SJSU SAN JOSÉ STATE UNIVERSITY

Ethical Decision Making in Everyday Practice

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Objectives

- Identify the core values and principles of the 2020 AOTA Code of Ethics
- Identify the Practice Smart (previously known as the Choosing Wisely) Campaign and the five items selected by membership
- Apply the Practice Smart Campaign and the AOTA Code of Ethics to specific case presentations

Synopsis

The AOTA Code of Ethics serves as a principled guide for occupational therapy practice. This document, combined with the "Choosing Wisely" information, which transitioned to the Practice Smart campaign as of May 2025, can support ethical decision making across practice settings.

OCCUPATIONAL THERAPY IS FOCUSED ON FUNCTIONAL OUTCOMES TO FOSTERED OCCUPATIONAL PERFORMANCE

AOTA 2020 Code of Ethics

American Occupational Therapy Association. (2020). AOTA 2020 occupational therapy code of ethics. American Journal of Occupational Therapy, 74(Suppl. 3), 7413410005. https://doi.org/10.5014/ajot.2020.74S3006

NOTE: The Code of Ethics is reviewed and request for member feedback is solicited every 5 years. The deadline for comment on the current Code of Ethics closed on October 16, 2024 – then reviewed by the RA at the 2025 AOTA Annual Conference

UPDATE: The 2025 AOTA Code Ethics is typically published in the December edition of AJOT

AOTA Code of Ethics

The 2020 Occupational Therapy Code of Ethics (the Code) of the American Occupational Therapy Association (AOTA) is designed to reflect the dynamic nature of the occupational therapy profession, the evolving health care environment, and emerging technologies that can present potential ethical concerns in practice, research, education, and policy. AOTA members are committed to promoting inclusion, participation, safety, and well-being for all recipients of service in various stages of life, health, and illness and to empowering all beneficiaries of service to meet their occupational needs. Recipients of services may be persons, groups, families, organizations, communities, or populations (AOTA, 2020).

The AOTA 2020 Code of Ethics serves two purposes:

1. It provides seven aspirational Core Values that guide occupational therapy personnel toward ethical courses of action in professional and volunteer roles.

2. It delineates six ethical Principles and enforceable Standards of Conduct that apply to AOTA members.

Core Values of Occupational Therapy

AOTA 2020 Code of Ethics

Altruism

- Altruism indicates demonstration of unselfish concern for the welfare of others. Occupational therapy personnel reflect this concept in actions and attitudes of commitment, caring, dedication, responsiveness, and understanding.

Dignity

- Dignity indicates the importance of valuing, promoting, and preserving the inherent worth and uniqueness of each person. This value includes respecting the person's social and cultural heritage and life experiences. Exhibiting attitudes and actions of dignity requires occupational therapy personnel to act in ways consistent with cultural sensitivity, humility, and agility.

Equality

Core Values of Occupational Therapy

AOTA 2020 Code of Ethics

- Equality indicates that all persons have fundamental human rights and the right to the same opportunities. Occupational therapy personnel demonstrate this value by maintaining an attitude of fairness and impartiality and treating all persons in a way that is free of bias. Personnel should recognize their own biases and respect all persons, keeping in mind that others may have values, beliefs, or lifestyles that differ from their own. Equality applies to the professional arena as well as to recipients of occupational therapy services.

Freedom

Core Values of Occupational Therapy

AOTA 2020 Code of Ethics

- Freedom indicates valuing each person's right to exercise autonomy and demonstrate independence, initiative, and self-direction. A person's occupations play a major role in their development of self-direction, initiative, interdependence, and ability to adapt and relate to the world. Occupational therapy personnel affirm the autonomy of each individual to pursue goals that have personal and social meaning. Occupational therapy personnel value the service recipient's right and desire to guide interventions.

Justice

Core Values of Occupational Therapy

AOTA 2020 Code of Ethics

- Justice indicates that occupational therapy personnel provide occupational therapy services for all persons in need of these services and maintain a goal directed and objective relationship with recipients of service. Justice places value on upholding moral and legal principles and on having knowledge of and respect for the legal rights of recipients of service. Occupational therapy personnel must understand and abide by local, state, and federal laws governing professional practice. Justice is the pursuit of a state in which diverse communities are inclusive and are organized and structured so that all members can function, flourish, and live a satisfactory life regardless of age, gender identity, sexual orientation, race, religion, origin, socioeconomic status, degree of ability, or any other status or attributes.

Justice (cont.)

Core Values of Occupational Therapy

AOTA 2020 Code of Ethics

- Occupational therapy personnel, by virtue of the specific nature of the practice of occupational therapy, have a vested interest in social justice: addressing unjust inequities that limit opportunities for participation in society (Ashe, 2016; Braveman & Bass-Haugen, 2009). They also exhibit attitudes and actions consistent with occupational justice: full inclusion in everyday meaningful occupations for persons, groups, or populations (Scott et al., 2017).

