College of
HEALTH AND CARE
PROFESSIONALS OF BC

Code of Ethics Interpretive Guide

Applies to Dietitians

The College of Health and Care Professionals of BC was created on June 28, 2024 through the amalgamation of seven health regulatory colleges:

- College of Dietitians of British Columbia
- College of Occupational Therapists of British Columbia
- College of Optometrists of British Columbia
- College of Opticians of British Columbia
- College of Physical Therapists of British Columbia
- College of Psychologists of British Columbia
- College of Speech and Hearing Health Professionals of British Columbia

All current requirements for standards of clinical and ethical practice issued by the seven colleges remain in place upon amalgamation.

This document was created by the College of Dietitians of British Columbia and will be updated to reflect the amalgamation.

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Code of Ethics Interpretive Guide

College of Dietitians of British Columbia

The aim of this Interpretive Guide is to provide context, understanding, and examples to what can often be considered abstract concepts within the Code of Ethics. This guide is not exhaustive and is meant to be used in conjunction with Standards, Policies, Guidelines, Position Statements, and Q&A available on the CDBC website, as well as workplace policies/resources/requirements. Please reach out to practice.advisory@collegeofdieitiansbc.org if you have an ethics-related question or comments on this Interpretive Guide.

This Interpretive Guide is a living document that will be updated as CDBC resources are developed and revised.

Ethical Standard 1: Act in the best interest of the client

Standards applicable

- Professional and Ethical Practice
  - Standard 4
  - Standard 5. Indicators 1-5
  - Standard 6. Indicators 1-6
  - Standard 8.
- Communication and Collaboration
  - Standard 9. Indicators 1-9
  - Standard 10. Indicators 1-4
- Client Centred Services
  - Standard 12. Indicators 2, 6
  - Standard 13. Indicators 4, 5
  - Standard 14. Indicators 5, 10

ICSH and Anti-Racism Standard

- Core Concept 1: Self Reflective Practice (it starts with me)

- Core Concept 4: Creating Safe Healthcare Experiences.
- Core concept 5: Person-led care (relational care)

Standards of Record Keeping 3 and 5

Marketing Standards 2e, 2f, and 3a

1. Provide services in the best interest of clients:	Questions to ask yourself	Where can you find the answer?
a. Maintain objectivity when exercising professional judgement.	Do I have any internal biases? Do I recognize my own implicit and unconscious biases? Have I made any pre-judgements about the situation? Am I being Anti-Racist? Equitable, Inclusive?	From the Quality Assurance Page: • Where's the Line? Patient Relations Program. Cultural Safety and Humility Q&A Equity, Diversity, and Inclusion Q&A
b. Present information in a way that is easy to understand and is adapted to the client's context.	Have I tailored my information to meet my client's needs? Is my information inclusive, specific to my client? Can my client and I communicate using language that is clear to both parties ? Is existing or past trauma a factor? Do I have any internal biases? Do I recognize my own implicit and unconscious biases?	Trauma Informed Practice Q&A Equity, Diversity, and Inclusion Q&A Cultural Safety and Humility Q&A

c. Obtain informed consent from a client for services, including any changes, refusal and/or withdrawal of services, i. Take all reasonable steps to ensure client consent is not given under conditions of intimidation or undue pressure. ii. If a client lacks capacity, obtain consent for planned services from a substitute decision maker. iii. Encourage the substitute decision maker to honour the client's previously expressed wishes, or when unknown, acts in the client's best interest.	Did I get consent? From the appropriate individual? Have I included consent for virtual and/or artificial intelligence platform use? Do I know that my client is capable of giving consent? If not, what are other options? Do I understand the difference between consent and implied consent? Do I understand the difference between consent and cooperation? When do I need to renew consent? Do I know how to find provincial laws that speak to consent? When might I not need consent? There may be circumstances where a dietitian may be obligated to disclose aspects of the client's personal information without express consent. Examples might include imminent danger to client or others.	From the Quality Assurance Page: • Consent to Nutrition Care Policy • Consent to Nutrition Care Guidelines • Privacy Guide Consent Q&A Artificial Intelligence Q&A
d. Respect the client's right to refuse treatment and/or obtain a second opinion.	Am I able to, and should I offer my client the choice to see another dietitian? (Consider Conflict of Interest, language barrier, location barrier, etc). Have I documented my client's choice to decline recommended nutrition care plans (ex. Texture modified diet for dysphagia), so the rest of the team is aware?	From the Quality Assurance Page: • Conflict of Interest and Sales Policy 3e. • Standards for Record Keeping Consent Q&A

e. Discuss choices with, and support clients to make decisions for services.	Am I being asked to provide services that are within my scope, or are they best suited to another health care professional? If my client chooses a product or service for treatment that is not one I recommended, am I able to continue to work with my client in their best interest? Am I supporting client-led care and services, respecting the client's decision-making as the expert in their own culture, perspective, and lived experience and recognition that different cultures have different understandings of health, autonomy, privacy, confidentiality, relationships, and varied approaches to decision-making?	From the Quality Assurance Page: • Decision Tool for New Aspects of Dietetic Practice • Conflict of Interest and Sales Policy 3a Evidence Informed Q&A Interprofessional Support Q&A MAiD Q&A
f. Use an evidence-based and evidence-informed approach to meet client needs.	Have I completed a comprehensive literature search and evidence appraisal? What does the literature say? Does the nutrition care approach align with the client's goals and wishes? Do I understand the difference between evidence-based and evidence-informed? Do I recognize the advantages and limitations of technology use (for example, Artificial Intelligence tools) in the nutrition care process.	Evidence-Informed Q&A Trauma Informed Practice Q&A Cultural Safety and Humility page Equity, Diversity, and Inclusion page Artificial Intelligence Q&A
g. Respect and maintain client privacy and confidentiality.	Do I understand how to restrict my privacy on social media platforms?	From the Quality Assurance Page: • Standards of Practice • Privacy Guide

