

OHIO OCCUPATIONAL THERAPY ETHICS

GOALS AND OBJECTIVES

Course Description

“Ohio Occupational Therapy Ethics” is a home study continuing education program for OH licensed occupational therapists and occupational therapist assistants. The course focuses on defining moral, ethical, and legal behavior of Ohio licensed occupational therapy professionals. The information presented includes discussions on the theoretical basis for ethical decision-making, the Ohio Occupational Therapy Code of Ethics and hypothetical case studies.

Course Rationale

This course was developed to educate, promote and facilitate ethical and legal behavior by Ohio licensed occupational therapists and occupational therapist assistants, and is intended to meet the Ethics requirement as mandated by 4755-9-01 of the Ohio Administrative Code.

Course Goals & Objectives

At the end of this course, the participants will be able to:

1. Define the meaning of ethics and recognize the various theories that promote ethical behavior.
2. Apply a systematic approach to ethical decision-making.
3. Recognize the principles of ethical conduct as defined in the Ohio Occupational Therapy Code of Ethics
4. Assess their current professional practices to ensure ethical conduct
5. Apply the concepts of ethical practice to clinical situations to determine appropriate professional ethical behavior.

Course Instructor

Michael Niss PT

Target Audience

Occupational Therapists, occupational therapist assistants, physical therapists, physical therapist assistants

Course Educational Level

This course is applicable for introductory learners.

Course Prerequisites

None

Criteria for issuance of Continuing Education Credits

A documented score of 70% or greater on the written post-test.

Continuing Education Credits

One (1) hour of continuing education credit (1 NBCOT PDUs/1 contact hour)
AOTA - .1 AOTA CEU, Category 3: Contemporary Issues & Trends

Determination of Continuing Education Credit Hours

“Ohio Occupational Therapy Ethics” will require at least 1 hour to complete. This estimate is based on the accepted standard for home study courses of approximately 12 pages of written text (12 pt font) per hour. The complete text of this course is 14 pages (excluding Bibliography and Post Test)

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ETHICS OVERVIEW

The word “ethics” is derived from the Greek word *ethos* (character), and from the Latin word *mores* (customs). Together, they combine to define how individuals choose to interact with one another. In philosophy, ethics defines what is good for the individual and for society and establishes the nature of duties that people owe themselves and one another. Ethics is also a field of human inquiry (“science” according to some definitions) that examines the bases of human goals and the foundations of “right” and “wrong” human actions that further or hinder these goals.

Why Ethics are Important

Ethics are important on several levels.

- People feel better about themselves and their profession when they work in an ethical manner.
- Professions recognize that their credibility rests not only on technical competence, but also on public trust.
- At the organizational level, ethics is good business. Several studies have shown that over the long run ethical businesses perform better than unethical businesses.

Ethics vs. Morals

Although the terms “ethics” and “morals” are often used interchangeably, they are not identical. Morals usually refer to practices; ethics refers to the rationale that may or may not support such practices. Morals refer to actions, ethics to the reasoning behind such actions. Ethics is an examined and carefully considered structure that includes both practice and theory. Morals include ethically examined practices, but may also include practices that have not been ethically analyzed, such as social customs, emotional responses to breaches of socially accepted practices and social prejudices. Ethics is usually at a higher intellectual level, more universal, and more dispassionate than morals. Some philosophers, however, use the term “morals” to describe a publicly agreed-upon set of rules for responding to ethical problems.

Ethical Questions

Ethical questions involve 1) responsibilities to the welfare of others or to the human community; or 2) conflicts among loyalties to different persons or groups, among responsibilities associated with one’s role (e.g. as consumer or provider), or among principles. Ethical questions include (or imply) the words “ought” or “should”.

ETHICS THEORIES

Throughout history, mankind has attempted to determine the philosophical basis from which to define right and wrong. Here are some of the more commonly accepted theories that have been proposed.

Utilitarianism

This philosophical theory develops from the work of Jeremy Bentham and John Stewart Mill. Simply put, utilitarianism is the theory that right and wrong is determined by the consequences. The basic tool of measurement is pleasure (Bentham) or happiness (Mill). A morally correct rule was the one that provided the greatest good to the greatest number of people.

