

## The AOTA Occupational Therapy Code of Ethics (2020)

### Part 1. Preamble

The *Occupational Therapy Code of Ethics* (2020) (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 research, education, and practice. AOTA members are committed to promoting inclusion, participation, safety, and well-being for all recipients 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 individuals, groups, families, organizations, communities, or populations (AOTA, 2020).

The Code is an AOTA Official Document and a public statement tailored to address the most prevalent ethical concerns of the occupational therapy profession. It outlines Standards of Conduct the public can expect from those in the profession. It should be applied to all occupational therapy personnel in all areas of occupational therapy and shared with relevant stakeholders to promote ethical conduct.

The Code serves two purposes:

1. It provides aspirational Core Values that guide members toward ethical courses of action in professional and volunteer roles, and
2. It delineates enforceable Principles and Standards of Conduct that apply to AOTA members.

Whereas the Code helps guide and define decision-making parameters, ethical action goes beyond rote compliance with these Principles and is a manifestation of moral character and mindful reflection. It is a commitment to benefit others, to the virtuous practice of artistry and science, to genuinely good behaviors, and to noble acts of courage. Recognizing and resolving ethical issues is a systematic process that includes analysis of the complex dynamics of situations, applying moral theories and weighing alternatives, making reasoned decisions, taking action, and reflecting on outcomes. Occupational therapy personnel are expected to abide by the Principles and Standards of Conduct within this Code. **The term “personnel” in this document is intended to include the roles of occupational therapist and occupational therapy assistant professionals and practitioners (e.g., direct service, consultation, administration); educators; students in occupational therapy and occupational therapy assistant professional programs; researchers; entrepreneurs; business owners; and those in elected, appointed, or other professional volunteer service.**

The process for addressing ethics violations by AOTA members (and associate members, where applicable) is outlined in the Code’s Enforcement Procedures (AOTA, 2019 ).

While many State Regulatory Boards adopt the Code or similar language regarding ethical behavior, the Code is meant to be a free-standing document, guiding ethical dimensions of professional behavior, responsibility, practice, and decision making. This Code is not exhaustive; that is, the Principles and Standards of Conduct cannot address every possible situation.

Therefore, before making complex ethical decisions that require further expertise, occupational therapy personnel should seek out resources to assist with resolving conflicts and ethical issues not addressed in this document. Resources can include, but are not limited to, ethics committees, organizational ethics officers or consultants, and the AOTA Ethics Commission. For a full list of AOTA ethics resources, please refer to the AOTA website at <https://www.aota.org>.

Please refer to Appendix A for a summary of the revision process for the Code in 2020. Please refer to Appendix B for a history of the AOTA Occupational Therapy Code of Ethics.

## Part 2. Core Values

The occupational therapy profession is grounded in seven long-standing Core Values: *Altruism, Equality, Freedom, Justice, Dignity, Veracity, and Prudence*. The seven Core Values provide a foundation to guide occupational therapy personnel in their interactions with others. The Core Values should be considered when determining the most ethical course of action.

- *Altruism* involves demonstrating concern for the welfare of others.
- *Equality* refers to treating all people impartially and free of bias.
- *Freedom* and personal choice are paramount in a profession in which the values and desires of the client guide our interventions.
- *Justice* describes the promotion of a society in which diverse communities are structured such that all members experience equity and inclusion, so that they can function, flourish, and live a satisfactory life.
- *Dignity* indicates the promotion and preservation of the individuality of the client, by treating them with respect in all interactions. Dignity encompasses cultural sensitivity, cultural humility, and the need to be inclusive of all people.
- *Veracity* indicates that occupational therapy personnel in all situations should be truthful and provide accurate information in oral, written, and electronic forms.
- *Prudence* indicates that occupational therapy personnel should exercise sound judgment and reflection in their clinical and ethical reasoning skills to make decisions in professional and volunteer roles.

## Part 3. AOTA Code of Ethics Principles

The Principles guide ethical decision making and inspire occupational therapy personnel to act in accordance with the highest ideals. These concepts are not hierarchically organized. At times, conflicts between competing principles may need to be carefully balanced according to individual and cultural beliefs, and organizational policies.