i. Refer to standards for record keeping and privacy guidelines. ii. Confidential client information should only be disclosed with client consent or when the failure to disclose confidential information would cause significant harm to the client or others.	Have I applied the strictest privacy settings possible on my social media? Have I discussed or published any information publicly that could identify my client(s)? Have I discussed consent for platform use as well as consent for nutrition care? Have I considered the limitations on private content I can share even with client consent? Do I know where to find information on the requirement for health care professionals to obtain consent?	• Social Media Guidelines 4 and 5 • Consent to Nutrition Care Policy • Consent to Nutrition Care Guidelines Record Keeping Q&A Social Media Q&A Privacy Q&A
h. Advocate for clients, families, and other caregivers when appropriate. i. Do not discriminate against clients or anyone with whom dietitians interact (see list in the Human Rights Code). ii. Provide client-centred care that recognizes cultural safety and humility, respects diversity and is fair and inclusive. iii. Explore solutions and use all reasonable resources to supply quality services which meet the needs of both client and employer.	If I am not able to keep my client on my roster, is it for a reason that doesn't violate the Human Rights Code? Am I being equitable in my decision over which clients I take on, and in the care they receive? Do I have the knowledge and understanding of my client's culturally appropriate foods/diet? Do I have access to culturally diverse resources that inform my assessment and nutrition care plan? Am I able to help marginalized people? (ex., poverty, food insecure, lack of consistent housing).	Cultural Safety and Humility page Equity, Diversity, and Inclusion page On the Quality Assurance Page: • Where's the Line? Patient Relations Program. BC Human Rights Code BC Human Rights Code fact sheets (multiple languages)

i. Supply services until care is no longer needed, the client requests discontinuation, or care is transferred to another dietitian or another health professional.	Am I at risk of prolonging the therapeutic relationship, or providing nutrition care, for longer than is required? Have I communicated clearly with the client?	From the Quality Assurance Page: • Where's the Line? Patient Relations Program. • Consent to Nutrition Care policy
j. Be sensitive to your position of power as a dietitian.	If I am a private practitioner, have I considered developing a Code of Conduct or Social Media Policy for my online platform use? Am I maintaining clear boundaries in my therapeutic relationships? Have I communicated these boundaries with clients? Do I understand that I may be seen as in a position of power over clients?	From the Quality Assurance Page: • Professional Boundaries. Where's the Line? • Social Media Guidelines 1, 5 • Indigenous Cultural Safety, Humility, and Anti-racism Practice Standard • Private Practice Resource

Ethical Standard 2: Communicate effectively

Standards applicable

- Professional and Ethical Practice
  - Standard 4
  - Standard 7, Indicator 1
- Communication and Collaboration.
  - Standard 9
  - Standard 11, Indicators 2,3
- Leadership, Organization, and Service Delivery
  - Standard 17, Indicator 2

ICSH and Anti-Racism Standard

- Core Concept 1. Self-Reflective Practice (it starts with me)
- Core Concept 3. Anti-Racist Practice (taking action)
- Core Concept 5. Person led care (relational care)

Standards of Record Keeping 1

Marketing Standards 1-3

2. Communicate effectively	Questions to ask yourself	Where can you find the answer?
a. Communicate in a civil, respectful, accurate manner, adhering to college requirements including health records, advertising, and media.	Am I using respectful and appropriate language in my interactions? Can any of my communications be misconstrued as harassment? Are all forms of communication (spoken, written, social media posts)	On the Quality Assurance Page: • Social Media Guidelines 3 • Professional Boundaries. Where's the Line? • Privacy Guide (Guidelines for Ensuring Accuracy of Clinical Records and Responding to Client Correction Requests (pg. 21))

	consistent with each other and using appropriate and accepted language?	Record Keeping Q&A Debating or Disagreeing Online or in Your Workplace Marketing Q&A Social Media Q&A
b. Do not make false, misleading, or derogatory statements or claims.	Are my verbal and written interactions truthful and accurate? Do I know the full and truthful details of the scenario? Do I have any biases?	On the Quality Assurance Page: • Testimonial Position Statement • Social Media Guideline 3 Cultural Safety and Humility page Social Media Q&A Debating or Disagreeing Online or in Your Workplace
c. Do not verbally, physically, emotionally, or sexually harass in any communication.	Am I using respectful and professional language in my interactions? Can any of my communications be misconstrued as harassment? Do I understand what harassment means? Can my actions be perceived as harassment? Are all forms of communication (spoken, written, social media posts) consistent with each other and using appropriate and accepted language?	From the Quality Assurance Page: • Where's the Line? Patient Relations Program. • Social Media Guideline 3 Debating or Disagreeing Online or in Your Workplace
d. Manage conflict by applying conflict management strategies	Can I disagree with a client? With a colleague? In a public forum?	From the Quality Assurance Page: • Social Media Guideline 3 • Professional Boundaries- Where's the Line?

