



EUROPEAN
FEDERATION OF
THE ASSOCIATIONS
OF DIETITIANS

Supplementary document to the current EFAD Code of Ethics

Recommendations of PPC on how to further improve the current EFAD Code of Ethics

Code of Ethics

A code of ethics is a written set of principles and rules with the purpose of:

- Helping professionals conduct their actions in accordance with primary values, principles and ethical standards.
- Assuring the public that members of regulated professions are acting in a socially and professionally acceptable manner.
- Assisting individuals to govern their decision making in choosing between right and wrong.
- Helping professionals practise honestly and with integrity.
- Guarding against malicious or self-serving practices and actions

Background

This Supplement to the International Code of Ethics is composed of the International Code of Ethics and Code of Good Practice developed by the International Confederation of Dietetic Associations (ICDA) in 2008 and adopted by EFAD in September 2008. It discusses areas of practice not specifically addressed in the original ICDA document.

Ethics in dietetics, like ethics of other professions, differ somewhat throughout national professional organizations as they reflect different educational, cultural and religious backgrounds. With Europe and, for that matter, the world becoming open borders and cross employment seekers, a more common and updated ethical code for dietitians is being proposed for adoption by EFAD members.

The principles encompassed in the code of ethics are not always simple to apply. Trans-border reality conflicts of interest, personal traits and in EFAD's case, international education and professional issues, culture and religion, cause biases which need to be recognized, reconciled and managed, to ensure that dietetic professionals act fairly, accountably and to minimize harm. Being guided by a code of ethics enhances comprehension of the principles and use of critical thinking to assess situations, reach expected outcomes and make the best possible decisions.

The **ethical principles** and issues for the profession of dietetics listed below pertain to all forms of areas of nutrition and dietetic practice such as the community, food service, management, individual patient or client care, colleagues' interaction, private practice, clinical practice, research and engagement in social media:

- Respect for patient autonomy
- Substituted decision-making
- Beneficence: the promotion of what is best for the patient
- Non-maleficence: avoiding harm
- Justice
- Consent and capacity
- Truth telling and integrity
- Futile treatment
- Confidentiality and privacy

ICDA code of ethics adopted by EFAD in 2008.



International Code of Ethics and Code of Good Practice

Approved by the Members of the International Confederation of Dietetic Associations September 7, 2008

International standards are not meant to replace any national standards that exist, but are meant to put on paper those important matters to which we can all agree. They represent the common ground of dietetics around the world.

International Code of Ethics

Dietitians practice in a just and equitable manner to improve the nutrition of the world by:

- Being competent, objective and honest in our actions
- Respecting all people and their needs
- Collaborating with others
- Striving for positive nutrition outcomes for people
- Doing no harm
- Adhering to the standards of good practice in nutrition and dietetics

International Code of Good Practice

Provision of Service and application of knowledge:

- Provide high quality, cost efficient services in nutrition and dietetics
- Provide services based on the expectation and needs of the community or client
- Competently apply the knowledge of nutrition and dietetics and integrate this knowledge with other disciplines in health and social sciences
- Work co-operatively with others to integrate nutrition and dietetics into overall care/service regardless of context
- Work in partnership with clients and users of the service

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Developing practice and application of research

- Interpret, apply, participate in or generate research to enhance practice
- Develop a unique body of knowledge
- Have an in-depth scientific knowledge of food and human nutrition
- Develop practice based on evidence

Communication

- Communicate effectively through nutrition education, education and training, development of policy and programs
- Advocate for nutrition and dietetics, the alleviation of hunger and the value of services
- Advance and promote the dietetics profession

Quality in practice

- Systematically evaluate the quality of practice and revise practice on the basis of this feedback
- Strive to improve services and practice at all times
- Maintain continued competence to practice

Continued competence and professional accountability

- Ensure accountability to the public
- Accept responsibility for ensuring practice meets legislative requirements
- Maintain continued competence by being responsible for lifelong learning and engaging in self development