### **Principle 1. Beneficence. Occupational therapy personnel shall demonstrate a concern for the well-being and safety of the recipients of their services.**

Beneficence includes all forms of action intended to benefit other persons. The term *beneficence* connotes acts of mercy, kindness, and charity (Beauchamp & Childress, 2019). Beneficence requires taking action by helping others; in other words, by promoting good, by preventing harm, and by removing harm. 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, helping persons with disabilities, and rescuing persons in danger (Beauchamp & Childress, 2019).

**Principle 2. Nonmaleficence. Occupational therapy personnel shall refrain from actions that cause harm.**

*Nonmaleficence* indicates that occupational therapy personnel will refrain from causing harm to recipients of service (Beauchamp & Childress, 2019). The Principle of *Nonmaleficence* also includes an obligation to not impose risks of harm even if the potential risk is without malicious or harmful intent. This Principle often is examined under the context of due care. The standard of *due care* requires that the benefits of care outweigh and justify the risks undertaken to achieve the goals of care (Beauchamp & Childress, 2019). For example, in occupational therapy practice, this standard applies to situations in which the client might feel pain from a treatment intervention; however, the acute pain is justified by potential longitudinal, evidence-based benefits of the treatment.

**Principle 3. Autonomy. Occupational therapy personnel shall respect the right of the individual to self-determination, privacy, confidentiality, and consent.**

The Principle of *Autonomy* expresses the concept that occupational therapy personnel have a duty to treat the client according to the client's desires, within the bounds of accepted standards of care, and to protect the client's confidential information. Often, respect for Autonomy is referred to as the *self-determination principle*. Respecting a person's autonomy acknowledges the agency of the client, including their right to their own views and opinions and the right to make choices in regard to their own care and based on one's own values and beliefs. (Beauchamp & Childress, 2019). Individuals 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.

**Principle 4. Justice. Occupational therapy personnel shall promote fairness, equity, inclusion, and objectivity in the provision of occupational therapy services.**

The Principle of *Justice* relates to the fair, equitable, and appropriate treatment of persons (Beauchamp & Childress, 2019). Occupational therapy personnel should relate in a respectful, fair, and impartial manner to individuals and groups with whom they interact. They should also respect the applicable laws and standards related to their area of practice. Justice requires the impartial consideration and consistent following of rules to generate unbiased decisions and promote fairness. Occupational therapy personnel work to uphold a society in which all individuals have an equitable opportunity to achieve occupational engagement as an essential component of their life.

**Principle 5. Veracity. Occupational therapy personnel shall provide comprehensive, accurate, and objective information when representing the profession.**

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, and honesty, and respect owed to others (Beauchamp & Childress, 2019). In communicating with others, occupational therapy personnel implicitly promise to be truthful and not deceptive. When entering into a therapeutic or research relationship, the recipient of service or research participant has a right to accurate information. In addition, transmission of information is incomplete without also ensuring that the recipient or participant understands the information provided.

**Principle 6. Fidelity. Occupational therapy personnel shall treat clients, colleagues, and other professionals with respect, fairness, discretion, and integrity.**

*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. Practitioners, educators, and researchers alike 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.

**Part 4. Categories and Standards of Ethical Behavior**

The AOTA Ethics Commission enforces these Standards under the Enforcement Procedures for the Occupational Therapy Code of Ethics (AOTA, 2019)

Categories	Standards of Ethical Behavior: Occupational Therapy Personnel Shall:
<p>1. <b>Professional Integrity, Responsibility, and Accountability:</b> OT personnel maintain awareness and comply with AOTA policies and official documents, current laws and regulations that apply to the profession of occupational therapy, and</p>	<p>1A. Comply with current laws and AOTA policies and Official Documents that apply to the profession of occupational therapy. (Principle: Justice; Keywords: policy, procedures, rules, law, roles, scope of practice)</p> <p>1B. Abide by policies, procedures, and protocols when serving or acting on behalf of a professional organization or employer to fully and accurately represent the organization's official and authorized positions. (Principle: Fidelity; Keywords: policy, procedures, rules, law, roles, scope of practice)</p> <p>1C. Inform employers, employees, colleagues, students, and researchers of applicable policies, laws, and Official Documents. (Principle: Justice; Keywords: policy, procedures, rules, law, roles, scope of practice)</p> <p>1D. Comply with relevant laws and promote transparency when participating in a business arrangement as owner,</p>