Social Contract Theory

Social contract theory is attributed to Thomas Hobbes, John Locke, and from the twentieth century, John Rawls. Social contract theories believe that the moral code is created by the people who form societies. These people come together to create society for the purpose of protection and gaining other benefits of social cooperation. These persons agree to regulate and restrict their conduct to achieve this end.

Deontological or Duty Theory

Under this theory you determine if an act or rule is morally right or wrong if it meets a moral standard. The morally important thing is not consequences but the way choosers think while they make choices. One famous philosopher who developed such a theory was Immanuel Kant (1724-1804).

Ethical Intuitionism

Under this view an act or rule is determined to be right or wrong by appeal to the common intuition of a person. This intuition is sometimes referred to as your conscience. Anyone with a normal conscience will know that it is wrong to kill an innocent person.

Ethical Egoism

This view is based on the theory that each person should do whatever promotes their own best interests; this becomes the basis for moral choices.

Natural Law Theory

This is a moral theory which claims that just as there are physical laws of nature, there are moral laws of nature that are discoverable. This theory is largely associated with Aristotle and Thomas Aquinas, who advocated that each thing has its own inherent nature, i.e. characteristic ways of behavior that belong to all members of its species and are appropriate to it. This nature determines what is good or bad for that thing. In the case of human beings, the moral laws of nature stem from our unique capacity for reason. When we act against our own reason, we are violating our nature, and therefore acting immorally.

Virtue Ethics

This ethics theory proposes that ethical behavior is a result of developed or inherent character traits or virtues. A person will do what is morally right because they are a virtuous person. Aristotle (384-322 B.C.) was a famous exponent of this view. Aristotle felt that virtue ethics was the way to attain true happiness. These are some of the commonly accepted virtues.

Autonomy: the duty to maximize the individual's right to make his or her own decisions.

Beneficence: the duty to do good.

Confidentiality: the duty to respect privacy of information.

Finality: the duty to take action that may override the demands of law, religion, and social customs.

Justice: the duty to treat all fairly, distributing the risks and benefits equally.

Nonmaleficence: the duty to cause no harm.

Understanding/Tolerance: the duty to understand and to accept other viewpoints if reason dictates.

Respect for persons: the duty to honor others, their rights, and their responsibilities.

Universality: the duty to take actions that hold for everyone, regardless of time, place, or people involved.

Veracity: the duty to tell the truth.

HOW TO MAKE RIGHT DECISIONS

The foundation for making proper ethical decisions is rooted in an individual's ability to answer several fundamental questions concerning their actions.

1. Is it legal?

Weighing the legality of one's actions is a prudent way to begin the decision-making process. The laws of a geographic region are a written code of that region's accepted rules of conduct. This code of conduct usually defines clearly which actions are considered acceptable and which actions are unacceptable. However, a legitimate argument can be made that sometimes what is legal is not always moral, and that sometimes what is moral is not always legal. This idea is easily demonstrated by the following situation.

It is illegal for a pedestrian to cross a busy street anywhere other than at the designated crosswalk (jaywalking). A man is walking down a street and sees someone fall and injure themselves on the other side of the street. He immediately crosses the street outside of the crosswalk to attend to the injured person. Are his actions legal? Are they moral? What if by stepping into the street he causes a car to swerve and to strike another vehicle?

Admittedly, with the exception of policemen and attorneys, most people do not know all of the specific laws that govern their lives. However, it is assumed that most people are familiar with the fundamental virtues from which these laws are based, and that they will live their lives in accordance with these virtues.

(To read all of the laws and rules governing the practice of Occupational Therapy in Ohio, go to: <http://otptat.ohio.gov/pdfs/otlawsrules.pdf>)

2. Is it ethical?

Professional ethical behavior as it is defined in this context relates to actions that are consistent with the normative standards established or practiced by others in the same profession. For Ohio licensed occupational therapists and occupational therapist assistants, these ethical standards are documented in **Chapter 4755-7-08** of the Ohio Administrative Code.