Core Values of Occupational Therapy

AOTA 2020 Code of Ethics

Truth

- Truth indicates that occupational therapy personnel in all situations should be faithful to facts and reality. Truthfulness, or veracity, is demonstrated by being accountable, honest, forthright, accurate, and authentic in attitudes and actions. Occupational therapy personnel have an obligation to be truthful with themselves, recipients of service, colleagues, and society. Truth includes maintaining and upgrading professional competence and being truthful in oral, written, and electronic communications.

Prudence

- Prudence indicates the ability to govern and discipline oneself through the use of reason. To be prudent is to value judiciousness, discretion, vigilance, moderation, care, and circumspection in the management of one's own affairs and to temper extremes, make judgments, and respond on the basis of intelligent reflection and rational thought. Prudence must be exercised in clinical and ethical reasoning, interactions with colleagues, and volunteer roles.

The AOTA Code of Ethics Six Principles guide ethical decision making and inspire occupational therapy personnel to act in accordance with the highest ideals. These Principles are not hierarchically organized. At times, conflicts between competing principles must be considered in order to make ethical decisions. These Principles may need to be carefully balanced and weighed according to professional values, individual and cultural beliefs, and organizational policies.

Ethical Principles of Occupational Therapy

AOTA 2020 Code of Ethics

Principle 1: Beneficence

- Occupational therapy personnel shall demonstrate a concern for the well-being and safety of persons.

Ethical Principles of Occupational Therapy

AOTA 2020 Code of Ethics

Principle 1: Beneficence

- The Principle of Beneficence includes all forms of action intended to benefit other persons. The term beneficence has historically indicated acts of mercy, kindness, and charity (Beauchamp & Childress, 2019). Beneficence requires taking action to benefit others—in other words, to promote good, to prevent harm, and to remove harm (Doherty & Purtilo, 2016). Examples of Beneficence include protecting and defending the rights of others, preventing harm from occurring to others, removing conditions that will cause harm to others, offering services that benefit persons with disabilities, and acting to protect and remove persons from dangerous situations (Beauchamp & Childress, 2019).

Ethical Principles of Occupational Therapy

AOTA 2020 Code of Ethics

Principle 2: Nonmaleficence

- Occupational therapy personnel shall refrain from actions that cause harm.

Principle 2: Nonmaleficence

Ethical Principles of Occupational Therapy

AOTA 2020 Code of Ethics

- The Principle of Nonmaleficence indicates that occupational therapy personnel must refrain from causing harm, injury, or wrongdoing to recipients of service. Whereas Beneficence requires taking action to incur benefit, Nonmaleficence requires avoiding actions that cause harm (Beauchamp & Childress, 2019). The Principle of Nonmaleficence also includes an obligation not to impose risks of harm even if the potential risk is without malicious or harmful intent. This Principle is often examined in the context of due care, which requires that the benefits of care outweigh and justify the risks undertaken to achieve the goals of care (Beauchamp & Childress, 2019). For example, an occupational therapy intervention might require the service recipient to invest a great deal of time and perhaps even discomfort; however, the time and discomfort are justified by potential long-term, evidence-based benefits of the treatment.

Ethical Principles of Occupational Therapy

AOTA 2020 Code of Ethics

Principle 3: Autonomy

- Occupational therapy personnel shall respect the right of the person to self-determination, privacy, confidentiality, and consent.

Ethical Principles of Occupational Therapy

AOTA 2020 Code of Ethics

Principle 3: Autonomy

- The Principle of Autonomy expresses the concept that occupational therapy personnel have a duty to treat the client or service recipient according to their desires, within the bounds of accepted standards of care, and to protect their confidential information. Often, respect for Autonomy is referred to as the self-determination principle. Respecting the Autonomy of service recipients acknowledges their agency, including their right to their own views and opinions and their right to make choices in regard to their own care and based on their own values and beliefs (Beauchamp & Childress, 2019). For example, persons have the right to make a determination regarding care decisions that directly affect their lives. In the event that a person lacks decision-making capacity, their Autonomy should be respected through the involvement of an authorized agent or surrogate decision maker.

Ethical Principles of Occupational Therapy

AOTA 2020 Code of Ethics

Principle 4: Justice

- Occupational therapy personnel shall promote equity, inclusion, and objectivity in the provision of occupational therapy services.

Principle 4: Justice

Ethical Principles of Occupational Therapy

AOTA 2020 Code of Ethics

- The Principle of Justice relates to the fair, equitable, and appropriate treatment of persons (Beauchamp & Childress, 2019). Occupational therapy personnel demonstrate attitudes and actions of respect, inclusion, and impartiality toward persons, groups, and populations with whom they interact, regardless of age, gender identity, sexual orientation, race, religion, origin, socioeconomic status, degree of ability, or any other status or attributes. Occupational therapy personnel also respect the applicable laws and standards related to their area of practice. Justice requires the impartial consideration and consistent observance of policies to generate unbiased decisions. For example, occupational therapy personnel work to create and uphold a society in which all persons have equitable opportunity for full inclusion in meaningful occupational engagement as an essential component of their lives.