<p>employer policies and procedures.</p>	<p>stockholder, partner, or employee. (Principle: Justice; Keywords: policy, procedures, rules, law, roles, scope of practice)</p> <p>1E. Respect the practices, competencies, roles, and responsibilities of one's own and other professions to promote a collaborative environment reflective of interprofessional teams. (Principle: Fidelity; Keywords: policy, procedures, rules, law, roles, scope of practice, collaboration, service delivery)</p> <p>1F. Refrain from engaging in illegal actions, whether directly or indirectly harming stakeholders in OT practice. (Principle: Justice; Keywords: illegal, unethical practice)</p> <p>1G. Refrain from actions that reduce the public's trust in occupational therapy. (Principle: Fidelity; Keywords: illegal, unethical practice)</p> <p>1H. Report potential or known unethical or illegal actions in practice, education, or research to appropriate authorities (Principle: Justice; Keywords: illegal, unethical practice)</p> <p>1I. Report impaired practice to the appropriate authorities. (Principle: Nonmaleficence; Keywords: illegal, unethical practice)</p> <p>1J. Refrain from exploiting human, financial, and material resources of their employers for personal gain. (Principle: Fidelity; Keywords: Exploitation, employee)</p> <p>1K. Avoid exploiting any relationship established as an occupational therapy practitioner, educator, or researcher to further one's own physical, emotional, financial, political, or business interests. (Principle: Nonmaleficence; Keywords: Exploitation, academic, research)</p> <p>1L. Avoid conflicts of interest or conflicts of commitment in employment, volunteer roles, or research. (Principle: Fidelity; Keywords: Conflict of interest)</p> <p>1M. Avoid using one's position (e.g., employee, consultant, or volunteer) or knowledge gained from that position in such a manner as to give rise to real or perceived conflict of interest among the person, the employer, other AOTA</p>
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	<p>members, or other organizations. (Principle: Fidelity; Keywords: Conflict of interest)</p> <p>1N. Avoid bartering for services when there is the potential for exploitation and conflict of interest. (Principle: Nonmaleficence; Keywords: Conflict of interest)</p> <p>IO. Conduct and disseminate research in accordance with currently accepted ethical guidelines and standards for the protection of research participants, including informed consent and disclosure of potential risks and benefits. (Principle: Beneficence; Keywords: Research)</p>
<p>2. <b>Therapeutic Relationships:</b> Occupational therapy personnel develop therapeutic relationships to promote occupational well-being in individuals, groups, organizations, and society.</p>	<p>2A. Respect and honor the expressed wishes of recipients of service. (Principle: Autonomy; Keywords: Relationships, clients)</p> <p>2B. Avoid inflicting harm or injury to recipients of occupational therapy services, students, research participants, or employees. (Principle: Nonmaleficence; Keywords: Relationships, clients, students, research, employer, employee)</p> <p>2C. Refrain from threatening, manipulating, coercing, or deceiving clients to promote compliance with occupational therapy recommendations. (Principle: Autonomy; Keywords: relationships, clients)</p> <p>2D. Avoid engaging in sexual activity with a recipient of service, including the client's family or significant other, while a professional relationship exists. (Principle: Nonmaleficence; Keywords: Relationships, clients, sex)</p> <p>2E. Refrain from accepting gifts that would unduly influence the therapeutic relationship or have the potential to blur professional boundaries; and adhere to employer policies when offered gifts. (Principle: Justice; Keywords: Relationships, gifts, employer)</p> <p>2F. Establish a collaborative relationship with recipients of service and relevant stakeholders, to promote shared decision making. (Principle: Autonomy; Keywords: Relationships, clients, collaboration)</p>

