

REVIEW OF SPEECH PATHOLOGY AUSTRALIA CODE OF ETHICS

The Ethics Board and Council of Speech Pathology Australia proposed a comprehensive review of the Code of Ethics (2000) that sought input and feedback from members of the profession and key stakeholders. Consultation took place through the facilitation of a targeted focus group at the 2009 National Conference and by way of member feedback through a survey available both online and in hard copy. Members were alerted to this survey by way of Speak Out and eNews bulletins. The results of the focus group and the survey are outlined below.

2009 NATIONAL CONFERENCE FOCUS GROUP

Thursday 21st May, 2009. Facilitated by Ms. Christina Wilson

Summary of Key Themes

- Code needs to address the importance of having an awareness of/ability to look after self. This may come under Values (3) – Duties or ones self - may be termed 'professional self-interest'.
- Attention should be drawn to the importance of communication between professionals - ? within Professional Integrity (2.5)
- Quality of Life –Respect for clients and their decision making – make more explicit within Values (3)
- Advocacy should be highlighted
- Evidence Based Practice (EBP)
 - making a contribution to EBP “Duties to our profession: 5.3.6
- Integrating Professional Development/EBP into practice: 5.1.2, and evaluate. “Critical enquiry”
- OH & S 5.1.7 - ? broaden
- Comply with relevant laws in their jurisdiction;
- A.H Assistants – competent; suitably qualified;
- Consideration of the impact of cultural influences upon the utility of the Code.
- Important to distinguish between the Code and the procedures;
- As Association is sole 'Board' for ethical issues, it needs to be very clear re standards – needs to set the standards.
- Aspirational ethic best model as supports worker as well as client.
- Profession may become confused about principles, values and standards of practice;
- May need to add something to professional integrity wrt better professional communication with clients;
- Professional Commitment - communication with other team members 'in a timely manner" – 5.1.2, dot point 2 – make it more explicit;
 - Looks at communication around each stakeholder groups/ with clients;
 - “thinking, acting ethically at work”;
 - “demonstrating courage in communication”;
- Provide more fore ground to principles and make it more explicit.
- No. 4 has to be looked at to balance duty to self. Separate 'conflict of interest' with 'taking care of self' so that you provide best service without harm;
- Potentially a place we could take QOL of clients and put some ICF into it;
- Overall frame works well with some fine tuning and adding in QOL to make stronger.

Other Values

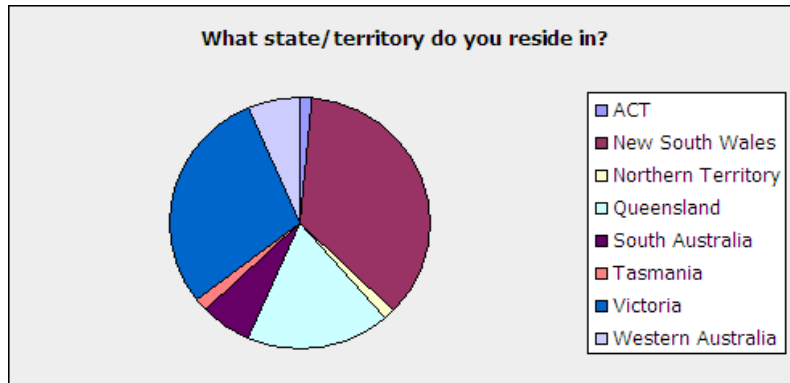
- EBP/critical enquiry
- 5.1.2 We speak about attending but not applying/utilising and putting into practise.

RESULTS OF SURVEY

Respondent Demographics

62 respondents or approximately 1.5% of the total membership responded to the survey.

A majority of respondents were from the eastern states – NSW (35.5%), Victoria (18%) and QLD (11%), followed by WA (6.5%), and Tasmania, NT and ACT (all 1.6%). This distribution of respondents is reflective of the distribution of the membership.



A majority of respondents worked in public settings (66%), although a significant proportion (40%) indicated they worked in private alone or undertook a combination of private and public work. 17.7% of respondents indicated they worked in academia.

Utility of the Code of Ethics (2000)

All respondents indicated that the Code of Ethics was easy or moderately easy to understand, and a majority of respondents (84%) indicated the Code of Ethics, as it was currently written, assisted them in their daily work and when faced with an ethical dilemma. A majority of respondents found the aspirational nature of the Code very helpful (43.6%) or helpful (45.5%). Examples of comments provided include:

"(It) forms a good framework for us to conduct our day to day clinical and nonclinical work within. It's good to have some of these concepts written in plain English - this helps make the concept of 'ethics' much more real and practical".

"It is the framework for providing a professional service to people with communication difficulties. I do not actively refer to the Code of Ethics on a daily basis but I have worked in the area of speech pathology for so long that the code is fully entrenched in all my clinical decisions etc".

"I think the Code of Ethics is a good document but I rarely refer to it. On reading it again to answer this survey I feel that the points made are common sense and are in keeping with my own principles and ethics".

For those respondents who indicated the Code did not assist them in their daily practice, the following comments were provided:

"It's a good document but I rarely refer to it";

"It is not something I would refer to in my professional practice";

"I have not read it. I believe that I operate ethically. I maintain confidentiality, I endeavour to keep up to date with latest techniques so that my therapy is the most appropriate for clients, I do not discriminate between clients on basis gender, race etc. I do not exploit clients for my own needs. I am a sole trader. I think it is more designed for people in large organisations";

"I am not sure how well it encompasses the dilemmas of resource allocation and the dominance of risk as a factor in allocating resources vs. need".

