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The Academy of Nutrition and Dietetics (Academy) and Commission on Dietetic Registration (CDR) joint Ethics Committee has developed this “Facilitator’s Guide” to assist nutrition and dietetics educators and practitioners in providing information to current and future members and credentialed practitioners about the Academy/CDR Code of Ethics for the Nutrition and Dietetics Profession.

This presentation offers an overview of the Academy/CDR Code of Ethics along with a guided discussion and is not intended to be an in-depth study of professional ethics. Although facilitators are welcome to adapt time frames to their individual schedules, the script, activities and handouts which accompany this Guide have been designed for a two-hour presentation.

**This activity will also provide attendees an opportunity to consider options when faced with ethical dilemmas in practice by exploring case scenarios and potential consequences of actions or inaction as guided by the Code of Ethics.**

## **Continuing Education**

This program, PowerPoint presentation and case study discussion, has been approved for 2.0 (Level 1) continuing professional education credits for registered dietitian nutritionists (RDNs) and nutrition and dietetics technicians, registered (NDTRs) by the Academy of Nutrition and Dietetics. Following attendance of the educational session, attendees can receive a Certificate of Attendance for practitioner’s records by submitting a form online at: <https://www.eatrightpro.org/practice/code-of-ethics/ethics-education-resources/ethics-education-facilitators-guide>.

Following completion of the presentation and discussion, a self-evaluation is available. [Refer to Handout – G]

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<b>Part I:</b>	Background information about the Academy/CDR Code of Ethics for the Nutrition and Dietetics Profession
<b>Time:</b>	55 – 85 minutes for the presentation (slides 1-44)  35 - 65 minutes for discussions of case studies
<b>PowerPoint Slides:</b>	44 (includes 9 case studies)

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## **SLIDE #1**

Introduction (Introduce self and the activities to occur).

Schedule of activities

- Provide an overview of ethics and explain how the foundational components of health care and medical ethics relate to the Academy/CDR Code of Ethics for the Nutrition and Dietetics Profession.
- Review the Academy/CDR Code of Ethics. [Refer to Handout – B]
- Explain how the Code guides professional practice when faced with ethical dilemmas. [Refer to Handout C]
- Conduct discussion of case scenarios - group exercise. The case studies reflect current ethical and practice situations dietetics professionals may face and not necessarily a breach of the Code of Ethics. [Refer to Handout - F]
- Summarize the key points for the session.
- Distribute the self-evaluation for completion (5-10 minutes). [Refer to Handout – G]

## **SLIDE #2**

Objectives of the ethics training session [Refer to Handout A].

Attendees will be able to:

- Recognize the purpose and function of a professional Code of Ethics.
- Apply the four principles and their respective ethical standards into a variety of professional practice settings.
- Utilize Academy and CDR resources to explore if an ethics violation has occurred.

## **SLIDE #3**

Ethics is a discipline that is concerned with conduct and morals; it helps distinguish between right and wrong.

There are four foundational ethical components of health care and medical ethics: nonmaleficence, autonomy, beneficence, and justice. These foundational components are also encompassed by the professional Code of Ethics for nutrition and dietetics practitioners and are integrated into standards that will be described in this presentation.

The four principles of the Code and their corresponding foundational components are:

1. Competence and professional development in practice (Nonmaleficence)
2. Integrity in personal and organizational behaviors and practices (Autonomy)
3. Professionalism (Beneficence)
4. Social responsibility for local, regional, national, global nutrition and well-being (Justice)

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## ***SLIDE #4***

Now we are going to define the foundational ethical components of health care and medical ethics as noted on the previous slide and discuss how they relate to the four principles of the Code of Ethics for the Nutrition and Dietetics Profession.

The first one is nonmaleficence, which means that nutrition and dietetics practitioners cause no harm to individual patients and clients. Harm refers to both physical and psychological harm. This foundational component supports Principle 1, which promotes maintaining competence and ongoing professional development in practice.

Autonomy means that all individuals have the right to govern themselves. Individuals should be able to make fully informed decisions. This means that nutrition and dietetics practitioners make all pertinent information available for individuals to make a decision. This also means that individuals are not coerced into making a decision. It supports Principle 2 of the Academy/CDR Code of Ethics, since a professional's integrity allows for the client's autonomy. As practitioners, we must respect the patient/client's right to make a decision.

Beneficence encompasses taking positive steps to benefit others, which includes balancing benefit and risk. This means that nutrition and dietetics practitioners always act within an individual's best interest, rather than their own interests. Practicing with a professional demeanor, as Principle 3 in the Code indicates, supports this component.

Finally, justice refers to equitable distribution of resources and opportunities. In other words, certain groups or individuals are not favored more than others. Upholding a "social responsibility for local, regional, national, global nutrition and well-being", as Principle 4 encourages, is consistent with this final foundational component of health care and medical ethics.

## ***SLIDE #5***

From this point forward, we are going to focus on the Academy/CDR Code of Ethics for the Nutrition and Dietetics Profession, which establishes the principles and ethical standards that underlie the nutrition and dietetics practitioner's roles and conducts.

The Code of Ethics for the Nutrition and Dietetics Profession provides guidance for professional practice and decision-making.

The primary goal of the Code of Ethics is protection of the public; this includes individuals, communities, organizations, and population groups with whom the practitioner works and interacts.