	What are the potential risks to my client? To me? Or to the reputation of my profession? Am I acting and being professional in these scenarios? Or am I allowing my personal feelings to speak for me?	Debating or Disagreeing Online or in Your Workplace Managing Risk in Practice Q&A Trauma Informed Practice Q&A

Ethical Standard 3: Collaborate Effectively

Standards applicable

- Professional and Ethical Practice
  - Standard 3, Indicator 2
  - Standard 4
- Communication and Collaboration.
  - Standards 9,10,11
- Client-Centred Services
  - Standard 13, Indicator 6
- Leadership, Organization, and Service Delivery.
  - Standard 16, Indicators 5,6

ICSH and Anti-Racism Standard

- Core Concept 3. Anti-Racist Practice (taking action)
- Core Concept 4. Creating Safe Healthcare Spaces
- Core Concept 5. Person led care (relational care)
- Core Concept 6. Strengths-based and trauma-informed practice (looking below the surface)

3. Collaborate Effectively	Questions to ask yourself	Where can you find the answer?
a. Collaborate with clients, interprofessional colleagues, workplace leaders, client's family, caregiver, guardian, or substitute decision maker to give quality services.	What are my client's goals and have I considered them in the development of my nutrition care plan? Who are the members of the care team? (Caregivers, family, hired support, Substitute Decision Maker etc)	Interprofessional Practice Q&A Dysphagia Q&A Diabetes Q&A Ordering Q&A

	Have I communicated effectively to the correct individual? Have I taken their feedback?	
b. Recognize and respect other health professionals' scope of practice.	Where does my role overlap with the roles of my colleagues? Have we discussed this overlap as a team? Am I clear on my own scope of practice?	From the Quality Assurance Page: • Decision Tool for New Aspects of Dietetic Practice Dysphagia Q&A Diabetes Q&A Interprofessional Practice Q&A Ordering Q&A
c. Collaborate with others in the development and revision of policies to support ethical and quality healthcare services, lead policy change, engage with others in policy development/revision, implement and monitor impact of these initiatives.	Have I considered the policies and guidelines I need in my practice to provide ethical, competent care? Is there a committee or working group that would be beneficial to be a part of?	From the Quality Assurance Page: • Professional Practice Guidelines • Social Media Guidelines 5 (Code of Conduct, Social Media policy creation) • Private Practice Resource • Privacy Guide Contingency Planning Q&A
d. Support learning within the profession when there are opportunities to teach students and mentor colleagues.	Do I know what is expected of me when I am supervising a dietetic student? Do I know what is expected of me when I am mentoring a colleague who needs to provide nutrition support but isn't registered with Restricted Activities. Do I know what is expected of me when I am requested to be a mentor for an RD(T) in private practice?	From the Quality Assurance Page: • Co-signing student records policy and guideline From the Registration Page: • Sole and Private Practitioner Policy and Interpretive Guideline • Supervision After CDRE failure

	Do I know what is expected of me if I fail the CDRE?	Private Practice Q&A UBC Dietetic Program Preceptor training and resources

Ethical Standard 4: Practice Safely and Competently

Standards applicable

- Professional and Ethical Practice
  - Standard 1
  - Standard 2, indicator 3
  - Standard 3, indicators 2, 3
  - Standard 4
  - Standard 5, Indicators 4, 5
  - Standard 7, indicators 1, 2
  - Standard 8, Indicator 1,2
- Client-Centered services
  - Standard 13, Indicator 2
  - Standard 14
- Leadership, Organization, and Service Delivery
  - Standard 16
  - Standard 17

ICSH and Anti-Racism Standard

- Core Concept 1 Self Reflective Practice (it starts with me).
- Core Concept 2. Building knowledge through education
- Core Concept 3. Anti-Racist Practice (taking action)
- Core Concept 5. Person led care (relational care)
- Core Concept 6. Strengths-based and trauma-informed practice (looking below the surface)

Standards of Record Keeping 1, 3

Marketing Standards 1a, 1b, 1f, 2e, 2i, 3a,3c

4. Practice Safely and Competently	Questions to ask yourself	Where can you find the answer?
a. Recognize and practice within the limits of individual competence and dietetic scope of practice. i. Act as a credible and reliable source of evidence-based food and nutrition information. ii. Provide safe, client-centered services using knowledge, skills, judgement and professional attitude. iii. Refer to other members of interprofessional team if needed service is beyond the dietitian's skill, knowledge, and CDBC legal scope of practice.	Is this within CDBC scope of practice? Is this within my workplace scope of practice? Is this within my personal scope of practice? With whom can I consult or discuss my client's needs? Am I able to refer to another dietitian or other healthcare professional if I cannot provide care? Am I focused on the best interest of the client? Have I discussed this with my client? What expectations do the clients have? Can I support the client's choice? Do I have any conflicts of interest, perceived or actual, that need to be disclosed, or else requiring me to recuse myself?	From the Quality Assurance Page: • Decision Tool for New Aspects of Dietetic Practice • Conflict of Interest and Sales Policy Evidence Informed Q&A Interprofessional Support Q&A Ordering Q&A Conflict of Interest Q&A
b. Reflect on current practice to determine knowledge, skills, and ability development needed to ensure safe, competent, and ethical practice.	What are my goals for this CCP cycle? Where the gaps in my knowledge? Do I know what is required of me to fill those gaps? Have I reflected on my practice to determine my learning needs?	Quality Assurance Program – CCP Self-Assessment relative to the Standards of Practice From the Quality Assurance Page: • Professional Practice Guidelines • Fitness to Practice Guidelines

