



Approaches to Ethical Decision-Making: Ethics in Practice 2023 Update



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BECOMING A MEMBER OF THE Academy of Nutrition and Dietetics (Academy), as well as meeting the requirements for, and maintaining certification from, the Commission on Dietetic Registration (CDR), represent implicit acceptance of the tenets that guide the nutrition and dietetics profession. Numerous resources applicable throughout dietetics education, training, and practice are available to support registered dietitian nutritionists (RDNs) and nutrition and dietetics technicians, registered (NDTRs) in addressing ethics-related issues in the practice setting. The Academy/CDR Code of Ethics (COE) for the Nutrition and Dietetics Profession,¹ for example, serves as a guide to help nutrition and dietetics practitioners reach decisions in their daily practice and is especially relevant when they are faced with an ethical dilemma in the care provided to patients and clients and for managing interpersonal interactions with colleagues.

The Academy and its credentialing agency, the CDR, believe it is in the best interest of the profession—and the public it serves—to have a COE in place that provides guidance to nutrition and dietetics practitioners in their professional practice and conduct and necessitates that practitioners maintain competence by increasing professional knowledge and skills. The COE reflects the values and ethical principles guiding the profession and sets forth the commitments and obligations of the nutrition and dietetics practitioner to the public, patients, clients, the profession, colleagues, and all others to which they provide service. “By accepting membership in the Academy and/or accepting and maintaining CDR credentials, all nutrition and dietetics practitioners agree to abide by the Code.”¹ The current COE was approved by the Academy Board of Directors and the CDR Board effective June 1, 2018.

WHAT IS THE ETHICS REQUIREMENT?

The CDR requires that RDNs and NDTRs complete a minimum of 1 Continuing Professional Education Unit in ethics per each 5-year recertification cycle. CDR’s Continuing Professional Education online database search link under “Ethics” includes examples of activities that will meet this requirement. The Learning Plan must include this activity as Learning Code Need 1050-Ethics and be indicated as such in the activity log submitted for recertification.²

Early in dietetics education there is a focus on lifelong learning and ethical practice, and once an individual becomes credentialed, CDR’s *Essential Practice Competencies*³ becomes the governing document for dietetics education and practice throughout their career. There are 14 core essential practice competencies that describe

the knowledge, skills, judgment, and attitudes that apply to all credentialed nutrition and dietetics practitioners regardless of role, area of practice, or setting.

Sphere 1 of the Core Essential Practice Competencies is Ethics, which “Identifies with and adheres to the code of ethics for the profession.”³ There are 8 practice competencies specific to Sphere 1 Ethics and applicable to all nutrition and dietetics practitioners.

Lifelong learning for all RDNs and NDTRs is supported by the Professional Development Plan Process, which upholds the first principle of the COE—competence and professional development in practice (Non-Maleficence).

As RDNs and NDTRs begin their careers, resources such as the Standards of Practice⁴ and Standards of Professional Performance⁵ help credentialed nutrition and dietetics practitioners determine the education and skills needed to perform competently and responsibly across all levels of practice as they advance their careers. Ethical decision-making requires a broad professional understanding, which includes a recognition of the diversity of individual value systems and cultures and the rapidly changing and complex environments within the health care system. A structured model guides practitioners through the ethical decision-making process and ensures their intended outcome meets the current COE¹ and its principles and standards. The goals of this article were to clarify how to identify an ethical issue in practice, connect dilemmas to ethical principles as a framework to approach ethical decision-making using the 6-step approach, and apply the Academy/CDR COE to the framework. The scenarios provide an opportunity to guide decision-making and offer possible resolutions to authentic ethical dilemmas.

The Continuing Professional Education (CPE) quiz for this article is available for free to Academy members through the MyCDRGo app (available for iOS and Android devices) and through www.jandonline.org (click on “CPE” in the menu and then “Academy Journal CPE Articles”). Log in with your Academy of Nutrition and Dietetics or Commission on Dietetic Registration username and password, click “Journal Article Quiz” on the next page, then click the “Additional Journal CPE quizzes” button to view a list of available quizzes. Non-members may take CPE quizzes by sending a request to journal@eatright.org. There is a \$45 fee per quiz (includes quiz and copy of article) for non-members. CPE quizzes are valid for 3 years after the issue date in which the articles are published.

