been treating Ms. Bhat for the last three months for a work-related injury. Her employer calls requesting information about her clinical progress to date. There is no information in her record to indicate she has consented to this disclosure. You do want to speak to the employer because you think she can return to work.

### How should you respond?

- A. You do not have consent and thus indicate to the employer that you cannot provide any personal health information to them without obtaining consent from Ms. Bhat. You then speak with Ms. Bhat about her rehabilitation status, her goals and intentions for return to work to ensure everyone is working towards the same outcomes.
- B. You should offer only minimal information to the employer such as confirming that Ms. Bhat is your client, and the dates she attended therapy.
- C. You should provide a progress report to the employer and advise Ms. Bhat to speak to her employer about her health status to ensure a smooth return to work transition.

### Answer: A

Respecting the autonomy of Ms. Bhat, if she has not provided consent for disclosure of information to her employer, you may not offer any information. You must obtain additional consent for disclosing information to the employer. There may be some contexts where disclosure of personal health information without consent is legally



required, but in this case, consent is necessary. Clarifying her goals and intentions about returning to work will help shape further rehabilitation planning and could assist in developing her consent for future transparency with her employer.

## Collaboration and Communication

Clear and respectful communication is core to the development of the client-therapist relationship. It is considered a core competency for an OT's practice that they utilize a communication process that promotes shared understanding with those with whom they interact. Effective communication involves the establishment of a feedback process and includes appropriate use of verbal, non-verbal and written communication.

This principle is demonstrated when OTs practise as a team member with clients and other professionals.

An OT promotes **TRUSTWORTHINESS** by applying the principles of honesty, fairness, accountability, and transparency. Maintaining professional boundaries and avoiding (or managing) conflicts of interest are also important principles for establishing and preserving the client's trust.

## Honesty

Honesty is recognized by most people as telling the truth. Honesty generally exists alongside other virtuous traits such as integrity and truthfulness. These ensure that how we are honest is in keeping with other principles and our clients' best interests. Truthfulness is a cornerstone of trust.

## Fairness

Fairness is a term that is familiar to most people. Being fair and being perceived as fair is critical to developing trust and demonstrating respect. Often this refers to the process of providing services and making sure that delivery is fair to all those that need it.

This principle is demonstrated when OTs practise justice in dealings with others and within the scope of their work by striving to ensure diversity, equity, and inclusion in the provision of occupational therapy services.



### Practice Example 4

You work as an OT at a community hospital. One day you are looking at your feed on your online professional networking site and notice a fellow OT who works at your hospital has posted a racially discriminatory article.

#### What should you do?

- A. You should have a conversation with the OT offline and advise them to remove the post.
- B. You should report the post to their employer, the College, and/or the social media platform.
- C. You should publicly comment on the post and how unprofessional and discriminatory it is.

#### Answer: A

The most ethical and professional approach would be to speak to your colleague about the post and suggest they remove it while highlighting the insensitivities of the post to try and encourage their own self-reflection. Communicating with them about the article and trying to encourage a resolution is the most professional approach. If your colleague does not understand the risks to them and others in being discriminatory online, your next steps could be to report them to either the employer, College, or social media platform. Whether a report to the College is ethically necessary may depend on the nature of the statements made and the response of your colleague to handling the post and the overarching professional concerns identified by their behaviour. Reporting the post to the platform is also an appropriate course of action but allowing your colleague to address it first would be the most professional approach.

### Practice Example 5

You manage a private paediatric practice providing school-based services. There is a vacancy for a position within the team. In preparation for the interviews you are being asked by the owner of the company to screen “young, female candidates” about family planning during interviews. You are extremely uncomfortable with this request.

#### How should you respond?



- A. You should remind the owner that there are different types of leaves from work, including parental leave, and as such this is not restrictive to age or gender.
- B. You should respond to the owner by suggesting that engaging in such practices likely violates human resource policies and the Human Rights Code.
- C. You should report the owner to the Human Rights Tribunal.

**Answer: B**

An OT must abide by human rights legislation and the Code of Ethics by respecting gender equality and not engaging in prejudicial treatment or discrimination. You should not engage in unethical practices. The owner should follow objective, fair, and non-discriminatory hiring practices. Longer term, you may also want to consider if you are comfortable continuing to work for someone who may put you at risk of violating Human Rights and Ethical Codes of Conduct.

## Accountability

As regulated professionals, OTs are required to clearly demonstrate that they serve each client's best interest. Accountability means we are responsible for our actions; we have an obligation to account for and can explain our actions.

This principle is demonstrated when OTs:

- Take responsibility for decisions, actions, professional competence, and judgement; and
- Ensure their actions serve the client's best interest, by working in a transparent, honest manner and while striving to do no harm.

In some sectors, OTs are required to complete third party reports as part of an insurance process, or medical-legal claim. The College receives several complaints from these situations, in that clients think the OTs assessment findings are unfair or unreasonable. While providing an expert opinion for an insurance or legal claim, OTs still need to serve the client's best interest by providing an unbiased, informed, and objective opinion that is defensible based on the information they are provided and their assessment process. Accountable and transparent practice requires an OT to have dialogue with a client about their findings, either before or after the report is submitted. An occupational therapist should allow a client the opportunity to discuss an assessment outcome or report, especially if the client believes the outcome is unfavorable. In all sectors, transparent, honest, and open communication preserves





professional rapport and can prevent a complaint.

## Reflective Practice Exercise

---

### Scenario 1

You are an OT Manager of the rehabilitation units at the local hospital. As a result of the pandemic, an OT on the acute care floor suddenly needs to take time off. They are not expected to return for 4-6 weeks. You approach Lou, an OT from the cardiac floor, asking if they can cover in acute care as the hospital priority during COVID remains getting acute clients out of hospital as quickly as possible. Lou is interested in gaining this experience and agrees to cover the floor. You inform Lou that coverage will need to start tomorrow. Lou asks for a week to make the transition to the new floor, as many aspects of the cardiac program are implemented by an OTA/PTA and time is required to arrange the transition plan. You respond to Lou that the physiotherapist on the cardiac floor has agreed to oversee the OTA/PTA while a casual OT to cover the unit is being found. You again ask Lou to start on acute care tomorrow.

A few days after Lou transitions to acute care, the OTA/PTA follows-up with a patient in the cardiac program. Unfortunately, the OTA/PTA provides the client with the wrong information about their activity restrictions and the physiotherapist sees the client engaging in an unsafe activity in the gym. The PT brings this to your attention. You review the patient's chart and realize that before transitioning into acute care, Lou did a poor job of documenting this client's status, and this resulted in misdirection of the OTA/PTA.

You feel somewhat responsible for the mistake, as the transition was urgent and while Lou asked for a week to transition, you told them the transfer was required immediately. However, you do not feel that Lou advocated strongly enough for the documentation they needed to finish, and thus do see them as being partially responsible for what happened. In the end, a client was put at risk and someone needs to be transparent with them about what happened and ensure all the other clients are transitioned properly. You are trying to decide how to proceed.

**Ethical Question:** Do you speak to the client with Lou or do you ask Lou to speak to the client alone?

### Identify resources to support your decision-making

#### Code of Ethics and Decision-Making Framework



### **Collaboration and communication**

- Practise as a team member with clients and other professionals.

### **Accountability**

- Take responsibility for decisions, actions, professional competence, and judgement.

### **Essential Competencies of Practice for Occupational Therapists, 3<sup>rd</sup> Edition**

- Competency 7: Manages the quality of practice and advocates within systems for safe, ethical, and effective practice.
- An OT: 7.2 Manages assignment of service to support personnel, other staff, students, and others under the occupational therapist's supervision.

### **Standards for the Supervision of Occupational Therapist Assistants (OTAs)**

- Standard 1 states that: The OT will be fully accountable for all occupational therapy service components assigned by them to the OTA.
- Standard 2 states that: The OT will supervise the OTA in the delivery of the occupational therapy service components assigned to the OTA.
- Standard 5 states that: When assigning occupational therapy service components, the OT will evaluate risk and implement strategies to minimize any potential harm to the client, the OTA and others.

## **Identify Risks**

### **Risks to the Client:**

#### **If you speak to the client with Lou:**

- The client may become upset that they were placed at risk.

#### **If Lou speaks to the client alone:**

- The client may lose trust in Lou's ability to provide care and it could affect the therapeutic relationship.
- The client may feel devalued that the situation was not addressed by you as the manager.



## Risks to the OT:

### If you speak to the client with Lou:

- The client may become upset with you.

### If Lou speaks to the client alone:

- You would not be fulfilling your professional obligations as a manager and would not be providing Lou with support to address the situation.
- Your reputation may be at risk for not fulfilling your management responsibilities and this could impact future opportunities.
- Your employer and colleagues may lose trust in you.

## Risks to Other Stakeholders (Lou, the hospital, OTA/PTA):

### If you speak to the client with Lou:

- The hospital's reputation is at risk if client chooses to make a formal complaint about inadequate care being provided.