(An abridged copy of Chapter 4755-7-08, The Ohio Occupational Therapy Code of Ethics, is included in this text)

3. Is it fair?

I think most people would agree that the concept of fairness is often highly subjective. However, for these purposes, we will define fairness as meaning deserved, equitable and unbiased. Fairness requires the decision-maker to have a complete understanding of benefits and liabilities to all parties affected by the decision. Decisions that result in capricious harm or arbitrary benefit cannot be considered fair. The goal of every decision should be an outcome of relative equity that reflects insightful thought and soundness of intent.

4. Would you want others to know of your decision?

This question presents as a true reflection of the other three. Legal, ethical, and fair are defined quite differently by most people when judged in the comfort of anonymity versus when it is examined before the forum of public opinion. Most often it is the incorrect assumption that “no one will ever find out about this” that leads people to commit acts of impropriety. How would your decisions change, if prior to taking any actions, you assumed just the opposite; “other people will definitely know what I have

done". One sure sign of a poor decision is debating the possible exposure of an action instead of examining the appropriateness of it.

OHIO OCCUPATIONAL THERAPY CODE OF ETHICS

4755-7-08 Code of Ethics.

(A) Pursuant to section 4755.05(E) of the Revised Code, the standard of ethical conduct in the practice of occupational therapy will be as follows:

(1) Occupational therapy practitioner shall demonstrate a concern for the well-being of the recipients of their services.

(a) Occupational therapy practitioners shall provide services in a fair and equitable manner. They shall recognize and appreciate the cultural components of economics, geography, race, ethnicity, religious and political factors, marital status, sexual orientation, and disability of all recipients of their services. Occupational therapy practitioners should strive to understand culture and its impact on human performance and context while recognizing the strengths that exist in all cultures.

(b) Occupational therapy practitioners shall strive to ensure that fees are fair, reasonable, and commensurate with services performed.

(c) Occupational therapy practitioners shall make every effort to advocate for recipients to obtain needed services through available means.

(2) Occupational therapy practitioners shall take reasonable precautions to avoid imposing or inflicting harm upon the recipient of services or to his or her property.

(a) Occupational therapy practitioners shall maintain relationships that do not exploit the recipient of services sexually, physically, emotionally financially, socially, or in any other manner. In the case of minors, the practitioner/client relationship extends to the minor's parent or guardian.

(b) Occupational therapy practitioners shall not engage in any sexual relationship or activity, whether consensual or nonconsensual, with any recipient while a practitioner/client relationship exists and for six months immediately following the termination of therapy. In the case of minors, the practitioner/client relationship extends to the minor's parent/guardian.

(c) Occupational therapy practitioners shall not provide occupational therapy services to a service recipient while under the influence of a substance that impairs his or her ability to do so safely.

(d) Occupational therapy practitioners shall protect the public by reporting any conduct that they consider unethical, illegal or incompetent relating to the practice of occupational therapy to the occupational

therapy section of the Ohio occupational therapy, physical therapy and athletic trainers board.

(3) Occupational therapy practitioners shall respect the recipient and/or their surrogate(s) as well as the recipient's rights.

- (a) Occupational therapy practitioners shall collaborate with service recipients or their surrogate(s) in setting goals and priorities throughout the intervention process.
- (b) Occupational therapy practitioners shall fully inform the service recipients of the nature, risks, and potential outcomes of all interventions.
- (c) Occupational therapy practitioners shall obtain informed consent from participants involved in research activities and indicate that they have fully informed and advised the participants of potential risks and outcomes. Occupational therapy practitioners shall endeavor to ensure that the participant(s) comprehend these risks and outcomes.
- (d) Occupational therapy practitioners shall respect the individual's right to refuse professional services or involvement in research or educational activities.
- (e) Occupational therapy practitioners shall protect all privileged confidential forms of written, verbal, and electronic communication gained from educational, practice, research, and investigational activities unless otherwise mandated by local, state or federal regulations.

(4) Occupational therapy practitioners shall achieve and continually maintain high standards of competence.

