



Code of Ethics

For Audiologists and Speech-Language Pathologists

Regulatory College of Audiologists and Speech-Language Pathologists of New Brunswick

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RCASLPNB

Regulatory College of
Audiologists & Speech-
Language Pathologists of
New Brunswick

OAONB

Ordre des
audiologistes &
orthophonistes du
Nouveau-Brunswick

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Acknowledgements

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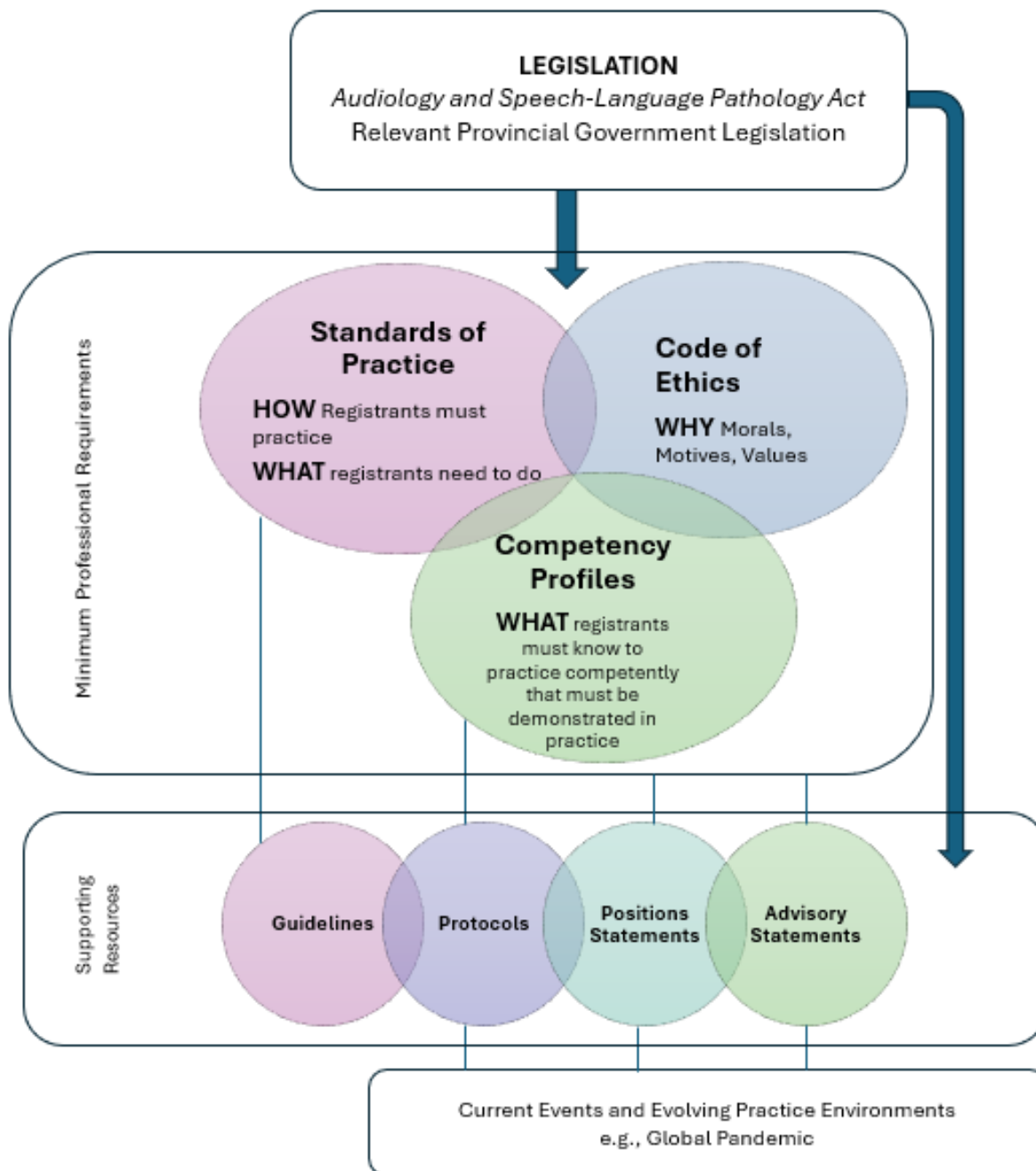
Background