Supplementary topics

Health inequality/Health differences

Health inequality (also referred to as disparities, as this is usually caused by social, cultural or non-generic differences) refers to the fact that health care is not equally distributed among groups or individuals within a group. When it comes to address health inequality several questions come to mind, such as; how should inequalities be measured and evaluated, how much priority should disadvantaged groups receive, what are the responsibilities of national and international actors? There are no black and white answers to these and other similar dilemmas, but, the ethical principles need to endorse the intrinsic value of health to well-being and equal respect for human life, the importance of health to the individual and the collective group, and the need for a disproportionate effort to help the disadvantaged individual or group. Shared health governance is essential for delivering health equality to individuals, group, on national and global scale. Efforts to deal with inequalities/differences require obligations to treat people equally and practice equal distribution of wealth to enable improved health. Three aspects are usually taken into consideration on a global and national level, the public health significance, the casual factors, and the plausibility of change. A more equal distribution of health achieved by lifting those groups most at risk, contributes greatly to improved general health. Dietetic practice ought to be capable of enabling each individual the capability to achieve a certain health threshold level, within the limits of his circumstances, provided such efforts do not reduce the health functioning of the general population below the minimal acceptable level.

Diversity

Difficulties in the dietitian patient/client relationship arise from many sources. When these issues are especially sensitive or important to health and well being, a complete breakdown in the counseling process may result. The goal of cross-cultural awareness is to improve the dietitian's ability to understand, communicate with and care for patients/clients from diverse background. Diversity issues and cross-cultural sensitivity should be woven into the ethics of the profession, to assure positive impact on the health status of diverse populations.

Culture includes many factors, such as: Values, Visions, Norms, Working language, System, Symbols, Beliefs, and Habits. It is also the pattern of such collective behaviors and assumptions that are taught to new organizational members as a way of perceiving, practicing and even thinking and feeling. Professional organizations form a level of heterogeneity in the structure that serve to reinforce the cultural norms of the majority. Diversity affects the organizational norms by creating the need for flexibility and evolution towards a broader culture. The goal of the emerging field of cross-cultural healthcare is to improve providers' ability to understand, communicate with and care for patients from a variety of backgrounds, and strive to have a positive impact on their health status. Socio-cultural factors such as language, cultural heritage, economics, religion and politics can affect how people perceive ethical issues of health and lifestyle. A major issue is therefore whether or not different ethical views are fundamentally different or are reconcilable? As the profession of nutrition and dietetics turns global cross-cultural forces require adaptation and clarification of certain ethical rationales to reduce misunderstanding of practice issues, while others are universal. For example, even though each culture has a normative idea of privacy, the specific aspects of the private sphere that need to be protected vary enormously even within Europe, and much more so worldwide. As it is recognized that people put different weight on different factors, and since nutrition and dietetics are composed of numerous technologies and practices, dietitians and nutritionists will have a chance to shape global ethical norms according to their societal needs and ethical views.

Clinical and practice research

Practice and scientific research are built on a foundation of trust and validity of process and outcomes. It is expected that the outcomes described are accurate and without bias, (Declaration of Helsinki, 1974). Research ethics like conflict of interest, informed consent, anonymity, clinical practices, proved methodology, etc., are part of a code of ethics to protect those who are being researched and to protect the researcher from topics or events that may be unsafe or may make either party feel uncomfortable. Research ethics should be negotiated and through dialogue with participants as a way to bridge global and local understandings of research ethics.

Social media issues

Social media such as personal blogs, podcasts, micro-blogs like Twitter, social networks like Facebook or LinkedIn, video and photo sharing websites, are all part of everyday life; private and professional. It has its numerous advantages, but just as many cautionary pitfalls. It is accepted that private and public spaces become blurred on the internet. Social media components are used for mass communication, efficiency of communications within an organization just as outside socializing, establishing contacts with clients, searching new contacts advertising, and marketing. Transparency as well as disclosure issues, multiple roles, and intellectual property are part of current professional ethics that will need to be addressed. The code of ethics for the profession of nutrition and dietetics apply to all forms of communications including social media, virtual and visual as well as personal.