Ethical Principles of Occupational Therapy

AOTA 2020 Code of Ethics

Principle 5: Veracity

- Occupational therapy personnel shall provide comprehensive, accurate, and objective information when representing the profession.

Ethical Principles of Occupational Therapy

AOTA 2020 Code of Ethics

Principle 5: Veracity

- The Principle of Veracity refers to comprehensive, accurate, and objective transmission of information and includes fostering understanding of such information. Veracity is based on the virtues of truthfulness, candor, honesty, and respect owed to others (Beauchamp & Childress, 2019). In communicating with others, occupational therapy personnel implicitly promise to be truthful and not deceptive. For example, when entering into a therapeutic or research relationship, the service recipient or research participant has a right to accurate information. In addition, transmission of information must include means to ensure that the recipient or participant understands the information provided.

Ethical Principles of Occupational Therapy

AOTA 2020 Code of Ethics

Principle 6: Fidelity

- Occupational therapy personnel shall treat clients (persons, groups, or populations), colleagues, and other professionals with respect, fairness, discretion, and integrity.

Principle 6: Fidelity

Ethical Principles of Occupational Therapy

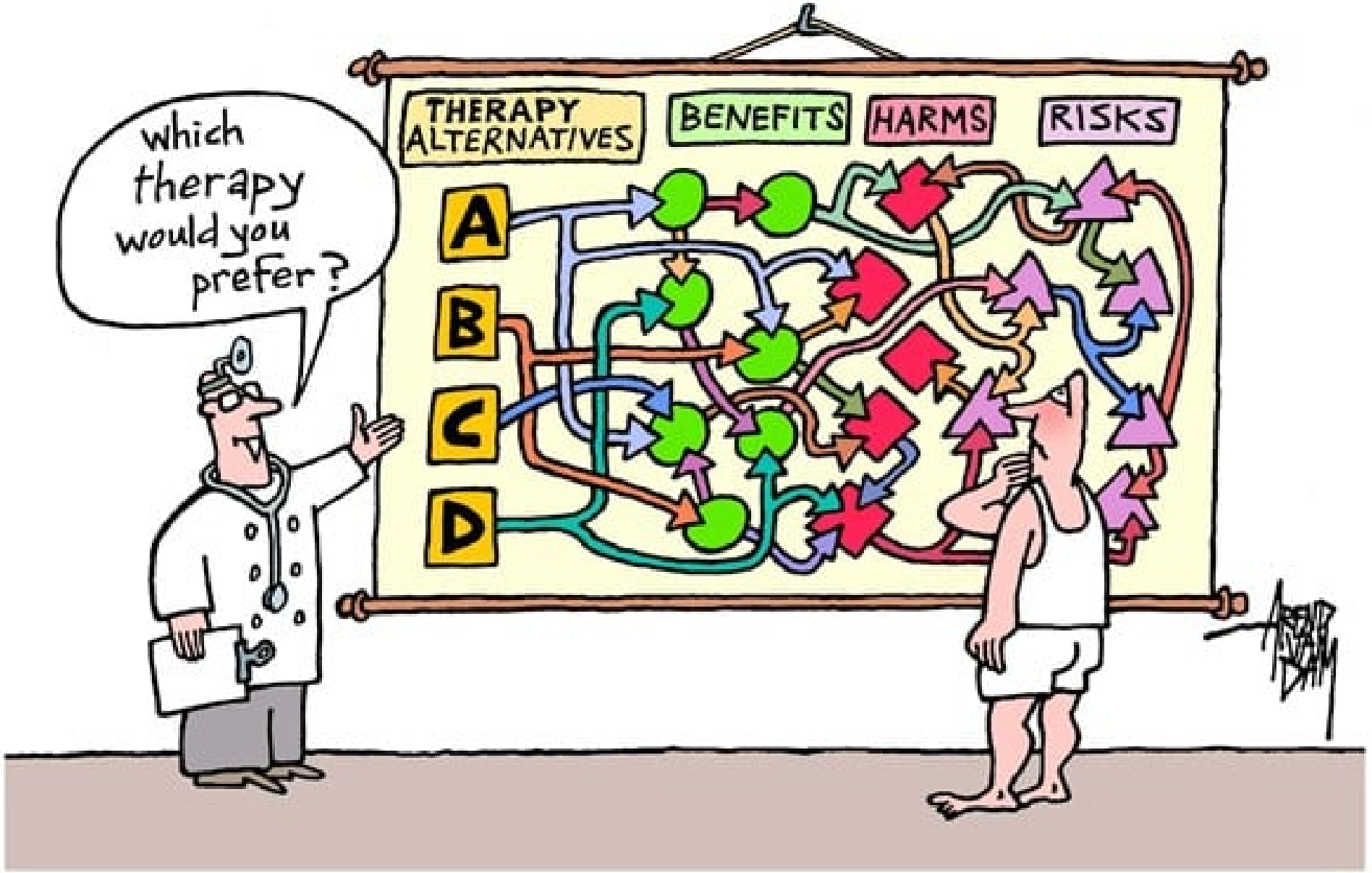
AOTA 2020 Code of Ethics

- The Principle of Fidelity refers to the duty one has to keep a commitment once it is made (Veatch et al., 2015). This commitment refers to promises made between a provider and a client, as well as maintenance of respectful collegial and organizational relationships (Doherty & Purtilo, 2016). Professional relationships are greatly influenced by the complexity of the environment in which occupational therapy personnel work. For example, occupational therapy personnel should consistently balance their duties to service recipients, students, research participants, and other professionals, as well as to organizations that may influence decision making and professional practice.

Limitations of Principle-based Ethical Approaches

Ho, A. (2022). Disability bioethics and epistemic injustice. In J. M. Reynolds & C. Wieseler (Eds.), *The disability bioethics reader* (pp. 324-332). Routledge. DOI 10.4324/9781003289487

- Principle-based ethical approaches are one of many approaches and may not be appropriate for every case (Beauchamp & Childress, 2019)
- May privilege non-disabled positions or actively dismiss disability perspectives (Ho, 2021)
- May reinforce ableist assumptions and perpetuate organizational or cultural biases (Ho, 2021)
- Raises the possibility of epistemic injustice and testimonial injustice (Ho, 2021)



informed consent

Case Presentation

Introduction to the Ethical Quadrants

Medical Indications *Principles of Beneficence and Nonmaleficence*	**Preference of Patients** *The Principle of Respect for Autonomy*
Quality of Life The Principles of Beneficence and Nonmaleficence and Respect for Autonomy	**Contextual Features** The Principles of Justice and Fairness

Additional Resources for Ethical Decision Making Source:

- Jonsen, A.R., Siegler, M., & Winslade, W.J. (2021). *Clinical ethics: A practical approach to ethical decisions in clinical medicine (9th ed.),* (R. Mishra, ed.). McGraw Hill. ISBN: 978-1-26-04754-4

Case presentation

Your client is a 82-year-old who lives alone in an apartment unit. They fell and sustained a R hip fx s/p THR. The fall occurred while the client stood upon a stool to change light bulb for an overhead light fixture. The client has an extensive past medical history including MCI and a diagnosis of post-operative delirium.

The client has expressed a strong desire to return home and completes BADL independently. At home the client lives on a second floor apartment unit with an elevator, laundry facilities are on the first floor.

The family members, all who live out of state, are concerned about the executive function of the client, and the primary care physician is not certain about the client's safety awareness. The OT has only used the MMSE and pencil & paper cognitive intervention activities.

What are the potential ethical issues that could arise in this case?

Occupational Therapy Intervention Indications
Principles of Beneficence and Nonmaleficence

- What is the patient's occupational problem/medical problem? Is the problem acute? Chronic? Critical? Reversible? Emergent? Terminal?
- What are the goals of treatment or occupational therapy intervention?
- In what circumstances are medical treatments or occupational therapy treatments not indicated?
- What are the probabilities of success of various treatment options?
- In sum, how can this patient be benefited by medical and occupational therapy services, and how can harm be avoided?

Preference of Patients

The Principle of Respect for Autonomy

- Has the client been informed of the benefits and risks of diagnostic and treatment recommendations, understood this information , and given consent?
- Is the patient mentally capable and legally competent or is there evidence of incapacity?
- If mentally capable, what preferences about treatment is the patient stating?
- If incapacitated, has the patient expressed prior preferences?
- Who is the appropriate surrogate to make decisions for an incapacitated patient? What standards should govern the surrogate's decisions?
- Is the patient willing or unable to cooperate with medical treatment? If so, why?

Quality of Life

The Principles of Beneficence and Nonmaleficence and Respect for Autonomy

- What are the prospects, with or without treatment, for achieving life goals, and what physical, mental, and social deficits might the patient experience even if treatment succeeds?
- On what grounds can anyone judge that some quality of life would be undesirable for a patient who cannot make or express such a judgment?
- Are there biases that might prejudice the provider's evaluation of the patient's quality of life?
- What ethical issues arise concerning improving or enhancing a patient's quality of life?
- Do quality-of-life assessments raise any questions that might contribute to a change of treatment plan, such as forgoing life-sustaining treatment?
- Are there plans to provide pain relief and provide comfort after a decision has been made to forgo life-sustaining interventions?
- Is medically assisted dying ethically or legally permissible?
- What is the legal and ethical status of suicide?