	<p>2G. Avoid abandoning the service recipient by facilitating appropriate transitions when unable to provide services for any reason. (Principle: Nonmaleficence; Keywords: Relationships, client, abandonment)</p> <p>2H. Adhere to organizational policies when requesting an exemption from service to an individual or group due to self-identified conflict with personal, cultural, or religious values. (Principle: Fidelity; Keywords: Relationships, client, conflict, cultural, religious, values)</p> <p>2I. Avoid dual relationships and situations in which an occupational therapy professional or student is unable to maintain clear professional boundaries or objectivity. (Principle: Nonmaleficence; Keywords: Relationships, clients, colleagues, professional boundaries, objectivity)</p> <p>2J. Proactively address workplace conflict that is or can potentially affect professional relationships and the provision of services. (Principle: Fidelity; Keywords: Relationships, conflict, clients, colleagues)</p> <p>2K. Avoid any undue influences that may impair practice and compromise the ability to safely and competently provide occupational therapy services, education, or research. (Principle: Nonmaleficence; Keywords: Relationships, colleagues, impair, safety, competence, client, education, research)</p> <p>2L. Recognize and take appropriate action to remedy personal problems and limitations that might cause harm to recipients of service. (Principle: Nonmaleficence; Keywords: Relationships, clients, personal, safety)</p> <p>2M. Refrain from actions or inactions that jeopardize the safety or well-being of others or team effectiveness. (Principle: Fidelity; Keywords: Relationships, clients, colleagues, safety, law, unethical, impaired, competence)</p>
<p>3. <b>Documentation, Reimbursement, &amp; Financial Matters:</b> Occupational therapy personnel</p>	<p>3A. Bill and collect fees justly and legally in a manner that is fair, reasonable, and commensurate with services delivered. (Principle: Justice; Keywords: Billing, fees)</p> <p>3B. Ensure that documentation for reimbursement purposes is done in accordance with applicable laws, guidelines,</p>

<p>maintain complete, accurate, and timely records of all client encounters.</p>	<p>and regulations. (Principle: Justice; Keywords: Documentation, reimbursement, law)</p> <p>3C. Record and report in an accurate and timely manner and in accordance with applicable regulations all information related to professional or academic documentation and activities. (Principle: Veracity; Keywords: Documentation, timely, accurate, law, fraud)</p> <p>3D. Avoid compromising rights or well-being of others based on arbitrary directives (e.g., unrealistic productivity expectations, fabrication, falsification, or plagiarism of documentation, inaccurate coding) by exercising professional judgment and critical analysis. (Principle: Nonmaleficence; Keywords: Productivity, documentation, coding, fraud)</p>
<p>4. <b>Service Delivery:</b> Occupational therapy personnel strive to deliver quality services that are occupation-based, client-centered, safe, interactive, culturally sensitive, evidence-based, and consistent with occupational therapy's values and philosophies.</p>	<p>4A. Respond to requests for occupational therapy services (e.g., a referral) in a timely manner as determined by law, regulation, or policy. (Principle: Justice; Keywords: OT process, referral, law)</p> <p>4B. Provide appropriate evaluation and a plan of intervention for recipients of occupational therapy services specific to their needs. (Principle: Beneficence; Keywords: OT process, evaluation, intervention)</p> <p>4C. Use, to the extent possible, evaluation, planning, intervention techniques, assessments, and therapeutic equipment that are evidence based, current, and within the recognized scope of occupational therapy practice. (Principle: Beneficence; Keywords: OT Process, evaluation, intervention, evidence, scope of practice)</p> <p>4D. Obtain informed consent (written, verbal, or implied) after disclosing appropriate information and answering any questions posed by the recipient of service or qualified family member/caregiver or research participant to ensure voluntary participation. (Principle: Autonomy; Keywords: OT process, informed consent)</p> <p>4E. Fully disclose the benefits, risks, and potential outcomes of any intervention; the occupational therapy personnel who will be providing the intervention; and any reasonable alternatives to the proposed intervention.</p>