c. Uphold professional boundaries. i. Do not engage in sexual relationships with any clients. ii. Where possible, refer client(s) to another dietitian when a relationship exists or could be perceived to exist that would compromise a dietitian's objective. decisions and actions towards the client(s). iii. If professional boundaries cannot be kept due to geographical, workforce and/or resource limitations: 1. Identify and mitigate risks of engaging in a professional and personal relationship. 2. Re-establish boundaries as soon as reasonably possible. iv. Balance the ability to remain objective with compassion regarding issues of sensitivity and/or personal trauma that arise during treatment. v. Engage in trauma-informed practice where needed.	Am I appropriately maintaining a therapeutic relationship with clients? How do I set clear professional boundaries? What should I do if I have blurred the boundary between personal and professional relationship? Am I using trauma sensitive language? Do I know when to discontinue a professional therapeutic relationship with the client due to conflict of interest or other reasons?	From the Quality Assurance Page: • Where's the Line? Patient Relations Program. • Social Media Guidelines 1 • Conflict of Interest and Sales Policy Risk Management Q&A Trauma Informed Practice Q&A Equity, Diversion, Inclusion side Duty to Report Q&A
d. Be risk aware. Identify any potential type of harm, mitigate the risk of harm, and apply protective factors when practicing dietetics.	Is there risk related to my personal scope? Is the risk to me, or is it to my client? What type of harm can be caused? How can I protect the client and myself? What is the likelihood of risk (rare, unlikely, possible, almost certain)?	Risk management Q&A From the Quality Assurance Page: • Decision Tool for New Aspects of Dietetic Practice • Social Media Guidelines

	What is the frequency of the risk (almost never, sometimes, every day, monthly, always)? What is the impact or severity of harm (low, moderate, high, extreme)? What is the duration of harm (one-time, short, long, or indefinite period)? Is the risk perceived (irrational or emotional, potentially linked to trauma) or rational (material)?	
e. Recognize and engage in trauma-informed practice.	Am I using trauma-informed language? Am I aware about the client's triggers and have had the appropriate discussion about the matter?	From the Quality Assurance Page: • Where's the Line? Patient Relations Program. Trauma Informed Practice Q&A Equity, Diversion, Inclusion page
f. Do not act in a way that negatively affects the reputation of the profession.	Can my actions or language be interpreted as inappropriate?	From the Quality Assurance Page: • Social Media Guidelines 3 Disagreeing or debating in the workplace Q&A

Ethical Standard 5: Be Honest and Responsible

Standards applicable

- Professional and Ethical Practice.
  - Standard 1, Indicator 2,3
  - Standard 4
  - Standard 7
  - Standard 8
- Client-centred Services.
  - Standard 12, Indicator 6
  - Standard 14, Indicators 3,4
  - Standard 15, Indicator 1
- Leadership, Organization, and Service Delivery.
  - Standard 16, Indicator 5
  - Standard 17

ICSH and Anti-Racism Standard

- Core Concept 1 Self Reflective Practice (it starts with me).
- Core Concept 3. Anti-Racist Practice (taking action)
- Core Concept 5. Person led care (relational care)

Standards for Record Keeping 1, 4

Marketing Standards 1c, 2e, 2f,2h, 3b

5. Be Honest and Responsible	Questions to ask yourself	Where can you find the answer?
a. Recognize and resolve ethical situations by applying critical thinking skills in problem solving and decision making.	Have I considered all ethical perspectives regarding a matter?	From the Quality Assurance Page: • Conflict of Interest and Sales Policy 1. • Social Media Guidelines 4

	Have I identified the basic nature of the problem: What is the issue? Have I gathered information about the problem or issue: facts, order of events? What information is missing? Where can I find it? Have I considered what are the applicable laws or policies? Do I know who is involved? What do they report? Do I know what options I have for resolution? Pros and cons? Which option causes the least harm or stress to my client? Are I able to explain your rationale for choosing the action I undertook? Was the outcome expected? Was it handled in the best way possible? What would I do differently next time? Am I using an evidence-informed approach? Do I understand the difference between evidence-based and evidence-informed? Have I viewed the matter from all necessary perspectives? Are there barriers to interested parties regarding a specific plan? Can these be mitigated or addressed?	Risk Management Q&A Evidence Informed Q&A EDI Q&A (Implicit bias)
b. Avoid conflict of interest	Do I have internal biases?	From the Quality Assurance Page:

i. Identify and manage potential situations that may lead to conflict of interest, including financial interest in products and services that are recommended. **ii.** Refrain from accepting gifts or services which may influence or give the appearance of influencing professional judgement.	Am I using an evidence-informed approach? If I refused care, is it for a valid reason? Have I considered the Human Rights Code? Did I document the details of care refusal? Am I benefitting personally, professionally, or financially from this situation? How does this affect my relationship with the client?	• Where's the Line? Patient Relations Program • Conflict of Interest and Sales Policy EDI Q&A (bias) Conflict of Interest and Sales Q&A
c. Assume responsibility for services provided by those under your supervision.	Do I supervise dietetic students? Do I have mentorship agreements with RD(T)? Do I have supervision agreements for any RD(T) who has not successfully passed the CDRE? Did I know that as an RD(T) I can supervise a dietetic student, but NOT a full registrant? Have I engaged with those under my supervision when necessary? Am I adequately fulfilling my supervisory and/or mentorship responsibilities? What are my legal boundaries as a supervisor for a RD(T) or dietetic student?	From the Quality Assurance page: • Co-signing student records policy and guideline From the Registration Policy page: • Temporary Registration Policy • Sole and Private Practitioner Policy and Interpretive Guide • Supervision After CDRE Failure Policy UBC Dietetic Program Preceptor training and resources

d. Maintain transparent, accurate, and truthful financial records. i. Inform clients of all fees and methods of payment prior to delivering services. ii. Ensure fees are based on fair market price. iii. Allow your name and registration number to be used for the purpose of verifying professional services rendered only if you provided or supervised the provision of those services.	Is my fee structure and cancellation policy clearly available on all my platforms (website, social media, print marketing)? Am I upholding tax requirements as per Canada Revenue Agency standards? Are my fees fair? Are my billing practices ethical and truthful?	From the Quality Assurance Page: • Private Practice Resource (Note per section 7: the CDBC does not advise on fee structure, taxes, business status.) • Conflict of Interest and Sales Policy 3 Conflict of Interest and Sales Q&A Private Practice Q&A
e. Be accountable for your actions when practicing dietetics. i. Disclose and apologize to the client for any mistake made during the client's care, which causes or has potential to cause harm or distress. ii. Propose solutions, alternatives, or referral, as appropriate. iii. Withdraw from practice when circumstances arise that may impair judgement and prevent giving safe and effective care to a client.	Do I have internal biases? Am I aware of the types of situations or circumstances that would prevent me from providing safe and effective care? Do I offer referrals to other dietitians or health practitioners when a request for care is outside of my individual or professional scope? Do I avoid boundary crossing when presented? Do I have a condition that may impair my professional abilities?	From the Quality Assurance page: • Where's the Line? Patient Relations Program • Right to Refuse Treatment • Fitness to Practice Guideline EDI Q&A (biases)
f. Do not refuse to treat a client based on discrimination including, but not	If I refused care, is it for a valid reason?	From the Quality Assurance page: • Right to Refuse Treatment

limited to, reasons in the BC Human Rights Code.	Did I document the details of care refusal? Do I review the necessary resources to ensure my decisions are ethical?	• Standards for Record Keeping BC Human Rights Code BC Human Rights Code fact sheets (multiple languages)
g. Only enter into agreements, assignments, or contracts that allow you to abide by this CDBC Code of Ethics and standards of practice.	What are my professional boundaries? Does my practice align with my professional and personal values?	From the Quality Assurance page: • Right to Refuse Treatment • Where's the Line. Patient Relations Program
h. Give fair and objective performance evaluations, when needed.	Do I have any implicit bias? How do I provide good feedback? Am I being respectful with my feedback?	EDI Q&A UBC Dietetic Program Preceptor training and resources
i. Fulfil reporting obligations. i. Bring forward concerns about unsafe practice and unethical conduct by other health care professionals to the appropriate supervisor, and/or regulatory body of which that heath professional is a registrant. ii. Report client incidents as per employer policy and/or WorkSafe BC.	Is my colleague a regulated health professional? I have an obligation to report unsafe behaviour, to the colleague's regulatory body. What is the risk of harm to my colleague's client? To my colleague? To me? What if the error was a system error? For example, a diet order was implemented, but a meal tray with an incorrect diet texture was sent to my client. What are my workplace requirements? Do I have a system to report errors or near misses?	From the Quality Assurance page: • Fitness to Practice Guidelines CDBC Concerns and Complaints WorkSafeBC CDBC Duty to Report Q&A (includes info on BC whistleblower legislation)
j. Present your professional qualifications and credentials accurately.	Have I clearly identified myself to my clients and colleagues, including any limitations on practice I may have?	Marketing Q&A

Practice Illustrations

These practice illustrations will be modified and added as needed.

Example 1:
Consent/Privacy
Code of Ethics Principle 1. Act in the Best Interest of Clients.
[g] Respect and maintain client privacy and confidentiality

A dietitian works mainly with 11–13-year-old dancers and is also a former dancer.
Their 13-year-old client has been seen with a parent, and one-on-one with the dietitian in-person. The dietitian suspects disordered eating and feels that the client's parent may not be aware of the extent of this problem. The parent has asked if they are allowed to receive information from the one-on-one sessions.
Background: The dietitian's client has a family doctor but hasn't been seen in a long time. The client's parent has set the client up with therapy sessions. The client is about to start an intensive dance session and the dietitian feels that the client is at risk of worsening disordered eating, given the environment and the intensity of the plans. In the joint session, the dietitian feels that the parent is supportive and has a base understanding that there is some purging and other disordered eating behaviour developing. However, in the one-on-one session, the dietitian feels that the disordered eating is actually much more serious than the client's parent is aware of. The client has not consented to have their parent informed of the content of the 1:1 sessions.

Considerations:
Code of Ethics Principle 1g) Act in the Best Interest of Clients. Respect and maintain client privacy and confidentiality. Confidential client information should only be disclosed with client consent or when the failure to disclose confidential information would cause significant harm to the client or others.