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APPROACH TO ETHICAL DECISION-MAKING

Step 1. State an Ethical Dilemma

The ethical dilemma should be stated as presented to a nutrition and dietetics practitioner by a patient/client encounter or team interaction.

Step 2. Connect Ethical Theory to the Dilemma in Practice

The ethical theory of Beauchamp and Childress,⁷ which is often considered one of the fundamental starting points for discussions of this nature, is grounded in the following 4 key principles: Autonomy, Non-Maleficence, Beneficence, and Justice.

- Autonomy ensures a patient, client, or professional has the capacity and self-determination to engage in individual decision-making specific to personal health or practice.
- Non-Maleficence is the intent to not inflict harm.
- Beneficence encompasses taking positive steps to benefit others, which includes balancing benefit, risk, and costs when determining health care policy.
- Justice supports fair, equitable, and appropriate treatment for all individuals.

Step 3. Apply the Academy/CDR COE to the Issue

Which COE principle(s)¹ apply to the dilemma and guide ethical decision-making?

Step 4. Select the Best Alternative and Justify Your Decision

Now that the dilemma has been analyzed, what are the possible alternatives to resolve the dilemma? This step requires introspection and consultation with colleagues to inform a decision.

Step 5. Develop Strategies to Successfully Implement the Chosen Decision

Using the Standards of Professional Performance⁴ and COE¹ as guides, take the necessary actions to address the dilemma. Seek additional knowledge to clarify or contextualize the situation as

needed. When available, consult with the leadership in your organization focused on ethical practice and care and with an ethics team to review your thoughts and actions.

Step 6. Evaluate the Outcomes and Review How to Avert a Similar Occurrence

Always debrief with all professional stakeholders to clarify their understanding and comfort level with an ethical decision and discuss specifically how to avert it in the future.⁶

APPLICATION OF ETHICAL DECISION-MAKING

The quote—"In contrast to morality, ethics connotes deliberation and explicit arguments to justify particular actions"⁸—clarifies the difference between moral decision-making and ethical decision-making; although nuanced, morality should not be confused with the process of clinical bioethics. The framework that is used in ethical decision-making is intended to aid in an objective unbiased conclusion.

Principlism is the framework accepted for the process of ethical decision-making.⁷ It is important to remember that all 4 ethical principles, Autonomy, Non-Maleficence, Beneficence, and Justice, are equal in importance, although Autonomy tends to carry the most weight. It is the tension between 2 or more of the principles that defines the ethical dilemma at hand and requires resolution. The bioethical analysis that can result in a consult protects patient autonomy and supports the health care team's efforts to achieve Beneficence and Non-Maleficence.

Ethical analysis is in every part of professional dietetics practice. Poor communication and lack of transparency and trust are usually the issues for which an ethics complaint is made. Besides resolving the ethical medical dilemma, the consultant must also work to improve communication between the stakeholders and try to regain trust between the parties. This is accomplished by making sure all stakeholders' values and expectations are expressed and understood. Nutrition and dietetics practitioners are knowledgeable and skilled to be core team members to initiate an analysis of an ethical issue or process one when

presented and ultimately prepare an evidence-based recommendation to all stakeholders.

The following process for analyzing an ethical issue must be consistent to assure just care is provided to all patients and clients: receive the initial consult request and stated rationale of the dilemma presented; gather information by eliciting the pertinent information from the electronic health record (EHR), patient, if possible, and family or guardian and consider stakeholder values and cultural beliefs; clarify the underlying ethical principles impacted and determine whether this is an ethical issue; engage in a shared decision-making conversation with the patient and family or guardian to discuss the issue, whether it is an ethical or legal matter or other issue; prepare options that are clinically sanctioned; review the case with the clinical team and determine next steps to share with all stakeholders. Once a decision is agreed on, prepare a written note for the EHR and, if within institutional policy, prepare a formal ethics consult for the EHR.

