

Dietetic Code of Ethics Interpretive Guide

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 <u>CHCPBC website</u>, as well as workplace policies/resources/requirements. Please reach out to <u>practicesupport@chcpbc.org</u> 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 CHCPBC resources are developed and revised. Unless otherwise specified, practice resources can be found here: <u>Dietitians – Resources | CHCPBC.</u>

This guide is for use alongside the Ethical Decision-Making Framework.

Ethical Decision-Making Framework

- 1. Identify the basic nature of the problem
- 2. Gather information/resources about the problem or issue
- 3. Identify the specific issue and the ethical standard(s) involved
- 4. Identify various options for action
- 5. Assess the various options
- 6. Determine a course of action
- 7. Implement your decision
- 8. Assess the consequences of your decision



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

Standards applicable Standards of Practice, Indicators and Outcomes o Standard 4 Standard 5. Indicators 1-5 • Standard 6. Indicators 1-6 • Standard 8. • Standard 9. Indicators 1-9 Standard 10. Indicators 1-4 • 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?
			Unless linked, resources can be found at <u>Dietitians – Resources CHCPBC</u>
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?	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
с.	Obtain informed consent from a client for services, including any	Did I get consent? From the appropriate individual?	Consent to Nutrition Care Policy Consent to Nutrition Care Guidelines



		ges, refusal and/or withdrawal rvices, Take all reasonable steps to ensure client consent is not given under conditions of intimidation or undue	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?	Privacy Guide Consent Q&A Artificial Intelligence Q&A
	ii.	pressure. If a client lacks capacity, obtain consent for planned	Do I understand the difference between consent and implied consent?	
		services from a substitute decision maker.	Do I understand the difference between consent and cooperation?	
	iii.	Encourage the substitute	When do I need to renew consent?	
		decision maker to honour the client's previously expressed wishes, or when unknown,	Do I know how to find provincial laws that speak to consent?	
		acts in the client's best interest.	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.	
d.	•	ect the client's right to refuse ment and/or obtain a second on.	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).	Conflict of Interest and Sales Policy 3e. Standards for Record Keeping Consent Q&A
			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?	
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?	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
		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?	
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	<u>Cultural Safety and Humility page</u> Evidence-Informed Q&A Trauma Informed Practice Q&A Equity, Diversity, and Inclusion Q&A
		align with the client's goals and wishes?	Artificial Intelligence Q&A



 g. Respect and maintain client privacy and confidentiality. 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. 	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. Do I understand how to restrict my privacy on social media platforms? 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 <u>as well as</u> 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?	Standards of Practice Privacy Guide 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 	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?	<u>Cultural Safety and Humility page</u> Where's the Line? Patient Relations Program. <u>BC Human Rights Code</u>



ii.	dietitians interact (see list in the Human Rights Code). Provide client-centred care that recognizes cultural safety and humility, respects diversity and is fair and inclusive.	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?	BC Human Rights Code fact sheets (multiple languages) Equity, Diversity, and Inclusion Q&A
iii.	Explore solutions and use all reasonable resources to supply quality services which meet the	Do I have access to culturally diverse resources that inform my assessment and nutrition care plan?	
	needs of both client and employer.	Am I able to help marginalized people? (ex., poverty, food insecure, lack of consistent housing).	
lor dis tra	pply services until care is no nger needed, the client requests scontinuation, or care is ansferred to another dietitian or other 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?	Where's the Line? Patient Relations Program. Consent to Nutrition Care policy
-	e sensitive to your position of ower 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?	Professional BoundariesWhere's the Line? Social Media Guidelines 1, 5 Indigenous Cultural Safety, Humility, and Anti-racism Practice Standard Private Practice Resource



Do I understand that I may be seen as in a position of power over clients?	