One of the most concerning risk of social media in health care is related to privacy and utmost to the patients' privacy. A dietetic practitioner cannot knowingly disclose private patient information over a social media network without risking legal or employment penalties. Although privacy setting is set, many of the websites are bypassed and information may quickly become public. It is unclear why, but social media are often treated as separate from habitual communications and people become less reserved when the audience for their communications is virtual rather than visual.

Social media websites represent a significant leap forward in professional communication. Thoughts and information can be shared as quickly as they can be typed, which are both an advantage and disadvantage of the technology. The speed of transmitting and receiving comments may do harm to one's reputation easier than ever. A golden rule to follow is– if it should not be said in person, it should not be said on a social media website.

Genetics

As researchers learn more about the biochemical mechanisms that interact with genes, it is only natural to consider how lifestyle and individual genetic variations affect the onset of disease. The science of nutritional genomics explores how nutritional interventions can affect the expression of genes to decrease the risk of disease and dysfunction. Nutritional genomics supports this theme by emphasizing the important role of food, nutrition, stress and toxins in the expression of our genes. Research on diet-gene interactions provides the foundation for preventing the onset of some of these diseases before the genetic switches have been turned on. Eventually it will be customary that the management of personal health will begin early in life with the knowledge of individual genetic potential to maximize longevity and wellness. It is probably not in the distant future when nutritional genomics will allow dietitians to personalize counseling on nutrition plans for individuals based on their genetic predispositions for disease. The goal will be to include food

options that will have been proven to interact with genes in a positive way and remove foods containing chemicals that are likely to activate genes that would suppress good health. It is also not in the distant future when dietitians will offer Nutrigenomix® testing procedure to counsel clients according to their unique genetic profile.

The unprecedented accuracy in diagnostics and therapeutics based on discoveries in genetics that are emerging requires that updated ethical, legal and social implications be integrated into healthcare in general and dietetics in particular. EFAD's code of ethics provides an ethical framework for members to act in a manner consistent with good reputation of the profession of dietetics. Though there are several codes of ethics related to specific areas of genetics, they do not replace the ethical obligation of EFAD's code of ethics, which at present covers the overall issues related to genetics in dietetics, such as: integrity (maintain professional competence, objectivity, accountability, collegiality); Privacy (confidentiality, storage and security); Transparency (professionalism, conflict of interest, diffusion of results, individual and public education). Dietitians and nutritionists should be guided by the code of ethics to address ethical dilemmas that may arise.

End of life issues

Dietitians can be faced with ethical issues in care of patients with incurable diseases. It is important to be aware of the distinction between end-of-life care and palliative care, although they often are used as synonyms. There is no clear cut definition of the 'end of life'. In general it refers to the last few days of life when a person is irreversibly dying, also commonly termed as the terminal phase. End-of-life and terminal are also used more broadly in care of all those with an illness or condition that has become advanced, progressive and incurable. The dietitian should therefore always bear in mind that terms are used differently and address the question of prognostication into the team. Whilst there are situations in which it is possible to identify the survival with some accuracy, many diseases have a natural history of progression and exacerbations which makes the transition to the terminal/dying phase difficult to identify. Patients can generally be classified into three classes with respect to survival; 1) short term survival meaning a few days to a few weeks, 2) medium term survival implicating a few weeks to a few months and 3) long term survival denoting several months. In the dying phase hunger and thirst are rare symptoms and the decrease in food and liquid intake is a natural consequence of the dying process and do not require nutritional interventions.

Palliative care is a type of healthcare. It is provided to those whose illness cannot be cured. It helps people to live as well as possible while they manage their illness. Patients in a palliative setting may live for years and in such cases nutrition may be a very important issue. Nutritional interventions should be seen as an integral part of medical therapy and monitoring of nutritional status should be a routine task in palliative care.

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