

# Saskatchewan College of Respiratory Therapists

## Code of Ethics (2018)

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### **Final**

SCRT publications contain practice parameters and standards which should be considered by all Saskatchewan Respiratory Therapists in the care of their patients/clients and in the practice of the profession. SCRT publications are developed in consultation with professional practice leaders and describe current professional expectations. It is important to note that these SCRT publications may be used by the SCRT or other bodies in determining whether appropriate standards of practice and professional responsibilities have been maintained.



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## I Introduction

The Saskatchewan College of Respiratory Therapists (SCRT) is a regulatory body in Saskatchewan for Registered Respiratory Therapists (RRTs). SCRT regulates its members in accordance with *The Respiratory Therapists Act* which was enacted in 2009. RRTs who practice in Saskatchewan must be registered with SCRT and comply with *The Respiratory Therapists Act*. In accordance with section 15 (2) (d) of *The Respiratory Therapists Act*, SCRT must provide a Code of Ethics for members.

SCRT Council identified in the 2016 – 2019 Strategic Plan<sup>1</sup> the need to develop a self-owned Code of Ethics. Prior to the development of this self-owned Code of Ethics, SCRT received permission from and adopted the Canadian Society of Respiratory Therapists (CSRT) Code of Ethical and Professional Conduct for Respiratory Therapists for its members.

## II Definition and Purpose of the Code of Ethics

A code of ethics<sup>2</sup> is a guide of principles designed to help professionals conduct their practice honestly and with integrity. A code of ethics document outlines the mission and values of the business or organization, how professionals approach problems, the ethical principles based on the organization's core values and the standards to which the professional is held<sup>3</sup>.

The Code of Ethics is to be used in conjunction with *The Respiratory Therapists Act*, The Saskatchewan College of Respiratory Therapists Regulatory Bylaws, Standards of Practice, the National Competency Profile, Guidelines and Position Statements. Together, these documents provide a framework for achieving professional, efficient, effective, safe and ethical patient-centred care.

## III Ethical Principles

The Code is based upon the following four bioethical principles<sup>3</sup>:

- Respect for autonomy – to act intentionally, with understanding, and without controlling influence.
- Beneficence – to act for the benefit of others.
- Non-maleficence – to avoid causing harm.
- Justice – to treat patients in a fair and equal manner.

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<sup>1</sup> SCRT 2016 – 2019 Strategic Plan

<sup>2</sup> Investopedia <http://www.investopedia.com/terms/c/code-of-ethics.asp>

<sup>3</sup> Beauchamp, T.L., & Childress, J.F. (2001). Principles of biomedical ethics. New York City, NY: Oxford University Press.

#### IV Value-Based Codes of Ethics

A value-based code of ethics deals with an organization's core values system. The values in this document are aligned with the values of SCRT: Respect, Integrity, Fairness, Accountability, Collaboration and Professionalism<sup>4</sup>.

- **Respect** – members will demonstrate respect for the dignity, privacy, and autonomy of their patients.
- **Integrity** – members will demonstrate honesty, integrity and trustworthiness.
- **Fairness** – members will be impartial, honest, and free from self-interest, prejudice, or favoritism<sup>4</sup>.
- **Collaboration** – members will consult and collaborate
- **Professionalism** – members will display a high level of skill, good judgment, and respectful behavior<sup>4</sup>.
- **Accountability** – members will accept responsibility for their actions.

#### V. Code of Ethics

The Code of Ethics is intended to provide guidance for the ethical behavior of all members of SCRT regardless of their professional role, level of experience, and practice context. Compliance with the code ensures that members' behavior allows them to fulfill the duties and objects of the College as outlined in *The Respiratory Therapists Act* and the Saskatchewan College of Respiratory Therapists Regulatory Bylaws.

The Code of Ethics was developed based on the ethical values of the College

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<sup>4</sup>Merriam-Webster Dictionary <http://www.merriam-webster.com/>

## 1. Respect

Registered Respiratory Therapists will demonstrate respect, dignity, privacy and autonomy.

Ethical Responsibilities of a **member**<sup>5</sup> are to:

- 1.1. Uphold the principle of **informed consent** including the right of refusal for care, or withdrawal of care.
- 1.2. Respect for the dignity, right to **privacy** and autonomy of their **patients/clients**.
- 1.3. Maintain clear and appropriate **professional boundaries** in the Patient/client relationship to avoid actions that could impair professional judgement or be misinterpreted.
- 1.4. Preserve and protect the **confidentiality** and **privacy** of information acquired through professional contact with the patient/client, except to facilitate diagnostics or treatment of the patient, or when legally obliged or allowed to disclose information.
  - 1.4.1. Ensure that any discussion/communication is respectful
  - 1.4.2. Access patients/clients' health records when appropriate to practice, and protect this information from unauthorized access and disclosure.