Ethical Standard 2: Communicate effectively

Standards applicable

Standard of Practice, Indicators and Outcomes

- o Standard 4
- o Standard 7, Indicator 1
- o Standard 9
- Standard 11, Indicators 2,3
- o 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? Unless linked, resources can be found at <u>Dietitians – Resources CHCPBC</u>
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) consistent with each other and using appropriate and accepted language?	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)) Record Keeping Q&A Debating or Disagreeing Online or in Your Workplace Q&A 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?	Testimonial Position Statement Social Media Guideline 3 <u>Cultural Safety and Humility page</u> Social Media Q&A Debating or Disagreeing Online or in Your Workplace Q&A
с.	Do not verbally, physically, emotionally, or sexually harass in any communication.	Am I using respectful and professional language in my interactions?	Where's the Line? Patient Relations Program. Social Media Guideline 3



	Can any of my communications be misconstrued as harassment?	Debating or Disagreeing Online or in Your Workplace Q&A
	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?	
d. Manage conflict by applying conflict management strategies	Can I disagree with a client? With a colleague? In a public forum? What are the potential risks to	Social Media Guideline 3 Professional Boundaries- Where's the Line?
	my client? To me? Or to the reputation of my profession?	Debating or Disagreeing Online or in Your Workplace Q&A
	Am I acting and being professional in these scenarios? Or am I allowing my personal feelings to speak for me?	Managing Risk in Practice Q&A Trauma Informed Practice Q&A



Ethical Standard 3: Collaborate Effectively

Standards applicable

Standards of Practice, Indicators and Outcomes

- o Standard 3, Indicator 2
- o Standard 4
- o Standards 9,10,11
- o Standard 13, Indicator 6
- Standard 16, Indicators 5,6

ICSH and Anti-Racism Standard

- Core Concept 3. Anti-Racist Practice (taking action)
- \circ $\,$ 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? Unless linked, resources can be found at
a.	Collaborate with clients, interprofessional colleagues, workplace leaders, client's family,	What are my client's goals and have I considered them in the development of my nutrition care	<u>Dietitians – Resources CHCPBC</u> Interprofessional Practice Q&A Dysphagia Q&A Diabetes Q&A
	caregiver, guardian, or substitute decision maker to give quality services.	plan? Who are the members of the care team? (Caregivers, family, hired support, Substitute Decision Maker etc) Have I communicated effectively to the correct individual? Have I taken their feedback?	Ordering Q&A
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?	Decision Tool for New Aspects of Dietetic Practice Dysphagia Q&A Diabetes Q&A Interprofessional Practice Q&A Ordering Q&A



develo to sup health change develo	orate with others in the pment and revision of policies port ethical and quality care services, lead policy e, engage with others in policy pment/revision, implement and or 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?	Professional Practice Guidelines Social Media Guidelines 5 (Code of Conduct, Social Media policy creation) Private Practice Resource Privacy Guide Contingency Planning Q&A
when t	rt learning within the profession there are opportunities to teach its 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? Do I know what is expected of me if I fail the CDRE?	Co-signing student records policy and guideline From <u>Dietitians – Registration Policies &</u> Forms CHCPBC • Temporary Registration • Supervision After CDRE failure Private Practice Q&A Enteral Nutrition Q&A Parenteral Nutrition Q&A <u>UBC Dietetic Program Preceptor training</u> <u>and resources</u>



Ethical Standard 4: Practice Safely and Competently

Standards applicable Standards of Practice, Indicators and Outcomes 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 • Standard 13. Indicator 2 o Standard 14 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?
		Unless linked, resources can be found at <u>Dietitians – Resources CHCPBC</u>
a. Recognize and practice within the limits of individual competence and	Is this within CHCPBC scope of practice?	Decision Tool for New Aspects of Dietetic Practice
dietetic scope of practice.	Is this within my workplace scope	Conflict of Interest and Sales Policy
i. Act as a credible and reliable source of evidence-based food and nutrition	of practice?	Evidence Informed Q&A
information.	Is this within my personal scope of practice?	Interprofessional Support Q&A
ii. Provide safe, client-centered services	With whom can I consult or	Ordering Q&A
using knowledge, skills, judgement	discuss my client's needs?	Conflict of Interest Q&A
and professional attitude. iii. Refer to other members of interprofessional team if needed service is beyond the dietitian's skill,	Am I able to refer to another dietitian or other healthcare professional if I cannot provide care?	Parenteral Nutrition Q&A
knowledge, and CHCPBC legal scope of practice.	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?	



