

CODE OF ETHICS FOR CLINICAL DIETITIANS

SWEDISH ASSOCIATION OF CLINICAL DIETITIANS



DRF
DIETISTERNAS
RIKSFÖRBUND

CODE OF ETHICS FOR CLINICAL DIETITIANS

Published by the Swedish Association of Clinical Dietitians (DRF) 2009
P.O. Box 760, 131 24 Nacka, S-103 12 STOCKHOLM

ISBN:
978-91-976992-2-8

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The Code of Ethics for Clinical Dietitians was adopted at the Annual General Meeting of the Swedish Association of Clinical Dietitians (DRF) on 3 April 2005, first revision 2007, second revision 2009. and will be revised at the 2011 Annual General Meeting.

An ethical analysis, with examples, is provided as a complement to the code. The purpose of this analysis is to give guidance with regard to solving ethical problems or questions and to stimulate reflection and discussion. Words in *italics* are professional terms defined in “Nutrition Terminology DRF”.

These two documents can be found at www.drf.nu.

CONTENTS

Introduction	4
History	4
Nutrition in Clinical Care	4
Professional ethics	5
Aims and structure of the Code	5
Application and limitations	6
Aims of the profession	7
Tasks of the profession	7
The clinical dietitian’s obligations	8
Obligations towards parties concerned	9
Obligations towards the patient	9
Obligations towards the next-of-kin or equivalent	10
Obligations towards colleagues and other professional groups	10
Obligations towards the employer	10
Obligations towards society	10
Research ethics	10
Definitions of the term Dietitian	11
Laws relevant to professional practice	13

INTRODUCTION

The work of the clinical dietitian is based upon the fundamental human need for energy and nutrition. To have one's energy and nutritional requirements fulfilled is an undisputed human right. This is also obvious from a general, ethical point of view. Illness, and medical treatment linked to illness, can however make it difficult or even impossible for an individual to meet these requirements without assistance. At the same time the illness itself may change the requirements. Social, psychological and cultural factors also influence the conditions for an optimal energy and nutritional intake. Food, mealtimes and eating also involve many aspects and can be organized in many formats. Taken together, all these factors constitute the foundations of the profession of the clinical dietitian.

The work of a clinical dietitian is based on the science of *nutrition*¹. Professional practice requires an academic education which includes clinical training. This makes the dietitian uniquely qualified to carry out prevention and treatment of nutritionally related conditions. The dietitian has professional registration (since 2006) and the professional title is protected. It is in this context that the term dietitian is used in this code. In other countries the dietetic profession is further defined, see European Federation of the Association of Dietitians (EFAD), The International Congress of Dietetic Associations (ICDA) and American Society of Enteral and Parenteral Nutrition (ASPEN), page 12.

At the end of this code ICDA's and EFAD's professional Codes of Ethics and Good Practice are presented.

HISTORY

It was initially catering managers and domestic science teachers who could further their training and become clinical dietitians. The first dietetic posts in Sweden were established in the early 1960's, mainly at the major hospitals. Regular training at university level started in 1978 and since then the profession has increased in numbers and the field of work has expanded. Clinical dietitians now also work in primary care, for local and government authorities, in the food and medical industry as well as in research. The majority, however, are to be found in hospitals and health centers working with the nutritional treatment of inpatients and outpatients. Initially, the profession was mainly directed towards life-style related illnesses. In recent years, the profession has expanded into highly specialised care aimed at the prevention and treatment of *malnutrition*¹. The total number of posts has also increased.

NUTRITION IN CLINICAL CARE

The work of the clinical dietitian is based on nutrition, which comprises the science of energy metabolism and of nutrients and their function in the human body. Nutritional treatment is considered to be part of medical care (ref. SOS 2000:11). Within the realm of care, nutrition can be seen from different perspectives. For the clinical dietitian the main perspective is the nutritional treatment of the patient. The medical perspective of the doctor and the care perspective of the nurse also include concerns about nutrition. The different perspectives are sometimes overlapping and complementary.

The dietitian's professional competence is a synthesis of knowledge regarding food composition, nutritional requirements, foodstuffs, food choices, food preparation and meal planning, as well as

knowledge about psychological and sociological factors which can control appetite and eating within the context of health and illness.

Dietetics is the integration and application of principles derived from several disciplines – including nutrition, biochemistry, physiology, food science and food composition, management of foodservices, as well as behavioral and social sciences – in order to achieve and maintain optimal human health.

Dietitians interpret the scientific evidence concerning human nutritional requirements and use this information to influence food intake and food choices within the population.