### If Lou speaks to the client alone:

- Lou may not feel supported by you as the manager, especially given that Lou had requested additional time for the transition.
- Lou may feel uneasy and experience decreased confidence in having to address the client.
- The OTA/PTA may not be appropriately brought into this situation and be provided with feedback.

## Consider your options

---

### Option 1

You decide that Lou is responsible for the issue and should be required to speak to the client.

### Option 2

You decide that your handling of the transition resulted in the issue and you should speak to the client with Lou.

---

### Not the most appropriate option

**Rationale:** Lou communicated to you what was required to make a safe

### The most appropriate option

**Rationale:** Health care providers are always expected to model and

---



---

transition to the new ward. Further, they were acting in the best interests of the organization by accommodating the needs of the acute care department, and by pivoting quickly. While Lou should have advocated more strongly to ensure they could meet their professional obligation to review the clients and charts they would be leaving behind, and to ensure the OTA/PTA program was transferred safely, they were following the direction of you as their Manager. Had Lou refused to transfer floors as quickly as asked, they may have feared employment repercussions. Having Lou correct the mistake is not accepting your own responsibility and accountability for the way you managed the situation. When in a leadership role, passing the accountability for your own part in situations that put others at risk is not an ethical or professional way to manage leadership or supervisory responsibilities.

demonstrate professional and ethical behavior. There is an added responsibility on those in leadership positions. In this scenario, as the manager, you should acknowledge and identify your own error in rushing Lou to transition before the transfer of care could be completed. In doing so, you should take it upon yourself to review and finish the charts with Lou for all patients they were responsible for.

You should review with Lou what happened, including their acknowledgement of their own role in this, and inform Lou of how it was handled. It may be appropriate to provide an apology to Lou for rushing them to the acute floor and not addressing their concerns.

You should also tell the physiotherapist, OTA/PTA and your supervisor what happened and take responsibility and accountability for the error. Those involved should have a chance to ask questions and to express any ongoing concerns before the situation is deemed resolved.

Finally, any of the learning from the situation should be shared with other colleagues in leadership roles to prevent such situations from happening again.

---

## Transparency

Transparent practice requires full disclosure, which ensures integrity within the client-therapist relationship and requires clear, open, and thorough communication. It is inappropriate to withhold information, intentionally or not, that may impact the client's ability to become involved as an informed participant. OTs are responsible for



ascertaining the nature and extent of information to be shared, and with whom it needs to be shared. Transparency supports both fairness and accountability, and disclosure ensures integrity in relationships with clients, other professionals, and society.

Transparency is at the core of ethical practice including expectations for fees and billing. Clients need to be fully informed of the costs of all services and must be able to have open dialogue with the occupational therapist about the time needed and spent. OTs should always ensure they have informed consent and approval from the client for all elements of care, including their billing practices.

### Practice Example 6

Mr. Laforet calls you about concerns related to the most recent invoice he received. Mr. Laforet reports that the recent invoice differs from his previous treatment invoices; there is a \$20 additional charge that has been added to his invoice labelled as "COVID PPE fee". You remind Mr. Laforet that you informed him about the additional charge at the last appointment a month ago when you had handed him a pamphlet and referred him to a sign in the clinic indicating the COVID protocol and the extra charges. He asks if his consent for this fee was documented in his record. You review his record and realize you did not document this at his last appointment.

### How should you proceed?

- A. You should just keep reminding Mr. Laforet that this information is posted at the front of the clinic and that you talked to him about this during his last visit.
- B. You should remind Mr. Laforet that you got verbal consent for the additional charge during a conversation with him, and that written consent is not required.
- C. You should offer a refund because there is no documentation in the clinical record about the additional fee.

### Answer: C

Even though the rates are posted at the front of the clinic and you recall discussing the COVID fee at the last appointment, you neglected to document this in the clinical record. You should demonstrate accountability for your record keeping omission by issuing a refund for the charge. Additionally, you should discuss the COVID fee with Mr. Laforet, and answer any additional questions he may have, reminding him that at each



appointment, he will be charged the fee on his invoice. You should obtain consent for ongoing treatment and the costs of the supplies going forward, and ensure this discussion is documented in the client record. You should also reflect on the fact that Mr. Laforet may not have retained the information from the verbal discussion that was originally held. Reinforcing the information both verbally and in writing going forward is also the professional approach you should take.

### Practice Example 7

You are leaving a paediatric clinic and opening your own occupational therapy practice that will also provide services to paediatric clients. You are considering taking a copy of your current clients' contact information and inviting them to transfer to your new practice.

#### What should you do?

- A. You should take your current clients' contact information with you to your new practice but refrain from using it immediately. However, if business is not flourishing, it may be a good way to gain new clients and market your practice.
- B. If your clients are asking to move to your new practice, so you should take your current clients' information with you and send an invitation to those clients to join you.
- C. You should check your employment or contract agreement to see if this includes a clause(s) about non-compete, confidentiality, or conflict of interest that would prohibit you from seeing the same clients privately. You should then discuss a transition plan with your current employer for your current clients.

#### Answer: C

It is unethical and unprofessional for you to take clients from a previous business as this may breach an employment/consulting agreement or put you in a conflict of interest. In addition, the client list constitutes personal health information and there may be privacy concerns about removing it from the office of the existing Health Information Custodian. As a professional, your job would be to work with your employer to have a sound plan in place for your clients prior to your departure including arranging to have them transferred to another therapist at the same clinic so that there is continuity of care. You would also need to explain to your clients if you would be in a breach of contract to



move them to your new practice and as such would be required to decline to provide them with services elsewhere, even if they ask.

## Professional Boundaries

A key component of ethical occupational therapy practice is having a relationship of trust with clients. Due to the OT's position of authority and professional knowledge related to the client's health status, vulnerability, unique circumstances and personal history, the client-therapist relationship has a power imbalance in favour of the OT. Power is also associated with the OT's ability to influence a client's access to care or services. If the OT uses their position of power or takes advantage of a client's vulnerability, it could be an abuse of power, whether done consciously or unconsciously, and ultimately trust in the client-therapist relationship may be broken. Although the power imbalance is always present, good communication and transparent practices can enable a trusting relationship with clients and supports ethical practice.

The topic of professional boundaries applies to many issues such as sexual behavior, financial dealings, social interactions, conflicts of interest, differences in values, and breaches of confidentiality. Boundaries differ by circumstance and require more than just management by the OT when they occur. Anticipation and ongoing self-monitoring are means of preventing the development of boundary issues.

The onus is on the OT to recognize issues of power and control, to maintain professional boundaries and to practice in a manner that establishes and preserves the client's trust. OTs, through client-centred practice, can work to minimize the power differential; however, it should be acknowledged that the power imbalance exists.

---

### **What is a professional boundary?**

A boundary is the implicit or explicit separation of the professional relationship with a client from one that is personal.

---

### **What is a professional boundary crossing?**

A boundary is crossed when an OT initiates a behaviour or allows a behaviour to persist in a relationship that compromises, or sets a future course that compromises, the OT's relationship with their client.

---

### **What is a professional boundary violation?**

A boundary violation occurs when the nature of the therapeutic relationship moves from professional to personal.

---



---

**Sexual abuse** of a client by a regulated health professional is defined in the Regulated Health Professions Act, 1991 (RHPA) as:

- Sexual intercourse or other forms of physical sexual relations between the member and the client;
  - Touching, of a sexual nature, of the client by the member; or
  - Behaviour or remarks of a sexual nature by the member towards the client.
- 

Given the potential complexities of the client-therapist relationship, OTs should leverage the experience and knowledge of a colleague, or contact the College, when they are uncertain about the expectations and/or the application of the [Standards for Professional Boundaries](#) in the specific context of their practice setting or scenario.

OTs must also be aware that expectations regarding professional boundaries extend beyond the client-therapist relationship. OTs should apply the principles of professional boundaries in all circumstances where they are in a position of power which may occur, for example, when an OT assumes a supervisory relationship with an occupational therapist assistant or student.

As noted in the [Standards for Professional Boundaries](#), OTs should set and manage boundaries relating to personal dignity, self-control, professional relationships, privacy, and confidentiality to ensure that the trust a client has placed in the OT is maintained.

## Conflict of Interest

Another important aspect of ethical practice is avoiding conflict of interest. A conflict of interest arises when the OT has a relationship or interest, which could be seen by a reasonable person as improperly influencing their professional judgement or ability to act in the best interest of the client.

In keeping with the [Standards for Prevention and Management of Conflict of Interest](#) OTs should proactively recognize, prevent, disclose, and where that is not possible, take measures to effectively manage any conflicts of interest that arise while providing professional services.

