

**EFAD 2022 Supplementary document to the current
International Code of Ethics**

**Recommendations of the PPC on areas of practice not specifically
addressed in the International Code of Ethics**

Code of Ethics

A code of ethics is a written set of principles and rules with the purpose of:

- Helping professionals conduct their actions in accordance with primary values, principles and ethical standards.
- Assuring the public that members of regulated professions are acting in a socially and professionally acceptable manner.
- Assisting individuals to govern their decision making.
- Helping professionals practice honestly and with integrity.
- Guarding against malicious or self-serving practices and actions.

1. Background

This Supplement to the International Code of Ethics is composed of the International Code of Ethics and Code of Good Practice published by the International Confederation of Dietetic Associations (ICDA) in 2014. It discusses areas of practice not specifically addressed in the original ICDA document.

Ethics in dietetics, like ethics of other professions, differ somewhat throughout national professional organizations as they reflect different educational, cultural and religious backgrounds. With Europe and the world becoming open borders and cross employment opportunities, this document reflects an update of the ethical code for dietitians.

The goal of this document is to ensure that dietetic professionals act fairly, accountably and avoid harm. Being guided by a code of ethics enhances comprehension of the principles and use of critical thinking to assess situations, reach expected outcomes and make the best possible decisions.

The **ethical principles** and issues for the profession of dietetics listed below pertain to all areas of nutrition and dietetic practice such as public health, food service, food industry, private practice, clinical practice, research, education, leadership and management.

- Beneficence: the promotion of what is best for the patient/client and/or public health
- Non-maleficence: avoiding harm
- Justice
- Consent and capacity
- Accountability and integrity
- Avoidance of futile treatment
- Confidentiality and privacy
- Person-centered care
- Respect for patient autonomy

ICDA code of ethics, 2014



International Code of Ethics and Code of Good Practice

Approved by the Members of the International Confederation of Dietetic Associations September 7, 2008 and amended November 13, 2010 by the Board of Directors to incorporate an expanded standard "Adopting an evidence-based approach to dietetic practice".

International standards are not meant to replace any national standards that exist, but are meant to put on paper those important matters to which we can all agree. They represent the common ground of dietetics around the world.

International Code of Ethics

Dietitians practice in a just and equitable manner to improve the nutrition of the world by:

- Being competent, objective and honest in our actions*
- Respecting all people and their needs*
- Collaborating with others*
- Striving for positive nutrition outcomes for people*
- Doing no harm*
- Adhering to the standards of good practice in nutrition and dietetics*

International Code of Good Practice

Provision of Service and application of knowledge:

- *Provide high quality, cost efficient services in nutrition and dietetics*
- *Provide services based on the expectation and needs of the community or client*
- *Competently apply the knowledge of nutrition and dietetics and integrate this knowledge with other disciplines in health and social sciences*
- *Work co-operatively with others to integrate nutrition and dietetics into overall care/service regardless of context*
- *Work in partnership with clients and users of the service*

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Developing practice and application of research

- *Interpret, apply, participate in or generate research to enhance practice*
- *Develop a unique body of knowledge*
- *Have an in-depth scientific knowledge of food and human nutrition*

*Adopting an **evidence-based** approach to dietetic practice*

- *Ask questions, systematically find research evidence, and assess the validity, applicability and importance of that evidence*
- *Combine the evidence with the dietitian's expertise and judgment and the client's or community's unique values and circumstances to guide decision-making in dietetics*
- *Apply an evidence-based approach to all areas of dietetic practice to improve health outcomes in individual clients, communities and populations*
- *State the source of evidence underpinning practice recommendations and integrate knowledge of other disciplines*
- *Reflect on how a dietitian's own perspectives or biases may influence the interpretation of evidence*

Communication

- *Communicate effectively through nutrition education, education and training, development of policy and programs*
- *Advocate for nutrition and dietetics, the alleviation of hunger and the value of services*
- *Advance and promote the dietetics profession*

Quality in practice

- *Systematically evaluate the quality of practice and revise practice on the basis of this feedback*
- *Strive to improve services and practice at all times*
- *Maintain continued competence to practice*

Continued competence and professional accountability

- *Ensure accountability to the public*
- *Accept responsibility for ensuring practice meets legislative requirements*
- *Maintain continued competence by being responsible for lifelong learning and engaging in self development*

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2. Supplementary topics

2.1 Health inequality

Health inequality (also referred to as disparities, as this is usually caused by social, cultural or non-generic differences) refers to the fact that health care is not equally accessible to all persons. Academic, social and economic inequalities are closely linked to health inequality. When it comes to address health inequality several questions come to mind, such as; how should inequalities be measured and evaluated, what are the responsibilities of national and international actors to address issues of inequality? There are no conclusive answers to these and other similar dilemmas, but, the ethical principles need to endorse the intrinsic value of health to well-being and equal respect for all human life, the importance of health to the individual and the collective group, and the need for a disproportionate effort to help the disadvantaged individual or group. Shared health governance is essential for delivering health equality to individuals and groups on a national and global scale. Efforts to deal with inequalities/differences require obligations to treat people equally and practice equal distribution of education and wealth to enable improved health. Three aspects are usually taken into consideration on a global and national level: the public health significance, the causal factors, and the plausibility of change. A more equal distribution of health achieved by lifting those groups most at risk, contributes greatly to improved general health. Dietetic practice ought to be capable of enabling each individual the capability to achieve the best health within the limits of the persons' circumstances.