- (a) Occupational therapy practitioners shall take responsibility for maintaining and documenting competence by participating in professional development and educational activities.
- (b) Occupational therapy practitioners shall critically examine and keep current with emerging knowledge relevant to their practice so they may perform their duties on the basis of accurate information.
- (c) Occupational therapy practitioners shall protect service recipients by ensuring that duties assumed by or assigned to other occupational therapy practitioners match credentials, qualifications, experience, and scope of practice.
- (d) Occupational therapy practitioners shall provide appropriate supervision to individual for whom the practitioners have supervisory responsibility.
- (e) Occupational therapy practitioners shall refer to or consult with other service providers whenever such a referral or consultation would be helpful to the care of the recipient of service. The referral or consultation process should be done in collaboration with the recipient of service.

(5) Occupational therapy practitioners shall comply with the laws and rules governing the practice of occupational therapy.

- (a) Occupational therapy practitioners shall familiarize themselves with and seek to understand and abide by the Ohio laws and rules governing the practice of occupational therapy.
- (b) Occupational therapy practitioners shall remain abreast of revisions in those laws and rules that apply to the profession of occupational therapy and shall inform employers, employees, and colleagues of those changes.
- (c) Occupational therapy practitioners shall maintain accurate and timely documentation of occupational therapy services.

(6) Occupational therapy practitioners shall provide accurate information about occupational therapy services

- (a) Occupational therapy practitioners shall accurately represent their credentials, qualifications, education experience, training, and competence for those to whom the practitioners provide their services or with whom the practitioners have a professional relationship.
- (b) Occupational therapy practitioners shall refrain from using or participating in the use of any form of communication that contains false, fraudulent, deceptive, or unfair statements or claims.
- (c) Occupational therapy practitioners shall disclose any professional, personal, financial, business, or volunteer affiliations that may pose a conflict of interest to those with whom they may establish a professional, contractual, or other working relationship.

(7) Occupational therapy practitioners shall treat colleagues and other professionals with fairness, discretion, and integrity.

- (a) Occupational therapy practitioners shall preserve, respect, and safeguard confidential information about colleagues, and staff, unless otherwise mandated by national, state or local laws.
- (b) Occupational therapy practitioners shall accurately represent the qualifications, views, contributions, and findings of colleagues.
- (c) Occupational therapy practitioners must not initiate, participate in, or encourage the filing of ethics complaints that are unwarranted or intended to harm another practitioner. The intent of complaints is to protect the public.

(B) Anyone found guilty of violating any provision of this rule may be the subject of disciplinary action pursuant to section 4755.10 of the Revised Code.

Sec. 4755.10. (A) In accordance with Chapter 119. of the Revised Code, the occupational therapy section of the Ohio occupational therapy, physical therapy, and athletic trainers board may suspend, revoke, or refuse to issue or renew an occupational therapist or occupational therapy assistant license, or reprimand, fine, or place a license holder on probation, for any of the following:

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- (1) Conviction of an offense involving moral turpitude or a felony reasonably related to the practice of occupational therapy, regardless of the state or country in which the conviction occurred;
- (2) Violation of any provision of sections 4755.01 to 4755.12 of the Revised Code;
- (3) Violation of any lawful order or rule of the occupational therapy section;
- (4) Obtaining a license or any order, ruling, or authorization by means of fraud, misrepresentation, or concealment of material facts;
- (5) Negligence or gross misconduct in the pursuit of the profession of occupational therapy;
- (6) Accepting commissions or rebates or other forms of remuneration for referring persons to other professionals;
- (7) Communicating, willfully and without authorization, information received in professional confidence;
- (8) Using any narcotic or alcohol to an extent that it impairs the ability to perform the work of an occupational therapist or occupational therapy assistant with safety to the public;
- (9) Practicing in an area of occupational therapy for which the individual is clearly untrained or incompetent;
- (10) Failing the licensing examination;
- (11) Aiding or abetting the unlicensed practice of occupational therapy

ETHICS CASE STUDIES

Case Study #1 - Confidentiality

John Johnson OT, Sue White (therapy receptionist), and Mary Olson (therapy managed care contracting), are in a private OT office discussing the fact that they are treating Biff Simpson, a star NFL quarterback. John says, "I can't believe that I'm actually treating Biff Simpson." Mary asks, "How bad do you think his injury is?" John replies, "I saw his MRI report, it looks like he is going to need surgery."