A conflict of interest is often viewed in terms of monetary or material gain, for example, when the OT seeks a favor from a client, such as tickets to an event, or to gain a personal advantage to obtain something of interest; other examples also include:

- having a dual relationship with a client such as a personal, professional, or financial one that could compromise the professional judgement of the OT or





increase the risk of a boundary crossing leading to conflict of interest, for example, using the client as one's accountant

- having a relationship with stakeholders such as vendors, companies, and manufacturers, for example, having a business association with an equipment vendor that benefits the OT
- receiving monies for referrals or directing clients to a particular person, service or group that provides a return incentive, gifts or benefits, without offering alternatives for the client to consider
- engaging in research or work-related quality assurance efforts using their contact information or scientific methods without prioritizing the client's interest and well being, for example, not obtaining approval through a Research Ethics Board or not providing a full explanation of all aspects of the research before requesting informed and ongoing consent from the client, or not getting consent to involve them in work-related quality assurance initiatives (i.e. soliciting them for feedback).

Given their professional knowledge, trust and position of authority, an OT should keep in mind that it is their responsibility to prevent conflict of interest from occurring through an abuse of their power or authority. The onus is on the OT to recognize issues of power and control; anticipate, be alert to, manage conflict of interest and practice in a manner that preserves the client's trust and confidence. **An OT should always bear in mind that the consent of a client is not a defence in a conflict of interest situation.**

### Practice Example 8

You are teaching an occupational therapy course in mental health at a university and you also have a private practice treating individuals with mental health conditions. You are approached by a student who is seeking treatment at your private practice.

### What should you do?

- A. You should offer services to the student as you already have a good working relationship with them.
- B. You should not offer services to the student as this would be a conflict of interest. You could instead offer to assist the student with finding alternative mental health practitioners.



- C. You should offer services to the student but ensure another professor grades the student's papers, projects, and exams moving forward.

**Answer: B**

You should not offer services to the student as this would be a conflict of interest. Treating a student would present a dual relationship, and there is a risk of a real or perceived conflict of interest.

## Reflective Practice Exercise

---

### Scenario 2

You are a community OT providing in-home services and have begun working with Dinah, an 85-year old woman who was recently hospitalized because of her inability to cope at home due to her Parkinson's symptoms. Dinah's husband died one year ago, and her condition has worsened since his death. Dinah did not have any caregivers prior to the hospitalization, and you have deemed her capable of consenting to occupational therapy services. You learn that while in hospital, Dinah's estranged daughter came back into her life. Her daughter offered to be her live-in caregiver and assist with personal care so Dinah could continue to live in her home; something of great importance to her.

During one of your sessions Dinah is unusually quiet. She reluctantly discloses that her daughter has been trying to convince her to co-sign for a loan and that earlier that day her daughter threatened to leave if she did not sign the documents. Dinah also discloses that she gave her daughter access to her bank account while she was in hospital to assist with paying bills. Dinah has not been able to check her bank account since her discharge home and has recently received "overdue" notices for some of her bills in the mail. This is the first you are hearing of these concerns and Dinah asks you to keep them confidential. She expresses her fear of being unable to continue living in her home and states that perhaps this is the price she must pay to continue to receive the care she needs and avoid moving to a long-term care facility.

**Ethical Question:** Do you advise Dinah that this could be considered elder abuse or not?

### Identify resources to support your decision-making

#### Code of Ethics and Decision-Making Framework



### **Client-Centered Practice**

- Striving to see the whole person and their environment.
- Avoiding making assumptions about what a client regards as meaningful and purposeful.
- Being aware of your own values and respecting that your client's values might be different.

### **Respect for Autonomy**

- Accepting the client's choices even when they do not align with your own.
- Respecting the client's wish not to share certain information with others.

### **Collaboration and Communication**

- Maintaining the confidentiality and security of client information.
- Knowing and fulfilling professional obligations when there is a duty to report or warn.
- Collaborating appropriately with others to help manage difficult clinical and ethical situations.

### **COTO Q&A Elder Abuse April 2018**

The College expects OTs to comply with legislation applicable within their practice setting. Reporting elder abuse is mandatory when the individual resides in a long-term care home (*Long-Term Care Homes Act, 2007*, section 24) or a retirement home (*Retirement Homes Act, 2010*, section 75).

Unlike the duty to report a child in need of protection, there is no legal duty to report elder abuse when the individual does not live in a long-term care or retirement home.

When presented with concerns regarding elder abuse, the OT must first determine if the client is capable. If the client is capable, the OT must respect the client's decision for how the client wishes to address the situation. An OT can help but cannot act if the client does not consent. If the client is capable and is seeking assistance, the OT can provide the contact information for community resources.

If the client is in immediate risk of harm, the OT must act as per Section 40 of the [\*Personal Health Information and Protection Act\*](#), which may include contacting emergency personnel, a Social Worker, or community agencies.



PHIPA Disclosures related to risks:

40 (1) A health information custodian may disclose personal health information about an individual if the custodian believes on reasonable grounds that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons. In this scenario, you are looking at the risk of financial harm so this provision may not legally authorize disclosure to third parties unless there is consent by Dinah.

If the client is not capable, the OT should address the concerns with the client's substitute decision-maker (SDM). If the OT's concerns relate to the treatment of the client by the SDM, the OT can report the concerns to [the Office of the Public Guardian and Trustee](#).

### Information About Elder Abuse

If an older adult tells you that they are being abused:

- be patient – listen carefully and do not jump to conclusions
- believe them – do not question what they are telling you. You may be the first person who has ever been entrusted with this information. It may be hard to understand what is going on, especially if the perpetrator is a nice person to you or someone you know
- do not judge them – do not express pity or tell them what to do. Respect their decisions even when you don't agree. Tell them you care about them and offer them a level of support that you feel comfortable providing and know that you can provide on an ongoing basis. Do not promise them things you know you cannot do or are not comfortable doing
- understand that making efforts to change an abusive relationship is extremely difficult – a person who is being abused can be very afraid and not certain what to do. It can take a very long time for people to decide to make a change in their lives, to reach out for help or to even talk about their situation
- do not deny what is going on – if you choose to deny what is going on or not to listen to a person, this will serve to isolate the person who is being abused even further
- do not confront the perpetrator yourself – this could put you and/or the person who is being abused at risk



- educate yourself on resources available – learn about safety planning and call your local community information centre, community care access centre, community support agency; talk to your own doctor or lawyer; or search on the Internet for resources and information
- encourage them to seek help – offer to help them find the right place to turn to and local resources, if this is something you are prepared and able to do

## Identify Risks

### Risks to the Client:

#### If you advise Dinah that she could be experiencing elder abuse:

- Dinah may be upset and embarrassed and choose not to proceed with occupational therapy services.
- Dinah may choose to address it with her daughter. This discussion could have a negative impact on her relationship with her daughter.
- Dinah's daughter may choose to resign as her caregiver.
- Dinah may no longer be able to live in her home.

#### If you do not advise Dinah that she could be experiencing elder abuse:

- The potentially abusive situation Dinah is experiencing may not change or may worsen and this could result in further financial difficulties and stress to Dinah.

### Risks to the OT:

#### If you advise Dinah that she could be experiencing elder abuse:

- Dinah could be upset and embarrassed at the suggestion that her daughter is potentially abusive, which may impact your therapeutic rapport and your ability to have an ongoing and effective working relationship.

#### If you do not advise Dinah that she could be experiencing elder abuse:

- By not addressing your concerns, you could deny Dinah the help she may need to manage this complex situation. Dinah's decision to disclose her situation to you required courage. If you do not address it in some way, it may impact your therapeutic rapport.



### Risks to other Stakeholders (Dinah's daughter):

#### If you advise Dinah that she could be experiencing elder abuse:

- Dinah's daughter may be accused of abuse.
- Dinah's daughter may be investigated or face legal action.
- Dinah's daughter may no longer have a place to live with her mother.

#### If you do not advise Dinah that she could be experiencing elder abuse:

- No risks to Dinah's daughter.
- Could violate a workplace or organizational policy on how to manage elder abuse.

### Consider your options

---

#### Option 1

Advise Dinah that what her daughter is doing could be considered elder abuse.

#### Option 2

Do not say anything to Dinah and proceed with your services.

---

#### The most appropriate option

**Rationale:** While you would not have a duty to report Dinah's daughter as she is not living in a long term care home or retirement home, you do have a professional obligation to address a concern raised by your client. By advising Dinah that what her daughter is doing could be elder abuse, it gives Dinah the opportunity to discuss it further and consider possible solutions to her problem. Although it is ultimately Dinah's decision on how to proceed, you would provide her with support and resources to help her consider her options.

#### Not the most appropriate option

**Rationale:** By not addressing the issue presented by Dinah, her situation may not change and could worsen. This could put her at imminent risk of harm if she cannot pay her monthly expenses due to her daughter's financial mismanagement. It may also make Dinah feel like you are avoiding addressing a difficult problem that took courage for her to disclose. This could impact your therapeutic rapport.

---



## Ethical Issues in Practice

---

In professional practice, there are often situations in which you must decide on one course of action over another; for example, when a situation requires a clinical or ethical decision. You may decide to discontinue treatment because progress has reached a plateau. Or you may decide to continue treating after reaching a plateau because the client is eligible for further occupational therapy interventions – it's easy to do, it isn't hurting anyone, and it's just one or two sessions for which you can be paid.