2.2 Diversity

To ensure healthy relationships and consequently improve health outcomes, inclusion is an issue of utmost importance. Dietitians need to be aware of the effects diversity and discrimination may have on health. Professional education should strive to improve the dietitian's ability to understand, communicate with and care for patients/clients from diverse backgrounds.

The World Health Organization (2017) states in their factsheet on Human Rights and Health "The principle of non-discrimination seeks '...to guarantee that human rights are exercised without discrimination of any kind based on race, color, sex, language, religion, political, or other opinion, national or social origin, property, birth or other status such as disability, age, marital and family status, sexual orientation and gender identity, health status, place of residence, economic and social situation.'" In dietetics specifically, weight diversity and therefore discrimination due to weight is another potential form of discrimination that has potential negative impact on health and psychological well-being.

2.3 Research ethics

Basic and applied research are built on a foundation of trust and validity of process and outcomes. It is expected that the outcomes described are accurate and without bias. Basic principles of research ethics like the respect of persons, beneficence and justice are in place to protect the researcher from topics or events that may be unsafe or make either party feel uncomfortable. Research ethics should be communicated with participants and stakeholders as a way to bridge global and local understandings of research ethics. Furthermore, potential personal or financial conflict of interest needs to be limited in all research activities.

2.4 Digitalisation and artificial intelligence

Digitalisation, big data, machine learning and artificial intelligence (AI) are resources with tremendous potential for health care. However, ethics in digitalisation and AI are pivotal to protect human rights in the increasingly digital world. AI might significantly improve the understanding of health but these technologies also bring with them a risk for the dehumanisation of health care and autonomy of persons and groups. Legal and ethical frameworks for AI in health care are still limited as the field is developing. The WHO has formulated key ethical principles for the use of AI published in 2021. These include nonmaleficence, beneficence, justice and autonomy. The protection of moral standards and human rights in health care have to be insured with the development and implementation of AI in health care.

Digital documentation provides the option of pooling data in the dietetic research community. The WHO's European Health Information Initiative (EUHII) shared a vision of an "integrated harmonized health information system for the entire European region". However, ethics around data sharing and data use are of a complex nature. Data protection regulations such as the General Data Protection Regulation of the

European Union have to be taken seriously when pooling data and national as well as international law have to be abided by. Furthermore, risks of cyberinsecurity have to be minimized.

Another aspect of hyper-connectivity and digitalisation is social media and other forms of online communication such as e-mail or digital calls, blogs, podcasts, social networks, video and photo sharing websites that have become part of everyday private and professional life. Hyper-connectivity has its numerous advantages, but just as many cautionary pitfalls. It is accepted that private and public spaces become blurred on the internet. Social media is used for mass communication, socializing, networking, public relations and marketing. Transparency, disclosure issues and intellectual property are part of current professional ethics that need to be addressed. Social media platforms represent a significant leap forward in professional communication. Thoughts and information can be shared as quickly as they can be typed, which is both an advantage and disadvantage of the technology. The speed of transmitting and receiving comments may do harm to one's reputation easier than ever. A golden rule to follow is– if it should not be said in person, it should not be said on a social media website. Furthermore, dietitians disseminate information in a large scale on social media. This requires awareness of the proper representation of the profession with a background of knowledge, integrity and accountability. One of the most concerning risks of social media and digital communications in health care is related to privacy. Patient privacy issues deserve the utmost attention.

2.5 Genetics

As researchers learn more about the biochemical mechanisms that interact with genes, it is only natural to consider how lifestyle and individual genetic variations affect the onset of disease. The science of nutritional genomics explores how nutritional interventions can affect the expression of genes to decrease the risk of disease and dysfunction. Nutritional genomics supports this theme by emphasizing the important role of nutrition, stress and toxins in the expression of our genes. Research on diet-gene interactions provides the foundation for preventing the onset of some of these diseases before the genetic switches turn on. In the future, it might be customary that the management of personal health will begin early in life with the knowledge of individual genetic potential with the goal of maximizing longevity and quality of life. It may not be in the distant future when nutritional genomics will allow dietitians to personalize counseling on nutrition plans for individuals based on their genetic predispositions for disease.

The professional practice committee of EFAD has published a separate statement on the ethics of nutrigenomics available at <http://www.efad.org/en-us/professional-practice/ethics-and-good-practice/>

2.6 End of life issues

Palliative care is provided to patients whose illness is not expected to be cured. It supports life as well as possible while managing the illness. Dietitians may be faced with ethical issues around nutritional therapy. It is important to be aware of the distinction between end-of-life care and palliative care, although they often are used as synonyms. Patients in palliative care may live for several months or years and in such cases nutrition may be a very important issue. There is no clear cut definition for the 'end of life'. Therefore, continuous communications with the interprofessional team and the patient are pivotal to ensure reevaluation of interventions and the pursuit of common goals. Interventions may be planned respecting patients' autonomy and incorporate individual social, cultural and emotional aspects.

EFAD Professional Practice Committee: Silvia Kurmann, Naomi Trostler, Ana Catarina Moreira, José Tiebe, Chair

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