Is this a breach in confidentiality?

The information contained in each patient's medical record must be safeguarded against disclosure or exposure to nonproprietary individuals. The right to know any medical information about another is always predicated on a sound demonstration of need. Frequently, many individuals require access to information contained in a patient's medical record. Their right to access this information is limited to only that information which is deemed necessary for them perform their job in a safe, effective, and responsible manner.

The first questions we must ask are "What information is being disclosed and do the three individuals engaged in the conversation have a need to know this information?"

John's first statement discloses the name of person receiving care, and his second statement reveals private patient medical information. Certainly, as the primary therapist, John would need to know the patient's name and therapy related diagnosis in order to provide care. Sue, the receptionist, may also need this information to schedule appointments and perform other essential clerical tasks. Mary, whose job it is to contract with managed care organizations, most likely has no compelling reason to know either the patient's identity or any of his medical information. Therefore, the disclosure to Mary of the patient's identity

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and medical information is a breach of patient confidentiality. (4755-7-08 (3)(e) O.A.C.)

Case Study #2 – Qualifications of Practice

You work in very busy outpatient rehab clinic. One of your coworkers is an occupational therapy aide who has worked in rehabilitation for more than 20 years. Frequently, she is called upon to perform treatments that should be done by an OT or COTA. The patients always give her compliments, and frequently request her to treat them. She demonstrates exceptional skills and achieves outstanding outcomes.

Is the clinic providing ethical care to its patients?

The practice of occupational therapy is regulated in the state of Ohio. The legislature, through statutes and rules, has established minimal licensure and practice standards. This is done to protect the general public against fraud and substandard care by under-qualified practitioners. It is the responsibility of each occupational therapy professional to adhere to the standards of care and licensure requirements specific to the state in which they practice. The therapist must also ensure that all care provided not directly by them, but under their supervision, also meets these standards.

In this situation, the aide's abilities and outcomes are considered irrelevant. The key sentence in the paragraph is: "perform treatments that should be done by an OT or COTA". The "should" in this case must not be interpreted as merely a casual suggestion but rather a legal definition regulated by the state's Occupational Therapy Practice Act. Any treatment or procedure that **should** be performed by a licensed professional, **must** be performed by a licensed professional. (4755-7-08 (4)(c) O.A.C.)

Case Study #3 – Informed Consent

Sam is an OT who has just received orders to begin ADL training with a 75-year-old woman who is s/p right humeral ORIF. He goes to her hospital room to evaluate her and begin therapy. She says she does not want therapy today because she is in too much pain. Sam explains to her that the doctor has left orders for her to begin using her right arm. The patient refuses. Sam leaves and returns the next day to try again. Again, she declines treatment and he leaves.

Under the guidelines of informed consent, were the therapist's actions adequate?

Informed consent is the process by which a fully informed patient can participate in choices about their health care. It originates from the legal and ethical right the patient has to direct what happens to their body and from the ethical duty of the therapist to involve the patient in her health care.

The most important goal of informed consent is that the patient has an opportunity to be an informed participant in their health care decisions. It is

generally accepted that complete informed consent includes a discussion of the following elements:

- the nature of the decision/procedure
- reasonable alternatives to the proposed intervention
- the relevant risks, benefits, and uncertainties related to each alternative
- the consequences on non-treatment
- the goals of treatment
- the prognosis for achieving the goals
- assessment of patient understanding
- the acceptance of the intervention by the patient

In order for the patient's consent to be valid, they must be considered competent to make the decision at hand and their consent must be voluntary. It is easy for coercive situations to arise in medicine. Patients often feel powerless and vulnerable. The therapist should make clear to the patient that they are participating in a decision, not merely signing a form. With this understanding, the informed consent process should be seen as an invitation for them to participate in their health care decisions. The therapist is also generally obligated to provide a recommendation and share their reasoning process with the patient. Comprehension on the part of the patient is equally as important as the information provided. Consequently, the discussion should be carried on in layperson's terms and the patient's understanding should be assessed along the way.