Your reasons for making a choice and your intentions behind that choice are not evident unless you document them. Without documented reasoning – clinically, ethically, or both – others will not be able to understand your actions. And in the future, you may not recall the reasons for your actions. Should the treatment provided come under scrutiny, this documented information might prove critical in determining if you followed the standards of practice. Any unjustified treatment intervention contrary to practice standards, regardless of whether it comes to light or the client has consented, is unprofessional and unethical.

On occasion, you may find yourself in a complex situation you did not expect and do not know what to do. In such a situation, your automatic or “reflexive” response might not meet the ethical standards expected of an OT.

Ethical reflection and decision-making are important in your personal and professional life. Reflecting on a situation in which you are uncertain, or even when you may have gotten something wrong, helps you to learn how to do right more often. Reflective learning is particularly useful when you find yourself in a new type of ethical situation that's unlike anything you've experienced before. Regular reflection helps make our reflexive responses as good as possible.

As professionals, OTs are as accountable for actions whether these are reflexive or thoughtful and planned. Your status as a regulated health professional requires you to use sound professional judgment – good in quality and good in ethics – in all interactions.

### Recognizing Ethical Issues in Practice

Ethical issues can initially be experienced as an uncomfortable feeling. This unease or distress can be felt emotionally, intellectually, and even viscerally; that feeling of being uncomfortable with what is happening. This is your “gut feeling” or professional intuition telling you that what is happening is not in alignment with your ethics and professional standards.



**Moral distress and moral unease** can be big factors in professional burnout. For example, you may need to decide between two unpleasant options – you need to choose what is the best of the worst. This type of dilemma can leave you feeling stuck about how to proceed.

Other dilemmas occur when you know what you should do but for reasons beyond your control you are unable to do it. A client's insurance coverage may not allow for the additional treatment that you know will make a difference. Or you may have concerns about a client refusing the options you've proposed to make their home safer.

Moral distress, or unease can also appear when you suspect, or know, that you are doing something that is not right. You might feel something you are doing is a bit risky, or maybe you feel you are avoiding having to think about an issue. The situation may be why you're on edge and sleeping poorly. Your values are waving a flag but you're trying not to deal with it.

A **moral dilemma** occurs when you are torn between two or more possible actions with no single or combination of options addressing the issues. In such a situation, you face equally good and bad options. There are moral reasons to act in one way and to act in another way.

Ethical issues and challenges are common in healthcare practice and during the COVID-19 pandemic, new ethical challenges arose. For example, some OTs may have experienced issues with the shortage of Personal Protective Equipment (PPE) and had to make difficult decisions for prioritizing certain clients and/or entering into multiple long term care facilities to provide care amidst concerns of potential spread.

---

### **Ethical Dilemmas faced by Healthcare Providers in the COVID-19 Pandemic**

The Community of Health Nurses of Canada (CHNs) conducted a survey of CHNs from several provinces to share their current reality in the COVID-19 pandemic.

CHNs described ethical dilemmas that arose as they made clinical decisions about prioritization of client services and programs. These occurred in the context of preserving the limited supply of Personal Protective Equipment (PPE).

CHNs encountered debates about protecting staff or clients, including the distribution of supplies and equipment to First Nations. CHNs struggled with supporting families whose loved ones were in hospice or long-term care and strict limitations on visitation.

CHNs also talked about the moral distress they experienced as they worked with clients and families who were at increased risk of COVID-19 infection due to mental

---





---

illness, homelessness, poverty, food insecurity and reduced access to health and social services.

Schofield, R., Johnson, M., and Lalonde, S. [Ethical dilemmas faced by Community Health Nurses in the COVID 19 pandemic](#). National Collaborating Centre for Determinants of Health. September 2020.

---

## Reflective Practice Exercise

---

### Scenario 3

You are the OT working on a small Family Health Team in your community. Your typical role is to provide services to clients with occupational performance concerns being impacted by memory issues and persistent pain. You have been treating your client, Lori, a 58-year-old woman with a diagnosis of progressive brain cancer for the past two months. The focus of your treatment with Lori has been on strategies to continue carrying out her valued occupations of art and family gatherings despite her fatigue, pain, and cognitive issues.

At your last appointment with Lori, she reveals that she has decided to choose Medical Assistance in Dying (MAiD) after thinking about it carefully and discussing it with her oncologist and family members for several months. Lori also shares that her oncologist assessed her eligibility for MAiD recently and she just found out that she is eligible. Lori expresses that she enjoys working with you, she has benefitted from occupational therapy treatment to date, and she would like for you to continue to work with her to support her in her end of life care. You realize that this is the first time you have encountered MAiD in your practice, and you feel uneasy because of your personal beliefs surrounding end of life.

**Ethical Question:** You have the knowledge, skills, and judgement to continue to provide services, but are unsure if you can provide support considering your moral conflict. Do you continue to provide services to Lori or not?

### Identify resources to support your decision-making

#### Code of Ethics and Decision-Making Framework

#### Client-Centered Practice

- Striving to see the whole person and their environment.



- Avoiding making assumptions about what a client regards as meaningful and purposeful.
- Being aware of your own values and respecting that your client's values might be different.

### **Respect for Autonomy**

- Accepting the client's choices even when they do not align with your own.
- Respecting the client's wish not to share certain information with others.

### **Collaboration and Communication**

- Practicing as a team member with clients and other professionals.

### **Accountability**

- Taking responsibility for your decisions, actions, professional competence, and judgement.

### **Guidelines for Medical Assistance in Dying**

- OTs are expected to “treat all clients with dignity, demonstrate respect for client choice, and remain non-judgmental in all interactions with clients, families and other care providers”.
- OTs must: practice within the scope of the profession, ensure they are competent to perform the intervention, and recognize the limits of their abilities related to MAiD.
- “OTs who have a conscientious objection to aiding in the provision of medical assistance in dying must do so in a transparent manner that remains client-centred, respects client autonomy and dignity, and meets the responsibilities and accountabilities of the standards of practice”.

### **Federal Legislation on Medical Assistance in Dying (Bill C-14)**

All Canadians should have access to needed health care services, which could include services related to medical assistance in dying, without financial or other barriers such as:

- recognizing the autonomy of persons who have a grievous and irremediable medical condition that causes them enduring and intolerable suffering to seek medical assistance in dying.



- recognizing that suicide is a significant public health issue that can have lasting and harmful effects on individuals, families, and communities.
- respecting the personal convictions of health care providers.

## Identify Risks

### Risks to the Client:

#### If you continue to provide services to Lori:

- She may sense your potential underlying moral unrest, and this could impact your therapeutic relationship.

#### If you do not continue to provide services to Lori:

- She may feel stigmatized and unsupported in her rights and personal choices.
- She may not receive the care that she wants and needs at the end of her life. The time and energy required to start a new relationship with a new provider may be prohibitive.

### Risks to the OT:

#### If you continue to provide services to Lori:

- Your biases may interfere with the professional relationship.
- You may experience significant moral conflict requiring support.
- You may experience grief and / or trauma as Lori's death approaches and afterwards.

#### If you do not continue to provide services to Lori:

- You may not be acting in a client-centred manner, which could be considered unethical.
- You may experience reputational risk and the possibility of receiving criticism, judgment or ill feelings from Lori, Lori's family, or colleagues.
- Could result in inappropriate discontinuation of services or client abandonment.



## Risks to other Stakeholders (other clients, Family Health Team):

### If you continue to provide services to Lori:

- There is a reputational risk to the Family Health Team if your biases interfere with the therapeutic relationship and therefore, the quality of your OT services.

### If you do not continue to provide services to Lori:

- There is a reputational risk for the Family Health Team if there is a perception that their staff do not support MAiD.

## Consider your options

---

### Option 1

Respecting Lori's decision you decide that you can continue to provide services to her.

### An appropriate option

**Rationale:** This decision would be made after reflecting upon your personal values and morals related to the situation and MAiD, as well as processing your thoughts, beliefs, and feelings. You would also evaluate your ethical obligation to respect Lori's autonomy and to treat her non-judgmentally and with dignity regardless of your personal stance.

Knowing what your ethical obligations are and having good professional practices in place, you would also ensure to manage this potentially more complicated client situation through self-reflection skills, a self-care plan, and adequate support.

### Option 2

Respecting Lori's decision you decide that you cannot continue to provide services to her.

### An appropriate option

**Rationale:** After recognizing that you were feeling uneasy about Lori's request, you would engage in reflection about your personal values, morals and biases, you would seek support and input from colleagues, and you would think carefully about your ethical obligations. When one has a conscious objection or personal bias to MAiD you recognize that it can be difficult to set your personal beliefs and values aside when providing services to Lori at the end of her life.