Cases to Ponder and Clarify the Role of the Nutrition and Dietetics Practitioner in Decision-Making and Application of the COE

After each case presented are the COE principles addressed and specific standards. An ethics consult is called, often surrounding a nutrition-oriented conflict and unclear decision on the next steps in the patient goals of the nutrition care process. As an example, a family requests life-sustaining nutrition intervention at the end of life. The clinical team feels this is not medically indicated. An ethics consult is called, which includes a nutrition and dietetics practitioner as a member of the ethics team. Steps to be followed include the initial consult, access to the medical information, and social history from the EHR. The following are the important questions: Does the patient have advanced directives? Does the patient have an appointed surrogate decision-maker? and Does the patient have decisional capacity?

The ethics team is introduced to the family and stakeholders. When possible, bring the patient's voice into the conversation to elicit

understanding of their wishes and to consider how they wish to continue their life. It is important to listen to the patient and not impose the teams' own personal values or morals.

Case 1: The initial call for a consult to Bailey RDN is to address the disagreement between the family and caregivers. The consult must weigh the 4 ethical principles to analyze the underlying ethical issue(s). What is the tension between Autonomy and Non-Maleficence? Will the nutrition intervention create more harm by prolonging the dying process? In this case, the patient has requested artificial nutrition and hydration at end of life. They are devoutly religious and nutrition intervention is part of their religious beliefs. This is explored in a conversation with the patient. Bailey RDN ponders: How do we come to an ethical resolution when Autonomy and Non-Maleficence are in conflict? In addition, Bailey RDN has obligations to the Academy/CDR COE.

The RDN has unique skills and knowledge to apply to decisions about feeding patients at end of life. In addition, they are also committed professionally to the family and listening to their desires to help the patient at this critical juncture, their end of life. For example, the RDN can suggest small hand feedings and foods that offer comfort care when artificial nutrition and hydration is no longer beneficial and will result in more harm than good at this stage of the dying process.

Principle 1. Competence and professional development in practice (Non-Maleficence). Nutrition and dietetics practitioners shall:

- b. Demonstrate in depth scientific knowledge of food, human nutrition and behavior.
- c. Assess the validity and applicability of scientific evidence without personal bias.
- e. 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.

- f. Recognize and exercise professional judgment within the limits of individual qualifications and collaborate with others, seek counsel, and make referrals as appropriate
- g. Act in a caring and respectful manner, mindful of individual differences, cultural, and ethnic diversity.
- h. Practice within the limits of their scope and collaborate with the inter-professional team.

Principle 2. Integrity in personal and organizational behaviors and practices (Autonomy). Nutrition and dietetics practitioners shall:

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

Principle 3. Professionalism (Beneficence). Nutrition and dietetics practitioners shall:

- a. Participate in and contribute to decisions that affect the well-being of patients/clients.
- b. Respect the values, rights, knowledge, and skills of colleagues and other professionals.
- c. Demonstrate respect, constructive dialogue, civility and professionalism in all communications, including social media.
- d. Refrain from communicating false, fraudulent, deceptive, misleading, disparaging or unfair statements or claims.
- e. Uphold professional boundaries and refrain from romantic relationships with any patients/clients, surrogates, supervisees, or students.

Principle 4. Social responsibility for local, regional, national, global nutrition and well-being (Justice). Nutrition and dietetics practitioners shall:

- b. Promote fairness and objectivity with fair and equitable treatment.
- d. Promote the unique role of nutrition and dietetics practitioners.

Traditionally, the profession prioritizes ethical decision-making related to clinical nutrition issues that arise in ambulatory, long-term care or hospice,

and acute care facilities. However, the following cases exemplify the importance of the COE beyond the clinical nutrition practice area and in other settings where nutrition and dietetics practitioners may be faced with ethical dilemmas.

Case 2: Smith NDTR works in the foodservice department of Big City hospital. They are also the purchasing agent for this department as one of their responsibilities. The department head notices Smith NDTR is not following purchasing procedures and buying most food items from one source, therefore not receiving the requisite 3 quotes. The lead/chief RDN feels this is an ethical breach and calls in Smith NDTR to review the matter. Smith NDTR reveals a personal connection with this vendor. These activities are in noncompliance with institutional policy and the organization must deal with this violation. However, the concerns of the lead/chief RDN must also revolve around the Academy/CDR COE.

The lead/chief RDN reports the concerns of a potential professional and personal conflict to the director of the foodservices department. The director acts to protect the welfare of the institution, maintains the quality of purchased food items, and focuses on the financial integrity of all purchases. The lead/chief RDN must oversee all nutrition and dietetics practitioners to meet the COE in their practices.