In this case study, the therapist's actions were not sufficient. None of the required information was offered to the patient. The most important thing the therapist failed to explain to the patient was the consequences of non-treatment. The patient cannot make an informed decision regarding therapy without this information. It could be argued that her decision to refuse therapy may have changed had she known that one of the consequences of this decision could be the development of secondary complications. (i.e. increased risk of morbidity or mortality). (4755-7-08 (3)(b) O.A.C.)

Case Study #4- Medical Necessity

Mary Brown is an occupational therapist who owns her own therapy clinic. She recently signed a contract with an HMO to provide occupational therapy services. The contract stipulates that Mary will be compensated on a case rate basis. (A fixed amount of money per patient, based on diagnosis) Mary has performed a thorough cost analysis on this contract and has determined that the financial "breakeven" point (revenue equals expenses) on each of these patients is 5 visits. She informs her staff that all patients covered by this insurance must be discharged by their fourth visit.

Is limiting care in this manner ethical?

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Therapists are obligated to propose and provide care that is based on sound medical rationale, patient medical necessity, and treatment efficacy and efficiency. It is unethical to either alter or withhold care based on other extraneous factors without the patient's knowledge and consent.

In this instance, the decision to limit care is not ethical. The quantity of care is not being determined by the medical necessity of the patient. A therapist must be able to justify all of their professional decisions (such as the discharging of a patient from clinical care) based on sound clinical rationale and practices. (4755-7-08 (1) (c) O.A.C.)

Case Study #5 – Conflicts of Interest

Debi Smith OT works in an acute care hospital. She is meeting with a vendor whose company is introducing a new brace onto the market. He offers her 3 free braces to “try out” on patients. The vendor states that if Debi continues to order more braces, she will qualify to receive compensation from his company by automatically becoming a member of its National Clinical Assessment Panel.

Does this represent a conflict of interest?

Yes, there exists a conflict of interest in this situation. Debi has two primary obligations to fulfill. The first is to her patient. It is her professional duty to recommend to her patient a brace that, in her judgment, will benefit them the most. The second obligation is to her employer, the hospital. As an employee of the hospital it is her responsibility to manage expenses by thoroughly and objectively seeking effective products that also demonstrate economic efficiency. The conflict of interest occurs when she begins to accept compensation from the vendor in direct or indirect response for her brace orders. Even if she truly believes it is the best brace for her patient, and it is the most cost effective brace the hospital could purchase, by accepting the money she has established at least an apparent conflict of interest. Under this situation she is obligated to disclose to all parties her financial interest in ordering the braces. This disclosure is necessitated because the potential for personal gain would make others rightfully question whether her objectivity was being influenced.

A conflict of interest is a situation in which a person has a private or personal interest that influences the objective exercise of his or her professional duties. As a professional you take on certain responsibilities and obligations to patients, employers, and others. These obligations must take precedence over a therapist's private or personal interests.

In addition to avoiding all real instances of conflict of interest, therapists must also avoid any apparent or potential conflicts as well.

An apparent conflict of interest is one in which a reasonable person would think that the professional's judgment is likely to be compromised, and a potential conflict of interest involves a situation that may develop into an actual conflict of interest.

How do you determine if you are in a conflict of interest, whether actual, apparent, or potential? The key is to determine whether the situation you are in interferes or is likely to interfere with your independent judgment. A good test is the 'trust test': Would relevant others (my employer, my patients, professional colleagues, or the general public) trust my judgment if they knew I was in this situation. Trust is at the ethical heart or core of this issue. Conflicts of interest involve the abuse, actual or potential, of the trust people have placed in professionals. This is why conflicts of interest not only injure particular patients and employers, but they also damage the whole profession by reducing the trust people generally have in therapists. (4755-7-08 (6) (c) O.A.C.)