*Medical Nutrition Therapy*¹ comprises nutritional diagnostics, therapy and advice for the purpose of treating illness. The dietitian's area of expertise involves a full command of current nutritional therapies as well as the prescription of a specific personalised treatment based on one or more of these therapies. The dietitian must also have a solid knowledge base regarding the different products available for the respective forms of therapy.

This professional competence is unique and therefore distinguishes the dietitian from other health care and medical professionals and is the reason for the dietitian's specific responsibility for nutritional treatment.

PROFESSIONAL ETHICS

The clinical dietitian's work involves a responsibility towards all the different parties concerned. The most important responsibility for the clinical dietitian is always towards the patient. The clinical dietitian fulfils this responsibility in various ways, for example by basing the treatment on scientific evidence and proven experience and by following scientific developments in the field. The clinical dietitian provides treatment and gives information in an environment that requires co-operation and respect between various professional groups and where all involved work towards a common goal.

The clinical dietitian must also fulfill professional demands for quality of care. All of these demands – responsibilities towards parties concerned as well as professional demands for quality – are justified and meeting them, as far as is possible, characterises an ethically correct care. They may, however, conflict making it necessary for the clinical dietitian to weigh them against each other when deciding further action.

This English version of the Code of ethics for Clinical Dietitians has been translated from Swedish by Jenny McGreevy.

AIMS AND STRUCTURE OF THE CODE

The clinical dietitian encounters various ethical problems in his or her daily work. The Swedish Association of Clinical Dietitians has prepared this Code to serve not only as a guideline for the individual clinical Dietitian, but also to clarify which principles the Association considers should characterise the work of the clinical dietitian. In addition, the purpose of the code is to raise attention to ethical issues and problems in the clinical Dietitian's work, thereby contributing to lively discussion of such ethical issues amongst clinical dietitians. The Swedish Association of Clinical dietitians regards an ethical code as a step towards a common system of values within the profession.

The professional Code of Ethics of the Swedish Association of Clinical Dietitians has the following structure. Firstly, the clinical dietitian's profession is described in terms of its aims and tasks. Secondly, a number of obligations are specified; those that the clinical dietitian has to the profession itself as well as those to the parties involved in the clinical dietitian's work: the patient, the next-of-kin, colleagues, the various professional groups that the clinical dietitian co-operates with, the employer and society. It is important to emphasize that it is not only respect for the different parties concerned that puts ethical demands on the clinical dietitian. It is also unethical not to endeavor to meet the goals of the profession or the specific demands of the profession for quality of care. In this respect, the requirements for competence and quality are also ethical requirements.

APPLICATION AND LIMITATIONS

A professional code of ethics can never be complete in the sense that all the ethical issues that the clinical dietitian must consider are specified in the text or formulated as rules. Reality is far too complex for this to be possible. In any particular situation, different ethical requirements and obligations may come into conflict with one another, whereby it may be impossible to meet them all. In such cases the code cannot provide complete answers as to how to weigh up the different demands. A general rule, however, is that consideration towards the patient carries greater weight than that towards others concerned. Similarly, the clinical dietitian must not ignore strictly professional obligations. However, in specific cases the balancing of demands must be left to the clinical dietitian's own judgement. This does not imply that the formulation of the various considerations and requirements of a code becomes unimportant. On the contrary, the formulation of specific demands related to the parties concerned or and to the profession constitutes a means of support and a good starting point when it comes both to observing ethical problems in one's own work and to describing and analysing a problem in order to reach a solution.

A collection of examples giving common situations of different types which involve ethical problems or conflicts in professional practice has been produced to serve as help and guidance for training how to make good ethical analyses.

The Code of Ethics presumes that the clinical dietitian, in his or her work, respects current laws and regulations. The Code is not a legal document. Its rules should rather be seen as supplementing what is laid down in law, see page 13.

The term *patient* is used throughout this Code to refer to the individual receiving treatment from the clinical dietitian. In certain situations other terms may be commonly used and more suitable. The ethical content of the Code can also be expressed using these terms.

THE PROFESSION

AIMS OF THE PROFESSION

To promote health and quality of life in individuals through nutritional measures aimed at prevention as well as treatment.

TASKS OF THE PROFESSION

- To prevent and alleviate illness/symptoms by means of nutritional treatment through oral, *enteral*¹ and/or *parenteral nutrition*¹.
- To inform and educate on issues of nutrition.
- To act as a resource for the health and medical care services and society concerning nutritional issues.
- To participate in and follow research in the field of nutrition.

