

# The Academy/CDR Code of Ethics for the Nutrition and Dietetics Profession

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# Learner Objectives

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Recognize the purpose and function of a professional Code of Ethics.

Identify four foundational components of the Code of Ethics for nutrition and dietetics practitioners.

Apply the four principles and some of their respective ethical standards into a variety of professional practice settings.

Utilize Academy and CDR resources to determine if an ethics violation has occurred.

# **Ethics Defined**

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Ethics is a discipline that is concerned with conduct and morals; it helps distinguish between right and wrong.

Foundational components of health care and medical ethics include:

- Autonomy
- Non-Maleficence
- Beneficence
- Justice

# Foundational Ethical Components

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**Autonomy** - ensures a patient, client, or professional has the capacity and self-determination to engage in individual decision-making specific to personal health practice.<sup>1</sup>

**Non-Maleficence** – the intent to not inflict harm.<sup>1</sup>

**Beneficence** - encompasses taking positive steps to benefit others, which includes balancing benefit and risk.<sup>1</sup>

**Justice (Social Justice)**– supports fair, equitable, and appropriate treatment for individuals<sup>1</sup> and fair allocation of resources.

\*Adapted from Fornari A. Approaches to ethical decision-making. *J Acad Nutr Diet.* 2015;115(1):119-121.

# **Professional Code of Ethics**

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The Code of Ethics for the Nutrition and Dietetics Profession provides guidance for professional practice and decision-making.

The primary goal of the Code of Ethics is protection of the public; this includes individuals, communities, organizations, and population groups with whom the practitioner works and interacts.

# Academy/CDR Code of Ethics

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The Code includes four main principles, under which fall 32 standards. These can be mapped to the four foundational components that are shared with health care and medical ethics.

**Principle 1:** Competence and professional development in practice (Non-maleficence)

**Principle 2:** Integrity in personal and organizational behaviors and practices (Autonomy)

**Principle 3:** Professionalism (Beneficence)

**Principle 4:** Social responsibility for local, regional, national, global nutrition and well-being (Justice)

# To whom does the Code apply?

## The Academy/CDR Code of Ethics applies to:

- All members of the Academy of Nutrition and Dietetics
  - This includes credentialed and non-credentialed practitioners, as well as student members.
- All CDR credentialed practitioners
  - This includes non-Academy members.

# Core Values

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The Code of Ethics applies to nutrition and dietetics practitioners who act in a wide variety of capacities.

Assumes adherence to core values:

- Customer focus
- Integrity
- Innovation
- Social responsibility
- Diversity



# **Principle 1: Competence**

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## Competence and professional development in practice (Non-maleficence)

### **Includes eight ethical standards:**

- a. Practice using an evidence-based approach within areas of competence, continuously develop and enhance expertise, and recognize limitations.
- b. Demonstrate in depth scientific knowledge of food, human nutrition and behavior.
- c. Assess the validity and applicability of scientific evidence without personal bias.

# **Principle 1: *(Continued)***

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- d. Interpret, apply, participate in and/or generate research to enhance practice, innovation, and discovery.
- e. Make evidence-based practice decisions, taking into account the unique values and circumstances of the patient/client and community, in combination with the practitioner's expertise and judgment.
- f. Recognize and exercise professional judgment within the limits of individual qualifications and collaborate with others, seek counsel, and make referrals as appropriate.
- g. Act in a caring and respectful manner, mindful of individual differences, cultural, and ethnic diversity.
- h. Practice within the limits of their scope and collaborate with the inter-professional team.

## **Principle 2: Integrity**

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### **Integrity in personal and organizational behaviors and practices (Autonomy)**

#### **Includes nine ethical standards:**

- a. Disclose any conflicts of interest, including any financial interests in products or services that are recommended. Refrain from accepting gifts or services which potentially influence or which may give the appearance of influencing professional judgment.
  
- b. Comply with all applicable laws and regulations, including obtaining/maintaining a state license or certification if engaged in practice governed by nutrition and dietetics statutes.

## **Principle 2:** *(Continued)*

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- c. Maintain and appropriately use credentials
- d. Respect intellectual property rights, including citation and recognition of the ideas and work of others, regardless of the medium (e.g. written, oral, electronic).
- e. Provide accurate and truthful information in all communications.
- f. Report inappropriate behavior or treatment of a patient/client by another nutrition and dietetics practitioner or other professionals.
- g. Document, code and bill to most accurately reflect the character and extent of delivered services.