The Regulatory College of Audiologists and Speech-Language Pathologists (RCASLPNB) is a self-governing professional regulatory body whose activities are directed by provincial legislation. RCASLPNB ensures public safety by regulating, supporting, and ensuring the competent, safe, and ethical practice of audiologists and speech-language pathologists in New Brunswick, including the provision of services that are inclusive and free from racism and discrimination. All RCASLPNB registrants must practice in compliance with the *Audiology and Speech-Language Pathology Act*, and with the bylaws and rules of the College.

The Code of Ethics defines the values and principles that audiologists and speech-language pathologists are expected to observe in choosing the fair, equitable, and just action in any given professional situation. The Code states the minimum expectations for professional conduct that audiologists and speech-language pathologists must uphold in their practices and relationships with patients or clients, the public, and other professionals. It applies to all registrants regardless of their practice setting, length of time in practice, or role (i.e., direct service to the public, research, education, administration, consultation, or any other area of practice).

Each registrant must practice in accordance with the Code of Ethics; any breach of the Code may constitute unprofessional conduct, as defined in the *Audiology and Speech-Language Pathology Act*.

Each provision of this Code of Ethics shall be interpreted in a manner consistent with the Act, the RCASLPNB Bylaws, Rules, and Standards of Practice, and any relevant provincial or federal legislation, regulations, and standards. Where an inconsistency is found to exist, and where practical, the inconsistent provision shall be struck from this Code. The diagram on the following page shows the relationship between overarching legislation, minimum professional requirements, and resources to support the application of those requirements.



Reference: Diagram was adapted with permission from the Alberta College of Speech-Language Pathologists and Audiologists

Purpose

The purpose of the Code of Ethics is to support an ethical culture by:

1	providing a reference for registrants to guide them in ethical behaviour and decision-making.
2	serving as a tool for evaluating ethical behaviour and a legal reference for professional conduct; and
3	outlining to the public what they can expect in terms of ethical practice from audiologists and speech-language pathologists in New Brunswick.

Ethical Values

Ethical values are the fundamental principles that guide and support registrants in all aspects of their work as audiologists and speech-language pathologists.

The key values that must be demonstrated are:

1	RESPECT FOR ALL PERSONS	Promote the well-being of all persons and recognize the patient's or client's rights to autonomy in decision-making regarding their care.
2	PROFESSIONALISM	Behave professionally and with integrity in the delivery of safe, ethical, timely, quality services.
3	COLLABORATION	Foster collaborative relationships with patients or clients, service providers, and all persons to support integrated patient- or client-centred care.
4	ACCOUNTABILITY	Be responsible for actions and decisions.

Bioethical Principles

Bioethical principles serve as the foundation for ethical behaviour and guide registrants along the pathway to ethical decision-making.

This document uses the bioethical principles described below as a basic guide to ethical conduct.

1	BENEFICIENCE	Act in ways that benefit the health and welfare of others.
2	NONMALEFICENCE	Practice with the intent of doing no harm or minimizing any potential harm that could occur.
3	JUSTICE	Treat all persons with fairness and respect their right to equitable access to services.
4	RESPECT FOR AUTONOMY	Acknowledge the rights of all persons to self-determination and autonomy in making choices and informed decisions.

How to Use the Code of Ethics

The Code does not tell registrants exactly how to act in every situation; rather, it provides a benchmark against which to measure ethical decisions in everyday practice and in highly complex situations. In every situation, however, it is the duty of each registrant to act in an ethically responsible manner, using the principles of the Code to guide ethical conduct. As ethical decision-making is often an interprofessional issue, each registrant is encouraged to seek additional advice or consultation when ethical decisions are unclear. The Code is a companion document that should be applied considering relevant legislation, regulations, standards, and guidelines. Audiologists and speech-language pathologists must be able to articulate their rationale for all ethical decisions and must take responsibility for their decision-making and actions.

