Consider this practice scenario: A skilled long-term care facility patient with severe dementia tells a registered dietitian nutritionist 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.¹

What is the registered dietitian nutritionist’s (RDN’s) role in this complex situation? How do we balance our duties to do good; to do no harm; to respect the patient’s right to request or refuse treatment; and to ensure our actions support fair, equitable, and appropriate treatment for all people?

Making the correct decision in cases like this requires knowledge, experience, education, and a constant adherence to ethical principles. The Code of Ethics for the Nutrition and Dietetics Profession helps inform this and many other professional dilemmas.

Ethics has been a priority in nutrition and dietetics since the beginning: While the first professional Code of Ethics was developed in 1982, a formal commitment to ethics dates to 1930 and the “Professional Code for the Hospital Dietitian.”

The Code of Ethics for the Nutrition and Dietetics Profession applies to all members of the Academy who are credentialed by the Commission on Dietetic Registration (CDR); all members of the Academy not credentialed by CDR; and all CDR credentialed practitioners, regardless of Academy membership.

An informative September 2018 Journal article summarizes why the Code recently was updated and went into effect on June 1, 2018. The Code’s primary goal is “The protection of the individuals, groups, organizations, communities or populations with whom the practitioner works and interacts.”²

The revised Code represents the collaboration of a committed Task Force and a strong Ethics Committee, who were determined to laser focus on the need for civility, respect, and support for the values of our profession.

Outline of expected performance

I asked Lisa Dierks, MFCS, RDN, LD, regional director of the University of Minnesota Extension and chair of the Code of Ethics Task Force that spent nearly 2 years developing the updated document, why we need a Code.

“For some, a basic definition of a Code of Ethics may be a set of rules about good and bad behaviors, but the Code is so much more than that,” Dierks says. “The Code of Ethics serves as an outline of expected professional performance, core values, and standards that ensure safety for the public. The profession of nutrition and dietetics has changed greatly over its 100-plus year history, with the advent of technology, changes in practice settings, and increasing complexity of the health care field.

“Social media has brought forward positive ways to interact with the public, but can also raise concerns. Members of the public can use the Code of Ethics to evaluate practice, and practitioners can also use the Code to ensure they are providing the best, safest possible care,” Dierks says.

“Nutrition and dietetics practitioners consistently endorse the Code of Ethics as a major driver in their decision to join the Academy. In the most recent Needs Satisfaction Survey, the Code was rated seventh of the 59 programs, products, and services we offer.”³

Take the pledge

Although it is not a part of the Code of Ethics, the Academy’s Pledge of Professional Civility, developed by Food & Nutrition Magazine (foodandnutrition.org/professionalcivility/), is a crucial indicator of the high level of conduct we expect from ourselves. It is a public declaration of support for respect and civil discourse.

The voluntary Pledge is not a replacement for the Code of Ethics, but complements the Code by supporting the concept that we demonstrate respect for the values, rights, knowledge, and skills of colleagues and other professionals. I am proud to say I was one of the first signers of the Pledge, and as of this writing I have been joined by more than 1,400 others; if you have not signed, I hope you will do so.

Conduct and engagement

Ethics and civility are collaborative efforts. Dierks points out, “As a professional organization, it is vital that we listen to the members of the profession to write a document that will sustain until its next revision,” estimated at 8 to 10 years from now. Health care will change, technology will change, and our responses to them will change—but our commitment to ethical conduct and civil engagement is forever.

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https://doi.org/10.1016/j.jand.2018.12.014

References