## ***SLIDE #6***

The Academy/CDR Code of Ethics applies to ALL members of the Academy of Nutrition and Dietetics, regardless of their credentialing status. This means that student members of the Academy must adhere to the Code of Ethics.

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Additionally, all CDR credentialed practitioners are held accountable to the Code of Ethics, regardless of their Academy membership status.

In summary, accepting and maintaining CDR credentials and/or accepting membership in the Academy, all nutrition and dietetics practitioners agree to abide by the Code.

## **SLIDE # 7**

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The principles of the Code apply to a variety of roles and settings within the nutrition and dietetics profession. The Code of Ethics takes into account the adherence to core values of customer focus, integrity, innovation, social responsibility, and diversity.

**Note to facilitator:** This is a good point to review these core values and to include a discussion of who are our customers (public, professionals from other disciplines, employers, colleagues, students, patients/clients).

Probing questions to consider:

- What does integrity mean?
- What is innovation and why is it important?
- What does it mean to be socially responsible?
- Why do we need to value diversity?

## **SLIDE #8**

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The first principle of the Code of Ethics is related to professional competence. Competence and professional development in practice includes eight ethical standards. These standards address utilization of evidence-based approaches in all areas of nutrition and dietetics practice, interpretation and application of scientific knowledge without personal bias, collaboration with other professionals and disciplines with referrals as appropriate, recognition of limits of scope of practice, and being respectful, caring and mindful of patient and client individual differences, including cultural and ethnic differences.

**Note to facilitator:** This is a good point to stop and have participants take turns reading aloud each of the eight standards associated with Principle 1 from the Code of Ethics document [Handout B]. Discuss anything not clear.

Probing questions include:

- What is evidence-based practice?
- What evidence-based resources are available to Academy members?
- What are examples of personal bias and how could such biases influence advice we give to others?

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## SLIDE #9

**Note to facilitator:** Continue having participants take turns reading the standards from Principle 1 aloud.

Probing questions:

- Why is collaboration with other professionals encouraged?
- How do you recognize your limits to scope of practice?

## SLIDE #10

The second principle of the Code of Ethics deals with integrity.

The principle of integrity includes nine ethical standards addressing full and truthful disclosure to individual patients and clients. These standards include disclosure of conflicts of interest, compliance with laws governing dietetics practice, appropriate use and maintenance of credentials, appropriate citation and recognition of others' work, accuracy and truthfulness in communications, appropriate billing, coding, and documentation, and respect for patient/client autonomy and protection of personal health information.

**Note to facilitator:** This is a good point to stop and have participants take turns reading aloud each of the nine standards from Principle 2 from the Code of Ethics document [Handout B]. Discuss anything not clear.

Probing questions include:

- What are some examples of conflict of interest? (Consider discussing importance of disclosing sponsorship, financial interests, and when someone may need to recuse themselves from decision-making if they would benefit from one outcome over another.)

## SLIDE #11

**Note to facilitator:** Continue having participants take turns reading the standards from Principle 2 aloud. Discuss anything not clear.

Probing questions and discussion include:

- Discussion of use of credentials (e.g. RDE is not accepted and uses of other credentials, advanced degrees, etc.).
- Why appropriate and timely documentation is necessary.

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## SLIDE #12

**Note to facilitator:** Continue having participants take turns reading the standards from Principle 2 aloud. Discuss anything not clear.

Probing questions for discussion include:

- What information is considered “protected health information”, also known as PHI? What is the best way to protect this information?
- What is HIPAA, which stands for the “Health Insurance Portability and Accountability Act”? How does it protect patients and clients?

## SLIDE #13

The third principle of the Code of Ethics deals with professionalism. While professionalism may seem to be straight forward, nutrition and dietetics practitioners may find themselves in situations that aren’t straight forward. In this case, a Code of Ethics can provide guidance for professional practice and decision-making. The Code of Ethics also helps to define rules and norms for the profession, regardless of practice setting.

**Note to facilitator:** This is a good point to stop and have participants take turns reading aloud each of the nine standards associated with Principle 3 from the Code of Ethics document [Handout B]. Discuss anything not clear.

Probing questions for discussion:

- How does personal social media differ from professional social media in regards to what we say or post?

## SLIDE #14

**Note to facilitator:** continue having participants take turns reading standards from Principle 3 aloud. Discuss anything not clear.

Probing questions:

- Discussion of evaluation of others and the importance of giving constructive criticism that addresses competence and skill rather than perceived personal characteristic flaws.
- Why should we be obligated to contribute to the advancement and competence of others?

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## SLIDE #15

The fourth principle of the Code of Ethics addresses social responsibility for local, regional, national, global nutrition and well-being.

The principle of social justice includes six ethical standards addressing collaboration with others to reduce health disparities and to protect human rights, promotion of fairness and objectivity, promotion of respect, integrity, and competence of the profession as well as the unique role of nutrition and dietetics practitioners, engagement in services that benefit communities and enhance the public's trust in the profession, and engagement in leadership opportunities to enhance health and nutritional status of the public.

**Note to facilitator:** this is a good point to stop and have participants take turns reading aloud each of the six standards from Principle 4 from the Code of Ethics document [Handout B]. Discuss anything not clear.

Probing questions include:

- What are health disparities?
- How can you promote the profession?

## SLIDE #16

**Note to facilitator:** continue having participants take turns reading the standards from Principle 4 aloud. Discuss anything not clear.

Probing questions:

- How/where should you seek out leadership opportunities?