Situations where respondents indicated they referred to the Code of Ethics included:

- when faced with difficult clinical and/or managerial decisions regarding service delivery;
- during interaction with colleagues, management and organisations;
- in research, and at national and international conferences;
- during supervision of staff;
- when completing performance enhancement activities;
- when providing information to colleagues regarding specific clinical and ethical considerations in relation to palliative and aged care.

Respondents indicated the Code of Ethics to be particularly helpful when:

- teaching;
- considering what should be done in specific clinical and service delivery situations;
- determining best practice;
- considering breadth and scope of roles;
- when highlighting and explaining issues related to conflict of interest, confidentiality and privacy.

The Code was considered less helpful:

- when a nonspecific or unique situation arise;
- In relation to resource allocation.

"Being aspirational, it doesn't provide black and white, right and wrong responses; also as a profession, I think many clinicians think about the 'caring response', not necessarily the 'just' response and the principles in the Code of Ethics are slanted towards a justice perspective";

"Having the Code as aspirational means it does not have clout. It may be that until we are registered, we can't implement a Code with such power".

"A more overt approach with examples and a more practical bent would help".

"It could articulate more about ethics of care and the education package needs to be amended to reflect this";

"When an employee wanted to take my clients for her own practice – she did not see any ethical dilemma";

"The Code is Eurocentric and currently does not encourage an understanding of different cultural notions of ethical behaviour"; "I would like to see a section relating to ethical principles and in understandings related to cultural groups other than Anglo Celtic""

Education

71.2% of respondents indicated they had received no training in the use or application of the Code of Ethics. Of those who indicated receiving training, this was at an undergraduate level, with very little further education since that time. A small number of respondents had attended

Speech Pathology Australia National conferences and workshops and had undertaken self-directed learning.

75% of respondents indicated they were interested in participating in further education opportunities.

Respondents indicated an interest in attending workshops and other opportunities for discussion of ethical issues at a state and national level. The development of specific resources was suggested, including on-line learning modules, self-study packages, educational DVDs that considered specific clinical examples, written discussions/forums, problem-based learning, and/or multimedia interactive resources and articles written in a case-based approach (to be published in Speak Out and ACQ). Opportunities for multidisciplinary ethical teaching and discussion were proposed, as was a need for exposure to business ethics at some level. It was suggested that the Code of Ethics be received and discussed as a standard requisite for all student placements.

Respondents varied in their perception on the degree of difficulty associated with discussing the Code with students. There was agreement that students differed in their understanding and ability to consider the Code of Ethics due to life experience, past clinical experiences and general personal awareness of challenges to ethical practice.

“Some students find it difficult to ethically reason abstractly and may apply ethics as set of principles, etc; others may prefer concrete response”;

“Making a link in incorporating ethics into daily practice – once this is achieved, it’s easier to discuss in the context of work”;

“Many students have yet to experience real life ethical dilemmas and need to be given examples to work through”;

“It really depends on the student – their level of maturity, awareness of their practice and the reality of the workplace, past clinical experiences, life experiences; students are alienated by some of the terminology in the principles, but once they use the ethical problem solving sheet they ‘get it’ ”.

Principles, Values and Standards of Practice

Respondents indicated that the Principles, Values and Standards of Practice as outlined in the Code of Ethics (2000) assisted their professional practice. However, when asked to identify other ethical approaches/philosophies that may be helpful to guide ethical decisions, a number of points were made - the following comments are representative of those provided:

“[Consideration should be given to] the Ethics of Care and the importance of the client’s whole story (i.e. a narrative approach to ethics); also need to refer to different ethical ‘approaches’ such as utilitarianism and deontology, to help understand sources of difference in individual ethical reasoning”;

“I wonder whether there are other principles that relate to client centredness, i.e. beneficence may not cover it all in terms of doing the right thing by someone; I also use other principles - such as agreed values developed within a service team/organisation, in determining appropriate action”;

“We need more discussion of the ethical issues facing sp’s and in particular – care of dying, medical provision of nutrition/hydration, management of aspiration risks, etc”.

“I think value should be placed on professional self care; respect for colleagues; duties to ourselves... that is, [consideration of] ethical distress and its effect on practice and retraining speech pathologists in the workforce”.

“There should be reference to duty to the world-wide community, e.g., developing countries and remote communities”.

“Need to include not only acknowledgement of colleagues but support and sharing of information; treating colleagues in a respectful way should be added; I feel this section could include more detail, particularly 5.4.”.

Other General Feedback

Other feedback regarding the specific format of the Code was that it was a long document, sometimes difficult to locate information required, although other respondents indicated they found the document easy to navigate: “the headings provide an easy structure to follow; not lengthy or complicated”.

Summary

The small number of respondents is extremely disappointing. Nevertheless, the survey has garnered some interesting and thought-provoking feedback regarding the current utility of the Code and its perceived limitations in meeting the needs of the profession. Whilst a majority of respondents are happy with the aspirational format of the Code, insights into the limitations of this approach and suggestions regarding different philosophical approaches and additions to the Code require serious consideration. Training and education has been identified as an area of specific need for the profession.

Plan

The results and summary of findings are currently being considered by the Association’s Ethics Board. A draft with recommended revisions to the Code of Ethics will be made available to the membership for comment.



Marie Atherton

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