Principle 2. Integrity in personal and organizational behaviors and practices (Autonomy). Nutrition and dietetics practitioners shall:

- a. 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.

Principle 3. Professionalism (Beneficence). Nutrition and dietetics practitioners shall:

- e. Uphold professional boundaries and refrain from romantic relationships with any patients/clients, surrogates, supervisees, or students.

Case 3: Jamie RDN has just begun a private practice that specializes in weight management and more specifically management of patients with diabetes mellitus. Jamie RDN's previous job was as a pharmaceutical representative for a company manufacturing medicine to treat diabetes and equipment to monitor blood glucose and deliver insulin. Based on prior work experience, skills required for clinical care and counseling are very limited. However, Jamie RDN advertises as a diabetes specialist based on experience with the pharmaceutical company and its products used in the treatment of diabetes. Jamie RDN does not have an additional credential in weight management. Another RDN notices the advertisement on LinkedIn and confronts Jamie RDN. These are serious concerns and Jamie RDN is concerned about losing their professional credentials. Jamie RDN is encouraged to re-evaluate their professional goals, along with the Standards of Practice and Standards of Professional Performance. They have misrepresented their expertise and are directed back to their individual learning development plan and listed activities to review and edit. It is also recommended with the current career expansion to consider additional certifications and gain supervised experience in patient/client counseling.

Principle 1. Competence and professional development in practice (Non-Maleficence).

Nutrition and dietetics practitioners shall:

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

- f. Recognize and exercise professional judgment within the limits of individual qualifications and collaborate with others, seek counsel, and make referrals as appropriate.
- h. Practice within the limits of their scope and collaborate with the inter-professional team.

Principle 2. Integrity in personal and organizational behaviors and practices (Autonomy). Nutrition and dietetics practitioners shall:

- b. 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.
- c. Maintain and appropriately use credentials.
- e. Provide accurate and truthful information in all communications.

Principle 3. Professionalism (Beneficence). Nutrition and dietetics practitioners shall:

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

Principle 4. Social responsibility for local, regional, national, global nutrition and well-being (Justice). Nutrition and dietetics practitioners shall:

- d. Promote the unique role of nutrition and dietetics practitioners.
- e. Engage in service that benefits the community and to enhance the public's trust in the profession.

Case 4: Doe Nutrition and Dietetics Practitioner is a researcher at City Research Institute. They are a speaker at a conference and have negotiated financial support from the conference sponsor, who also provides financial support for their research projects. The sponsor's logo is prominently displayed on the podium. A required conflict of interest is not in the slide deck that has been prepared, and this

indicates "no conflict of interest" to the audience. One of the participants in the audience is a coworker and reports this to their joint supervisor where they are both employed as researchers. Doe Nutrition and Dietetics Practitioner meets with their supervisor. It is important that the institution is represented correctly, and all conflicts of interest must be disclosed when speaking publicly. This sponsored research support could influence the listeners' confidence in the research outcomes presented. In addition, further investigation reveals research participants are not aware of Doe Nutrition and Dietetics Practitioner's financial sponsorship and therefore the informed consent document misrepresents the research and institutional integrity. Doe Nutrition and Dietetics Practitioner states the slide deck was reviewed before the presentation by the head of the research laboratory with no comments. Doe Nutrition and Dietetics Practitioner states this was a professional error and they have already made the correction in the slide deck. They were not aware of the sponsor's support to the conference and felt blindsided by the research supervisor. Doe Nutrition and Dietetics Practitioner is up to date on the required research Collaborative Institutional Training Initiative (CITI) training and is advised to review it again. Doe Nutrition and Dietetics Practitioner amends the research proposal consent form to include that the sponsor funds support the research protocol only. This statement will protect the research participants' decision to participate.

Principle 2. Integrity in personal and organizational behaviors and practices (Autonomy). Nutrition and dietetics practitioners shall:

- a. 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.