The Infants Act, Mature Minor Consent and Immunization | HealthLink BC

- A health care practitioner can accept consent from the child (under 19) and provide healthcare that is in the child's best interests without getting consent from the parent or guardian if the practitioner is sure the child understands:
    - The need for the healthcare,
    - What the healthcare involves, and
    - The benefits and risks of the healthcare.

Infants Act, section 17 which overlaps with section 41 of the Family Law Act

- encourages parents and children to make decisions together in the child's best interest. Of course, it will be up to the parents of the client to have these discussions with their child, as a dietitian's role is not to be a part of that. Rather, how a dietitian's nutrition care sessions proceed will be directly related to the interpersonal relationships the client has with their family.

CDBC Consent to Nutrition Care Policy (on the Quality Assurance Page) and Guidelines.

Consent Q&A

- Introduces the concept of mature minor in the context of dietetic practice
- If there is doubt about the client's ability to fully appreciate benefits and risks of a healthcare decisions, the dietitian will need the support of an authorized regulated health professional to assess the client's capacity to make decisions.

Body Image and Eating Disorders - Province of British Columbia (gov.bc.ca), which includes links to Kelty Eating Disorders

- providing resources and support to healthcare professionals working in Eating Disorders. This may be useful going forward for this dietitian's practice, given the age group, activity, and dance expectations of the clients.

The dietitian could review Managing Risk in Practice Q&A when proceeding with dietetic care in this circumstance.

Example 2
Consent/Privacy
Code of Ethics Principle 1. Act in the Best Interest of Clients.
[g] Respect and maintain client privacy and confidentiality.

A dietitian saw a client for initial consultation for blood sugar control. The client operates a vehicle that transports the public. Blood sugars often run quite high in the 30s, or quite low, and the client proceeds to tell the dietitian about two recent instances whereby they felt a low blood sugar, pulling the vehicle over to perform a blood sugar check, and treat the low blood sugar appropriately. The client has since stopped driving and has become a driving instructor, having recognized the element of increased risk to self and to people on the bus route and on the road. The client asked the dietitian not to document this story.
Background: The client has consulted with endocrinology. Endo did not document this occurrence but did document that Driving Guidelines were reviewed between Endo and the client, as well as acknowledgement that the client had treated symptomatic low blood sugars appropriately in the past.
Should the dietitian document the details of this encounter with the client? What are the implications if the dietitian does? If the dietitian doesn't?

Resources :

The dietitian can access Risk Management at the workplace if this service exists.

Standards of Record Keeping

- 3f) dietitians are obligated to document "…*the client's relevant medical history and social data related to the nutrition intervention*". In this instance, the dietitian would include details about the client's high blood sugar, appropriate symptomatic response during a low blood sugar, as well as appropriately treatment with dextrose tabs to bring the blood sugar back up.

Workplace documentation requirements

- Is the dietitian meeting these requirements as well?

Additional comments:
If there is a concern of high-risk behaviour ongoing by the client, whereby the client isn't mitigating the risk appropriately, the dietitian may need to revisit the requirement to document it, and possibly also communicate it to the endocrinologist or family physician. Should the dietitian pre-emptively let a client know that "documentation may be needed" for a specific conversation? This may have implications such as a potential for the client to censor information or provide false information. There could be an erosion of trust in their therapeutic relationship. Rather, when encountering nutrition and non-nutrition related history, the dietitian is encouraged to paraphrase and summarize the information verbally, letting the client know how the information will be documented. This act of transparency allows for two-way communication and for a client to confirm the dietitian's understanding of their history.

Example 3.
Advocacy/Person Led Care
Code of Ethics Principle 1. Act in the Best Interest of Clients.
[d] Respect the client's right to refuse treatment and/or obtain a second opinion
[e] Discuss choices with, and support clients to make decisions for services.

The dietitian has completed a full nutrition assessment and made recommendations for an enteral nutrition formula that is on the formulary at the hospital. The client and family decline this formula, including other formulas on the formulary as well as home blended real food formula, citing that they would prefer to use a product they found online. It is not Health Canada approved.
Is the dietitian able to support the client in using this formula?

Resources:

In BC, the dietitian must be registered with Restricted Activity A to undertake care for an enterally fed client.

Restricted Activity Interpretive Guide

- Restricted Activity A allows a dietitian in BC to "*design, compound or dispense therapeutic diets where nutrition is administered through enteral means*."

The dietitian must weigh the Evidence-Based (data-driven research and Health Canada approval) with the Evidence-Informed (incorporating the client's perspectives and priorities).

Enteral Nutrition Q&A

- The dietitian has exhausted all Health Canada approved formulas, which have been declined by the client. If the client and family are requesting an unregulated product, the dietitian can work with the client, and within workplace policies, to determine the amount and rate of the unregulated EN formula.

- The dietitian should be aware of the legal implications in the event of an adverse event occurring related to the use of an unregulated commercial product. Prompt and thorough documentation of all encounters is required, including the refusal of consent for regulated products. The dietitian should consult the employer and as applicable, the insurance provider for liability coverage to ensure that these interventions are supported.

Example 4.
Conflict of Interest
Code of Ethics Principle 5: Be Honest and Responsible.
[a] Recognize and resolve ethical situations.
[b] Avoid conflict of interest, [i] Identify and manage potential situations that may lead to conflict of interest, including financial interest in products and services that are recommended.

