The American Occupational Therapy Association
Advisory Opinion for the Ethics Commission

Role of Occupational Therapy Ethics Rounds in Practice

Given the dynamic, complex, nonlinear, and multilayer nature of occupational therapy practice, it is not surprising that, at times, conflict, ethical tension, or moral distress may arise. The Occupational Therapy Code of Ethics (referred to as “the Code”; American Occupational Therapy Association [AOTA], 2015) clearly outlines the standards of ethical occupational therapy practice and acts as a guide for ethical behavior. It describes ethical principles and how they apply specifically to occupational therapy students, practitioners, educators, and researchers. Understanding the Code is a crucial component of fostering an ethical culture in one’s area of practice.

Many ethical issues can be anticipated and either prevented or identified early and thus addressed proactively (Epstein, 2012). Just addressing each individual ethics challenge as it occurs, however, is inadequate. Occupational therapy practitioners must create underlying systems and cultures that support the prevention and discussion of ethical issues in daily practice.

Walker (1993) described ethics as not being a mastery of codelike theories and lawlike principles; rather, she suggested that health care professionals are architects of moral space. Occupational therapy practitioners can shape the moral space of their environment in many ways, including by

- Identifying themes and triggers for conflict or moral distress,
- Providing a voice for underserved populations,
- Maintaining high professional standards,
- Placing value on effective communication,
- Supporting involvement in institutional ethics committees, and
- Implementing occupational therapy ethics rounds.
Occupational therapy ethics rounds can be an important medium for cultivating sensitivity toward anticipatory and emerging ethical issues and for preparing practitioners to deal with actual ethical problems in practice.

*Moral distress* is tension that arises when a moral agent (e.g., a practitioner) is unsure of the best course of action to take or encounters a barrier that prohibits doing what he or she knows to be right. Moral distress has been studied extensively in nursing, a profession that, like occupational therapy, uses relationship building and rapport as a cornerstone of practice; moral distress was found to have significant negative effects on quality of care and staff retention (Burston & Tuckett, 2013; Whitehead, Herbertson, Hamric, Epstein, & Fisher, 2015). Few studies have examined moral distress among occupational therapy practitioners, but one study confirmed that occupational therapy practitioners in the practice areas of geriatric and physical disabilities did experience moral distress (Penny, Ewing, Hamid, Shutt, & Walter, 2014). No significant relationship was found between moral distress and degree, age, or years of practice, but higher levels of moral distress were associated with poor practitioner retention. More research is needed to fully understand moral distress in occupational therapy practitioners across practice settings.

Slater and Brandt (2009) suggested strategies to limit the negative consequences of moral distress in occupational therapy, including

- Recognizing and identifying moral distress when it occurs,
- Implementing educational strategies,
- Facilitating interdisciplinary research,
- Improving communication,
- Creating healthy organizational work environments, and
- Promoting ethical leadership.

Developing a forum such as occupational therapy ethics rounds for team members to openly and honestly reflect on ethical issues incorporates many of these strategies.

**Occupational Therapy Ethics Rounds**

Occupational therapy ethics rounds are a medium for open dialogue and honest reflection. This process incorporates the use of clinical narratives, reflection, a debriefing, communication skills,
conflict management, and problem solving. Although referred to as occupational therapy ethics rounds, interprofessional participation is strongly encouraged.

The format of occupational therapy ethics rounds may vary across settings; however, the goal of promoting an ethical culture through dialogue is consistent. Occupational therapy ethics rounds may not always result in a definitive answer to a question, but the process will provide increased clarity and additional perspective on ethical tensions, concerns, or issues.

Verkerk et al. (2004) described the aim of ethical reflection as enhancing the awareness of the many moral aspects of one’s daily practice. By enhancing this awareness, one also practices proactive ethics prevention and promotes quality in occupational therapy. Ethics rounds encompass many components of ethical clinical practice and provide an opportunity for practitioners to consider what shapes and guides their own ethical decision making. Figure 1 depicts sources of guidance practitioners can use to support ethical reasoning.

![Figure 1. Guides to ethical occupational therapy practice.](image)

*Note. AOTA = American Occupational Therapy Association; NBCOT = National Board for Certification in Occupational Therapy; OT = occupational therapy.*

Occupational therapy ethics rounds can have a powerful impact by minimizing moral distress, fostering an ethical culture, and promoting a healthy practice environment. By implementing an
ethics rounds schedule, occupational therapy practitioners make a clear statement that ethics is a priority in their practice and model behavior for other team members. Practitioners who participate in occupational therapy ethics rounds will develop an increased awareness of resources within their practice setting and professional organizations.

Occupational therapy ethics rounds also provide an opportunity to amplify practitioner familiarity with the Code and strengthen their ability to apply ethical principles to real life or simulated scenarios. The discourse that occurs improves communication skills in difficult conversations and empowers practitioners to advocate for the role of occupational therapy. Occupational therapy ethics rounds provide practitioners with a forum to share challenges, support colleagues, and prepare for future ethical issues. Regular participation in occupational therapy ethics rounds can help practitioners be proactive in identifying ethical issues and feel prepared to address them when they arise.

**Implementation of Occupational Therapy Ethics Rounds**

**Strategies**

Given the productivity demands of occupational therapy practice, the idea of taking time to implement and attend occupational therapy ethics rounds can seem daunting. It is important to recognize that productivity is often a strong contributor to moral distress in occupational therapy practitioners, and occupational therapy ethics rounds may help combat feelings of dissatisfaction and powerlessness.