This completes the review of the Academy/CDR Code of Ethics for the Nutrition and Dietetics Profession.

Next, we are going to discuss the makeup of the Ethics Committee as well as procedures for ethical complaints and how alleged violations are handled by the Ethics Committee.

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## SLIDE #17

Having an Ethics Committee helps make the Code of Ethics enforceable. The Ethics Committee is composed of three members, each appointed to three-year terms.

Terms are staggered, so there are never three new members serving on the committee at the same time.

Each member of the Ethics Committee is jointly appointed by the Academy President-elect and the Speaker-elect, with input from the CDR chair in applicable years. The three members represent the Board of Directors, the House of Delegates, and the Commission on Dietetic Registration.

One of the primary functions of the Ethics Committee is to educate Academy members, CDR credentialed practitioners, students, and the public about the ethical principles contained in the Academy/CDR Code of Ethics for the Nutrition and Dietetics Profession (COE).

The Ethics Committee also reviews, promotes and enforces the Academy/CDR COE.

## SLIDE #18

Not every ethical situation warrants reporting to the Ethics Committee, as we'll be discussing later in the presentation. For alleged ethical violations that do, they must follow the Academy/CDR Disciplinary & Ethics Complaints Policy, which states any Academy member, non-member, or customer can submit a complaint to the Ethics Committee.

The complaint must be made within one (1) calendar year of the date that the Complainant (person making the complaint) first became aware of the alleged violation or within one (1) calendar year from the issuance of a final decision in an administrative, licensure board, or judicial action involving the facts stated in the complaint.

Anonymous complaints are not accepted. If a complaint is determined to be valid, it is forwarded to the person against whom the complaint is made for a response (the Respondent). The complaint and response are then reviewed by the Ethics Committee and discussed in Executive Session.

These procedures are intended to permit a fair resolution of disputes on ethical practices in a manner that protects the rights of individuals while promoting understanding of ethical practice.

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## SLIDE #19

The Ethics Committee has discretion to determine the best way to resolve a dispute.

Any of the following may be the case resolution:

- Case dismissal.
- Request for more information.
- Issuance of corrective action, such as completion of continuing professional education or supervised practice.
- Recommendation regarding the censure, suspension, or revocation of credentials.
  - Membership in the Academy of Nutrition and Dietetics may be censured, placed on probation, suspended, or revoked.
  - The RDN or NDTR credential or board-certified specialist credential may be suspended or revoked.

## SLIDE #20

Before we discuss how to work through ethical issues, it's important to be able to distinguish what the Code of Ethics does and does not do.

The Academy/CDR Code of Ethics protects the nutrition and dietetics profession and credential. It can be used to influence policy and improve professional practice.

However, the Code of Ethics does not identify and reprimand all unqualified nutrition and dietetics practitioners, nor does it generally remove credentials from professionals.

The purpose of the Code is not policing practitioners. The focus of the Code is:

- Education
- Remediation
- Self-regulation

Actions which an individual feels are “wrong” or “immoral” may not qualify as a breach of the Academy/CDR Code of Ethics or warrant the filing of an ethics complaint.

In the Ethics Committee's experience, some of these types of submissions do not meet the criteria for action by the committee. Instead, the concerns presented are personal or business disputes, employment disputes, licensure infractions, or legal matters.

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## SLIDE #21

There are a few steps to familiarize yourself with when working through an ethical issue. Accusing someone of an ethical violation is very serious.

Consider the following questions before deciding if this is an ethical issue that should be brought to the attention of an ethics committee:

- Is this a communication problem between a practitioner and a patient? Does it involve a disagreement between how an issue is handled by a supervisor? Is it a contract dispute?
- Is this a legal matter? Ethical guidelines are different from laws. If a state or federal law has been violated, the issue could result in action by the Ethics Committee. However, not all legal decisions may be considered an ethical decision.
- Is this an ethical issue? Could it be an employment issue or perhaps a business dispute? Poor business practices leading to unsatisfied customers and other types of business disputes are not handled by the Ethics Committee.

## SLIDE #22

Furthermore, philosophical differences and how someone manages a problem does not necessarily make something unethical. Gather objective information.

- What are the facts? Is this a personal issue rather than an ethical issue? Personal disputes are upsetting, but not unethical. Identify any possible subjective influences, such as your own attitudes toward a specific issue.
- Who are the key participants? Are they individuals or organizations? If individuals, who are they? Remember that only Academy members and CDR credentialed practitioners can be held accountable to the Academy/CDR Code of Ethics.
- If your concern relates to a non-CDR credentialed nutrition and dietetics practitioner that is not an Academy member, consider contacting the professional organization that represents that profession or their state department of professional regulation.
- It's important to also remember that the Academy/CDR Code of Ethics pertains only to individual practitioners, not organizations.
- Lastly, is additional information needed?

## SLIDE #23

It's important to remember that professional ethics is about practicing in the best interest of the profession, public, clients, and colleagues we serve. The Code of Ethics guides practitioners in professional practice and conduct, reflecting the values, commitments, and obligations we have voluntarily adopted.

## SLIDE #24

Next, we are going to examine this process through the use of a Decision Tree [Refer to Handout C]. As we previously discussed, the first step is to gather objective information in order to determine if a

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situation is an ethical issue.

**Note to facilitator:** continue to explore the options presented on the slide depending on whether the answer to the questions posed is “yes” or “no”.