Contextual Features

The Principles of Justice and Fairness

- Are there professional, interprofessional, or business interests that might create conflicts of interest in the clinical treatment of patients?
- Are there parties other than clinician and patient, such as family members, who have a legitimate interest in clinical decisions?
- What are the limits imposed on patient confidentiality by the legitimate interests of third parties?
- Are there financial factors that create conflicts of interest in clinical decisions?
- Are there problems of allocation of resources that affect clinical decisions?
- Are there religious or cultural factors that might influence clinical decisions?
- What are the legal issues that might affect clinical decisions?
- Are there considerations of public health and safety that influence clinical decisions?
- Does institutional affiliation create conflicts of interest that might influence clinical decisions?

AOTA
Standards of Conduct

1. Professional Integrity, Responsibility, and Accountability
2. Therapeutic Relationships
3. Documentation, Reimbursement, and Financial Matters
4. Service Delivery
5. Professional Competence, Education, Supervision, and Training
6. Communication
7. Professional Civility

Choosing Wisely Campaign

Gillen, G., Hunter, E. G., Lieberman, D., & Stutzbach, M. (2019). The Association—AOTA's top 5 Choosing Wisely® recommendations. American Journal of Occupational Therapy, 73, 7302420010. https://doi.org/10.5014/ajot.2019.732001

In 2012, Choosing Wisely®, an initiative of the American Board of Internal Medicine (ABIM) Foundation started with the aim to encourage meaningful conversations between health care practitioners and clients to ensure that appropriate and quality care is being provided. The American Occupational Therapy Association (AOTA) made a commitment to join Choosing Wisely in 2016. With support and input from AOTA members, the Board of Directors, and staff, AOTA implemented a three-phase process to develop and publish the list, "Five Things Patients and Providers Should Question." The goal of AOTA's participation in this initiative is to start dialogue within the occupational therapy profession about providing quality services that are supported by evidence, not duplicative, free from harm, and truly necessary.

History of the AOTA Choosing Wisely Campaign

From all recommendations provided by the membership, analysis was completed to categorize recommendations into 62 items

Further experts and AOTA SIS review reduced the list to 12 items

Second survey sent to all AOTA membership during Fall 2017 to select the top 5 items from the list of 12

Close to 5,000 responses from membership ranking the top 5 recommendations

The "5 Things Patients and Providers Should Question" was presented at the 2018 AOTA Annual Conference and published on AOTA websites in June 2018

The Dissemination of Recommendations is ongoing and the process of reviewing the items is reviewed annually

Expanded to 10 things that should be questioned and listed on the AOTA website

AOTA Choosing Wisely Campaign

1. Don’t provide intervention activities that are non-purposeful (e.g., cones, pegs, shoulder arc, arm bike).

Purposeful activities—tasks that are part of daily routines and hold meaning, relevance, and perceived utility such as personal care, home management, school, and work—are a core premise of occupational therapy. Research shows that using purposeful activity (occupation) in interventions is an intrinsic motivator for clients. Such activities can increase attention, endurance, motor performance, pain tolerance, and engagement, resulting in better client outcomes. Purposeful activities build on a person’s ability and lead to achievement of personal and functional goals. Conversely, non-purposeful activities do not stimulate interest or motivation, resulting in reduced client participation and suboptimal outcomes.

AOTA Choosing Wisely Campaign

2. Don’t provide sensory-based interventions to individual children or youth ***without documented assessment results of difficulties processing or integrating sensory information***.

Many children and youth are affected by challenges in processing and integrating sensations that negatively affect their ability to participate in meaningful and valued occupations. Processing and integrating sensations are complex and result in individualized patterns of dysfunction that must be addressed in personalized ways. Interventions that do not target the documented patterns of dysfunction can produce ineffective or negative results. Therefore, it is imperative to assess and document specific sensory difficulties before providing sensory-based interventions such as Ayres Sensory Integration®, weighted vests, listening programs, or sensory diets.

AOTA Choosing Wisely Campaign

3. Don’t use physical agent modalities without providing purposeful and occupation-based intervention activities.

The exclusive use of physical agent modalities (PAMs; e.g., superficial thermal agents, deep thermal agents, electrotherapeutic agents, mechanical devices) as a therapeutic intervention without direct application to occupational performance is not considered occupational therapy. PAMs provided with a functional component can lead to more positive health outcomes. PAMs should be integrated into a broader occupational therapy program and intervention plan in preparation for or concurrently with purposeful activities or interventions that ultimately enhance engagement in occupation.

