Ethical Considerations When Students Experience an Active Eating Disorder during Their Dietetics Training

The examination of eating disorders among dietetics students and nutrition and dietetics practitioners is not new. But whether the topic involves an ethical dilemma is worth exploring. The authors modified a framework used by Fornari1 and O’Sullivan Maillet and colleagues2 to examine the ethical considerations that arise when students experience a spectrum of disordered eating or eating disorders during their academic training to become a nutrition and dietetics practitioner (see Figure).

Ethical Issue or Something Else?

For the purpose of this article, the authors examine the following question: If a dietetics student has an active eating disorder, does this create an ethical dilemma for the student, the program director, the teaching faculty, or the preceptor?

The first step is to determine whether the situation is indeed an ethical issue or a communication problem, a practitioner—patient issue, a practitioner—supervisor/employer relationship issue, or a legal matter.1 According to Strike,2 “ethical issues are a matter of right and wrong…duties and obligations…rights and responsibilities. In ethical reasoning, facts…by themselves are not enough. We must concern ourselves with ethical principles by which to judge the facts and…ethical questions should be distinguished from our values. Our values include what we like or what we believe to be good. Since ethical concerns focus on what we ought to do, our ethical obligations are independent of what we want to choose.”3

STAKEHOLDERS AND THEIR RELATIONSHIPS

The primary stakeholders in this situation are the Academy of Nutrition and Dietetics, the public at large, and Academy members. As the world’s largest organization of food and nutrition practitioners, the Academy is “committed to improving the nation’s health and advancing the profession of dietetics through research, education, and advocacy.”4

The public is aware that the Academy advocates for registered dietitian nutritionists and nutrition and dietetics technicians, registered, as food and nutrition experts, and put their trust in these credentialed practitioners. According to Nancy Lewis, PhD, RDN, FAND, past speaker of the House of Delegates, “We can be very skilled; we can be very knowledgeable; we can be great practitioners. But if we lose our integrity, our honesty, if the public starts to question us or if our own clients, students, whoever works with us starts to question us, then all the skills and knowledge that we have won’t do us any good.”5

Lewis5 goes on to remind us that to maintain our integrity we must rely on ethical principles as a foundation for practice and that ethical practice is defined by the Academy/Commission on Dietetics Registration (CDR) Code of Ethics for the Profession of Dietetics, which states: “Dietetics professionals have voluntarily adopted the Code of Ethics to reflect the values and ethical principles guiding the dietetics profession to outline commitments and obligations of the dietetics practitioner to clients, society, self, and the profession.”6 In addition to the 19 principles, the Code of Ethics is aligned with the Academy’s values of customer focus, integrity, innovation, and social responsibility.

Although the Code does not specifically address eating disorders or how disordered eating behavior might influence practice, an examination of the relevant Code principles can help us examine facts and relevant points to address the question at hand: If a dietetics student has an active eating disorder, does this create an ethical dilemma for the student, the program director, the teaching faculty, or the preceptor?

Responsibilities and Risks to the Public

Principle 3. The dietetics practitioner considers the health, safety, and welfare of the public at all times.6

Under this principle, the Code of Ethics guides the practitioner to “report inappropriate behavior or treatment of a client by another dietetics practitioner or other professionals.”6 If a student has an active eating disorder, the public risk related to Principle 3 is associated with the Academy value of social responsibility.4 In the midst of an eating disorder, the student may not be aware of their unhealthy relationship with food or exercise, and they may push their unrealistic and potentially harmful...
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1. Determine whether the situation represents a potential ethical dilemma or communication problem, relationship issue, or a legal matter.
2. Recreate the context by collecting relevant data and considering relevant facts and values.
3. Name stakeholders and their relationships.
4. Identify ways of ethical thinking used by stakeholders.
   a. Rules thinking—doing what is right by following the rules
   b. Roles thinking—being true to self and your sense of virtue
   c. Goals thinking—producing good outcomes regardless of rules
5. Determine practical limits to the situation: policies, laws, standards, and codes.
6. Restate the ethical problem.
7. Search for possible options.
8. Test various options.
   a. Rules—Is it right?
   b. Roles—Can I feel good about this?
   c. Goals—What good will it do?
9. Justify the option selected.
   a. Keep the client’s best interest at the center of options.
   b. Provide a description of what will likely happen and provide a clear action.
   c. Plan for each option recommended—suggestions of practical pathways.


expectations on the client. In an extreme case, through words or body language, the student might be condescending or chastise the client for not adhering to the nutrition prescription with enough care and attention. Given that early in the educational process the student or intern does not practice independently, the risk to the client is minimal. However, according to Principle 3, program directors, teaching faculty, and preceptors have an ethical obligation to address this inappropriate behavior with the student and seek resolution. If unnoticed or if these conditions are not addressed, the student could carry these behaviors into their practice in the future, thereby causing a larger risk of harm to the client and the public.

