Ethical Selection of Enteral and Infant Formula: Demonstrating Evidence-Based Practice and a Responsible Vendor Relationship

Ethyical Principles

The Academy of Nutrition and Dietetics Code of Ethics Principles 12 and 13 state that the RDN’s practice should be “based on evidenced-based principles” and respond to controversial topics “without personal bias,” respectively. Ethical decisions should consider available research evidence and patient’s needs as well as cost, safety, availability, efficacy, reliability, and convenience of various options to address the clinical situation. Ethical decisions should not be clouded by subjective determinants such as the 4 F’s of ethical failure: familiarity, friendship, favors, and finances.

The Code of Ethics Fundamental Principle 1 calls for “honesty, integrity, and fairness,” and explicitly recommends RDNs in Principle 18 to not “invite, accept, or offer gifts, monetary incentives, or other considerations” that can affect their professional judgment.

Evidence-Based Practice

The ethical implications of choosing and recommending a medical food supplement, enteral and infant formula, and DME can be addressed by applying evidenced-based practice principles. The Academy’s Scope of Practice defines evidenced-based dietetics practice (EBDP) as a “process of asking questions and finding research evidence” to evaluate the “validity, applicability, and importance of practice decisions.”

The Academy applies principles of EBDP to create and update the Evidence Analysis Library (EAL). The EAL offers a guideline to assist the RDN in clinical decision making. Should the EAL not have a guideline recommendation for a practice question, relevant guidelines developed by other organizations may be found through a search of websites, such as AHRQ, or The Cochrane Library (http://www.thecochranelibrary.com/view/0/index.html).

Should guidelines be unavailable, the RDN can employ the steps of the EBDP process in making decisions about medical food supplements, enteral formula, and infant formula. These steps direct critical thinking by answering the following questions:

- Does the research information pertain to the patient’s characteristics?
- Does the evidence ask questions with relevance toward patient values such as self-determination, quality of life,
advanced directives, financial ability?
- How does the evidence fit into
  the evidence hierarchy from
  large randomized, controlled tri-
  als down through case studies?
- Will positive outcomes be
  achieved for the patient by using
  the evidence?

This critical thinking complements
the dietetics practitioner’s obligatory
evaluation of research and claims
included in marketing materials. By
referencing the EAL or other evidence-
based guidelines and through applying
EBDP critical thinking, the dietetics
practitioner is able to adhere to the
Academy’s Code of Ethics Principles 12
and 13.

**VENDOR RELATIONSHIP**
Adhering to the Academy’s Code of
Ethics can be challenging when it
comes to accepting contributions, gifts,
or sponsorships from industry. There is
a dearth of research about the re-
lationships between RDNs and medical
food supplements, enteral and infant
formula, and DME companies. These
approaches need to be responsible and respectful
of the relationship between vendor and
RDN, but strive to diminish any adverse
impression of an effect on one’s profes-
sional judgment. Some approaches
might include providing an equal,
small number of staff continuing edu-
cation programs offered from a variety
of vendors, developing a specification-
based rather than a brand-based
enteral formulary, or applying organi-
zational policies related to the rela-
tionship with drug and medical device
vendors to medical food supplement,
enteral and infant formula, and DME
distributors.

**CONCLUSION**
In combining a responsible, respectful
vendor relationship along with using
the critical thinking process of EBDP
and evidence-based practice resources,
the RDN can practice ethically in the
selection of medical food supplements,
enteral and infant formulas, or DMEs
without undue influence of marketing
campaigns or “gut feelings.”

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