## **Principle 2:** *(Continued)*

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- h. Respect patient/clients' autonomy. Safeguard patient/client confidentiality according to current regulations and laws.
- i. Implement appropriate measures to protect personal health information using appropriate techniques (e.g., encryption).

# **Principle 3: Professionalism**

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## **Professionalism (Beneficence)**

### **Includes nine ethical standards:**

- a. Participate in and contribute to decisions that affect the well-being of patients/clients.
- b. Respect the values, rights, knowledge, and skills of colleagues and other professionals.
- c. Demonstrate respect, constructive dialogue, civility and professionalism in all communications, including social media.
- d. Refrain from communicating false, fraudulent, deceptive, misleading, disparaging or unfair statements or claims.

## **Principle 3:** *(Continued)*

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- e. Uphold professional boundaries and refrain from romantic relationships with any patients/clients, surrogates, supervisees, or students.
- f. Refrain from verbal/physical/emotional/sexual harassment.
- g. Provide objective evaluations of performance for employees, coworkers, and students and candidates for employment, professional association memberships, awards, or scholarships, making all reasonable efforts to avoid bias in the professional evaluation of others.
- h. Communicate at an appropriate level to promote health literacy.
- i. Contribute to the advancement and competence of others, including colleagues, students, and the public.

## **Principle 4: Social Justice**

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Social responsibility for local, regional, national, global nutrition and well-being (Justice)

### **Includes six ethical standards:**

- a. Collaborate with others to reduce health disparities and protect human rights.
- b. Promote fairness and objectivity with fair and equitable treatment.
- c. Contribute time and expertise to activities that promote respect, integrity, and competence of the profession.



## **Principle 4:** *(Continued)*

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- d. Promote the unique role of nutrition and dietetics practitioners.
- e. Engage in service that benefits the community and to enhance the public's trust in the profession.
- f. Seek leadership opportunities in professional, community, and service organizations to enhance health and nutritional status while protecting the public.

# Ethics Committee

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The Ethics Committee is composed of three members, each jointly appointed by the Academy President-elect and the Speaker-elect, with input from the CDR chair in applicable years. The three members represent the Board of Directors, the House of Delegates, and the Commission on Dietetic Registration.

# **Common Misconceptions**

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## **The Code of Ethics DOES:**

- Protect the profession and the credential
- Influence public and private policy
- Improve professional practice

## **The Code of Ethics DOES NOT:**

- Identify and reprimand all unqualified nutrition and dietetics practitioners
- Generally remove credentials from professionals

# **Working Through Ethical Issues\***

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## **Step 1: Ask yourself the following questions in order to identify the potential ethical dilemma:**

### **Is this really an ethical issue?**

- Or is it a legal matter?
- Or is it a communication problem?

### **What are the facts?**

- Gather objective information.
- Make sure it's not a personal issue or a business dispute.

### **Who are the key participants?**

- Individuals
- Organizations

### **Is additional information needed?**

\*Adapted from Fornari A. Approaches to ethical decision-making. *J Acad Nutr Diet.* 2015;115(1):119-121.

## **Working Through Ethical Issues\*** *(Continued)*

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### **Step 2: Connect ethical theory to the dilemma in practice:**

- Autonomy
- Nonmaleficence
- Beneficence
- Justice

\*Adapted from Fornari A. Approaches to ethical decision-making. *J Acad Nutr Diet.* 2015;115(1):119-121.

## **Working Through Ethical Issues\*** *(Continued)*

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### **Step 3: Apply the Academy/CDR Code of Ethics to the issue and your ethical decision-making:**

- Competence and professional development in practice
- Integrity in personal and organizational behaviors and practices
- Professionalism
- Social responsibility for local, regional, national, global nutrition and well-being

\*Adapted from Fornari A. Approaches to ethical decision-making. *J Acad Nutr Diet.* 2015;115(1):119-121.

## **Working Through Ethical Issues\*** *(Continued)*

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### **Step 4: Select the best alternative and justify your decision:**

Identify possible alternatives to resolve the dilemma, considering:

- Cultural influences affecting your decision-making process
- How alternative solutions track with your values and your institution's values

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## **Working Through Ethical Issues\*** *(Continued)*

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### **Step 4: Select the best alternative and justify your decision :**

- Your confidence in and ability to defend the ultimate decision.
- Whether the decision aligns with the Academy/CDR Code of Ethics and/or the SOPs/SOPPs
- How the decision might affect others and whether they will support it
- Make a final decision

\*Adapted from Fornari A. Approaches to ethical decision-making. *J Acad Nutr Diet.* 2015;115(1):119-121.