	<p>(Principle: Autonomy; Keywords: OT process, intervention, communication, disclose, informed consent)</p> <p>4F. Describe the type and duration of occupational therapy services accurately in professional contracts, including the duties and responsibilities of all involved parties. (Principle: Veracity; Keywords: OT process, intervention, communication, disclose, informed consent, contracts)</p> <p>4G. Respect the client's right to refuse occupational therapy services temporarily or permanently, even when that refusal has potential to result in poor outcomes. (Principle: Autonomy; Keywords: OT process, refusal, intervention)</p> <p>4H. Provide occupational therapy services, including education and training, that are within each practitioner's level of competence and scope of practice. (Principle: Beneficence; Keywords: OT process, services, competence, scope of practice)</p> <p>4I. Re-evaluate and reassess recipients of service in a timely manner to determine whether goals are being achieved and whether intervention plans should be revised. (Principle: Beneficence; Keywords: OT process, re-evaluation, reassess, intervention)</p> <p>4J. Terminate occupational therapy services in collaboration with the service recipient or responsible party when the services are no longer beneficial. (Principle: Beneficence; Keywords: OT process, termination, collaboration)</p> <p>4K. Refer to other providers when indicated by the needs of the client. (Principle: Beneficence; Keywords: OT process, referral)</p> <p>4L. Assist those in need of occupational therapy services to secure access through available means. (Principle: Justice; Keywords: Beneficence, advocate, access)</p> <p>4M. Report systems and policies that are discriminatory or unfairly limit or prevent access to occupational therapy. (Principle: Justice; Keywords: discrimination, unfair, access)</p> <p>4N. Provide professional services within the scope of OT practice during community-wide public health</p>
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	<p>emergencies as directed by federal, state, and local agencies. (Principle: Beneficence; Keywords: Disasters, emergency)</p>
<p><b>5. Professional Competence, Education, Supervision, &amp; Training:</b>          Credentials, degrees, licenses and other certifications demonstrate the commitment to develop and maintain competent, evidence-based practice.</p>	<p>5A. Hold requisite credentials for the occupational therapy services one provides in academic, research, physical, or virtual work settings. (Principle: Justice; Keywords: Credentials, competence)</p> <p>5B. Represent credentials, qualifications, education, experience, training, roles, duties, competence, contributions, and findings accurately in all forms of communication. (Principle: Veracity; Keywords: Credentials, competence)</p> <p>5C. Take steps (e.g., continuing education, research, supervision, training) to ensure proficiency, use careful judgment, and weigh potential for harm when generally recognized standards do not exist in emerging technology or areas of practice. (Principle: Beneficence; Keywords: Credentials, competence)</p> <p>5D. Maintain competency by ongoing participation in education relevant to one's practice area. (Principle: Beneficence; Keywords: Credentials, competence)</p> <p>5E. Address incompetent, disruptive, unethical, illegal, or impaired practice in self or others (Principle: Fidelity; Keywords: Competence, law)</p> <p>5F. Ensure that all duties delegated to other occupational therapy personnel are congruent with credentials, qualifications, experience, competency, and scope of practice with respect to service delivery, supervision, fieldwork education, and research. (Principle: Beneficence; Keywords: Supervisor, fieldwork, supervision)</p> <p>5G. Provide appropriate supervision in accordance with AOTA Official Documents and relevant laws, regulations, policies, procedures, standards, and guidelines. (Principle: Justice; Keywords: Supervisor, fieldwork, supervision)</p> <p>5H. Be honest, fair, accurate, respectful, and timely in gathering and reporting fact-based information regarding employee job performance and student performance.</p>

	<p>(Principle: Veracity; Keywords: Supervisor, supervision, fieldwork, performance)</p> <p>5I. Refrain from participating in any action resulting in unauthorized access to educational content or exams, screening and assessment tools, websites, and other copyrighted information, including but not limited to plagiarism, violation of copyright laws, and illegal sharing of resources in any form. (Principle: Justice; Keywords: Plagiarize, student, copyright, cheating)</p> <p>5J. Provide students with access to accurate information regarding educational requirements and academic policies and procedures relative to the occupational therapy program or educational institution. (Principle: Veracity; Keywords: Education, student)</p>
<p>6. <b>Communication:</b> Whether written, verbal, electronic or virtual communication, occupational therapy personnel uphold the highest standards of confidentiality, informed consent, autonomy, accuracy, timeliness, and record management.</p>	<p>6A. Maintain the confidentiality of all verbal, written, electronic, augmentative, and nonverbal communications, in compliance with applicable laws, including all aspects of privacy laws and exceptions thereto (e.g., Health Insurance Portability and Accountability Act, Family Educational Rights and Privacy Act). (Principle: Autonomy; Keywords: Law, autonomy, confidentiality, communication)</p> <p>6B. Maintain privacy and truthfulness when utilizing telecommunication in delivery of occupational therapy services. (Principle: Veracity; Keywords: telecommunication, telehealth, confidentiality, autonomy)</p> <p>6C. Preserve, respect, and safeguard private information about employees, colleagues, and students unless otherwise mandated or permitted by relevant laws. (Principle: Fidelity; Keywords: Communication, confidentiality, autonomy)</p> <p>6D. Display responsible conduct, respect, and discretion when engaging in digital media and social networking, including but not limited to refraining from posting protected health information. (Principle: Autonomy; Keywords: Communication, confidentiality, autonomy, social media)</p> <p>6E. Facilitate comprehension and address barriers to communication (e.g., aphasia; differences in language,</p>