You acknowledge that while you may not be the best person in this situation to provide services to Lori, you have an ethical obligation to convey this to Lori and assist her with finding someone who can support her. You also decide to have a discussion with your employer about how to best address clients in the future



---

who may also choose MAiD.

---

## Moral Reasoning

To find a way through ethically complex situations, our moral reasoning skills need to be developed. These skills require time and effort to ensure they become a regular part of decision-making.

Reflection is an important part of finding moral clarity. Unless you can understand the source of the distress and learn from the experience, the moral distress can linger and may affect your practice by causing you to avoid or resist similar situations. As additional ethical issues, conflicts, and dilemmas appear over time, moral distress can build and become moral residue that stays with you, leading to job dissatisfaction and burnout.

The College's [decision-making framework](#) offers a step-by-step approach to identifying the critical information and relevant principles - "the what and why", determining possible options - "the could", and selecting the best one - "the should". The best option leads to a good action with good quality and good ethical outcomes. A decision-making tool also assists with documenting the reasoning process to provide evidence should it be required.

Ethically complex situations can be tough to manage alone. Seek the help of peers and managers to support you in making a difficult decision. Some organizations have an ethicist or other staff member responsible for quality and risk issues. A lawyer might be available to clarify certain critical questions, and the College has practice consultants to help you. In certain practice contexts, the OT may need to make a conscious effort to seek support. Professional links and groups can offer direct support and advice on how to find a mentor.

## Reflective Practice Exercise

---

### Scenario 4

You are an OT working in a hospital outpatient mental health program for adults. You maintain a caseload of clients that are seen weekly on an individual basis. The program objectives are to transition clients from hospital to the community by re-engaging them in meaningful activities and occupations that focus on development of life skills, coping skills and healthy habits. You receive a referral for Stevie, age 31, with a diagnosis of schizophrenia who was recently discharged from the hospital's inpatient mental health unit. You know from the discharge report that Stevie lives independently in an apartment and that there is a history of him stopping his medications, self-care decline, and suicidal ideation.



During the COVID-19 pandemic, the outpatient program added telepractice as an option for service delivery in addition to, or instead of, in-person appointments. You contact Stevie by phone to set up the intake appointment, and after reviewing the service delivery options (telepractice or in-person), along with the benefits, risks, and limitations of each, he expresses that he will only engage in appointments by telephone. He is worried about being exposed to COVID-19 by coming back-and-forth to the hospital and does not have a computer, internet or data for virtual care.

During the intake call, Stevie is not very forthcoming with information and you note incongruencies between what he has told you and the hospital reports. You are having difficulty assessing him over the phone without being able to see his body language, facial expressions, and level of self care. By the end of the appointment, you do not believe you have gathered adequate information and it is apparent that the client-therapist relationship will need time to develop. You wonder if phone appointments will be a suitable method of service delivery going forward as you are concerned about being able to adequately assess suicide risk. You also recognize Stevie's right to make decisions for himself and understand his concerns about being exposed to COVID-19 if he comes to the hospital in-person.

**Ethical question:** Should you continue your assessment with Stevie over the phone, or should you require that he attend the program in-person so this can be completed?

## Identify resources to support your decision-making

### Code of Ethics and Decision-Making Framework

#### **Collaboration and communication**

- Practise as a team member with clients and other professionals.

#### **Accountability**

- Take responsibility for decisions, actions, professional competence, and judgement.

#### **Respect for Autonomy**

- Accepting the client's choices even when they do not align with your own.
- Recognize each client's right to make choices for themselves.

#### **Client-Centered Practice**



- Striving to see the whole person and their environment.

### **Essential Competencies of Practice for Occupational Therapists, 3<sup>rd</sup> Edition**

- Competency 7: Manages the quality of practice and advocate within systems for safe, ethical, and effective practice.

### **Guidelines for Telepractice in Occupational Therapy**

#### **Risk Management**

- OTs should consider if telepractice is the most appropriate means of providing occupational therapy services, with consideration of risk management and liability.
- OTs should have a process to deal with any adverse or unexpected events during a telepractice session.

#### **Confidentiality, Privacy and Access**

- OTs using telepractice services must take reasonable measures to maintain confidentiality and protect personal health information.

#### **Continuing and Transferring Care**

- OTs should be aware of options for continuing care when providing telepractice services in the event that telepractice is no longer appropriate.

### **Standards for Infection Prevention and Control**

- Standard 2 states that: the OT will assess and identify the risk of transmission of infection associated with the treatment interventions and the clients within their practice setting.
- Standard 3 states that: the OT will apply current evidence-based infection prevention and control best practices in their practice setting.
- Standard 4 states that: the OT will incorporate current evidence-based infection prevention and control protocols for cleaning of the environments, and cleaning, disinfection and/or sterilization of equipment used in their practice setting



## **COTO Case study Client Suicidal Ideation and Privacy February 2018**

- Under the [\*Personal Health Information Protection Act, 2004\*](#) (PHIPA), OTs are allowed to disclose personal health information about an individual if there is reasonable grounds to believe that disclosure can eliminate or reduce significant risk of serious harm to a person or group of persons. This is also referred to as a duty to warn. Although duty to warn is not a legislative term, it is a provision in the law. If the risk is sufficient, then the duty to warn serves as the legal authority to release the information.

### **Standards for Assessments**

- Standard 1 states that: the occupational therapist will screen the referral and gather sufficient information to determine whether to proceed with the assessment.
- Standard 3 states that: the occupational therapist will choose and apply safe assessment methods and tools that are client-centred, based in theory and evidence-informed to assess the client's occupational performance needs.
- Standard 4 states that: the occupational therapist will ensure they have sufficient information to proceed with the analysis prior to formulating professional opinions and recommendations.

### **Identify Risks**

#### **Risks to the Client:**

#### **If you decide to continue with a phone assessment with Stevie:**

- He may not share all relevant information.
- He may have difficulty contributing to the client-therapist relationship.
- He may not receive adequate support/treatment.

#### **If you decide to require Stevie to attend an in-person session:**

- He may have an increased fear and worry of being exposed to COVID-19.
- He may feel that his rights and personal choices are not being respected.
- He may have a negative reaction and refuse to continue with occupational therapy services.





- It may result in readmission if he cannot be stabilized in the community.

### **Risks to the OT:**

#### **If you decide to continue with a phone assessment with Stevie:**

- You may experience difficulty building trust and rapport with the client-therapist relationship
- You may require increased time to gain adequate client information.
- You may experience difficulty assessing and implementing treatment.
- You may experience difficulty assessing suicidal risks.
- You may experience difficulty gaining any objective information.

#### **If you decide to require Stevie to attend an in-person session:**

- You may experience difficulty building trust and open communication with Stevie.
- It may not be considered client-centered practice, which would be seen as unethical.

### **Risks to the other Stakeholders:**

#### **If you decide to continue with a phone assessment with Stevie:**

- The assessment may not meet the needs of the client or program.
- Readmission may occur if he is not properly assessed/stabilized in the community.
- Treatment will advance slowly, and he will have difficulty achieving his goals

#### **If you decide to require Stevie to attend an in-person session:**

- The program may build a bad reputation for not respecting client's desires.
- In-person sessions may increase COVID-19 exposure risk to others.

## **Consider Your Options**

---

### **Option 1**

You continue to finish your assessment over the phone.

### **Option 2**

You tell Stevie he will need to be seen at the outpatient clinic in-person for

---



---

his assessment to be completed.

---

### The most appropriate option

**Rationale:** At this point, Stevie is engaging with you, even if not at the level needed to finish the assessment as you normally would through a virtual appointment. He is high risk and rapport will take time to develop. It is important that you be transparent with Stevie that you will need to gather enough information during each call to be able to finish your assessment and then later, if the calls continue, to monitor his mental health with him, to provide support and suggestions, and to help him sustain the gains he made when in hospital. You also may want to tell Stevie that you will continue to work with him to try and accommodate his request for phone appointments but ensuring he can access the supports available may require a different model of services at times.

Ethically, providing service and gathering the information you can through the method that he is consenting to is all you can do for now. While not ideal for you, professionalism requires OTs to sometimes meet people where they are at, and to be both innovative and flexible in how services can be provided. It may be unethical and unprofessional to enforce a choice that may lead to his abandonment of the program when there is another option.

### Not the most appropriate option

**Rationale:** While in-person sessions are likely to be more effective at being able to best assess Stevie and his current occupational performance challenges, pushing this option when he is aware of alternatives may alienate him from the program and have him stop being receptive to services. While at some point this decision may need to be made, and he may be required to come for an in-person appointment to remain in the program, currently you are developing rapport and he is engaging, even if through a format that is not ideal. When individuals are high risk, and you can provide services to them without violating any program or employer rules of delivery, it is important to remain involved until such time that a different choice needs to be made.

Ethics and professionalism require us to provide options when they exist and to help people participate and be successful within those choices. It is too early to enforce a choice for Stevie, and while the assessment may take longer, or may not be ideal, it is important to keep trying to gather the information you need by phone until you determine that to be completely ineffective.