## SLIDE #25

In working through the Decision Tree, it's important to note the following:

- Complaints are confidential, not anonymous
- Complaints must be notarized
- Complaints are evaluated by the Ethics Committee as presented, not investigated.

Once the complaint is submitted, a preliminary review is conducted. If the initial review determines the process should proceed, then the Ethics Committee will review the complaint in Executive Session.

## SLIDE #26

And this slide summarizes what we discussed earlier in terms of the Ethics Committee having the discretion to resolve a dispute by either dismissing a case, requesting more information, issuing a corrective action, or recommending to CDR that an individual's credential be censured, suspended or revoked, which may also affect their Academy membership status.

## SLIDE #27

If after considering the questions in the previous slide (above) and reviewing the Decision Tree [Handout C], you determine that there is likely an ethical violation, the next step involves identifying which of the four principles from the Academy/CDR Code of Ethics is associated with the ethical issue. It is possible for more than one principle to apply.

## SLIDE #28

It's also important to consider how a potential personal bias may affect your decision. Are there alternative solutions to submitting an ethical violation to the Ethics Committee that better align with your own values or those of your institution? Direct communication and the ability to clearly state concerns are critical when working through ethical issues.

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## SLIDE #29

The process allows you to consider what is involved in justifying the decision in terms of your own confidence, how it may affect others and whether the decision aligns with the Academy/CDR Code of Ethics and/or the Standards of Practice (SOPs)/Standards of Professional Performance (SOPPs) for nutrition and dietetics practitioners.

## SLIDE #30

Once a decision to either submit a potential violation to the Ethics Committee or attempt to resolve an ethical issue through other means is made, strategies to successfully implement your decision will be needed. This may involve seeking additional knowledge to clarify the situation.

## SLIDE #31

Identifying ways to prevent a similar occurrence is also part of the process for working through ethical issues. Monitoring outcome(s) of the implemented resolution(s) will help with this evaluation.

## SLIDE #32

Now let's work through a few case studies using the ethical decision-making process we just discussed.

Each of these questions should be discussed in your group and for each case study:

- Is the situation described an ethical issue?
- Is the situation described as a business dispute?
- How does it allegedly violate the Code of Ethics?
  - What principle(s) of the Code does it relate to and how/why?
- What are the key issues?
- Does the Code offer guidance on how to act in this situation?
- What are the consequences? What could happen if no action is taken?
- Is it reportable to the Ethics Committee?

### ***INSTRUCTIONS FOR FACILITATORS: Case Scenario Group Exercise.***

- Discussion of ethics cases [Refer to Handout F]. Based on your time schedule, select three or more of the case scenarios for the audience to discuss.
- Divide the audience into small groups. Assign a case to each group.
- Each group will discuss the questions included with the case study handout
- Ask each group to choose a "reporter".
- Allow group discussions to continue for approximately 10 minutes.
- After 10 minutes, each group's "reporter" will report back the results of their group's discussion to the full session audience.
- Each reporter has approximately two minutes to summarize the group's discussion.
- Facilitators should show each case on the screen as reporters make their presentations.

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- Summarize each case by pointing out and reinforcing key points and possible resolution(s).

## SLIDE #33

### Case Study #1

A Didactic Program in Dietetics (DPD) student, who is a student member of the Academy, is in a computer lab at the university taking an online examination for one of his courses. The course syllabus specifically states that the exam is to be taken without the use of the textbook or class notes. One of the student's classmates observes the student referring to the text and class notes while completing the online exam. What should be done in this situation?

**Is the situation described an ethical issue? Or, is it a business dispute?** It is an ethical issue.

**What principle(s) of the Code of Ethics does it relate to and how/why?** Principles 1 Non-maleficence, 2 Autonomy, and 3 Beneficence

It also relates to the Academy value of integrity and addresses attributes that should characterize all professionals, including students who are preparing to become nutrition and dietetics practitioners.

- Cheating is not truthful and negates the integrity of the profession and the promise to comply within the law and regulations and codes of the profession.

**Applicable standard(s):** 1b, 2b, 3a

1b. Demonstrate in depth scientific knowledge of food, human nutrition and behavior.

2b. Comply with all applicable laws and regulations, including obtaining/maintaining a state license or certification if engaged in practice governed by nutrition and dietetics statutes.

3a. Participate in and contribute to decisions that affect the well-being of patients/clients.

**Which of these can provide guidance on how to act and what, if any, consequences might there be if no actions were taken to correct this situation? Could this be a reportable ethics complaint to the Ethics Committee? Why or why not?**

### Key Points to Consider:

- The student is a member of the Academy and therefore must adhere to the Code of Ethics as a student member.
- The student needs to recognize that he/she is being dishonest and is cheating.
- The student may not view his/her behavior as violating ethical principles and the Code of Ethics.
- This situation points out the important role of faculty who need to review acceptable ethical behaviors in all classes and discuss consequences of professional misconduct, both during academic preparation and after graduation.
- This scenario points out the importance of putting the institution's academic honesty policy in all course syllabi, reviewing the policy and consequences of violating the policy with students, and providing students with specific examples of dishonesty, such as cheating on online

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exams.

- Disciplining a student would be based on the appropriate policies for the class, and/or institution and it would be appropriate to focus on the professional ethics as well. The student's letters of recommendations could disclose this infraction and the action could jeopardize his/her ability to obtain a supervised practice experience.
- A student who is dishonest and cheats his/her way through the Didactic Program in Dietetics and Dietetic Internship (DI) programs, may not pass the RDN exam or could become an incompetent nutrition and dietetics practitioner, possibly causing potential harm to the public and clients.