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

Case 5: Brodie MD is part of a large multispecialty clinical practice that includes Alex RDN as an employee. Brodie MD is a physician who specializes in adolescent medicine and is increasingly frustrated with their patients with an eating disorder who are “noncompliant” with their treatment plan and require extensive care coordination with other clinicians in the practice, including therapists and RDNs. Alex RDN is called in for a conference to discuss the case before a family meeting. Is this an ethical issue to label the patient as noncompliant? Does this characterization of the patient imply bias on the part of the physician as they present the case to the team?

The first step is to gather information after the RDN receives the call that the patient is non-compliant. The RDN is concerned that Brodie MD has expressed bias regarding this patient and needs to determine the underlying ethical issue. Alex RDN meets with the patient and takes a food history, including likes and dislikes, meal-times, where these meals and snacks are consumed, and a 24-hour food recall. The patient is a teenager and is not responsible for shopping or cooking meals. The patient is also aware of being underweight and is considered to have an eating disorder on the basis of current weight, body mass index, and food-restrictive behaviors with occasional bingeing and purging. The patient expresses “I want to be like all my thin friends” and aspires to the idea “thinness will bring happiness and control in their life as a teenager.” Alex RDN asks the patient to keep a food diary, explaining that it is so they can review it the next time they meet.

The RDN asks the patient, “Is there one dietary change you are able to make at this time?” Alex RDN respects the patient’s autonomy by encouraging participation in the counseling process and allows the patient to set goals. Alex RDN asks the patient to assent to allow the professional to speak with their mother about the proposed goals for this week. The parent is integral to food shopping, meal planning, and cooking. Including all the stakeholders in the management plan respects the patient and the patient’s family, their values, and understanding. This supports an important principle in counseling of shared decision-making.

Principle 1. Competence and professional development in practice (Non-Maleficence).

Nutrition and dietetics practitioners shall:

- a. Practice using an evidence-based approach within areas of competence, continuously develop and enhance expertise, and recognize limitations.
- b. Demonstrate in depth scientific knowledge of food, human nutrition and behavior.
- c. Assess the validity and applicability of scientific evidence without personal bias.
- e. 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.
- g. Act in a caring and respectful manner, mindful of individual differences, cultural, and ethnic diversity.
- h. Practice within the limits of their scope and collaborate with the inter-professional team.

Principle 2. Integrity in personal and organizational behaviors and practices (Autonomy). Nutrition and dietetics practitioners shall:

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

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

Principle 3. Professionalism (Beneficence). Nutrition and dietetics practitioners shall:

- a. Participate in and contribute to decisions that affect the well-being of patients/clients.
- b. Respect the values, rights, knowledge, and skills of colleagues and other professionals.
- c. Demonstrate respect, constructive dialogue, civility and professionalism in all communications, including social media.
- h. Communicate at an appropriate level to promote health literacy.
- i. Contribute to the advancement and competence of others, including colleagues, students, and the public.

Principle 4. Social responsibility for local, regional, national, global nutrition and well-being (Justice). Nutrition and dietetics practitioners shall:

- a. Collaborate with others to reduce health disparities and protect human rights.
- b. Promote fairness and objectivity with fair and equitable treatment.
- d. Promote the unique role of nutrition and dietetics practitioners.
- e. Engage in service that benefits the community and to enhance the public’s trust in the profession

Case 6: Charlie RDN works in a clinic providing nutrition services. The new management that oversees the clinic has implemented virtual counseling. This is a business decision to increase capacity to provide counseling and meet a larger geographic range of patients. As coincidental, Charlie RDN decides to pursue private practice and offer a virtual counseling option. What must Charlie RDN consider? What ethical principles does Charlie RDN need to consider to be part of the business plan to participate in virtual counseling with patients?

Virtual therapy is much more commonplace and accepted since the emergence of telemedicine and many professionals in the health care field are using alternative ways to provide counseling that is patient-centered and logistically more convenient to the client. RDNs continue their accountability to their profession and also must consider issues unique to virtual counseling. Charlie RDN must comply with state law for virtual counseling and must investigate restrictions based on individual state laws. Considerations to establish a private practice include a Health Insurance Portability and Accountability Act of 1996 (HIPAA)⁹-compliant video platform, which is necessary to secure the patient's personal health information. Charlie RDN also must not conflate their private practice and clinic practice. They must be kept separate, and they may not "see" private patients when they are in the clinic offices. This would be a conflict of interest and direct noncompliance with their job at the clinic.