## When OTs do not meet expectations

When ethical issues go unrecognized in practice, harm may result to a client and/or member of their family, a colleague, or the OT. This harm can result from doing – or not doing – something that leaves someone upset or feeling diminished as a person, or by compromising trust in a therapeutic or peer relationship.

If a professional makes a conscious choice to act in an unethical manner rather than unintentionally acting unethically, harm is more likely to occur and be significant, affect more people, and have a detrimental impact on the professional and perhaps the profession.

In ethics, one is “guilty” of intentionally doing wrong or bad even if there are no legal consequences. Even if a conscious choice to be unethical is not discovered, the OT may suffer harm; for example, the OT’s sense of professional integrity may be damaged, and the situation may weigh on the OT’s conscience.

An act that lacks in professional ethics is also likely to be illegal in one or more ways. Ethics and law are related, but ethics often demands a higher standard than the law. Professional ethics usually demands even more than the ethics that apply to non-professionals.

Concerns about professional discipline or a lawsuit should not be the motivating force for an OT’s actions – being and doing good for clients and others (that is, doing what is ethical) is a far more constructive and morally developed motivation.

## Informed Consent

---

As regulated health professionals, OTs are legally accountable for obtaining consent for the provision of care services (both in-person and virtual services) and for the collection, use and disclosure of personal health information.<sup>3</sup>

Clients have a legal and ethical right to information about their care and treatment, and a right to refuse that treatment. **Informed consent** is a process through which a competent individual, after having received and understood all the necessary information, can voluntarily communicate their willingness to participate, or decline to participate, in a treatment. Health professionals have an ethical obligation to obtain informed consent and provide services in a professional manner that promote client autonomy to make voluntary decisions about their own healthcare. This involves understanding the risks and benefits

---

<sup>3</sup> The term “service” is used to encompass all aspects of occupational therapy service delivery including assessment, treatment and consultation for which an OT must obtain consent.



and other available options associated with the proposed services, as explained by the professional proposing the care.

OTs working with children and youth must be aware of the rules that apply to obtaining informed consent from them and/or their substitute decision maker and involve them as much as reasonably possible even when they are not capable of providing informed consent.

Consent can be written or oral, expressed, or implied. OTs are strongly encouraged to obtain express consent whenever possible. Regardless of the format in which consent is obtained, there should be documentation about consent in the clinical record. Consent is ongoing throughout the duration of occupational therapy services.

---

### **Healthcare decision-making in adolescents**

While adolescents may demonstrate comparable decision-making capacity to adults, their ability to make appropriate decisions are affected by different psychosocial factors, such as peer pressure, impulsivity, and risk-seeking behaviours.

The participation of children and adolescents in healthcare decision-making should always be sought, and their involvement should be proportionate with their capacity and circumstances. Their consent, assent or dissent must be respected whenever possible. When disagreement exists, a stepwise approach that ensures due attention to transparency and process, including consultation should be employed to resolve the conflict.

The concept of assent is essential to recognizing and respecting any young client's intrinsic value. Children should be provided with developmentally appropriate information and options, such that they know what to expect—and what is expected of them—and can participate, in a developmentally appropriate way, in their own care. In many cases, seeking and obtaining assent can reduce patient anxiety, promote trust between patient and health care providers and acknowledge a client's developing autonomy.

Coughlin, K.W. Medical decision-making in paediatrics: Infancy to adolescence. *Paediatrics & Child Health*, 2018 23 (2) 138-142

---

## **Reflective Practice Exercise**

---

### **Scenario 5**

Emily is 15 years old and has been falling behind on schoolwork. She has been referred to you because of occupational performance concerns related to concentration and



attention. Her family reports she is increasingly withdrawn and choosing to spend a large amount of time online. You have started providing occupational therapy services to Emily to help identify barriers and strategies she can use to improve her performance in school, such as through attentional training.

Emily has recently disclosed to you that she is being bullied by other students because of her sexual orientation. She is feeling judged, excluded, and is finding it hard to fit in, often worries and feels sad when the kids joke about her, making it hard to concentrate in class, and at home. Emily discusses posts with you that she is seeing online from students her own age who are posting about their sexual preferences. You provide her with information to better understand some of her thoughts and feelings. She discloses that she has not talked to her parents about this and does not feel ready to do so as she wants to understand it more herself first.

In addition to strategies to improve concentration and focus you would like to propose a treatment plan to work with Emily on helping her to address some of her emotional challenges and also involve the teacher and her parents in her bullying experiences with her consent. You also have a discussion with Emily about including a goal to assist her with improving communication with her parents to facilitate their support. She is agreeable to work with you on this goal.

Her parents have asked you for a summary report to share with Emily's teacher so they can continue working with Emily upon the completion of your occupational therapy services.

**Ethical Question:** You have developed a good rapport with Emily, and she has opened up to you about her concerns and challenges both personally and academically. Do you include your findings about Emily's sexual preferences and emotional challenges in the report provided to her parents or not?

## Identify resources to support your decision-making

### Code of Ethics and Decision-Making Framework

#### Client-Centred Practice

- Determine what has meaning and purpose for the client.
- Recognize that clients are diverse and that each client is an individual.

#### Respect for Autonomy

- Recognize each client's right to make choices for themselves.



- Honour the dignity and worth of everyone.

### **Collaboration and Communication**

- Maintaining the confidentiality and security of client information.
- Knowing and fulfilling professional obligations when there is a duty to report or warn.

### **Essential Competencies of Practice for Occupational Therapists, 3rd Edition**

An OT:

- 1.5.2 Shows respect for the dignity, privacy, and confidentiality of clients.
- 1.5.5 Understands the impact of values and beliefs that may affect practice.
- 1.5.6 Demonstrates sensitivity to diversity.

### **Standards for Consent**

Standard 3 - The OT will ensure that knowledgeable consent is obtained to collect, use, and disclose personal health information, unless consent is not legally required.

### **Identify Risks**

#### **Risks to the Client:**

#### **If you include your findings about Emily's sexual preferences and emotional challenges in your report:**

- Emily may have a negative reaction and refuse to continue with occupational therapy services.
- Emily may feel distrust towards you and future healthcare providers.
- This unauthorized disclosure may put Emily at heightened risk for harmful behaviors.

#### **If you do not include your findings about Emily's sexual preferences and emotional challenges in your report:**

- Emily may not get the support and/or assistance she needs at school to address the factors that are impacting her school performance and emotional challenges.

#### **Risks to the OT:**



### **If you include your findings about Emily's sexual preferences and emotional challenges in your report:**

- You may lose trust and rapport with Emily.
- You will have broken confidentiality if Emily does not agree with you sharing the information with her parents. This would be considered unethical and unprofessional.
- You put yourself at risk for disciplinary action for violating unauthorized sharing of personal health information as Emily has explicitly told you she does not want this information shared right now.

### **If you do not include your findings about Emily's sexual preferences and emotional challenges in your report:**

- Emily's parents may be angry with you if they find out that you were aware of this information and did not disclose it.
- The parents may question whether Emily was capable of consenting. They may make a complaint to the Information and Privacy Commissioner or to the College.

### **Risks to other Stakeholders (organization, your other clients):**

### **If you include your findings about Emily's sexual preferences and emotional challenges in your report:**

- There is uncertainty around how Emily's parents may react or respond which could further negatively impact the situation.

### **If you do not include your findings about Emily's sexual preferences and emotional challenges in your report:**

- Emily's parents and her teacher will not get a clear understanding of the factors that are impacting her school performance and emotional challenges.

## **Consider Your Options**

---

#### **Option 1**

You include information about Emily's sexual preferences and emotional challenges in your report.

#### **Option 2**

You do not include information about Emily's sexual preferences and emotional challenges in your report.



---

### Not the most appropriate option.

**Rationale:** Including information about Emily's sexual preferences and emotional challenges in the summary report for the school could be unethical and even illegal if she has not provided you with consent to do so. This could negatively impact your therapeutic relationship and the trust and rapport that has been built. This could also affect her trust of healthcare professionals in the future as she may be reluctant to talk to others about the challenges she is facing.

### The most appropriate option.

**Rationale:** If Emily has not provided you with consent to include information about her sexual preferences and emotional challenges in your report, you should not include this. However, it is your responsibility to let her know under what circumstances you would have to break confidentiality; for example, if she was at risk of serious imminent harm. You can have a discussion with her to determine what information she feels comfortable being included in the report, as well as review the report with her in advance so that she can provide consent before you send it to her parents. Lastly, you can discuss your record keeping obligations and if she would like to have information pertaining to her sexual preferences in a lockbox section of the clinical record. You can also discuss if she is open to seeing other professionals, such as her school guidance counsellor.

---

The [Health Care Consent Act, 1996](#) (HCCA), emphasizes the principles of effective and transparent communication with clients, and the requirement to obtain consent before providing services.