THE CLINICAL DIETITIAN'S OBLIGATIONS

- To provide treatment or information based on scientific evidence and proven experience and actively represent this professional expertise in contacts within health and medical care and society in general.
- To endeavor at all times to adhere to the profession's established and accepted correct use of language, in an understandable form, when informing patients and staff, in written publications and in contacts with the media.
- To be aware of one's role as a representative of the profession in official situations, and in contact with the media, and to strive for objectivity and a serious image.
- To understand the complexity of illness processes and the limits of the clinical dietitian's own competence and role in the treatment of patients.
- To seek advice and knowledge from colleagues as well as from other professions when required.
- To document the nutritional treatment.
- To transfer relevant information to others involved in the treatment of the patient.
- Not to allow the clinical dietitian's duties and work to be used to meet other needs of the patient.
- To maintain personal levels of competence by continually following the scientific and other literature within the nutritional and relevant medical fields, as well as participating in further education.
- To work using the nutritional care process as the overall structure
- Not to allow thoughts of personal gain to influence the treatment and information given.
- To maintain a rational and critical position with regard to all forms of marketing and information and to be aware of the commercial interests behind parts of this information.

OBLIGATIONS TOWARDS PARTIES CONCERNED

Obligations towards parties concerned apply independent of their sex, age, ethnicity, colour of skin, sexual orientation, religion, political and social affiliations.

OBLIGATIONS TOWARDS THE PATIENT

- To regard the patient as autonomous, i.e. to see the patient as having the capability to make decisions concerning his/her own life.
- To keep informed at all times; of the patient's diagnosis, treatment and needs and of various factors concerning the patient's situation that may influence the formulation of the nutritional treatment.
- To give advice and propose treatment based on one's own professional knowledge and experience as well as on knowledge of the patient's wishes and situation and to establish goals together with the patient.
- To respect the patient's wishes as far as possible considering the demands of the profession.
- To balance the consequences of the nutritional treatment against those of other treatment of the patient so that an overall positive outcome has priority.
- To take into consideration that there may be situations where the correct course of action is to end or not to start a nutritional treatment.
- To actively support and encourage the patient in the nutritional treatment and, as far as can be considered realistic, try to motivate the patient by means of information to carry out and complete the treatment.
- To make sure that the treatment is carried out with the patient's informed consent. This means that the patient is capable of making decisions, understands the information and is under no form of compulsion when accepting the treatment. If the patient is a child the informed consent must be obtained from its guardian. When the child is mature enough to give its own consent it must be obtained together with that of the guardian. Where the patient is an adult incapable of making decisions, an informed consent must be obtained from the patient's next-of-kin or guardian. In the absence of a guardian or next-of-kin, or if a certificate exists for compulsory admission to a psychiatric hospital in accordance with the law regulating compulsory psychiatric care, responsibility for deciding proper treatment rests with the clinical dietitian and physician.
- To treat patient information confidentially and to observe legally binding professional secrecy. Transfer of information over and above professional obligations may occur only after having obtained the patient's consent.
- To ensure that documentation is factual, relevant and observes the patient's integrity and dignity. The dietitian has a legal obligation to keep documented records.

OBLIGATIONS TOWARDS THE NEXT-OF-KIN OR EQUIVALENT

- To be explicit to the next-of-kin that the clinical dietitian represents the patient.
- To inform the next-of-kin concerned of the treatment only after having obtained the patient's consent.
- To involve the next-of-kin in the treatment only after having obtained the patient's consent.

OBLIGATIONS TOWARDS COLLEAGUES AND OTHER PROFESSIONAL GROUPS

- To work for a trustful co-operation towards common goals.
- To work jointly with colleagues or other professional groups in order to promote the interests of the patient in the best way possible.
- To explain one's own field of competence and to fulfill the obligations associated with the position.
- To respect the competence and field of responsibility of other professionals.
- To assist other clinical dietitians or representatives of other professions by giving advice and sharing knowledge and experience as requested. It is particularly important to introduce and support new and less experienced colleagues.

OBLIGATIONS TOWARDS THE EMPLOYER

To adhere to the employer's guidelines and to show loyalty towards the employer as far as this is consistent with other demands of professional ethics.

OBLIGATIONS TOWARDS SOCIETY

To take responsibility towards society, mainly through providing information on matters concerning nutrition and nutritional treatment, using one's own competence based on scientific evidence and proven experience.

RESEARCH ETHICS

- When the clinical dietitian pursues research, he/she is bound by the law concerning vetting of the ethics of research involving humans and by the ethical rules and guidelines that govern medical and social science research in Sweden.
- When research is carried out in connection with care, the patient's wellbeing and rights must at all times precede research demands.
- When research is carried out as part of training, the final responsibility for adherence to research ethics rests with the supervisor.

DEFINITIONS OF THE TERM DIETITIAN

A number of definitions of the term **dietitian** from other organisations follow below:

The European Federation of the Association of Dietitians (EFAD):

”A dietitian with an education focused on clinical nutrition and dietetics with responsibility for dietary prevention and treatment of individuals, in an institution or a community”.