Charlie RDN decides on one position as a consultant in the physician's office with online counseling. As a consultant in a virtual counseling environment, they agree to offer web-based nutrition counseling. Charlie RDN requires a referral form as the licensed professional in the office. They develop a referral form that require a diagnosis, current symptoms to support diagnosis, medical and surgical history, social history, current laboratory data, and complete vital signs. They request a HIPAA-compliant video platform to see the patients (not just audio) and access to their HIPAA-compliant EHR so they can access their medical, social, and treatment data. The office business administrator states that this is too costly to provide to a consultant and suggests that they use their own computer or mobile video chat. All data will be sent from the EHR via fax or e-mail.

Charlie RDN feels uncomfortable with this situation and determines that this does not adhere to the COE. Charlie RDN discusses this plan with the clinical team and shares concerns with the business model that supports unethical practice and seeks their thoughts and actions to assure patient care practices are ethical and HIPAA-compliant. This situation requires an analysis of the tension between each of the 4 principles: respect for patient and professional Autonomy, Beneficence, Non-Maleficence, and Justice.

Principle 1. Competence and professional development in practice (Non-Maleficence).

Nutrition and dietetics practitioners shall:

- a. Practice using an evidence-based approach within areas of competence, continuously develop and enhance expertise, and recognize limitations.
- f. Recognize and exercise professional judgment within the limits of individual qualifications and collaborate with others, seek counsel, and make referrals as appropriate.
- h. Practice within the limits of their scope and collaborate with the inter-professional team.

Principle 2. Integrity in personal and organizational behaviors and practices (Autonomy). Nutrition and dietetics practitioners shall:

- b. 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.
- g. Document, code and bill to most accurately reflect the character and extent of delivered services.
- h. Respect patient/client's autonomy. Safeguard patient/client confidentiality according to current regulations and laws.
- i. Implement appropriate measures to protect personal health information using appropriate techniques (e.g., encryption).

Principle 3. Professionalism (Beneficence). Nutrition and dietetics practitioners shall:

- a. Participate in and contribute to decisions that affect the well-being of patients/clients.
- c. Demonstrate respect, constructive dialogue, civility and professionalism in all communications, including social media.
- h. Communicate at an appropriate level to promote health literacy.

Principle 4. Social responsibility for local, regional, national, global nutrition and well-being (Justice). Nutrition and dietetics practitioners shall:

- a. Collaborate with others to reduce health disparities and protect human rights.
- b. Promote fairness and objectivity with fair and equitable treatment.
- d. Promote the unique role of nutrition and dietetics practitioners.

CONCLUSIONS

Ethical dilemmas will arise in nutrition and dietetics practice and, therefore, all students and practitioners, from entry-level to advanced, will be faced with difficult decisions. Asking questions to clarify the issue, aligning the issue with 1 or more core ethical principles,⁷ and applying the COE¹ are all integral steps in analyzing and resolving ethical dilemmas. When appropriate, asking the patient or client to include significant others in the delivery of care decisions is preferred. All cases presented should identify the following 6 components:

1. state the ethical dilemma;
2. connect ethical principles to the dilemma;
3. apply the Academy/CDR COE to the ethical issue and decision-making;
4. select the best alternative and justify your decision;
5. develop strategies to successfully implement the decision; and
6. evaluate outcomes and review with stakeholders how to avert a similar occurrence.

Based on the brief definitions presented earlier, principles governing

Autonomy, Beneficence, Non-Maleficence, and Justice can be applied to the ethical dilemmas faced in nutrition and dietetics practice.

Ethical practice by the practitioner ensures the intent not to inflict harm, takes positive steps to help others, and provides fair and equitable treatment to all individuals. The Academy/CDR COE^{1,10} is designed to support and guide all nutrition and dietetics practitioners in making the best possible choices for clients, patients, the profession, peers and coworkers, and themselves.

As part of ongoing dietetics education and professional development, it is important to use scenarios that challenge a nutrition and dietetics practitioner to consider how personal ethics and the principles guiding the profession affect their response to a situation. Continued learning about the influence

of ethics on the practice environment will help keep nutrition and dietetics practitioners cognizant of the myriad potential challenges and encourage the goal of upholding the Academy/CDR COE for the Nutrition and Dietetics Profession.¹

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