AOTA Choosing Wisely Campaign

4. Don’t use pulleys for individuals with a hemiplegic shoulder.

Use of an overhead pulley for individuals with a hemiplegic shoulder resulting from a stroke or other clinical condition is considered too aggressive and should be avoided because it presents the highest risk of the client developing shoulder pain. Gentler and controlled range of motion exercises and activities are preferred.

AOTA Choosing Wisely Campaign

5. Don’t provide cognitive-based interventions (e.g., paper-and-pencil tasks, tabletop tasks, cognitive training software) without direct application to occupational performance.

To improve occupational performance, cognitive-based interventions should be embedded in an occupation relevant to the client. Examples of cognitive-based interventions include awareness approaches, strategy training, task training, environmental modifications, and assistive technology. The use of cognitive-based interventions not based on occupational performance will result in suboptimal client outcomes.

AOTA Choosing Wisely Campaign

Cahill, S., & Richardson, H. (2022). Health Policy Perspectives—Shared decision making and reducing the use of low-value occupational therapy interventions. American Journal of Occupational Therapy, 76, 7603090010. https://doi.org/10.5014/ajot.2022.050065

- **Additional Choosing Wisely items to foster shared decision making with clients for OT services**
- 6. Don't initiate occupational therapy interventions without completion of the client's occupational profile and setting collaborative goals
- 7. Don't provide interventions for autistic persons to reduce or eliminate "restricted and repetitive patterns of behavior, activities, or interests" without evaluating and understanding the meaning of the behavior to the person, as well as personal and environmental factors.
- 8. Don't use reflex integration programs for individuals with delayed primary motor reflexes without clear links to occupational outcomes.
- 9. Don't use slings for individuals with a hemiplegic arm that place the arm in a flexor pattern for extended periods of time.
- 10. Don't provide ambulation or gait training interventions that do not directly link to functional mobility.

6. Don't initiate occupational therapy interventions without completion of the client's occupational profile and setting collaborative goals

- Best practice occupational therapy relies on a practitioner's understanding of a client's occupational history and experiences, patterns of daily living, interests, values, and needs, as well as active partnership with the client and care partners (e.g., partners, parents, caregivers) to develop meaningful goals. The Occupational Therapy Practice Framework: Domain and Process (OTPF-4) states: "only clients can identify the occupations that give meaning to their lives and select the goals and priorities that are important to them" (AOTA, 2020). If the client or care partners are not involved in developing the profile and identifying goals, priorities, and outcomes, full engagement in occupations may not be accomplished.

7. Don't provide interventions for autistic persons to reduce or eliminate "restricted and repetitive patterns of behavior, activities, or interests" without evaluating and understanding the meaning of the behavior to the person, as well as personal and environmental factors.

- OTPs should provide person-centered, strengths-based interventions, and advocate for autistic persons on individual and societal levels by providing information to promote inclusivity and belonging, and to decrease stigma. Actions that are considered "restricted and repetitive behaviors" by the DSM-5 (American Psychiatric Association, 2013) may serve as meaningful activities for self-regulation, communication, or self-expression. Attempting to change or extinguish these behaviors without direct request from the individual, without understanding and incorporating the underlying meanings, or substituting other actions to meet self-regulatory reasons for the behavior commonly results in camouflaging (e.g., masking or hiding behaviors), that can result in negative self-image, depression, and an increased risk of suicidality.

8. Don’t use reflex integration programs for individuals with delayed primary motor reflexes without clear links to occupational outcomes.

- Interventions designed solely to integrate retained reflexes do not promote participation in occupation, and while they may be observed in clients with difficulties in occupational performance, the presence of retained reflexes does not necessarily equate to functional impairment. If reflex integration techniques (i.e., techniques designed to integrate, or inhibit, primary motor reflexes that are retained beyond the typical developmental stage of integration) are being considered for intervention, standardized tools and assessment approaches are necessary to connect impairment to occupational performance. Intervention should focus on improving occupational participation and performance rather than solely on reflex integration.

9. Don’t use slings for individuals with a hemiplegic arm that place the arm in a flexor pattern for extended periods of time.

- Standard shoulder slings immobilize the upper extremity in a flexor pattern (i.e., a position of elbow flexion, and shoulder adduction and internal rotation). Utilizing a sling that places a person’s hemiplegic arm in this position for extended periods of time increases the risk of contractures and pain, and limits active use of the extremity, thereby decreasing opportunities for neuroplastic changes that support an organic increase in function. Education should be provided to clients and caregivers on safe positioning of the hemiplegic arm during activity and at rest.

10. Don’t provide ambulation or gait training interventions that do not directly link to functional mobility.

- Occupational therapy practice requires consideration of contextual factors that affect a person’s ability to participate in meaningful occupations. Gait training and ambulation interventions do not necessarily consider the context of performing everyday activities. While occupational therapists can assess underlying performance skills for ambulation and gait and utilize related interventions, they must address functional mobility by considering the context in order to implement effective, evidence-based interventions that are personally meaningful to the individual.