Ethical Responsibilities

The ethical responsibilities below are described under three headings: those that apply to the **patient or client**, those that apply to the public, and those that apply to the individual practitioner (self). Ethical responsibilities are intended to serve as a guide to ethical conduct; any breach of the Code may constitute unprofessional conduct, as defined in the *Audiology and Speech-Language Pathology Act*.

1	Responsibilities to Patient or Client
1.1	Provide and promote equitable and inclusive care that recognizes and respects diversity , individual values, cultures, languages, needs, and goals, and treat all persons with sensitivity, dignity, and respect.
1.2	Do not discriminate against anyone, including the individual patient or client, caregivers, family members, substitute decision-makers , or a colleague or person being supervised, based on any prohibited grounds listed in the <i>New Brunswick Human Rights Act</i> .
1.3	Obtain an understanding of what constitutes health and well-being from the perspective of the patient or client and use this information to guide the provision of services.
1.4	Provide services in a courteous, compassionate, and caring manner.
1.5	Respect the patient's or client's and substitute decision-maker's rights to: a) collaborate in all clinical decisions and be informed of the nature of the services and the potential risks and benefits; b) decline all or part of the service delivery plan; c) discontinue the service at any time; d) explore alternative service options; and e) privacy and confidentiality.
1.6	Maintain appropriate professional boundaries .

1.7	Acknowledge the primacy of patient or client welfare and autonomy, focusing on principles of social justice, cultural humility , and cultural safety .
1.8	Communicate truthfully and respectfully with patients or clients or substitution decision-makers to facilitate understanding of proposed services and promote realistic expectations of service outcomes.
1.9	Communicate in a collaborative, open, and timely manner to support effective team functioning.
1.10	Interact respectfully and constructively with patients or clients , their caregivers, and other service providers to support integrated patient- or client-centred services.
1.11	Access and use available resources conscientiously and prudently in the pursuit of quality, evidence-informed , patient or client care.
1.12	Provide only those services that are beneficial to patients or clients, discontinuing interventions when patients or clients no longer benefit.
1.13	Advocate for patients or clients and families, when appropriate, and use all reasonable resources to ensure that quality, evidence-informed service is provided.
1.14	Recommend referrals to the appropriate professional for the elements of care the audiologist or speech-language pathologist is unable to provide.
1.15	Educate patients or clients or substitute decision-makers about programs and services from which they may benefit.

2	Responsibilities to the Public
2.1	Acknowledge the right to fair and equitable access to services, including consideration of systemic barriers and determinants of health faced by culturally and linguistically diverse population groups.
2.2	Promote and protect the public's trust and the reputation of the professions, by providing services with honesty, integrity, objectivity, diligence, and courtesy.
2.3	Ensure the safety of patients or clients, other service providers, and themselves by taking appropriate actions, including documenting and reporting, to prevent and/or manage risks in relation to the provision of services.
2.4	Use appropriate channels, in a timely manner, to address errors and/or issues of concern which may have an impact on the well-being of patients or clients and/or other service providers.
2.5	Have a duty to report other service providers who provide incompetent and/or unethical services to the appropriate authority.
2.6	When reporting concerns regarding the conduct or clinical competence of other service providers, do so in an open, fair, and respectful manner.
2.7	Avoid or manage any real, perceived, or potential conflict of interest in which their professional integrity, professional independence, or the provision of professional services could be influenced or compromised.
2.8	Only seek compensation for products and services that is justifiable and fair.
2.9	Accept responsibility and disclose errors and harm to the patient or client and initiate steps to mitigate the harm.
2.10	Exercise independent professional judgement throughout the provision of any professional service.