**Resource** – Health Information Protection Act (HIPA) -  
<http://www.qp.gov.sk.ca/documents/english/Statutes/Statutes/H0-021.pdf>

- 1.5. Communicate clearly and effectively to facilitate the patient's/client's understanding of the care being offered
- 1.6. Respect the expertise of colleagues and other healthcare professionals and share one's own expertise and knowledge.
- 1.7. Demonstrate compassion towards patients/clients and colleagues.

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<sup>5</sup>A glossary of terms is included at the end of this document. Key terms are bolded to indicate their inclusion in the glossary

## **2. Integrity**

Registered Respiratory Therapists will demonstrate honesty, integrity and trustworthiness.

Ethical Responsibilities of a member are to:

- 2.1. Act honestly, truthfully and sincerely in professional relationships with Patients/clients, colleagues, and other healthcare professionals.
- 2.2. Ensure that spoken and written communications are true, accurate and clear in representing qualifications/certifications, education, experience and competence.
- 2.3. Abstain from practicing in a manner that uses the member's profession, knowledge or skills for unethical gain.
- 2.4. Avoid situations involving **conflict of interest**.
- 2.5. Provide care only when free from the influence of alcohol, drugs or other substances or any condition that might impede the delivery of safe care.

## **3. Fairness**

Registered Respiratory Therapists will be impartial, honest, and free from self-interest, prejudice, or favoritism

Ethical Responsibilities of a member are to:

- 3.1. Support patient's/client's fair and equal access to care.
- 3.2. Never discriminate against any patient/client, colleague or health professional.

## **4. Collaboration**

Registered Respiratory Therapists will consult and collaborate to provide optimal patient/client care.

Ethical Responsibilities of a member are to:

- 4.1. Interact collaboratively with patients/clients and families to address their needs.
- 4.2. Contribute to the development of respiratory therapy practice through collaboration, continuing education and research.
- 4.3. Consult with, refer to, and co-operate with other professionals with the primary goal of providing safe, competent, ethical and appropriate care to individuals, families and communities.

- 4.4. Communicate in a collaborative, transparent and responsible manner in all interactions.
- 4.5. Incorporate strategies to prevent or manage conflict.

## 5. Professionalism

Registered Respiratory Therapists will display a high level of skill, good judgment, and respectful behavior.

Ethical Responsibilities of a member are to:

- 5.1. Conduct all professional activities, programs and relations honestly and responsibly by avoiding any actions that might discredit themselves and/or the profession.
- 5.2. Comply with high standards of professional conduct, **competence** and Appearance.
- 5.3. Provide only the care for which he/she is qualified by education, training or experience.
- 5.4. Adhere to *The Respiratory Therapists Act*, bylaws and other standards of practice set by SCRT.

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| <p><b>Resource</b> – The Respiratory Therapists Act &amp; SCRT Bylaws<br/><a href="http://www.scrt.ca/site/bylaws?nav=06">http://www.scrt.ca/site/bylaws?nav=06</a></p> |
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- 5.5. Educate colleagues and other health professionals about practices and procedures relating to respiratory therapy.
- 5.6. Use an **evidence-informed** approach in decision making, planning and the application of assessment and interventional procedures.
- 5.7. Ensure the safety of patients/clients, family members and other health professionals when in practice or in areas under the respiratory therapist's responsibility.
- 5.8. Exhibit sound judgment in ensuring that procedures performed are medically appropriate and requested by an appropriately authorized healthcare provider using consultation as required.
- 5.9. Adhere to principles of professionalism in communication (e.g., written, verbal, **electronic communication and social media**).
- 5.10. Practice in a manner that is consistent with the privilege and responsibility of self-regulation.

## **6. Accountability**

Registered Respiratory Therapists will accept responsibility for their actions.

Ethical Responsibilities of a member are to:

- 6.1. Assume responsibility and accountability for his/her actions and decisions.
- 6.2. Report any activity deemed non-ethical or illegal to the appropriate authority.
- 6.3. Maintain the required mental and physical wellness to meet the responsibilities of his/ her role.
- 6.4. Assume responsibility for his/her professional development and commit to the practice of lifelong learning, sharing new practices with colleagues and engaging in professional activities.

## vi. Glossary

**Competence:** refers to “having the requisite knowledge, skills and judgement/abilities to perform safely, effectively and ethically and applying that knowledge, skills and judgement/abilities to ensure safe, effective and ethical outcomes for the patient/client<sup>1</sup>

**Confidentiality:** the ethical obligation to keep someone’s personal and private information secret or private (Fry & Johnstone, 2002)<sup>2</sup>

**Conflict of Interest:** refers to “when an RT is in a position where his/her duty to their patient/client could be compromised, or could be perceived to be compromised, by a personal relationship of benefit. A conflict of interest may be actual, potential or perceived<sup>3</sup>

**Electronic Communication and Social Media:** electronic communication refers to devices for sending and receiving messages or information: cell phone, iPhone (smart phone), Blackberry, Smart Pens, etc. These may have various applications and features including photography. Social media i.e. web-based forums where users interact on line and share information: e.g. Facebook, Twitter, YouTube, InstaGram, Wikipedia, Google+, LinkedIn, etc. including emails, blogs, file transfers &/or discussion group<sup>4</sup>.