AOTA transitioned the Choosing Wisely Campaign to PRACTICE SMART

Transition occurred as of May 2025

Practice Smart reflects the focus on Evidence Based Practice (EBP)

- The ten recommendations that originated from the Choosing Wisely Campaign transitioned to the Practice Smart Campaign
- These recommendations are review annually with a request for member input and suggestions
- AOTA's Practice Smart! recommendations provide not only a recommendation of what practitioners should *not* do (de-implementation), but also what they *should* do, to provide care that is safe, effective, and evidence-based.
- AOTA provides handouts to guide ethical practice addressing 8/10 recommendations

Shared Decision Making (SDM) Process and Ethical Reasoning

Stiggelbout, A. M., Pieterse, A. H., & De Haes, J. C. (2015). Shared decision making: Concepts, evidence, and practice. Patient Education and Counseling, 98, 1172–1179. https://doi.org/10.1016/j.pec.2015.06.022

Stiggelbout et al. (2015) proposed four steps for SDM that can easily be applied to occupational therapy intervention decisions:

1. The practitioner presents the decision to the client and stresses that the client's opinion is important.

2. The practitioner uses evidence and explains the pros and cons of each intervention option.

3. The practitioner elicits the client's preferences and supports the client as they weigh different considerations.

4. The practitioner and the client negotiate and come to a decision.

CBOT
§ 4161. Continuing Competency

Applicants who have not actively practiced occupational therapy within the past five years have specific continuing competence requirements having completed, during the two-year period, immediately preceding the date the application was received, 40 PDUs

The 40 PDUs shall include:
(1) 37 PDUs directly related to the delivery of occupational therapy services, which may include the scope of practice for occupational therapy practitioners or the occupational therapy practice framework;
(2) Three PDUs related to ethical standards of practice in occupational therapy.

CBOT proposed requirements for license renewal

According to the June CBOT meeting in Sacramento, their target date for this will be January 1, 2027; however, they have not put this into law yet. They simply voted on it and agreed to it, and we are waiting for when it gets approved and put into place. CBOT would notify licensees of this when it's "official."

The way to get started is to quit talking and begin doing.

Walt Disney

Application of AOTA Code of Ethics and the Practice Smart Campaign

Case 1: Your client is a 28-year-old who sustained a TBI and is now receiving community-based OT services to increase independence in ADL & IADL skills. You, as the OT practitioner (OTP), helped the client select a meal to prepare, create a shopping list, and accompanied the client to the grocery store to make purchases.

The client then wants to "friend" you to share recipe ideas for the purchased items.

How do you respond and what potential ethical issues could arise in this situation?

Ethical Principles of Occupational Therapy of OT Practice

- Many agencies have professional guidelines and policies restricting social media posts regarding clients. Even private messaging is not private and social media correspondences between the OTP and client can reveal the client is receiving OT services.

AOTA Code of Ethics

- Principle of Nonmaleficence - .avoiding potential harm of revealing a client is receiving services
- Principle of Autonomy – the need to protect the confidentiality of the client
- Principle of Fidelity – the need to maintain a professional relationship with the client

Application of AOTA Code of Ethics and the Practice Smart Campaign

Case 2: A parent with a 7-year-old who has Autism Spectrum Disorder requests OT services at a private pediatric clinic. The parent has read various books on sensory processing issues and is sure the child has a sensory processing disorder and working on sensory processing interventions will eliminate the repetitive hand flapping the parent reports seeing when in public, especially when shopping for groceries or in large department stores. The parent does not want an assessment but wants OT sensory services provided.

How do you respond and what potential ethical issues could arise in this situation?

Ethical Principles of Occupational Therapy of OT Practice

Choosing Wisely

- One of the original items was to NOT provide sensory integrative services without an assessment of the client's sensory processing skills to determine the appropriate services
- The additional Choosing Wisely items include NOT working to eliminate repetitive behaviors for those who have ASD without evaluating and understanding the meaning of the behavior to the person, as well as personal and environmental factors.

AOTA Code of Ethics

- Principle of Beneficence – How can you provide the best OT service without evaluating the client's needs
- Principle of Nonmaleficence - avoiding potential harm by providing the wrong services or providing ineffective services
- Principle of Veracity – the need to provide comprehensive and accurate information

Application of AOTA Code of Ethics and the Practice Smart Campaign

Case 3: A client, who sustained a CVA, was just transferred to inpatient rehab services. Both OT and PT services have been ordered by the physiatrist to improve function for this client. You, as the OTP, evaluated the client and provided the first session in the client's room addressing self-care skills. The second session is in the shared gym area and the client notices the hand bike on a table and the overhead pulleys. The client wants to know why you, as the OTP, are not using these devices to improve arm function.

