



***Code of Ethics
for Clinical Dietitians***

Code of Ethics for Clinical Dietitians

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 and will be revised at the 2007 Annual General Meeting.

Contents

Introduction

History	7
Nutrition	7
Professional ethics	8
Aims and structure of the Code	8
Application and limitations	8

The profession

Aims of the profession	9
Tasks of the profession	9

The clinical dietitian's obligations

Professional obligations	9
Obligations towards parties concerned	10
<i>Obligations towards the patient</i>	10
<i>Obligations towards the next-of-kin or equivalent</i>	11
<i>Obligations towards colleagues and other professional groups</i>	11
<i>Obligations towards the employer</i>	11
<i>Obligations towards society</i>	11

Research ethics

11

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 influence the conditions for an optimal energy and nutritional intake; food, mealtimes and eating also involve many aspects. Taken together, all these factors constitute the foundations of the profession of the clinical dietitian.

EFAD (The European Federation of the Associations of dietitians) defines a 'clinical dietitian' as "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' is used to mean a 'registered dietitian with protected professional title'.

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 1960s, 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 centres working with the nutritional treatment of inpatients and outpatients. Originally, the work 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. The total number of posts has also increased.

Nutrition

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 borderlines between the different perspectives are sometimes diffuse and overlapping.

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 fulfil 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, so 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.

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 emphasise 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 endeavour 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 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.

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.

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 of 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 and/or parenteral nutrition.
- 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

Professional obligations

- To provide treatment or information based on scientific evidence and proven experience.
- To endeavour at all times to adhere to the profession's established and accepted use of language 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.
- 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.
- 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.
- 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 ending or not starting nutritional treatment may be the correct course of action.
- 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.

Obligations towards parties concerned

- Obligations towards parties concerned apply independent of their sex, age, race, 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 oneself 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 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.

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 fulfil 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.

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.

www.drf.nu

This Code was prepared by the Swedish Association of Clinical Dietitians. November 2005, version 1.
Lilla Nygatan 14, PO Box 2026, S-103 12 STOCKHOLM