It is important to recognize that the HCCA does not and cannot deal with every aspect of consent as the law is constantly evolving in this area. This means that in circumstances that are not specifically covered by the HCCA, OTs still have an obligation to obtain consent.





## Collection, use and disclosure of personal health information

The [Personal Health Information Protection Act, 2004](#) (PHIPA) defines the requirements for the collection, use and disclosure of personal health information and the responsibilities of health information custodians and agents. Some elements of practice may fall under federal privacy legislation, such as the [Personal Information Protection and Electronic Documents Act](#) (PIPEDA). It is essential that OTs understand their role in the management of personal health information to ensure client privacy is respected and 'knowledgeable' consent<sup>4</sup> is obtained for the collection, use and disclosure of personal health information. It is also essential to know if privacy legislation other than PHIPA applies to your practice. For example, if you are working in a role where what you are doing is not considered providing "health care" for a "health-related purpose"<sup>5</sup>, other privacy legislation will govern the collection, use and disclosure of personal information, including personal health information, in your practice.

For OTs working in non-clinical roles, it is important to understand the requirements for obtaining consent for access and disclosure of information contained in client and/or business records to maintain the privacy and confidentiality of clients and the workplace. As a manager, a business owner, a professional practice leader or a consultant, non-clinical OTs may be required to access and manage clinical records for several different reasons or provide guidance to others. Prior to collecting, using or disclosing any information, an OT must be certain they have the appropriate legal authority to do so and that consent has been obtained when necessary. The [Standards for Consent](#) describe the minimum expectations for OTs with respect to obtaining consent.<sup>6</sup> It is expected that OTs will always use their clinical judgement to determine how best to obtain consent based on the scope of the practice, practice setting, client and stakeholder needs. It is also expected that OTs will be able to provide reasonable rationale for any variations from the Standards.

---

<sup>4</sup> According to PHIPA, consent to the collection, use or disclosure of personal health information about an individual is knowledgeable if it is reasonable in the circumstances to believe that the individual knows, (a) the purposes of the collection, use or disclosure, as the case may be; and (b) that the individual may give or withhold consent. 2004, c. 3, Sched. A, s. 18 (5)".

<sup>5</sup> See section 2 of the *Personal Health Information and Protection Act, 2004*

<sup>6</sup> [Standards for Consent](#). (COTO, revised 2017)



## Informed consent is a challenge across healthcare professions

Researchers have observed that there is likely a significant gap between informed consent in theory and informed consent in practice for the following reasons:

- many patients do not or cannot read the consent forms they're asked to sign
- consent discussions and capacity assessments are often superficial and rushed due to time constraints, and
- those same time constraints often contribute to staff not using interpreters with patients whose first language is not English.

The implication of this is that many patients may be subjected to medical interventions without providing proper informed consent.

Breslin JM, MacRae SK, Bell J, Singer PA; University of Toronto Joint Centre for Bioethics Clinical Ethics Group. Top 10 health care ethics challenges facing the public: views of Toronto bioethicists. *BMC Med Ethics*. 2005 Jun 26;6:E5.

---

## Duty to report

It is the professional responsibility of an OT to be familiar with the [Ontario Child, Youth and Family Services Act](#) (CYFSA), 2017 (in particular Part X) which came into effect on April 30, 2018; replacing the *Child and Family Services Act, 1990*. The paramount purpose of the Act is to promote the best interests, protection and well-being of children. The Act clearly states that members of the public, including professionals, have an obligation to report immediately to the Children's Aid Society (CAS) if they suspect that a child is or may be in need of protection. The College's [Child, Youth and Family Services Act, 2017 \(CYFSA\)](#) summarizes certain reporting responsibilities under the CYFSA as they relate to the practice of occupational therapy. This document is intended to provide an overview of the duty to report incidents where a child is or may be in need of protection, highlight the responsibilities of occupational therapists relating to this reporting requirement and indicate where an OT can obtain further information.

## Reflective Practice Exercise

---

### Scenario 6

You are an OT working privately in the auto insurance industry. Your client, Joey has just turned 18. You have been treating him for three years after he sustained a brain



injury and orthopaedic injuries when he was struck as a pedestrian. While his orthopaedic issues have mostly healed, his main challenges remain with executive functioning and decision making. Prior to his accident, he had some pre-existing behavioral, drug and alcohol use, and learning issues, and in the past, attended a school for at-risk youth and had a juvenile record.

Joey's goals are to graduate high school and move out and live on his own. His home life is quite unstable, and he does not get along with his mother and stepfather. Joey is unaware his mother has been retaining the funds from his insurance benefits for the last three years. She worries that if he had access to this money, he would purchase drugs and alcohol. Joey is now 18 and is unable to work but would like to be able to move out and manage his own life.

You work with Joey's treatment team, including his social worker, case manager, physiotherapist, and speech therapist. His lawyer was hired by his mother. The team agrees that a suitable rehabilitation goal would be him pursuing supported or independent living. The treatment team, including his lawyer, are aware that Joey's mother has been keeping his money and has not disclosed to him the benefits he has available, which would fund his goal of independent and supported living. The team is divided on whether Joey can make financial decisions. On the one hand he demonstrates general understanding of decisions and their consequences. However, on the other hand, it is difficult to determine if he understands that some choices might not only be unwise, but also harmful.

**Ethical Question:** You are uncomfortable with Joey not knowing about the monies that are available to him that can help him to achieve his goals. Joey is unaware his mother has been retaining the funds from his insurance benefits for the last three years, and he has been asking why he has no income. Should you tell him about the benefits available, or not?

## Identify resources to support your decision-making

### Code of Ethics and Decision-Making Framework

#### Client-Centred Practice

- Determine what has meaning and purpose for the client.
- Recognize that clients are diverse and that each client is an individual.

#### Respect for Autonomy

- Recognize each client's right to make choices for themselves.



- Honour the dignity and worth of everyone.

## **Transparency**

- Full disclosure ensures integrity in relationships with clients, other professionals, and society at large.

## **Statutory Accident Benefits Schedule**

The Statutory Accident Benefits Schedule (SABS) made available under the Insurance Act, 1990 outlines the benefits that individuals are eligible for if they are seriously injured in a motor vehicle accident in Ontario. The benefits are regulated under the Ontario Insurance Act. OTs working in the auto insurance industry must be aware of the SABS and terms such as “non-earner benefit” and “attendant care”.

## **Standards for Consent**

An OT needs to know their responsibilities for the management of personal health information.

The *Health Care Consent Act, 1996* (HCCA), and the *Personal Health Information Protection Act, 2004* (PHIPA), emphasize the principles of effective and transparent communication with clients, and the requirement to obtain consent before providing services and/or collecting, using, or disclosing personal health.

## **Identify Risks**

### **Risks to the Client:**

#### **If you inform Joey about his benefits and income:**

- Joey may not know how to address the situation with his mother considering that his funds have not been given to him. This could escalate the conflict at home or further deteriorate his family relationships.
- Joey could start getting access to the money without a plan or supports in place and may use it in potentially harmful or negative ways.

#### **If you do not inform Joey about his benefits and income:**

- When Joey eventually finds out and realizes you were keeping this information from him it may negatively impact your client-therapeutic relationship and erode his trust not only in you, but other healthcare professionals as well.



- Joey may not be able to pursue his goals of independent living until this information is disclosed.
- Joey will be required to stay at his mother's home, which may have a negative impact for him.

### **Risks to the OT:**

#### **If you inform Joey about his benefits and income:**

- Joey's mother could become upset with you
- The treatment team could become upset that you did not discuss this with them and informed him by yourself.
- You could be fired from the file by his mother or lawyer.

#### **If you do not inform Joey about his benefits and income:**

- Joey could become upset with you if he discovers that you knew that his mother was collecting his benefits and income.
- Joey could fire you, indicating that you were withholding information from him about benefits you recommended in the first place.

### **Risk to other Stakeholders (his mother, the treatment team):**

#### **If you inform Joey about his benefits and income:**

- The treatment team, including you may need to provide support to Joey in how to address the situation and manage any impact on him and his family relationships.
- The treatment team may be replaced once Joey finds out that the entire team had this information, however, did not disclose it.
- His mother may become upset with the disclosure which may impact her relationship with you, the treatment team and ultimately Joey.

#### **If you do not inform Joey about his benefits and income:**

- The treatment team cannot advance his rehabilitation program and help him to achieve his goals.

## **Consider Your Options**



---

**Option 1**

You do not inform Joey about his benefits and income out of concern that he will make harmful decisions.

---

**Not the most appropriate option**

**Rationale:** Although there are risks to disclosing this sensitive situation to Joey due to his difficulties with decision-making and executive functioning, this option is not client-centred as it does not honour his choices and it is not transparent.

Withholding information does not help Joey to achieve his goals or advance the rehabilitation plan. If Joey learns that you were withholding information about the benefits, this could be confusing to him as he believed that you were helping him to gain more independence. His trust in you may be damaged and the professional relationship may end.

**Option 2**

You inform Joey about his benefits and income.