Organizers should share the available literature on ethics rounds and advocate for support from leadership. It is important to start small and be realistic when setting a frequency. For some settings, once a month may be overwhelming, so a quarterly approach might be a better fit. Occupational therapy ethics rounds can occur during scheduled meeting times or as an optional continuing education activity during lunch or after work hours.

Exploring resources within the current setting and finding out whether others from different disciplines are already hosting ethics rounds can reveal valuable resources. Informal rounds are beneficial, but planning in advance allows for the incorporation of current literature that may be relevant to the case or topic.
Organizers, who can be any member of the team, do not always have to present or feel compelled to have all of the answers. They should think about the following questions:

- Who will present the case, article, topic, or scenario?
- Who will lead the discussion?
- What other disciplines should be invited to participate?

Group facilitation techniques establish a confidential and open forum in which all respectful opinions are welcome. Using the Code to incorporate terminology into the discussion will build participants’ comfort with this important document.

**Format**

The recommended structure for 60-minute occupational therapy ethics rounds includes the following:

- Present the case, topic, article, or scenario (15 minutes)
- Summarize the ethical issues (5 minutes)
- Facilitate a group discussion (30 minutes)
- Summarize the discussion, reiterating major points, and identify next steps (10 minutes).

Examples of content for occupational therapy ethics rounds include the following:

- Examine a current or retrospective case
- Analyze a journal article or ethical case in the news
- Explore an established philosophical dilemma or thought experiment
- Discuss a topic—for example,
  - Productivity demands
  - Role of occupational therapy with a specific population
  - Insurance coverage as a barrier to intervention
  - Interprofessional practice
  - Mentoring of students.
The following section provides three examples with discussion questions for getting occupational therapy ethics rounds started.

**Case Example: John**

John, age 58 and right-hand dominant, was in an accident that resulted in a left femur fracture, right-hand amputation, and left thumb and index finger amputation. He is angry and reluctant to participate in any therapy. As the occupational therapy practitioner working with him in acute rehabilitation, you are doing your best to build rapport and engage him in ADLs.

After you explain the role of occupational therapy, John finally makes eye contact with you and says that his only goal is to be able to smoke a cigarette without someone else holding it for him. He says, “I want to participate in smoking. That’s what’s meaningful to me.” Since admission, despite the medical team’s advice not to smoke cigarettes, John has been going outside to smoke cigarettes multiple times a day with the assistance of his family. Although you want to be client centered and help John achieve his stated goal through rehabilitative and compensatory strategies, the thought of helping him smoke creates ethical tension and moral distress.

Consider the following questions:

- How do you react to John’s goal? Does it make you uncomfortable?
- Have you or anyone present experienced a similar situation in practice?
- What ethical principles from the Code are relevant to this case? Do any of the principles conflict with each other?
- What is the role of interprofessional care in this case?
- What resources exist to assist you in confronting this ethical dilemma?
- What are your potential next steps?

**Topic Example: Productivity**

Participants review two documents in advance: (1) “Consensus Statement on Clinical Judgment in Health Care Settings” (AOTA, American Physical Therapy Association, & American Speech–
Language–Hearing Association, 2014) and (2) “Ethical Considerations for Productivity, Billing, and Reimbursement” (AOTA, 2014). Consider the following questions:

- What are your reactions to these documents?
- What challenges exist to meeting productivity standards in your setting?
- What strategies do you and others use to overcome these challenges?
- How are clients affected by practitioner productivity demands?
- How does the Code apply to the topic of productivity?
- What are your potential next steps?

**Established Philosophical Dilemma Example: Heinz’s Dilemma**

Consider the following philosophical dilemma:

In Europe, a woman was near death from a very bad disease, a special kind of cancer. There was one drug that the doctors thought might save her. It was a form of radium for which a druggist was charging ten times what the drug cost him to make. The sick woman's husband, Heinz, went to everyone he knew to borrow the money, but he could only get together about half of what it cost. He told the druggist that his wife was dying, and asked him to sell it cheaper or let him pay later. But the druggist said, “No, I discovered the drug and I'm going to make money from it.” So Heinz got desperate and broke into the man's store to steal the drug for his wife (Kohlberg, 1973, p. 638).

- Should Heinz have stolen the drug? Why or why not?
- How would you frame the dilemma in terms of ethical principles?
- How does this dilemma apply to ethics in your practice setting?
- What is an example from your real-life practice that is similar to this case?
- How does it feel to talk about a philosophical dilemma compared with a real case with a client you know and emotions you felt?

**Conclusion**

The diligence and thoughtfulness that occupational therapy practitioners strive to maintain during all interactions with clients are sometimes challenged by ethical tensions or conflicts.
Ethical issues can lead to moral distress, which has a negative impact on practitioners, their ability to provide appropriate care, and the practice setting.

Developing a forum for team members to openly and honestly reflect on ethical issues can have a powerful impact on fostering an ethical culture. Occupational therapy ethics rounds encourage direct communication about ethical concerns, providing an effective strategy for combating moral distress and addressing ongoing challenges in the workplace. Although time is limited in clinical settings, the anticipated benefits of occupational therapy ethics rounds for practice and client care are substantial.

References


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