Principle 5. The dietetics practitioner provides professional services with objectivity and with respect for the unique needs and values of the individual. If a student has an active eating disorder, the public risk related to Principle 5 is associated with the Academy values of customer focus and integrity. Research indicates that students in dietetics programs have a twofold higher risk of eating disorders than students in other majors, and this same study hypothesized that a disordered eating attitude might be a motivation for a student to start a nutrition study program as a coping strategy. If the student is overly concerned with his or her own eating and body image, “it is possible that the student holds weight prejudice (often referred to as anti-fat prejudice and weight bias), negative beliefs, attitudes, and behavior toward individuals who appear to be overweight or obese.” According to Puhl and colleagues, the prevalence rates of weight prejudice have increased in the past decade and are now parallel to the reported rates of race, age, and gender discrimination.

Responsibilities and Risks to the Profession

Principle 12. The dietetics practitioner practices dietetics based on evidence-based principles and current information.

Principle 13. The dietetics practitioner presents relatable and substantiated information and interprets controversial information without personal bias, recognizing that legitimate differences of opinion exist.

If a student has an active eating disorder, the risk to our profession related to Principles 12 and 13 is associated with the Academy values of social responsibility and integrity. Students experiencing an eating disorder may have altered perceptions and experiences with food and body image. Inappropriate nutrition care (assessment, diagnosis, intervention, monitoring, and evaluation) may result. The effectiveness of the nutrition counseling session could be compromised if the student projects his or her food relationship on the client and does not use evidence-based guidelines and practices to deliver effective nutrition education protocols.

APPROACHES TO SOLVING ETHICAL DILEMMAS

Rules-Based Thinking
As described in the Figure, rules-based thinking allows us to consider options or possible solutions to the ethical question by asking “is it right?” Drummond and Hare described eating disorders among nutrition and dietetics practitioners as an international issue. They examined 101 questionnaires returned from 14 countries, and found that “77% of respondents felt eating disorders are a concern among nutrition students; however, only 15% of programs had policies/procedures to help address these disorders.” Using rules-based thinking, programs may establish policies and procedures to address eating disorders among students as long as said policies do not violate the Academy/CDR Code of Ethics (eg, are not discriminatory) nor
conflict with policies and procedures of the institution in which the program is housed.

Goals-Based Thinking
Goals-based thinking lends itself to producing good outcomes regardless of the rules. Although no rules or principles in the Academy/CDR Code of Ethics specifically target the spectrum of disordered eating among dietetics students and practitioners, for program directors, faculty, and preceptors to examine the impact of eating disorders on all parties would be beneficial. For example, the pressure to succeed in competitive dietetics programs and achieve a position in a supervised practice program may exacerbate an existing eating disorder or trigger a relapse for an at-risk student. As the student develops into a nutrition and dietetics practitioner, he or she must separate personal experiences from the patient’s or client’s experience. Therefore, dialogue among educators must take place, and policies must be considered to address the eating disorder while the individual is still a student so no further harm is done to the student and then potentially to the client.

Roles-Based Thinking
As noted in the Figure, roles-based thinking challenges dietetics educators to address eating disorders among their student population by using solutions that allow them to remain true to their sense of self and virtues. Possible solutions can be evaluated by answering the question, “Can I feel good about this?” Program directors, faculty, and preceptors can feel good about establishing a climate in their institutions in which open dialogue about eating disorders is the norm. In addition, establishing policies and procedures and securing program resources to provide an environment in which students experiencing eating disorders issues can feel safe and supported ensures that educators uphold their role to provide fair, equitable, and considerate treatment.

Designing a Resolution
According to Evelyn Tribole, MS, RD, an award-winning registered dietitian specializing in eating disorders and co-author of Intuitive Eating: A Revolutionary Program That Works, dietetics students and practitioners “can’t take a client any further than they have come themselves, because they will subconsciously put up blinders” (written communication, February 2015). Not only does practicing with an active eating disorder challenge several principles from our Code of Ethics, it puts several of the values of the Academy at risk. Tribole suggests that it is very important to heal and work out any food issues before becoming a nutrition and dietetics practitioner.

Program directors, teaching faculty, and preceptors are in an excellent position to address the dilemma and address roles thinking by establishing policies and procedures for identifying and addressing eating issues among their students. In addition, educators can design curricula to include effective, compassionate help related to eating disorders available for all students, including:

1. Exposing students to campus student counseling therapists and eating disorder services in multiple classes and student club meetings every year of the curriculum.
2. Providing all dietetics students with a structured opportunity for self-analysis reflecting on his or her own eating and relationship with food throughout the curriculum.
3. Encouraging all students to be involved in Eating Disorder Awareness Week activities that may be occurring on campus.

So what is next in this process? According to Fornari, “once a resolution has been implemented, it is essential to monitor the outcomes to ensure the intended outcome has been achieved. At the same time, specifically identify the new knowledge about this situation and how it will ensure that the dilemma will not recur.”

References

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