**Evidence Informed:** refers to “practice that is based on successful strategies that improve client outcomes and are derived from a combination of various sources of evidence, including client perspective, research, national guidelines, policies, consensus statements, expert opinion and quality improvement data.<sup>5</sup>

**Informed consent:** means that the information relating to the treatment must be received and understood by the patient/client. Consent may be implied or expressed. Implied consent is determined by the actions of the patient/client. Implied consent may be inferred when performing a procedure with minimal risk that the patient/client has consented to previously and acts in a manner that implies their consent. Expressed consent is more official and may be written or oral<sup>6</sup>

**Member:** being a member of or having membership in an association, organization. In this case being a member of the Saskatchewan College of Respiratory Therapists and assuming the responsibilities inherent in membership and licensure.<sup>7</sup>

**Patient/Client:** refers to individuals and their families requiring care or services. This may also include his/her substitute decision maker or guardian<sup>8</sup>

**Privacy:** (1) physical privacy is the right or interest in controlling or limiting the access of others to oneself; (2) informational privacy is the right of individuals to determine how, when, with whom and for what purposes any of their personal information will be shared. A person should have a reasonable expectation of their privacy in the health care system so that only staff that need to know their information will share it with only those who need specific information.<sup>9</sup>

**Professional Boundaries:** set the limitations around relationships between patients/clients, health care providers, students, and others to ensure the delivery of safe, ethical, patient/client-centred care.

Professional boundaries are characterized by respectful, trusting and ethical interactions with patients/clients that are free of abuse, sexual abuse, sexual assault, and sexual harassment.<sup>10</sup>

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1. College of Respiratory Therapists of Ontario. (2010). *A Commitment to Ethical Practice*. Available at: <http://www.crto.on.ca/pdf/Ethics.pdf>

2. Canadian Nurses Association; Code of ethics for Registered nurses and Licensed Practical Nurses: [http://www.srna.org/images/stories/Nursing\\_Practice/CNA\\_Draft\\_Code\\_of\\_Ethics\\_Document\\_2017.pdf](http://www.srna.org/images/stories/Nursing_Practice/CNA_Draft_Code_of_Ethics_Document_2017.pdf)

3. College of Respiratory Therapists of Ontario. (2014). *Conflict of Interest. Clinical Practice Guideline*. Available at: [http://www.crto.on.ca/pdf/PPG/conflict\\_of\\_interest.pdf](http://www.crto.on.ca/pdf/PPG/conflict_of_interest.pdf)

4. University of Saskatchewan college of Medicine: Guidelines on use of electronic Communication and Social Media  
<https://medicine.usask.ca/policies/school-of-physical-therapy-guidelines-on-use-of-electronic-communication-and-social-media.php>

5. College of Nurses of Ontario. (2014). *Entry to Practice Competencies*. Available at: [http://www.cno.org/globalassets/docs/reg/41042\\_entrypracrpn.pdf](http://www.cno.org/globalassets/docs/reg/41042_entrypracrpn.pdf)

6. Adapted from College of Respiratory Therapists of Ontario. (2014). *Responsibilities under Consent Legislation. Professional Practice Guideline*. Available at: <http://www.crto.on.ca/pdf/PPG/UnderConsent.pdf>

7. <http://www.dictionary.com>

8. Adapted from College of Physical Therapists of Alberta. (2007). *Therapeutic Relationships Establishing and Maintaining Professional Boundaries*. Available at: [http://www.physiotherapyalberta.ca/physiotherapists/resources\\_to\\_help\\_you\\_meet\\_practice\\_standards/therapeutic\\_relationships](http://www.physiotherapyalberta.ca/physiotherapists/resources_to_help_you_meet_practice_standards/therapeutic_relationships)

9. Canadian Nurses Association; code of ethics for Registered nurses and Licensed Practical Nurses: [http://www.srna.org/images/stories/Nursing\\_Practice/CNA\\_Draft\\_Code\\_of\\_Ethics\\_Document\\_2017.pdf](http://www.srna.org/images/stories/Nursing_Practice/CNA_Draft_Code_of_Ethics_Document_2017.pdf)

10 Adapted from College of Respiratory Therapists of Ontario. (2010). *A Commitment to Ethical Practice*. Available at: <http://www.crto.on.ca/pdf/Ethics.pdf>