## SLIDE #34

### Case Study #2

An RDN colleague voices his opinion about organic versus conventional produce on several occasions. During an outpatient counseling session, you overhear this colleague strongly encouraging a client to use only organic produce, over the client's protest that organic produce is either unavailable or extremely expensive in her nearby grocery store.

As the conversation evolves, the RDN suggests that the client purchase small amounts of produce so that the family budget will allow purchase of organic varieties.

**Is the situation described an ethical issue? Or, is it a business or a legal dispute?** It appears to be a practice dispute about how to counsel clients. However, there is an element of ethical behavior related to providing clients with information that will most effectively empower them to make an informed decision.

**What principle(s) of the Code of Ethics does it relate to and how/why?** Principle 1 Non-Maleficence This scenario represents both responsibilities to the client and to the profession. RDNs and NDTRs must show respect and consideration for patients and clients and allow them to make informed decisions. In addition, the RDN or NDTR should present evidence-based information to clients.

**Applicable standard(s):** 1c and 1e

1c. Assess the validity and applicability of scientific evidence without personal bias.

1e. Make evidence-based practice decisions, taking into account the unique values and circumstances of the patient/client and community, in combination with the practitioner's expertise and judgment.

**Which of these can provide guidance on how to act and what, if any, consequences might there be if no actions were taken to correct this situation? Could this be a reportable ethics complaint to the Ethics Committee? Why or why not?**

**Key Points to Consider:**

- Current scientific evidence supports increased consumption of fruits and vegetables to decrease chronic disease risk; it does not specify that these foods must be organic.
- An RDN or NDTR has a right to his/her opinion, such as the personal preference to select

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organic foods for use at home.

- RDNs and NDTRs must allow clients to make informed decisions. The RDN's behavior may be considered disrespectful, since the client voiced legitimate concerns (e.g. cost and availability).
- Patient autonomy; respect patient's wishes, cultural and social values of the patient and their ability to procure food items.
- Recognize the patient's economic situation, availability of resources, and ability to store foods. The RDN does not impose their own preferences or biases on clients.
- Social justice plays a role in this scenario; public health and access to resources (food), that may contribute to health disparities.

## SLIDE #35

### Case Study #3

An RDN discovers misinformation posted by another RDN on a blog; the blogger's posting is not in agreement with a reputable science-based non-government organization's (NGO) recommendations and current scientific evidence. The RDN reader is familiar with the topic because he/she consults for a food company that relies on the NGO's information to support their brand messages. The RDN reader knows that the blogger is incorrect and perpetuating myths, and also worries that it could be considered a conflict of interest for the RDN reader to correct the blogger on the site.

**Is the situation described an ethical issue? Or, is it a business or a legal dispute?** This is a practice issue and does not rise to the level of submitting an ethics complaint to the Ethics Committee. It does need to be addressed by speaking directly with the RDN, seeking first to understand their position, be sure we have the whole story, stay curious and ask learning questions, and seek first to understand before reviewing the evidence base for non-government organization's recommendations, the need to avoid personal bias, and review the Code of Ethics specifically Standards 1a, 2e, and 3d.

**What principle(s) of the Code of Ethics does it relate to and how/why?** Principles 1 Non-maleficence, 2 Autonomy, and 3 Beneficence

**Applicable standard(s):** 1a, 2e, and 3d

- 1a. Practice using an evidence-based approach within areas of competence, continuously develop and enhance expertise, and recognize limitations.
- 2e. Provide accurate and truthful information in all communications
- 3d. Refrain from communicating false, fraudulent, deceptive, misleading, disparaging or unfair statements or claims.

**Which of these can provide guidance on how to act and what, if any, consequences might there be if no actions were taken to correct this situation? Could this be a reportable ethics complaint to the Ethics Committee? Why or why not?**

**Key Points to Consider:**

- Is the RDN blogger expressing his/her personal opinion or providing professional advice/knowledge?

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- Is the research discussed conclusive?
- What do the non-government and professional health organizations (e.g., Academy) recommend?
- The RDN reader should disclose his/her relationship with the food industry and assure that industry is comfortable with him speaking on their behalf.
- The RDN is correct in being concerned about a potential conflict of interest due to his/her consulting job. However, he/she must also be aware of any personal bias due to his/her unique relationship with a company that relies on NGO information to support their brand message.
- The civility pledge addresses issues with colleagues where there is disagreement about how to deal with professional issues.
- However, misinformation does need to be addressed.

## SLIDE #36

### Case Study #4

An RDN works in an outpatient care center. The client has a family history of diabetes and heart disease. He has been diagnosed with Type 2 diabetes which is under control with one oral medication, diet and exercise. In addition, he is on a low dose medication for hypertension. He discloses he is pursuing complementary and alternative therapies and is seeking the RDN's opinion on several supplements and therapies he is already taking. He would like information on some therapies he is thinking of using. The RDN is not familiar with these supplements or therapies and dismissed the comments.

**Is the situation described an ethical issue? Or, is it a business dispute?** It is an ethical issue if the RDN gives an opinion about the supplements without adequate scientific knowledge of their benefits or possible side effects.