---

**The most appropriate option**

**Rationale:** You recognize Joey's rights to have the information about his benefits but are also aware of the significant risks to telling him without a plan to address how he may respond.

Ideally, involving Joey in the decisions around his benefits and money would have happened sooner in his recovery process, based on the importance of involving adolescents in decision-making while considering how they will be able to process and manage the information. As there are significant risks to telling Joey about his benefits yourself, the most appropriate plan would be to talk to the treatment team, including the lawyer and mother, to develop a responsible way to disclose this to him. The plan needs to include allowing him access to his money without putting him, his family, or his rehabilitation progress at risk.

Part of the professional obligations of an occupational therapist is transparent, open communication and collaboration with others to promote the best possible client outcomes. Being transparent with



---

the team and family, while building a plan to benefit the client, is the most ethical approach.

---

## Conclusion

---

OTs are expected to use their judgement and are accountable for the decisions they make regarding individual clients and occupational therapy practice. The [Regulated Health Professions Act, 1991](#) recognizes OTs as autonomous practitioners. The self-regulation of the profession requires OTs to practise according to their professional standards and principles of professional conduct. It is an OT's responsibility to be familiar with and fulfill the professional obligations outlined in College publications.

Each practice area has unique complexities. When an OT encounters an unusual or challenging practice situation – in which the most ethical action is not immediately apparent – referring to the principles of practice can help clarify the options and expectations.

Professionalism in occupational therapy is maintained by adhering to Standards for Practice including ethical practice principles. For OTs to function effectively, they must be aware of the core values of the profession – respect and trust – so that they can practice autonomously and uphold the core values by applying the principles of good practice in their everyday work. It's equally important for OTs to recognize their own personal values, morals, and biases as well as client values and experiences as these can affect professional judgement and clinical decision-making. Maintaining a focus on the Standards for Practice while being aware of personal and client viewpoints, enables OTs to make competent decisions and fulfill their professional obligations when providing ethical, safe, and client-centred care.



## College References / Resources

---

*Code of Ethics.* (COTO, revised 2020)

[www.coto.org/docs/default-source/pdfs/code-of-ethics-2020.pdf?sfvrsn=ec605359\\_20](http://www.coto.org/docs/default-source/pdfs/code-of-ethics-2020.pdf?sfvrsn=ec605359_20)

*Decision-Making Framework* (COTO, 2021) <https://www.coto.org/standards-and-resources/ethics-standards-guidelines>

*Essential Competencies of Practice for Occupational Therapists in Canada*, 3rd ed. (ACOTRO, 2011).

[www.coto.org/docs/default-source/essential-competencies/3rd-essential-competencies\\_ii\\_may-2011.pdf?sfvrsn=2](http://www.coto.org/docs/default-source/essential-competencies/3rd-essential-competencies_ii_may-2011.pdf?sfvrsn=2)

*Child, Youth and Family Services Act, 2017 (CYFSA)*

[www.coto.org/docs/default-source/default-document-library/guide---child-youth-and-family-services-act-2017-\(cyfsa\)---guide-updated-2019.pdf?sfvrsn=7f23b994\\_0](http://www.coto.org/docs/default-source/default-document-library/guide---child-youth-and-family-services-act-2017-(cyfsa)---guide-updated-2019.pdf?sfvrsn=7f23b994_0)

*Guidelines for Medical Assistance in Dying.* (COTO, revised 2017)

<https://www.coto.org/standards-and-resources/ethics-standards-guidelines>

*Q&A Elder Abuse.* (COTO April 2018)

[www.coto.org/standards-and-resources/question-and-answer/april-2018-question-and-answer-reporting-elder-abuse](http://www.coto.org/standards-and-resources/question-and-answer/april-2018-question-and-answer-reporting-elder-abuse)

*Standards for Consent.* (COTO, revised 2017)

[www.coto.org/docs/default-source/default-document-library/standards-for-consent-2017.pdf?sfvrsn=311a0ab3\\_2](http://www.coto.org/docs/default-source/default-document-library/standards-for-consent-2017.pdf?sfvrsn=311a0ab3_2)

*Standards for Infection Prevention and Control.* (COTO, revised 2019)

[www.coto.org/resources/details/standards-for-infection-prevention-and-control](http://www.coto.org/resources/details/standards-for-infection-prevention-and-control)

*Standards for Prevention and Management of Conflict of Interest.* (COTO, reformatted 2016)

[www.coto.org/docs/default-source/default-document-library/standards\\_for\\_prevention\\_and\\_management\\_of\\_conflict\\_of\\_interest.pdf?sfvrsn=d1f25c59\\_4](http://www.coto.org/docs/default-source/default-document-library/standards_for_prevention_and_management_of_conflict_of_interest.pdf?sfvrsn=d1f25c59_4)





*Standards for the Prevention of Sexual Abuse.* (COTO, revised 2018)

[www.coto.org/docs/default-source/standards/standards-for-the-prevention-of-sexual-abuse4c59387c41ee64368e92ff000015ec13.pdf](http://www.coto.org/docs/default-source/standards/standards-for-the-prevention-of-sexual-abuse4c59387c41ee64368e92ff000015ec13.pdf)

*Standards for Professional Boundaries.* (COTO, revised 2015)

[www.coto.org/docs/default-source/default-document-library/standards-for-professional-boundaries-2015.pdf?sfvrsn=1d4f5c59\\_8](http://www.coto.org/docs/default-source/default-document-library/standards-for-professional-boundaries-2015.pdf?sfvrsn=1d4f5c59_8)

*Standards for Record Keeping.* (COTO, revised 2016)

[www.coto.org/resources/standards-for-record-keeping](http://www.coto.org/resources/standards-for-record-keeping)

*Standards for the Supervision of Students.* (COTO, revised 2018)

[www.coto.org/resources/standards-for-the-supervision-of-students-2018](http://www.coto.org/resources/standards-for-the-supervision-of-students-2018)

*The 4A Approach to Conscious Decision-Making.* (COTO, 2019)

<https://www.coto.org/standards-and-resources/ethics-standards-guidelines>

## Other References / Resources

---

*Agner, Joy MS, MA, OTR/L.* Moving from Cultural Competence to Cultural Humility in Occupational Therapy: A Paradigm Shift. *The American Journal of Occupational Therapy*, July/August 2020, Vol. 74, No. 4

*Breslin JM, MacRae SK, Bell J, Singer PA;* University of Toronto Joint Centre for Bioethics Clinical Ethics Group. Top 10 health care ethics challenges facing the public: views of Toronto bioethicists. *BMC Med Ethics*. 2005 Jun 26;6:E5.

*College of Kinesiologists of Ontario (COKO).* Short scenarios used in this PREP were adapted from COKO and used with permission.

*Coughlin, K.W.* [Medical decision-making in paediatrics: Infancy to adolescence.](#) *Paediatrics & Child Health*, 2018 23 (2) 138-142

*Federal Legislation on Medical Assistance in Dying (Bill C-14)*

[www.canada.ca/en/health-canada/services/medical-assistance-dying.html](http://www.canada.ca/en/health-canada/services/medical-assistance-dying.html)

*Health Care Consent Act, 1996, SO 1996, c 2, Sched. A*

[www.ontario.ca/laws/statute/96h02](http://www.ontario.ca/laws/statute/96h02)

*Information about Elder Abuse.* [Information about elder abuse | Ontario.ca](#)



*Occupational Therapy Act*, 1991, S.O. 1991, c. 33

[www.ontario.ca/laws/statute/91o33](http://www.ontario.ca/laws/statute/91o33)

*Part X of the Child, Youth and Family Services Act: A Guide to Access and Privacy for Service Providers*

<https://www.ipc.on.ca/wp-content/uploads/2019/05/part-x-guide-e.pdf>

*Personal Health Information Protection Act*, 2004, S.O. 2004, c. 3, Sched. A

[www.ontario.ca/laws/statute/04p03](http://www.ontario.ca/laws/statute/04p03)

*Regulated Health Professions Act*, 1991, S.O. 1991, c. 18

[www.ontario.ca/laws/statute/91r18](http://www.ontario.ca/laws/statute/91r18)

Schofield, R., Johnson, M., and Lalonde, S. [Ethical dilemmas faced by Community Health Nurses in the COVID 19 pandemic](#). National Collaborating Centre for Determinants of Health. September 2020.

*Statutory Accident Benefits Schedule (SABS)* - Effective Sept. 1, 2010 under Insurance Act, R.S.O. 1990, c. 1.8

[www.ontario.ca/laws/regulation/100034](http://www.ontario.ca/laws/regulation/100034)

*Substitute Decisions Act*, 1992, S.O. 1992, c. 30

[www.ontario.ca/laws/statute/92s30](http://www.ontario.ca/laws/statute/92s30)

Wilkinson, Tim J.; Wade, Winnie B.; Knock, L. Doug. A Blueprint to Assess Professionalism: Results of a Systematic Review, *Academic Medicine*: May 2009 84 (5) 551-558