The dietitian works in a fee-for-service model private clinic. The dietitian has just met a client with a new medical diagnosis who has recently taken leave from work. When assessing the client, it is clear that dietitian involvement is a needed part of the care plan to ensure the client's recovery. The client doesn't have any extended healthcare coverage. The client can

- **continue to be followed by this dietitian, OR**

- **be referred to a dietitian in a non-profit organization that supports clients with this specific medical condition free of charge, OR**
- **choose to take no action with a dietitian.**

The dietitian makes the decision to recommend their own private dietetic clinic.

What do you think of this dietitian's actions?
Is there a conflict of interest?
Has the dietitian put the needs of the client first?
What can the dietitian do to resolve this ethical violation?

Conflict of Interest and Sales Policy 1a.
Dietitians are responsible for identifying and managing any real, perceived or potential conflicts of interest where their professional integrity could be interpreted as being compromised. Financial benefit is not necessary to establish a conflict of interest. In this example, the perception of engaging in self-serving actions may compromise the trust involved in a relationship between the dietitian and her client.

CDBC Standard of Practice 14
As part of a complete nutrition assessment, the dietitian should take financial concern/constraint into account, resulting in a nutrition care plan whereby a client has been offered or referred feasible, accessible, and affordable products and services with which to follow up.

CDBC Standard of Practice 8.3 and Marketing Standard 2f. The dietitian must provide options for follow-up where they are available, including the option for second opinion, the option for more cost-effective care, or the option for the client to take no action.

Advocating in the best interest of the client and providing options which include referring to an appropriate healthcare professional is key to fulsome follow-up for each client. It is always ok for a client to want a second opinion, or to leave an encounter, deciding to do nothing. In this case, the dietitian could leave the client with information for a service such as HealthLink BC or its provincial equivalent (Provincial and Territorial Helplines and Websites | HealthLink BC). There is always an option whereby a dietitian can refer a client to find follow-up dietetic care appropriate for a second opinion, or to seek care if they choose to do so after the initial encounter. The resulting recommendation will connect clients to options, both fee-for-service, as well as public healthcare, in their local communities.

Example 5.
Code of Ethics Principle 5: Be Honest and Responsible.
[f] Do not refuse to treat a client based on discrimination including, but not limited to, reasons in the BC Human Rights Code.

The dietitian has a client who is seen in private practice. The dietitian has identified the client as a part of a historically racialized population. The client has been expressing abusive and threatening behaviour towards the dietitian and others in the office. Can the dietitian withdraw dietetic services to the client? Is there an obligation to provide care?

This practice illustration aims to demonstrate the potential perceived issues with refusing care to a client who happens to be part of a racialized group. In this situation, the dietitian is experiencing imminent danger from an abusive client, and so can refuse dietetic care, given the threat to the dietitian's safety and the safety of colleagues.

The dietitian would access the following CDBC documents to support practice:

Standard of Practice 12.6, the dietitian would read about the requirement to safely arrange transfer of this client to a new practitioner, if possible.

The dietitian would note that within the Right to Refuse Treatment Policy on the Quality Assurance Page, there is an obligation to inform the client of the safety concerns, give reasonable notice of termination of treatment and, offer alternative options to ensure that the client's nutritional care needs are met. The dietitian would also note that there is a requirement to provide treatment if refusal to treat or delaying care might result in serious harm to the client.

The dietitian might also find support in the Contingency Planning Q&A for private practice that speaks, in part, to the use of the Right to Refuse Policy when a therapeutic relationship has to be formally terminated. This includes logistical considerations, such as the need to have a plan for short-term follow-up of a client, ensuring the security of the medical record, and allowing for access to the medical record by the client.

Very importantly for the dietitian in this circumstance, is the CDBC Standards for Record Keeping on the Quality Assurance Page. In addition, the Risk Management Q&A speaks to documentation of risk in practice. Rationale for the refusal of treatment must be documented clearly and definitively. In the case of a Human Rights Tribunal, the dietitian will be able to demonstrate the attempts at dietetic care and the decision, and reason, to end care for this client.

For more information on the BC Human Rights code, including protected characteristics for which a health care professional cannot discriminate against, see BC Human Rights Code fact sheets (multiple languages) and select "What You Need to Know".

Example 6:

Code of Ethics Principle 5: Be honest and responsible

(i) Fulfill report obligations (i) Bring forward concerns about unsafe practice and unethical conduct by other health care professionals to the appropriate supervisor, and/or regulatory body of which that heath professional is a registrant.

A colleague appears unable to perform professional duties (limited assessment, care plans that are not evidence-informed, poor/late/inconsistent documentation) and regularly shows up late to work, while not carrying their caseload appropriately. This has been noticed over the past two months, and after speaking with the colleague, there is a lack of willingness to acknowledge the concern. What is the role of the dietitian who has noticed this behaviour?

Where the dietitian has observed concerns, it is the responsibility of the dietitian to report any issues that concerns the safety of the clients regarding unsafe and/or unethical practice by another healthcare professional. This can include another dietitian or any other healthcare colleague.

The dietitian should access the following CDBC documents to support practice:

Standard of Practice 1.3: the dietitian practices in accordance with the requirements of the workplace, as well as, in a competent manner.

The dietitian is encouraged to access the Fitness to Practice Guidelines, available on the Quality Assurance Page.