	<p>literacy, health literacy, or culture) with the recipient of service (or responsible party), student, or research participant. (Principle: Autonomy; Keywords: Communication, barriers)</p> <p>6F. Refrain from using or participating in the use of any form of communication that contains false, fraudulent, deceptive, misleading, or unfair statements or claims. (Principle: Veracity; Keywords: Fraud, communication)</p> <p>6G. Identify and fully disclose to all appropriate persons any errors or adverse events that compromise the safety of service recipients. (Principle: Veracity; Keywords: Truthfulness, communication, safety, clients)</p> <p>6H. Ensure that all marketing and advertising are truthful, accurate, and carefully presented to avoid misleading recipients of service, research participants, or the public. (Principle: Veracity; Keywords: Truthfulness, communication)</p> <p>6I. Give credit and recognition when using the ideas and work of others in written, oral, or electronic media (i.e., do not plagiarize). (Principle: Veracity; Keywords: Truthfulness, communication, plagiarism, students)</p> <p>6J. Refrain from verbal, physical, emotional, or sexual harassment of any individual or group. (Principle: Fidelity; Keywords: Inappropriate communication, harassment, professional civility)</p> <p>6K. Refrain from communication that is derogatory, biased, intimidating, or disrespectful and that unduly discourages others from participating in professional dialogue. (Principle: Fidelity; Keywords: Inappropriate communication, professionalism, professional civility)</p> <p>6L. Promote collaborative actions and communication as a member of interprofessional teams to facilitate quality care and safety for clients. (Principle: Fidelity; Keywords: Communication, collaboration, interprofessional, professional civility)</p>
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<p><b>7. Professional Civility:</b> Professional civility “entails honoring one’s personal values, while simultaneously listening to disparate points of view” (Kaslow &amp; Watson, 2016). These values include cultural sensitivity and humility. Occupational Therapy personnel conduct themselves in a civil manner during all discourse.</p>	<p>7A. Treat all stakeholders professionally and equitably through constructive engagement or dialogue that is inclusive, collaborative and represents a diversity of thought. (Principle: Justice; Keywords: Civility, diversity, inclusivity, equitability, respect)</p> <p>7B. Demonstrate courtesy, civility, value and respect to individuals, groups, organizations, and populations when engaging in personal, professional, or electronic communications, including all forms of social media or networking, especially when that discourse involves disagreement of opinion, disparate points of view, or differing values. (Principle: Fidelity; Keywords: values, respect, opinion, points of view, social media, civility)</p> <p>7C. Demonstrate a level of cultural humility and cultural sensitivity within professional practice that promotes inclusivity and refrains from harmful actions or inactions with individuals, groups, organizations, and populations from diverse backgrounds. (Principle: Fidelity; Keywords: Civility, cultural competence, diversity; cultural humility; cultural sensitivity)</p> <p>7D. Advocate for environments or organizational cultures free of incivility, intimidating behaviors (bullying), and workplace violence. (Principle: Fidelity; Keywords: Civility, intimidation, hate, violence, bullying)</p> <p>7E. Conduct professional and personal communication with colleagues, including electronic communication and social media/ networking, in a manner that is free from personal attacks, threats, and/or attempts to defame character and credibility directed toward an individual, group, organization, or population without basis or through manipulation of information, in order to create a healthy and safe work or professional environment (Principle: Fidelity; Keywords: Civility, culture, communication, social media, social networking, respect)</p>
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### **Appendix A. 2020 Revisions to the Code**

In the Fall of 2019, the AOTA Ethics Commission (EC) began the process of reviewing the AOTA Code of Ethics (the Code), as part of the AOTA Representative Assembly's five-year review cycle. While ethical principles are timeless, the issues to which they apply and the manner of application are constantly evolving, as are the healthcare and community environments in which occupational therapy personnel apply them. Therefore, the Code must change to remain applicable to the environments in which occupational therapy personnel work. The following paragraphs outline the changes to the 2015 Code with rationale.