In this Code, the term 'clinical dietitian' refers to a 'registered dietitian with protected professional title'.

- **Clinical Dietitian:** a dietitian who has responsibility for planning, education, supervision and evaluation of a clinically devised eating plan to restore the client's/patient's functional health. Clinical dietitians can work in primary care as well as in institutions.
- **Public Health or Community Dietitian:** a dietitian directly involved in health promotion and policy formulation that leads to the promotion of food choice amongst individuals and groups to improve or maintain the nutritional health and minimize risk from nutritionally derived illness.

The International Confederation of Dietetic Associations (ICDA):

- A dietitian is a person with a qualification in Nutrition & *Dietetic*¹ recognized by national authority(s). The dietitian applies the science of nutrition to feeding and education of groups of people and individuals in health and disease.
- The scope of dietetic practice is such that dietitians may work in a variety of settings and have a variety of work functions.

ASPEN Standards of Practice for Nutrition Support Dietitians:

- The NSD is a registered dietitian with clinical expertise or credentialing in nutrition support obtained through education, training, or experience in this field.
- The NSD assures optimal nutrition support through (a) individualized nutrition screening and assessment; (b) development of a medical nutrition therapy (MNT) care plan and its implementation; (c) monitoring and reassessment of an individual's response to the nutrition care delivered; and (d) development of a transitional feeding care plan or termination of a nutrition support care plan, as appropriate. Other activities may include management of nutrition support services, including developing policies and procedures and supervising personnel and budgets; recommending and maintaining enteral and parenteral formulas; evaluating equipment for enteral feeding delivery; participating in nutrition support committees; and assuring optimal reimbursement for nutrition support activities.
- A dietetics professional is a person who, by virtue of academic and clinical training and appropriate certification and/or licensure, is uniquely qualified to provide a comprehensive array of professional services relating to prevention and treatment of nutritional related conditions. (JADA 2006)

EFAD and ICDA have adopted the *International Code of Ethics*:

Dietitians practice in a just and equitable manner to improve the nutrition of the world by:

1. Being competent, objective and honest in our actions
2. Respecting all people and their needs
3. Collaborating with others
4. Striving for positive nutrition outcomes for people
5. Doing no harm
6. Adhering to the standards of good practice in nutrition and dietetics

and *International Code of Good Practice*:

Provision of Service and application of knowledge

1. Provide high quality, cost efficient services in nutrition and dietetics
2. Provide services based on the expectation and needs of the community or client
3. Competently apply the knowledge of nutrition and dietetics and integrate this knowledge with other disciplines in health and social sciences
4. Work co-operatively with others to integrate nutrition and dietetics into overall care/service regardless of context
5. Work in partnership with clients and users of the service

Developing practice and application of research

1. Interpret, apply, participate in or generate research to enhance practice
2. Develop a unique body of knowledge
3. Have an in-depth scientific knowledge of food and human nutrition
4. Develop practice based on evidence

Communication

1. Communicate effectively through nutrition education, education and training, development of policy and programs
2. Advocate for nutrition and dietetics, the alleviation of hunger and the value of services
3. Advance and promote the dietetics profession

Quality in practice

1. Systematically evaluate the quality of practice and revise practice on the basis of this feedback
2. Strive to improve services and practice at all times
3. Maintain continued competence to practice

Continued competence and professional accountability

1. Ensure accountability to the public
2. Accept responsibility for ensuring practice meets legislative requirements
3. Maintain continued competence by being responsible for lifelong learning and engaging in self development.

LAWS RELEVANT TO PROFESSIONAL PRACTICE

- Hälsa- och sjukvårdslagen (1982:763)
- Lagen (1998:531) om yrkesverksamhet på hälso- och sjukvårdens område
- Socialstyrelsens föreskrifter (SOSFS 2005:12) om Ledningssystem för kvalitet och patientsäkerhet i hälso- och sjukvården samt
- Socialstyrelsens allmänna råd (SOSFS 1998:8) om kvalitetssystem inom omsorgerna om äldre och funktionshindrade.
- Socialstyrelsens föreskrifter (SOSFS 2005:27) om samverkan vid in- och utskrivning av patienter i slutenvård.
- Patientdatalagen (SFS 2008:355)
- Livsmedelslagen (SFS 2006:804)
- Socialstyrelsens föreskrifter (SOSFS 2008:33 (M)) om uppfödning genom amning eller med modersmjölksersättning.

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THIS CODE WAS PREPARED BY
THE SWEDISH ASSOCIATION OF CLINICAL DIETITIANS
2009 , VERSION 3.

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