How do you respond and what potential ethical issues could arise in this situation?

Ethical Principles of Occupational Therapy of OT Practice

Choosing Wisely

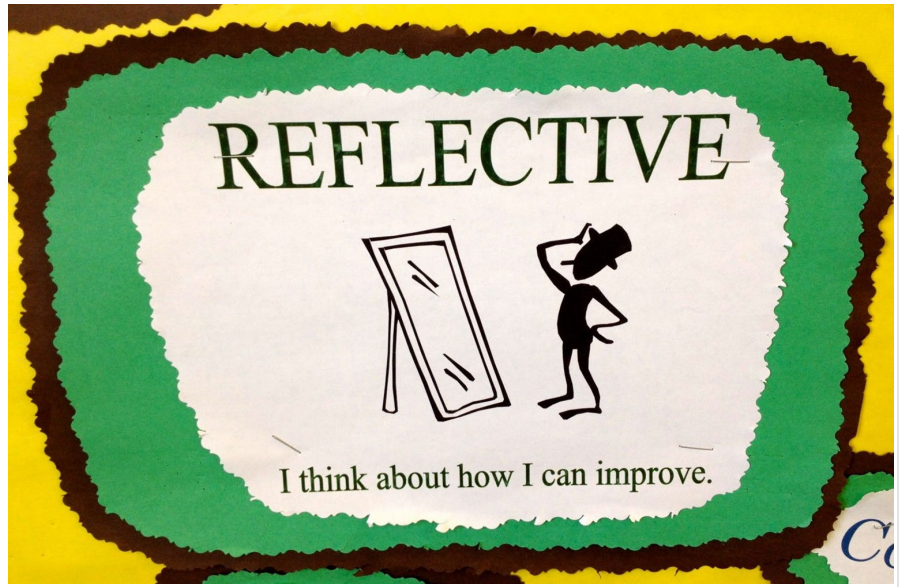
- An original item in the Choosing Wisely stated: Don't provide intervention activities that are non-purposeful (e.g., cones, pegs, shoulder arc, arm bike).
- An additional original item was to NOT use pulleys for individuals with a hemiplegic shoulder.

AOTA Code of Ethics

- Principle of Beneficence – Need to be concerned about the structural integrity of the shoulder and safety for the client
- Principle of Nonmaleficence - avoiding potential harm by providing the wrong services or providing ineffective services
- Principle of Veracity – the need to provide comprehensive and accurate information

Ethical Occupational Therapy Practice uses current evidence to provide the most appropriate client-centered services to support the client's occupational engagement

Reflective Practice: What is it and why do it?



Steps to reflective practice:

1. Received knowledge + experiential knowledge - practice - reflection = professional competence
2. Process of self-observation of your actions in the moment and self-evaluation of did your actions support/help the client
3. Assessing what you do, thinking about WHY you do what you do in a specific situation, and evaluating the outcomes
4. Deciding on next steps to continually improve your practice.

Reflective Practice: Individual Exercise

- Reflect on your practice setting
- What ethical dilemmas have you encountered in your setting? How have you addressed them?
- What choosing wisely area(s) directly apply to your practice setting?
- How can the information from the review of ethics and choosing wisely enhance your practice?
- Identify one systematic step you can make to improve your practice?

Objectives

- Identify the core values and principles of the 2020 AOTA Code of Ethics
- Identify the Choosing Wisely Campaign and the five items selected by membership
- Apply the Choosing Wisely Campaign and the AOTA Code of Ethics to specific case presentations

Artificial Intelligence (AI) and Ethical Practice

(Kwan et al., 2023; Lor & Martinez, 2020; Pruski, 2024)

- Fabricated or biased output
  - Generated information that may lack evidence
- AI role in decision making (companion versus decider)
  - Supportive but not a replacement for clinical decision making
- Saved time (how is it used)
  - Search for evidence-based practice instead of writing progress notes
- Occupation focus and duty of care
  - AI can support EBP but should not replace authentic occupation-based services
- 3rd party apps, PHI, and re-identification risks
  - Recommended apps are not covered entities

Artificial Intelligence (AI) and OT Ethical Practice

(Kwan et al., 2023; Lor & Martinez, 2020; Pruski, 2024)

- Make AI use explicit in consent
  - Inform client regarding the AI tool use and access to data
- Offering an opt out and alternatives
  - May not be possible to offer an opt out if integrated in PHI
- State the privacy risk of 3rd party apps
  - Treat as potential data exporters
- Document the role of AI in clinical recommendations or judgement
  - Provide context and content for transparency and accountability (risk management)
- May need to revisit previous consent as circumstances change

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Thank You!

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Hopefully, we provided something for you to "chew" on but did not ask you to "bite off more than you can handle"!!!

OTAC 2025 References for Session 45:
Ethical Decision Making in Everyday Practice

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