**What principle(s) of the Code of Ethics does it relate to and how/why?** Principles 1 Non-maleficence, 2 Autonomy, 3 Beneficence, and 4 Justice

Supplements and their interaction with drugs is an issue that requires specific knowledge. The fact that the client admits to already taking supplements is a trigger for more information.

The RDN has a responsibility to listen to patient narrative and respect his/her concerns and an obligation to practice evidence-based counseling without bias, and to continue to enhance knowledge and to refer clients to another RDN who specializes in areas beyond their own scope of practice. Familiarity and knowledge about risks and benefits is necessary when counseling patients due to widespread usage of these products.

**Applicable standard(s):** 1a, 1e, 1f, 2e, 3a, 4e

1a. Practice using an evidence-based approach within areas of competence, continuously develop and enhance expertise, and recognize limitations.

1e. Make evidence-based practice decisions, taking into account the unique values and circumstances of the patient/client and community, in combination with the practitioner's

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expertise and judgment.

1f. Recognize and exercise professional judgment within the limits of individual qualifications and collaborate with others, seek counsel, and make referrals as appropriate.

2e. Provide accurate and truthful information in all communications.

3a. Participate in and contribute to decisions that affect the well-being of patients/clients.

4e. Engage in service that benefits the community and to enhance the public's trust in the profession.

**Which of these can provide guidance on how to act and what, if any, consequences might there be if no actions were taken to correct this situation? Could this be a reportable ethics complaint to the Ethics Committee? Why or why not?**

## **Key Points to Consider:**

- Dismissing the request for an opinion without doing research or providing an appropriate referral, opens the door for harm to the client.
- Decisions of this type require assessment of the person's family and health history (perhaps genetics), current medications and potential interactions, diet and activity. Risks will vary.
- Referral to an RDN familiar with complementary and alternative medicine, or at least a referral to legitimate websites, may be appropriate.
- The majority of patients are using supplements and other remedies in addition to diet and exercise recommendations. It is important to keep abreast of the research and explain the risk/benefit of these products as well as for the recommendation being made to the patient regarding diet.

## **SLIDE #37**

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### **Case Study #5**

A skilled long-term care facility patient with severe dementia tells an RDN that she no longer wants to be fed via her gastrostomy feeding tube.

She has no advanced directive. The resident's daughter wants her mother to be fed. What is the RDN's role in this situation and what should be done?

**Is the situation described an ethical issue? Or, is it a business dispute?** It is an ethical and legal issue.

**What principle(s) of the Code of Ethics does it relate to and how/why?** Principles 1 Non-maleficence, 2 Autonomy, 3 Beneficence, and 4 Justice

This is a common issue in long term care and in hospital settings. The RDN must recognize and exercise their professional judgment when determining what is best for the client. The RDN complies with the laws and regulations of the state. The RDN is an integral member of the health care team who has unique skills and knowledge, and treats all patients with fairness, regardless of

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age. The RDN respects both the patient's and provider's autonomy and explains the risks and benefits of medical intervention to be truthful. Client and patient preferences must be balanced with scientific judgment and legal considerations.

**Applicable standard(s):** 1f, 1g, 1h, 2h, 3a, 3b, 4b

1f. Recognize and exercise professional judgment within the limits of individual qualifications and collaborate with others, seek counsel, and make referrals as appropriate.

1g. Act in a caring and respectful manner, mindful of individual differences, cultural, and ethnic diversity.

1h. Practice within the limits of their scope and collaborate with the inter-professional team.

2h. Respect patient/client's autonomy. Safeguard patient/client confidentiality according to current regulations and laws.

3a. Participate in and contribute to decisions that affect the well-being of patients/clients.

3b. Respect the values, rights, knowledge, and skills of colleagues and other professionals.

4b. Promote fairness and objectivity with fair and equitable treatment.

**Which of these can provide guidance on how to act and what, if any, consequences might there be if no actions were taken to correct this situation? Could this be a reportable ethics complaint to the Ethics Committee? Why or why not?**

## **Key Points to Consider:**

- This case is classic and one of the most common calls for an ethics consult: the tensions between the provider's duty of beneficence (to do good) and nonmaleficence (do no harm) while respecting patient autonomy (the patient's right to request or refuse medical treatment). When wishes are not known, consider what would be in the best interest of the patient. Best interests are determined based on medical evidence and comfort. Goals of care, family expectations, and cultural or religious values should be discussed.
- Decisions about end-of-life care should consider the concepts of autonomy, beneficence, capacity and competency, quality of life, substituted judgment, and social responsibility. RDNs who provide care for persons in long-term care or those facing end-of-life nutrition issues should be knowledgeable about these concepts.
- Although the resident has diminished capacity, it is important to be respectful of her values and maintain her dignity.
- The RDN should inform the health care team about the resident's comments as well as any previous discussions she may have had with the resident about feeding.
- The resident's sense of quality of life, not the caregivers, is the central issue. With comfort and emotional well-being being the long-term goal, rather than prolonging life, the RDN should promote care that increases the resident's sense of quality of life; conversely, interventions that diminish comfort should be discouraged, if there were no discussions and no advance directives, the daughter may be the person designated to make decisions. State laws vary widely and should direct end-of-life decisions when applicable
- Consider referral to an ethics committee; the RDN should be an active participant on

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the committee, sharing their nutrition expertise.