Case Study #6 – Relationships with Referral Sources

Larry Jones OT owns a private practice. Business has been poor. He decides to sublease half of his space to an orthopedic surgeon. Larry's current lease is at \$20/sq ft. The doctor wants to pay \$15/sq ft. They come to a compromise of \$17/sq ft. Larry also agrees that if the doctor is his top referral source after 3 months, he'll make him the Medical Director of the facility and pay him a salary of \$500/month.

Is this an ethical arrangement?

No, this agreement is not ethical. The most notable infraction involves offering to designate the physician as Medical Director contingent upon the number of referrals he sends. This is undeniably a direct offer of cash for patients. Another area of concern is the rent. At first glance, the rent amount of \$17/sq ft seems fair because it was a compromise between the two parties. However, closer scrutiny reveals this to be unethical. The fair market value for rent has been established as \$20/ft. (Larry's current rental agreement with his landlord) By discounting the doctor \$3/sq ft on his rent, Larry is giving a referral source something of value.

It is unethical for an occupational therapist to offer **anything of value** to physicians or any other referral source **in direct response for the referral of patients or services**. This includes cash, rebates, gifts, discounts, reduced rent, services, equipment, employees, or marketing. Many mistakenly believe that it is a normal acceptable business practice to offer these things to referral sources. It is not. In most states, the practice is not only unethical, but it is also illegal. Exchanges of valued items or services between therapists and referral sources **must never have any relationship to the referral of patients**. Goodwill gifts of nominal value are acceptable provided that no correlation can be made between the magnitude or frequency of the gift giving and referral patterns. All business agreements and transactions should always be well documented and most importantly, **reflect fair market value**. (4755-7-08 (6) (c) O.A.C.)

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POST-TEST

1. Which ethics theory states that right and wrong is determined by the consequences?
 - a. Utilitarianism
 - b. Social Contract Theory
 - c. Ethical Egoism
 - d. Natural Law Theory
2. Which philosopher believed that the morally important thing is not the consequences, but the way choosers think while they make their choices?
 - a. John Stewart Mills
 - b. Thomas Hobbs
 - c. Immanuel Kant
 - d. Aristotle
3. Which ethics theory proposes that ethical behavior is a result of developed or inherent character traits?
 - a. Deontological Theory
 - b. Ethical Intuitionism
 - c. Ethical Egoism
 - d. Virtue Ethics
4. Which of the following is defined as the duty to cause no harm?
 - a. Beneficence
 - b. Finality
 - c. Nonmaleficence
 - d. Veracity
5. The ethical standards for Ohio licensed occupational therapists and occupational therapist assistants are documented in
 - a. Chapter 4755-7-08 of the Ohio Administrative Code
 - b. Subsection 6 (b) of the NBCOT bylaws
 - c. Chapter 148.66 of the Ohio Department of Health Regulatory Code
 - d. The OOTA Guide to Clinical Practice
6. An occupational therapy practitioner shall not engage in any sexual relationship with a patient (or parent of a minor patient) while a

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OHIO OCCUPATIONAL THERAPY ETHICS

- practitioner/client exists and for _____ immediately following the termination of therapy.
- a. 1 month
 - b. 2 months
 - c. 6 months
 - d. 12 months
7. Which of the following is NOT one of the possible consequences listed in 4755.10 of the Revised Code for occupational therapy practitioners who have been found guilty of violating the Code of Ethics?
- a. license suspension
 - b. remedial supervision
 - c. license revocation
 - d. fine
8. Disclosure of which of the following is a condition of Informed Consent?
- a. reasonable alternatives
 - b. consequences of non-treatment
 - c. prognosis for achieving goals
 - d. all of the above
9. The "Trust Test" is used to help determine
- a. medical necessity
 - b. conflict of interest
 - c. informed consent
 - d. confidentiality
10. Which of the following is unethical?
- a. Having a referring physician as your facility's Medical Director
 - b. Sending holiday cookies to all local case managers
 - c. Giving concert tickets to the doctor who refers the most patients each month
 - d. Subleasing office space to a physician