Occupational therapy is a field that has morphed overtime. It is a profession that intertwines human occupation with overall health. Human occupation is defined as the directed use of time, energy, interests, and attention. Therapists work towards inclusion of all individuals in activities that are meaningful to them. These would later be given the name activities of daily living. Occupational therapy began as a moral treatment for the mentally ill. Treatment was guided by the principle of treating people with consideration and kindness while prescribing purposeful activities to maximize function and minimize symptoms of mental illness. The therapeutic benefit of arts and crafts began to be recognized and was included in occupational therapy treatment. With this, the profession moved toward the medical model.

With the return of injured soldiers from World War I, demand for occupational therapists (OTs) increased and the field began to work more with physical disabilities. The scope of OT practice continued broadening to include pediatrics and developmental disabilities. Current interpretations of OT focus on a person’s quality of life by becoming more involved in education, prevention, screenings, and health maintenance. Thus there are three main goals—prevention, quality of life, and maintaining independence. Therapists can be seen in a wide range of settings including rehabilitation, schools, and psychological treatment working across the lifespan.

The American Occupational Therapy Association (AOTA) and Ethical Practice

The American Occupational Therapy Association was created in the 1920s as the governing body and advocate for the field. The association collaborates with state associations
for licensure, legal and ethical standards. Members of AOTA are committed to promoting inclusion, diversity, independence, and safety to all individuals. The Occupational Therapy Code of Ethics was created in order to provide a public statement of the values and principles of the profession that promote and maintain high standards of care and behavior. This code applies to not only individual practitioners, but to the occupational therapy field as a whole. The creation of the code was based on ethical reasoning of practice, professional issues, and empathetic reflection regarding interpersonal interactions. The result is a combination of morals and critical reasoning. The ethical code is a commitment to beneficence, virtuous practice, genuinely good behavior, and courage.

AOTA is also responsible for enforcing the ethical standards. It is stated that occupational therapists have a professional obligation to be aware of the potential ethical conflicts of practice. Furthermore, they are responsible to take appropriate action in such circumstances. AOTA does recognize that personnel may not have the authority or ability to resolve issues, but strive to encourage internal check and balance between professionals to address and correct issues by utilizing one another’s professional opinion. When a circumstance is greater than any one entity can solve, AOTA has set protocol to investigate and impose action when ethical codes are found in violation.

**Occupational Therapy Code of Ethics**

AOTA begins the Code of Ethics by stating that “ethical decision making is a process that includes awareness regarding how the outcome will impact occupational therapy clients in all spheres”. Occupational therapists must have the ability to assess not only theirs, but other’s interactions on the patient in both current and long term results. They continue by declaring that
these principles are situation specific, and pose a threat for conflict. It is then when a therapist must use their ethical judgment to determine a resolution. The Occupational Therapy Code of Ethics defines seven ethical principles in practice—beneficence, nonmaleficence, autonomy, duty, procedural justice, veracity, and fidelity.

Beneficence is described as demonstrating “a concern for the safety and well-being of the recipients of services”. This principle values inclusion of all individuals eligible for services. Therapists are also expected to advocate for their patients to obtain necessary services and promote general public health and safety. Essentially, this principle is to act in the best interest of the patient.

Nonmaleficence is “taking measures to ensure a recipient’s safety and avoid imposing or inflicting harm”. This is the principle of do no harm. Personnel are instructed to maintain professional relationships to not exploit service recipients in any manner. Furthermore, therapists must avoid relationships that pose a conflict of objectivity and refrain from influences that may compromise services. It is up to the practitioner to use professional judgment to analyze and prevent harmful procedures and address potential conflicts of interest in colleagues.

The third principle of autonomy is associated with the concept of confidentiality and “respecting recipients to assure their rights”. OTs collaborate with patients and their families to setting goals and priorities within the treatment process. This includes full disclosure of treatment risks and benefits, obtaining informed consent, and respecting the right to refuse treatment. It is also the responsibility of the OT to protect all confidential information unless otherwise mandated by local, state, or federal regulations.