CDBC mandate is to ensure the safety and protection of the public. The Health Professions Act section 32.2 (Duty to report) states that the registrant must report another registrant's practice if is dangerous or a risk of harming the public. CDBC Duty to Report Q&A is a good resource for more information.

The dietitian can navigate the complaints page if the concern about the unsafe and unethical practice is regarding a colleague who is a dietitian. Use the CDBC Concerns and Complaints page and get in touch with the CDBC at info@collegeofdietitiansbc.org if there are questions.

Example 7:

Code of Ethics Principle 4: Practice Safely and Competently

(a)Recognize and practice within the limits of individual competence and dietetic scope of practice.

i. Act as a credible and reliable source of evidence-based food and nutrition information.
ii. Provide safe, client-centered services using knowledge, skills, judgement and professional attitude.
iii. Refer to other members of interprofessional team if needed service is beyond the dietitian's skill, knowledge, and BC legal scope of practice.

The dietitian anticipates needing Restricted Activity A (or B) to perform their job. They may be the only dietitian in the workplace on occasion. They have looked at the Restricted Activity Interpretive Guide, but are unsure if they can confidently check off all competencies because they are worried they do not have the skills and knowledge to address clients with complex EN (or PN) needs.

The Restricted Activity (RA) competencies in the Interpretive Guide are an exercise in self-assessment of skill. This relies on personal clinical judgement. This assessment can be done in training, as part of new job orientation, and with registration renewal annually. When satisfying the competencies associated with RA A (or B), most of the time, caring for clients requiring EN (or PN) can be a standard part of the caseload whereby the dietitian will be comfortable to provide nutrition care using the knowledge and competencies listed in the Interpretive Guide. However, there may be potential circumstances when a dietitian may be exposed to a complex client, or where they have no explicit experience in the exact situation the client is experiencing and is unsure how to proceed. Does this mean they cannot confidently check off all competencies associated with the Restricted Activity?

When reviewing the competencies associated with the Restricted Activity A, note the following competencies:

- *"Demonstrates ability to judge when situation has turned from chronic to acute, or stable to critical."*
- *"Demonstrates knowledge of when to refer to alternate health care professional (e.g., MD, RN, RPh, etc) +/- impart knowledge of referral rationale. "*
- *"Collaborates with other team members/practitioners with regards to EN."*

Similarly, for Restricted Activity B:

- "*Demonstrates ability to judge when situation has turned from chronic to acute, or stable to critical."*
- *"Collaborates with other team members/practitioners with regards to PN."*
- *"Acquires new skills and knowledge related to PN, as applicable*."

Recognition of one's own personal scope/knowledge limitation is an important skill as a practitioner. Each of the three competencies listed above allow the dietitian to assess the client's situation, recognize that there may be an aspect of EN care that they are unsure of, or that they need more information for, and request help from another RD (if available) or liaise with the interdisciplinary team (including MD/NP) about their concerns. These competencies also demonstrate that no registrant works in a silo.

If this dietitian is in a situation as a sole dietitian and they assess that the tasks they are expected to complete are outside of their personal scope (refer to the Decision Tool for New Aspects of Dietetic Practice on the Quality Assurance Page), it is their responsibility to speak to their Manager or Practice Leader to (1) improve/increase training for times when they are working as the only dietitian, (2) request decision support tools that help them make care decisions (for example, how to proceed with a difficult metabolic patient on EN admitted from the community, or troubleshooting EN intolerance, and (3) provide a list of resource dietitians who can be contacted, as required.

Being able to confidently check off all the competencies for Restricted Activity A doesn't mean that a dietitian is required to know everything about every EN/PN circumstance. Patients can be very complex and there will be instances where the dietitian needs to reflect on the CDBC Standards of Practice. Specifically:

- 2.3 "*Determine practice situations beyond a Dietitian's legal scope of practice and refer to another health professional."*
    - Example as above: does the patient need IV hydration? Transfer to a more acute level of care? These are team-based discussions.
- 3.2 and 3.3 *"Determine need for further knowledge and skills practice situations beyond personal level of competence and consult, refer or obtain further knowledge and skills*." And "*Determine new or anticipated areas of dietetic practice and acquire knowledge and/or skills needed to practice competently*.".
    - Just because a dietitian has confidently checked off competencies for a Restricted Activity, doesn't mean they won't encounter new and challenging situations.
    - The dietitian can find out what types of EN patients they might encounter and ask their Manager or Practice Leader for help, as above.
    - Review the Decision Tool for New Aspects of Dietetic Practice.
    - Is there a dietitian mentor, who is registered with Restricted Activity A?
- 10.4 *"Engage with team members to plan, coordinate and deliver quality professional services."* This can be with the interdisciplinary team, and/or with another RD.
- 12.3 *"Provide the best service possible within available resources."*

Practice Illustrations under development

Example 8:

Practicing when not registered. Or practicing EN/PN without appropriate RA registration

Example 9:

Failing to meet the expectations of the Quality Assurance Program (ie. Not submitting a CCP, or submitting an incomplete CCP on purpose).

Example 10:

Offering one specific supplement for sale/perceived COI examples

Example 11:

Practice illustration to interpret what the CDBC means by “fair and objective”. Include (implicit) bias.

5.Be honest and responsible.

(h)Give fair and objective performance evaluations, when needed.

Example 12: under development

1i – supply services until no longer required. Practice illustration of caseload concerns.