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?	Continuing Competence Program Self- Assessment relative to the Standards of Practice 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: Identify and mitigate risks of engaging in a professional and personal relationship. 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. 	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?	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 Q&A Duty to Report Q&A



v. Engage in trauma-informed practice where needed.		
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)? 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)?	Decision Tool for New Aspects of Dietetic Practice Social Media Guidelines Risk management Q&A
e. Recognize and engage in trauma- informed practice.	Am I using trauma-informed language?	Where's the Line? Patient Relations Program.



	Am I aware about the client's triggers and have had the appropriate discussion about the matter?	Trauma Informed Practice Q&A Equity, Diversion, Inclusion Q&A
f. Do not act in a way that negatively affects the reputation of the profession.	Can my actions or language be interpreted as inappropriate?	Social Media Guidelines 3 Disagreeing or debating in the workplace Q&A



Ethical Standard 5: Be Honest and Responsible

Standards of Practice, Indicators and Outcomes • Standard 1, Indicator 2,3 • Standard 4 • Standard 7 • Standard 8 • Standard 12, Indicator 6 • Standard 14, Indicators 3,4 • Standard 15, Indicator 1 • 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. Honest and	Questions to ask yourself	Where can you find the answer?
Responsible		Unless linked, resources can be found at <u>Dietitians – Resources CHCPBC</u>
a. Recognize and resolve ethical	Have I considered all ethical	Conflict of Interest and Sales Policy 1.
situations by applying critical	perspectives regarding a matter?	Social Media Guidelines 4
thinking skills in problem solving and decision making.	Have I identified the basic nature of the problem: What is the issue?	Risk Management Q&A
	Have I gathered information about	Evidence Informed Q&A
	the problem or issue: facts, order of events? What information is missing? Where can I find it?	Equity, Diversity, Inclusion Q&A (implicit bias)
	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 my 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?	
 b. Avoid conflict of interest 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. 	Do I have internal biases? 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 Equity, Diversity, Inclusion 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)?	Co-signing student records policy and guideline From <u>Dietitians – Registration Policies &</u> <u>Forms CHCPBC</u>



	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?	 Temporary Registration CDRE Supervision After First Failure <u>UBC Dietetic Program Preceptor training</u> 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 	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?	Private Practice Resource (Note per section 7: the CHCPBC 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



the provision of those		
the provision of those services. 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	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	Where's the Line? Patient Relations Program Right to Refuse Treatment Fitness to Practice Guideline Equity, Diversity, Inclusion Q&A (bias)
appropriate. iii. Withdraw from practice when circumstances arise that may impair judgement and prevent giving safe and effective care to a client.	Do I avoid boundary crossing when presented? Do I have a condition that may impair my professional abilities?	
f. Do not refuse to treat a client based on discrimination including, but not limited to, reasons in the BC Human Rights Code.	If I refused care, is it for a valid reason? Did I document the details of care refusal? Do I review the necessary resources to ensure my decisions are ethical?	Right to Refuse Treatment Standards for Record Keeping <u>BC Human Rights Code</u> <u>BC Human Rights Code fact sheets</u> (multiple languages)



g. Only enter into agreements, assignments, or contracts that allow you to abide by this Dietetic Code of Ethics and standards of practice.	What are my professional boundaries? Does my practice align with my professional and personal values?	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?	Equity, Diversity, Inclusion Q&A <u>UBC Dietetic Program Preceptor training</u> <u>and resources</u>
 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?	Fitness to Practice Guidelines Concerns and Complaints from <u>For the</u> <u>Public CHCPBC</u> <u>WorkSafeBC</u> 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