

A Professional Code of Ethics: From Ideals to Practice.

As society has become more dynamic and its problems more complex, professionals are required to think divergently and to work across disciplinary lines. Professionals face ethical dilemmas everyday. Decisions and choices must be made that reflect a set of values and principles. Conflicting interests can create serious ethical problems. Codes of ethics provide the values and standards of practice expected within their respective disciplines.

Community rehabilitation as a profession embraces the interdisciplinary nature of practice, and has been guided by the standards of well-established professions such as psychology, social work, nursing and occupational therapy. Community rehabilitation, in the course of its identity struggle, has perceived the need for a code of ethics specific to the uniqueness of its interdisciplinary practice.

Why does community rehabilitation need a different Code from the other helping professions?

Community rehabilitation has come to understand disability within a systemic, environmental or contextual model. A central theme is the importance of recognizing an individual's life experience with disability and the personal skills and strengths he or she brings to the professional-client relationship. Along with enhancing client's strengths, intervention strategies focus on bringing about changes in the social and political opportunities available to people with disabilities. Understanding disability from an environmental and systemic perspective rather than from a medical point of view necessitates a commitment to social action. The professional-client relationship assumed by rehabilitation professionals is one of facilitation, partnership and collaboration (MacFarlane, 1996). Other helping professional codes are not as clearly focused on these themes.

A Code of Ethics for a professional organization is a specific document formally adopted in an attempt to capture the profession's current consensus regarding what types of professional conduct are inappropriate or appropriate. The focus is on values and problem solving (Tarvydas, 1997). Professional codes of ethics serve a number of purposes. They educate rehabilitation practitioners and the public about the responsibilities of the profession. They provide a basis of accountability and an opportunity for reflecting on and improving one's professional practice. Codes also describe minimal standards of behaviour and identify those behaviours that are considered unethical.

Ethical guidelines can be either mandatory or aspirational. Mandatory standards define the basic level of ethical behaviour. Practitioners act in compliance with the minimum standards of practice to comply with the rules or laws of the profession. Obedience to rules may help to avoid legal action and professional censure. In following aspirational ethics practitioners demonstrate respect for clients, maintain client welfare as the primary concern and consider how their

actions reflect on the profession as a whole. Instead of focusing on how to avoid a malpractice suits, aspirational ethics assist individuals to think about doing what is in the best interests of their clients (Corey, 2001, Tarvydas, 1997)

Legal behaviour and ethical behaviour should be consistent but they are not identical. Although following the law is part of ethical behaviour, being an ethical practitioner involves much more. Codes of ethics are becoming more and more comprehensive but do not give us all the answers. We expect codes of ethics to articulate values and to assist in translating them into action. Ultimately, each individual must exercise good judgment and common sense in interpreting and applying ethical principles to specific situations. Ethical codes are used as guidelines to formulate sound reasoning and make the best decisions possible. No code of ethics will decide which course of action will be the best one to take in each ethical situation a professional will face (Corey, 2001).

Professional associations with aspirational codes of ethics may not have an internal mandatory enforcement procedure. Disciplinary procedures may not be undertaken “due to factors such as lack of appropriate consumer access and protection in the disciplinary process; appropriate remedies for serious infractions; and the substantial financial, staff and professional resources necessary for responsible enforcement” (Tarvydas, 1997, p. 80). Pettifor (1996) states, “Disciplinary committees have an important role in investigating complaints of misconduct and imposing sanctions against **a small number** of erring practitioners. However, disciplining professionals is no substitute for individual practitioners’ accepting responsibility to maintain competent and ethical services on a daily basis” (p.91). Aspirational codes are not designed to be punitive; they assist practitioners in providing the best possible alternatives.

CARP’s proposed revised Code of Ethics is an example of an aspirational code. The task of the National Ad Hoc Committee on Ethics is to ensure the code is reflecting the ethical needs of a diverse, interdisciplinary membership and its diversity of practice. The revised code provides a framework for practitioners to use a problem-solving, ethical decision-making process. Membership feedback has been very positive and the revised code will be presented for ratification at the CARP National AGM, in Ottawa, June 2002. The revised code is posted on the web site: www.carpnational.org.

Rebecca Rudman, CARP’s Commissioner to the CRCC, Dr. Jean Pettifor, Facilitator of the Ad Hoc Committee on Ethics, Judy Marshall, ED and myself had the opportunity to present CARP’s interdisciplinary, aspirational code at the National Council of Rehabilitation Educator’s conference (NCRE), “From Vision to Action”, in Tucson, Arizona. Representatives from universities and colleges from across the States in Rehabilitation Counselling, representatives from the Council on Rehabilitation Education (CORE), American Rehabilitation Counseling Association (ARCA), National Rehabilitation Counseling Association (NRCA), and the Commission on Rehabilitation Counselors Certification (CRCC)

attended this conference. Our presentation generated great feedback and interest. One unique feature is linking all the standards and guidelines to one of the ethical principles of Respect for the dignity and autonomy of persons, Responsible caring for the best interests of persons, Integrity in professional relationships and Responsibility to Society. The second is including the ethical decision making steps in the code. Other features address the needs of the Canadian rehabilitation community. Conference participants will send additional feedback to the National CARP office.

The National Ad-Hoc Committee on Ethics work is ongoing. Several additional projects have been proposed: a quality assurance self-evaluation model –cross referenced to ethics, a consumer bill of rights, an educational companion manual or handbook for the code, and articles for publication. CARP can be proud that an interdisciplinary, aspirational code of ethics has been developed. The code is a practical tool to use to guide members through those difficult times when faced with an ethical dilemma. Comments are welcomed!

References:

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