- A discussion with the daughter about the probable futility or lack of benefit of the tube feeding needs to be addressed.
- Along with the health care team, the RDN should encourage family members to make decisions that best incorporate the resident's values, recognizing that the decision to be made may not be the one they would make for themselves or for the patient using their own values. If the decision is made to continue feeding the patient and the RDN does not agree, she has a duty to transfer care to another RDN.

## SLIDE #38

### Case Study #6

An RDN is eligible to have conference expenses paid by the Academy. The RDN's employer has previously agreed to cover meeting expenses. The RDN decides to file identical expense reports to each organization. The RDN rationalizes this by saying that the Academy expenses can be considered an "honorarium" for work done at the meeting. The RDN shares this information with a colleague RDN.

**Is the situation described an ethical issue? Or, is it a business or legal dispute?** This is unethical and fraudulent behavior.

**What principle(s) of the Code of Ethics does it relate to and how/why?** Principles 2 Autonomy and 3 Beneficence

The RDN and the colleague have a personal responsibility to act ethically with accountability. This includes disclosing conflicts of interest including financial conflicts of interest. The RDN acts with integrity and does not commit fraud or implicate a colleague in their actions.

**Applicable standard(s):** 2a, 2f, and 3d

2a. Disclose any conflicts of interest, including any financial interests in products or services that are recommended. Refrain from accepting gifts or services which potentially influence or which may give the appearance of influencing professional judgment.

2f. Report inappropriate behavior or treatment of a patient/ client by another nutrition and dietetics practitioner or other professionals.

3d. Refrain from communicating false, fraudulent, deceptive, misleading, disparaging or unfair statements or claims.

**Which of these can provide guidance on how to act and what, if any, consequences might there be if no actions were taken to correct this situation? Could this be a reportable ethics complaint to the Ethics Committee? Why or why not?**

**Key Points to Consider:**

- The practitioner who decides to double-dip is violating the COE by falsely claiming

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reimbursement for the same expenses from two sources. Regardless of the rationale, this practice is dishonest and may place the RDN at risk for legal action (since a signature attesting to the single submission of an expense claim is likely a part of any expense report submission).

- The RDN should disclose to the employer that conference expenses are being covered by the Academy. At this time, the employer can choose to supplement her expenses or earmark for a future conference or opportunity to earn continuing education credits.
- The response of the colleague is a separate ethical/legal/business issue. While RDNs cannot regulate the conduct of others, the colleague who hears about the situation should confront the individual and encourage the RDN to submit only one expense report.
- If the practitioner goes ahead with the submission, the RDN colleague should report the issue to the Academy and the place of employment.

## SLIDE #39

### Case Study #7

An RDN consultant receives a free package of cereal in the mail from a cereal company for which she serves as a consultant. The RDN consultant writes a blog about this cereal's health benefits for her personal website, where she has listed all her current clients on the "About Me" page.

Does she need to disclose the free cereal she received in the blog itself?

**Is the situation described an ethical issue? Or, is it a business dispute?** This situation raises ethical issues.

**What principle(s) of the Code of Ethics does it relate to and how/why?** Principles 2 Autonomy and 3 Beneficence. Product promotions can frequently create the perception of a conflict of interest when the RDN receives a benefit, however small, from the company. This should be disclosed on the blog that the RDN is a consultant for this company. Accepting gifts may be problematic because it creates relationships that may bias the RDN's judgment about the relative merits of different products.

**Applicable standard(s):** 2a, 2e, 3c

2a. Disclose any conflicts of interest, including any financial interests in products or services that are recommended. Refrain from accepting gifts or services which potentially influence or which may give the appearance of influencing professional judgment.

2e. Provide accurate and truthful information in all communications.

3c. Demonstrate respect, constructive dialogue, civility and professionalism in all communications, including social media.

**Which of these can provide guidance on how to act and what, if any, consequences might there be if no actions were taken to correct this situation? Could this be a reportable ethics complaint to the Ethics Committee? Why or why not?**

**Key Points to Consider:**

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- Accepting gifts from industry risks compromising professional objectivity and integrity and may undermine the RDN's fundamental ethical commitment to put the interests of clients first.
- When it comes to conflicts, perception is as important as reality. If readers believe a professional has a conflict of interest, the person will lose credibility.
- Organizations commonly allow employees to accept unsolicited gifts of low market value (e.g. less than \$20), so most readers would not consider accepting a box of cereal as a conflict. However, promoting the cereal in a blog could be perceived as a conflict of interest, given the RDN's business relationship with the company.
- The RDN should disclose the consulting relationship in the blog, not just in the "About Me" page, which readers might not see. The disclosure should be clear and conspicuous, understandable by the average reader, and clearly visible within the relevant content. Disclosures that are not presented in plain view can create the appearance that the writer is trying to hide something. (EXAMPLE: "My client, company name, sent me free products/coupons").
- Consider developing and posting a specific policy about accepting gifts.

## SLIDE #40

### Case Study #8

A hospital is participating in a sustainability platform, and they are receiving monetary benefits from the company that is certifying them as sustainable.

Some of the standards to receive the certification have limited scientific evidence. As the RDN, you know that the science behind the platform is incomplete.

Do you support the platform as an employee of the hospital, or do you speak up that there is not enough science behind the guidelines?

**Is the situation described an ethical issue? Or, is it a business dispute?** This is an ethical issue.

**What principle(s) of the Code of Ethics does it relate to and how/why?** Principles 1 Non-maleficence, 2 Autonomy, 3 Beneficence, and 4 Justice.