From August to November 2019, EC members reviewed codes of ethics from several healthcare professions and found that the organization of codes of ethics documents and online platforms had evolved. Professions had organized their codes not by bioethical principles, but by their relationship to areas of practice and professionalism. Moreover, professions had organized online platforms for greater interactive agility. The EC decided that a major revision of the Code's organization was in order, while the majority of the content remained unchanged.

EC members divided into two work groups to reorganize the Code followed by the Enforcement Procedures. The group working on the Code began its revisions by dividing the current code into the following parts: 1) Preamble, 2) Ethical Principles, 3) Behaviors and Standards of Conduct, 4) tracking document and 5) History of the Code. Later, the Preamble was divided into Preamble and Core Values, to create six parts.

In Part 3, EC work group members shifted Standards from the 2015 Code into behavioral categories. The work group reviewed and discussed the placement of the Standards until consensus was reached. The work group then presented the reorganization of the Standards to the full EC for discussion on 2/25/2020. The EC continued to review and reorganize the standards until 6/9/2020. The EC added a section on Professional Civility in response to a charge from the Representative Assembly. Once completed and reviewed on 6/9/2020, the EC then sent the revised Code draft to content experts for further review and edits.

Content experts completed a survey for responding to changes in the Code. Experts responded to both Likert-type scales and open-ended responses. The EC then reviewed feedback from content experts on July 14, 2020 and incorporated revisions to create a final draft of the Code for membership review.

In July-August 2020, the EC sent a survey to all AOTA members to garner feedback on the revised Code.

(Note: Appendix A will be completed once the Code revision process is completed.)

## **Appendix B. History of the AOTA Code of Ethics**

As society evolves, so must our understanding of, and implementation of, ethical practices as occupational therapy personnel. The American Occupational Therapy Association (AOTA) Code of Ethics (the Code) continues to be a critical tool in the AOTA Ethics Commission's quest to guide ethical conduct and elevate public trust in the profession. The Code must be a dynamic, "living" document that grows and develops to complement changes in occupational therapy delivery models, technology, and society.

The first official AOTA ethical code was established in 1975. Work to create this document, entitled "Principles of Ethics," began in 1973. Carolyn Baum, Carlotta Welles, Larry Peak, Lou Arents, and Carole Hayes authored this document. At this time, many professional associations began creating Codes of Ethics in response to the ethical issues being raised at the time due to the Tuskegee Institute Study. In this study, researchers studied the effects of syphilis on African American males who were not given informed consent and were told that they were being treated for the disease. The outcry after the public became aware of this violation, even after standards were in place following World War II and the Nuremberg Code of 1947, led to many professions establishing ethics rules.

In April 1977, the Representative Assembly (RA) approved the Principles of Ethics, and AOTA distributed them in the AJOT Newspaper in November 1977. This first publicly circulated rendition of the Code of Ethics consisted of twelve principles, all starting with the words, "Related to," such as "Related to the Recipient of Service."

The Code of Ethics underwent revisions in 1988, 1994, 2000, 2005, 2010, 2015, and 2020, with input from AOTA membership. The 1988 revision began to look like the modern Code, with headings called "Principles" and subheadings called "Standards." In 1994, the members of the AOTA Ethics Commission (EC) added a focus on bioethical principles rather than on professional behaviors, as the previous two editions had contained. These principles included beneficence; autonomy, privacy, and confidentiality; duty; justice; and fidelity and veracity. The principle of nonmaleficence was added in 2000, and social justice was added in 2010, then combined with the principle of justice in 2015. There were originally 30 standards in 2000; this number increased to 38 in 2005, to 77 in 2010, and decreased to 69 in 2015. These standards, categorized under the various principles, were expanded to defend ethical practice in a variety of areas, including the use of technology for telehealth, social media, internet use, and health records. With the 2020 Code revision, the EC has grouped the revised 73 Standards by behaviors rather than under the Principles, in order to return to the original concept of relating standards to desired professional behaviors, so that they are more easily accessible to the membership when utilizing the Code. As charged by the Representative Assembly, the Ethics Commission added a section to the Code on Professional Civility in 2020.

The Representative Assembly mandates that the Code, as an official AOTA policy document, undergoes review every five years. This continual review is especially important when considering that some states use the AOTA Code as part of their licensure acts. Additionally, some states require ethics continuing education in order to maintain licensure. In



updating the Code to meet needs of members and society, the occupational therapy profession continues to reflect and lead change in health care.

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