The principle duty is “achieving and continually maintaining high standards of competence”. OTs must attain the required credentials and licensure as well as adhere to the
standards and practices set forth by AOTA. In addition to the initial requirements therapists must achieve continuing education to learn or refresh on current treatment protocols or standards. It is also the OTs responsibility to act in circumstances where they are knowledgeable, and seek professional consultation when treatment is beyond their knowledge.

Procedural justice refers to “complying with laws and Association policies guiding the profession of occupational therapy”. It is the responsibility of the OT to be familiar with current laws and guidelines as well as revisions as they are applied. Emphasis is placed on correct documentation of treatment as well as encouraging those around to adhere to the same ethical and legal standards.

Veracity is “providing accurate information when representing the [occupational therapy] profession”. This principle focuses on full disclosure specifically when it involves potential conflicts of interests, credentials, presentation of information, and errors. Furthermore, it is up to the OT to acknowledge and accept responsibility for their professional actions and services.

The final principle of fidelity is “treating colleagues and other professionals with respect, fairness, discretion, and integrity”. This principle addresses interactions with other healthcare professionals. Therapists must accurately represent the occupational therapy profession as well as their credentials and knowledge. With this, they also must avoid and work to resolve organizational and interpersonal conflicts.

These principles however, are not black and white. Ethical issues arise when one or more of these conflict and thus, require the practitioner to make judgments and weigh the outcomes. It is the therapist’s responsibility to be knowledgeable and aware to the results of their actions to patients, families, and other health care professionals.
**Current Occupational Therapy Ethical Issues**

One key issue involves healthcare reimbursement and insurance claims. An example of this is advocating for patients to insurance providers that care is necessary for successful treatment. The specific principles that interact with this are veracity and beneficence. A therapist may look at a patient and know that a treatment would be beneficial to their care; however, based on insurance standards, the patient does not qualify. An OT must then make the decision whether to side with beneficence and do what is necessary for the patient or to follow the standards set by insurance providers. The OT in this case may use beneficence to justify false documentation to attain treatment.

Similarly, discharge of patients has become an increasingly ethical question potentially involving all ethical principles. An OT may feel strongly that it is in the best interest of the patient to either remain in care, or to be removed from care. This exemplifies beneficence and nonmaleficence by trying to act in a way that best helps the individual. Insurance may continue to play a factor and cause OTs to act in unethical manors. Surprisingly the medical structure of the profession itself also becomes a factor by trying to be efficient and treat as many people as possible (due to case loads, financial resources, etc). This may lead to a decrease in the standards of care in order to meet these treatment benchmarks. Another major issue arises when autonomy is conflicting with the decision—when an OT opinion conflicts with that of the patient. To respect autonomy may cause negative health effects. The important question in solving this dilemma is whether the patient is mentally capable of making an informed, autonomous decision. This also involves the OT making the patient capable of this decision by fully informing them of the implications of their actions (veracity). In addition, where does the OT make the decision that
someone is mentally capable to make informed decisions? Would the family be a suitable option to make the decision?

The nature of the occupational therapy profession is such that OTs work closely with multiple other healthcare professionals. With this, ethical issues involving inter-professional interactions arise. Colleagues may be seen to at in unethical manners, and a therapist must make the decision on how to best address the issue. In one sense, there must be trust that the colleague is acting in what they feel is the benefit of the patient. In another, the OT may feel the opposite as the other healthcare giver. Assuming that the other therapist is acting in a lawful and accurate manner, the question becomes which practitioner is ‘correct’. To answer this, it is important to recognize whose scope of practice the decision falls under and who is best knowledgeable and able to make a decision.

Occupational therapy allows therapists the opportunities to closely interact with patients. This professional relationship poses multiple ethical threats. The most glaring of these is the ability of the therapist to maintain a professional relationship and objectivity. The closeness of the relationship potentially can alter the OT’s decision in methods of treatment. Additionally, the OT may not be able to distinguish when a patient is capable to make an autonomous decision. This relationship is also problematic from the view of a patient. Some cases within the field involve mental impairment and social dysfunction of some kind. This in itself can lead to an over-valued relationship and the patient not being able to distinguish between professional and personal relationships. A perfect example of this would be an OT within a school district working with a client of opposite gender and that patient developing romantic feelings toward the OT.