Promoting sustainability through practices that are not evidence-based can be misleading to the public. There is a financial conflict of interest if the organization does not disclose they are receiving financial benefits from the certifying organization.

**Applicable standard(s):** 1a, 1b, 1c, 1e, 2a, 2e, 3d, 4c, 4d, 4e, 4f

1a. Practice using an evidence-based approach within areas of competence, continuously develop

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and enhance expertise, and recognize limitations.

1b. Demonstrate in depth scientific knowledge of food, human nutrition and behavior.

1c. Assess the validity and applicability of scientific evidence without personal bias.

1e. Make evidence-based practice decisions, taking into account the unique values and circumstances of the patient/client and community, in combination with the practitioner's expertise and judgment.

2a. Disclose any conflicts of interest, including any financial interests in products or services that are recommended. Refrain from accepting gifts or services which potentially influence or which may give the appearance of influencing professional judgment.

2e. Provide accurate and truthful information in all communications.

3d. Refrain from communicating false, fraudulent, deceptive, misleading, disparaging or unfair statements or claims. 4c. Contribute time and expertise to activities that promote respect, integrity, and competence of the profession.

4d. Promote the unique role of nutrition and dietetics practitioners.

4e. Engage in service that benefits the community and to enhance the public's trust in the profession.

4f. Seek leadership opportunities in professional, community, and service organizations to enhance health and nutritional status while protecting the public.

**Which of these can provide guidance on how to act and what, if any, consequences might there be if no actions were taken to correct this situation? Could this be a reportable ethics complaint to the Ethics Committee? Why or why not?**

## **Key Points to Consider:**

- RDNs are expected to apply an evidence-based approach to all decision making and should interpret evidence without personal bias. The RDN employee should raise concerns of lack of evidence to hospital decision-makers. The RDN can also research sustainability evidence-based best practices and share this information with key stakeholders and decision-makers at the hospital.
- The hospital must disclose a financial conflict of interest when promoting the sustainability platform.
- Accurate and truthful information must be presented to the public. If there is not enough scientific evidence to support some of the sustainability standards or practices, this information must be disclosed to the public.

## **SLIDE #41**

### **Case Study #9**

An RDN is seeing a Medicare client with underlying diabetes and a gastric bypass. She asks the client's physician to augment the listed diagnoses and to increase the number of coded units to get additional reimbursement. Additionally, the RDN has dietitians practicing under her that are providing services under someone else's National Provider Identifier (NPI) number.

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**Is the situation described an ethical issue? Or, is it a business or legal dispute?** This is an ethical issue and a legal issue.

**What principle(s) of the Code of Ethics does it relate to and how/why?** Principle 2 Autonomy  
The RDN is inappropriately coding and billing and impacting the credentials of other RDNs in the practice in which he/she works. In addition to being unethical, Medicare fraud is considered a serious offense.

**Applicable standard(s):** 2c and 2g

2c. Maintain and appropriately use credentials.

2g. Document, code and bill to most accurately reflect the character and extent of delivered services.

**Which of these can provide guidance on how to act and what, if any, consequences might there be if no actions were taken to correct this situation? Could this be a reportable ethics complaint to the Ethics Committee? Why or why not?**

**Key Points to Consider:**

- RDNs must document, code and bill to most accurately reflect the character and extent of delivered services. Asking another provider to change order of diagnoses or to add to diagnoses for greater reimbursement is unethical and fraudulent.
- RDNs must comply with all applicable laws and regulations. Using someone else's NPI is fraudulent behavior. If the provider with the "stolen" NPI is aware that someone else is using their NPI, they are also accountable for allowing someone to falsify information.

## SLIDE #42

In conclusion, the Academy/CDR Code of Ethics protects the profession and the public.

All Academy members and nutrition and dietetics practitioners credentialed through the Commission on Dietetic Registration are held accountable to the Code of Ethics.

Upholding the Code is a process of "self-regulation". Each member and credentialed practitioner is responsible for enforcing the Code of Ethics.

Becoming familiar with the Code of Ethics and processes for ethical complaints is essential.

**Note to facilitator:** Distribute the self-evaluation and review the answers, if time allows. [Refer to Handout G]

## SLIDE #43

As you can see on this slide, there are a number of resources relating to the Code of Ethics that are available on the Academy's website. [Refer to Handout D]

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In addition, “Ethics in Practice” articles are published in the *Journal of the Academy of Nutrition and Dietetics* and provide free continuing education for members.

An ethics session is also routinely offered each year at the Academy’s Food and Nutrition Conference and Exhibition™ (FNCE®).

The International Confederation of Dietetic Associations (ICDA) is a confederation of national dietetic associations that supports national dietetic associations and their members beyond national and regional boundaries by achieving an integrated communications system, an enhanced image for the profession and increased awareness of standards of education, training and practice in dietetics. [Refer to Handout E]

## **SLIDE #44**

With the skills we’ve practiced today, your knowledge of the Code, and resources the Academy has developed for members and CDR-credentialed practitioners, you will find the Code of Ethics for the Nutrition and Dietetics Profession a valuable tool in making ethical decisions.

Are there any questions?

**Note to facilitator:** Inform attendees that the Certificate of Attendance may be accessed online at <https://www.eatrightpro.org/practice/code-of-ethics/ethics-education-resources/ethics-education-facilitators-guide>. Thanks for your time today.