## **Working Through Ethical Issues\*** *(Continued)*

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### **Step 5: Develop strategies to successfully implement the chosen decision:**

- Seek additional knowledge to clarify or contextualize the situation as needed
- Implement chosen resolution

\*Adapted from Fornari A. Approaches to ethical decision-making. *J Acad Nutr Diet.* 2015;115(1):119-121.

## **Working Through Ethical Issues\*** *(Continued)*

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### **Step 6: Evaluate the outcomes and how to prevent a similar occurrence:**

- Monitor outcomes, ensuring intended outcome(s) are achieved.
- What are the strategies to prevent a similar issue in the future?

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# Case Study #1

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A skilled long-term care facility patient with severe dementia tells an RDN that she no longer wants to be fed via her gastrostomy feeding tube.

She has no advanced directive. The resident's daughter wants her mother to be fed. What is the RDN's role in this situation and what should be done?

**Is the situation described an ethical issue? Or, is it a business dispute?**

It is an ethical and legal issue.

**What principle(s) of the Code of Ethics does it relate to?**

Principles 1, 2, 3, 4

This is a common issue in long term care & in hospital settings. The RDN must recognize and exercise his/her professional judgment when determining what is best for the client. The RDN is an integral member of the health care team who has unique skills and knowledge, and treats all patients with fairness, regardless of age. The RDN respects both the patient's and provider's autonomy and explains the risks and benefits of medical intervention to be truthful.

Client and patient preferences must be balanced with scientific judgment and legal considerations.

## Key Points to Consider:

- This case is classic and one of the most common calls for an ethics consult: the tensions between the providers' duty of beneficence (to do good) and non-maleficence (do no harm) while respecting patient autonomy (the patient's right to request or refuse medical treatment). When wishes are not known, consider what would be in the best interest of the patient. Best interests are determined based on medical evidence and comfort. Goals of care, family expectations, and cultural or religious values should be discussed.

- Goals of care, family expectations, and cultural or religious values should be discussed.
- Decisions about end-of-life care should consider the concepts of autonomy, beneficence, capacity and competency, quality of life, substituted judgment, and social responsibility. RDNs who provide care for persons in long-term care or those facing end-of-life nutrition issues should be knowledgeable about these concepts.
- Although the resident has diminished capacity, it is important to be respectful of her values and maintain her dignity.

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- The RDN should inform the health-care team about the resident's comments as well as any previous discussions she may have had with the resident about feeding.
  - The resident's sense of quality of life, not the caregivers, is the central issue. With comfort and emotional well-being being the long term goal, rather than prolonging life, the RDN should promote care that increases the resident's sense of quality of life; conversely, interventions that diminish comfort should be discouraged, if there were no discussions and no advance directives, the daughter may be the person designated to make decisions. State laws vary widely and should direct end-of-life decisions when applicable.



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- Consider referral to an ethics committee; the RDN should be an active participant on the committee, sharing her nutrition expertise.
  - A discussion with the daughter about the probable futility or lack of benefit of the tube feeding needs to be addressed.
  - Along with the health-care team, the RDN should encourage family members to make decisions that best incorporate the resident's values, recognizing that the decision to be made may not be the one they would make for themselves or for the patient using their own values.

# Conclusion

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The Academy/CDR Code of Ethics protects the profession and the public.

All Academy members and nutrition and dietetics practitioners credentialed through the Commission on Dietetic Registration are held accountable to the Code of Ethics.

Becoming familiar with the Code of Ethics and processes for ethical complaints is essential.

# Code of Ethics Resources

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- [Academy/CDR Code of Ethics](#)
  - [Frequently Asked Questions](#)
  - [Code of Ethics Handout](#)
- [Ethics Education Resources](#)
  - Facilitator's Guide
  - "Ethics in Practice" Articles
  - Case Studies
- [Disciplinary and Ethics Complaints Policy](#)
  - [Ethics complaint form \(consumer/health professional\)](#)
  - [Ethics complaint form \(member or credentialed practitioner\)](#)
- [International Confederation of Dietetic Associations](#)