2.11	Work within their scope of practice as determined by legislation and work within the limits of their competence as determined by education, training, and professional experience.
2.12	Develop and maintain professional relationships with the patient or client and those involved in the patient's or client's care in all environments.
2.13	Ensure patient or client privacy and confidentiality.
2.14	Do not engage in unethical business or management practices.
2.15	Do not misrepresent credentials, competence, education, training, or experience.

3	Responsibilities to Self
3.1	Manage any physical or mental health issues and personal biases in which their professional integrity or the provision of professional services could be influenced or compromised.
3.2	Do not practice if unable to provide services effectively or safely due to incompetence or incapacity.
3.3	Take personal responsibility and be accountable for behaviour, actions, and decisions, including during supervision.
3.4	Maintain the standards and dignity of the profession in all communications, advertising, media, and social media.
3.5	Reflect on one's own knowledge and skills and engage in continuous professional development and inter-professional learning.

Appendix. Glossary

Confidentiality implies a trust relationship between the person supplying personal information (including health information) and the individual or organization collecting it. The relationship is built on the assurance that the information will only be used by or disclosed to authorized persons or to others with the individual's permission. Protecting the confidentiality of personal information and personal health information implies that individually identifying information is concealed from all but authorized parties. ¹

Conflict of interest refers to a situation in which someone in a position of trust has competing professional and/or personal interests. Such competing interests can make it difficult to act impartially. A conflict of interest may exist even if no unethical or improper act results from it. A conflict of interest can undermine confidence in the person or the profession.

Cultural humility is a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience. ²

Cultural safety is when all people feel respected and safe when they interact with the system of service providers. Culturally safe services are free of racism and discrimination. People are supported to draw strengths from their identity, culture, and community. ³

Diversity refers to being mindful of all dimensions of human differences, in the broadest sense to mean the inclusion of all persons regardless of racial and ethnic background, nationality, gender, gender identity, sexual orientation, veteran status, religious, secular, and spiritual beliefs, ability, age, and socioeconomic status. Diversity embodies inclusiveness, mutual respect, and multiple perspectives, and serves as a catalyst for change resulting in equity. ⁴

Evidence-informed refers to the conscientious and judicious use of the best available evidence from research, practice, and experience when making decisions about policy and practice. ⁵

Inclusive care involves creating an atmosphere in which all people feel valued and respected and where equal access to opportunities and resources are provided to people who might otherwise be excluded or marginalized. ⁶

Patient or client refers to a recipient of audiology or speech-language pathology services, and may be an individual, family, group, community, or population.

Patient- or client-centred services refer to a partnership between a team of service providers and a patient or client where the patient or client retains control over their care and is provided access to the knowledge and skills of team members to arrive at a realistic team-shared plan of care, and access to the resources to achieve the plan.

Professional boundaries are the parameters that define a safe therapeutic relationship. These parameters set limits for the relationship based on the recognition of the inherent power imbalance, the vulnerability of the patient or client, and the responsibilities of the registrant in the therapeutic relationship. Professional boundaries help the registrant and the patient or client recognize the differences between therapeutic and personal relationships and avoid potential misunderstanding of words and actions.

Substitute decision-maker refers to a designated person authorized to make decisions on behalf of a patient or client who is unable to make important decisions about their own medical or personal care.⁷

References

- 1 Government of Alberta. (2011). *Health Information Act*. Guidelines and Practices.
- 2 First Nations Health Authority. (n.d.). Cultural Safety and Humility.
- 3 Northern Health. (2017). Indigenous Health - Cultural Safety: Respect and Dignity in Relationships.
- 4 University of Florida Office of Diversity and Inclusion (2022). Diversity Definitions. [Diversity-Definitions.pdf \(ucf.edu\)](#)
- 5 Practice and Research Together (PART) Canada (2023). <https://www.partcanada.org/>
- 6 Riordan, C.M. (2014). Diversity is useless without inclusivity. Harvard Business Review.
- 7 Home and Community Care Support Services. (2023). Substitute Decision-Maker healthcareathome.ca