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## A Comprehensive Review of the 2016 ASHA Code of Ethics

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## A Comprehensive Review of the 2016 ASHA Code of Ethics

### Cover Page Footnote

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REVIEW OF THE 2016 ASHA CODE OF ETHICS

**Abstract**

The American Speech-Language-Hearing Association (ASHA) initially implemented a Code of Ethics in 1952, and has periodically revisited the content of the document with revisions to reflect the expanding scope of practice within speech-language pathology and audiology and to clarify certain concepts. Code revision is a cyclical mandated task of the ASHA Board of Ethics conducted to assure accuracy, currency, and completeness of this most important document (Solomon-Rice & O'Rourke, 2016). The current version of the Code of Ethics (2016) was modified from the previous version (2010r), with an updated preamble, definitions of related vocabulary, and re-organized language in the principles. The new code, which supports collaboration, competence, and responsibility, serves as the ethical underpinning for students and clinical fellows, practicing clinicians, researchers, supervisors, and administrators. It is incumbent on ASHA members to encode this information, and incorporate ethical practices across the span of their careers. The current article will summarize the changes between the 2010r and 2016 versions of the ASHA Code of Ethics for practicing speech-language pathologists and audiologists and students studying in these fields. Managers may benefit from this tutorial in order to be familiar with the standards to which their speech-language pathologists and audiologists must abide. Official clarification regarding the ASHA Code of Ethics should be directed to the ASHA Director of Ethics at [ethics@asha.org](mailto:ethics@asha.org).

*Keywords:* ethics, speech-language pathology, audiology, code of ethics, ASHA

### A Comprehensive Review of the 2016 ASHA Code of Ethics

The American Speech-Language-Hearing Association (ASHA) has recently implemented a revision to the Code of Ethics, which serves as the governing principles for professional practice in human communication disorders. In order to best serve patients, clients, and students, speech-language pathology and audiology professionals must be knowledgeable of ethical principles and follow important changes to the professions' guiding principles. This article will provide a context for, and an overview of the changes and updates to the ASHA Code of Ethics highlighting the changes between the 2010 revised version (released in 2014) and the 2016 version of the Code of Ethics.

#### **What is a code of ethics?**

Codes of ethics have been developed by professions for a variety of purposes, typically outlining the mission and values of an organization, and defining status and standards of quality service delivery, protection of the public, and accountability of members. Such codes will incorporate normative principles of acceptable versus unacceptable conduct based on professional values as guidelines for acceptable behavior, which can be open to interpretation (cf. Flite & Harman, 2013; Joyce & Rankin, 2010; Spielthener, 2015). It is a standard or set of morals by which a group makes decisions about what is right or wrong. Codes of ethics are commonplace in many professions such as occupational, physical, and respiratory therapies, nursing, engineering, law, and medicine. ASHA follows these standards and is no exception.

#### **Why did ASHA change the Code of Ethics?**

ASHA's first formal Code of Ethics was published in 1952 and has been modified and adapted over time, which has led to growth and change in the professions of speech-language

pathology and audiology (ASHA, 2016b). The Code of Ethics for speech-language pathology and audiology is composed by the ASHA Board of Ethics, a 16 member appointed committee charged with oversight of and compliance with ethical standards, including review and adjudication of complaints. This board is mandated to regularly review the Code (ASHA, 2016c) in an effort to enhance its “currency, accuracy, and comprehensiveness” (Solomon-Rice & O’Rourke, 2016, n. p.). It provides the guiding principles for the practice of speech-language pathology and audiology.

ASHA’s Code of Ethics is comprised of four principles and 55 rules subsumed under the four principles. Rules of ethics are specific statements of minimally acceptable professional conduct or of prohibitions and are applicable to all individuals who fall under that specific code (ASHA 2016a; see below). The Code of Ethics are standards that govern our practice and apply to everyone who practices speech-language pathology and audiology, including licensed clinicians, researchers, interns, and students. Moreover, the ASHA code helps to educate practitioners and student clinicians within the discipline, including the general public.

The latest version of the Code of Ethics became effective on March 1, 2016. The fundamental structure of the Code of Ethics remains unchanged from the 2010 revision, including the four principles which address members’ responsibilities to the persons served professionally (both clinically and in research involving humans and animals); maintenance of professional competence; provision of accurate information regarding the professions to the public; and professional relationships (Solomon-Rice & O’Rourke, 2016).

### **What is new in the 2016 version of the Code of Ethics?**

The first change in the 2016 Code of Ethics is an updated preamble. Two new

paragraphs were added to the beginning of the preamble to put the Code of Ethics in a historical perspective, and to clarify the intention of ASHA's Code of Ethics. The third paragraph of the preamble added a phrase at the end of the first sentence articulating the role of speech-language pathologists and audiologists.

The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by audiologists, speech-language pathologists, and speech, language, and hearing scientists *who serve as clinicians, educators, mentors, researchers, supervisors, and administrators [emphasis added]*. (ASHA, 2016a, p. 2)

The next major change in the new Code of Ethics is the addition of a terminology section consisting of 22 terms and definitions helpful in ensuring that all speech-language pathologists and audiologists are interpreting the terminology in the Code the same way. The terms noted in Table 1 are defined in the 2016 Code of Ethics. In addition, this section also provides the mailing address for the Board of Ethics for the filing of complaints. In the 2016 revision of the Code of Ethics, Principles I and II remain unchanged from the prior version, Principles III and IV were revised, and fifteen new rules were added.

Insert Table 1 here

Principle I states, "Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities, and they shall treat animals involved in research in a humane manner" (ASHA, 2016a, p. 4). The need to consider the benefits to the clients/patients/students/research participants served by speech-language pathologists and audiologists remains the prime directive of Principle I. There are 20 rules under Principle I, which include practicing within the one's scope of competence,

referring to other professionals as necessary, not discriminating in delivery of services, delegating as appropriate, accurately representing the work of those to whom responsibilities are delegated, obtaining informed consent, using evidence-based practice, maintaining confidentiality, and reporting ethical violations if observed.

Principle I has four new rules which clarify expected professional behavior related to ethics and evidence-based practice, exercising independent judgment, and the responsibility to report ethical violations to the appropriate authorities. From the 2016 ASHA Code of Ethics (pp. 5-6):

- Rule J. Individuals shall accurately represent the intended purpose of a service, product, or research endeavor and shall abide by established guidelines for clinical practice and the responsible conduct of research.
- Rule M. Individuals who hold the Certificate of Clinical Competence shall use independent and evidence based clinical judgment, keeping paramount the best interests of those being served.
- Rule Q. Individuals shall maintain timely records and accurately record and bill for services provided and products dispensed and shall not misrepresent services provided, products dispensed, or research and scholarly activities conducted.
- Rule S. Individuals who have knowledge that a colleague is unable to provide professional services with reasonable skill and safety shall report this information to the appropriate authority, internally if a mechanism exists and, otherwise, externally.

Principle II states, “Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence and performance” (ASHA, 2016a, p. 6). This rule emphasizes that speech-language pathologists and audiologists demonstrate the commitment to



quality services by the awarding of the Certificate of Clinical Competence after completion of a Master's or AUD degree, and maintain national certification through the acquisition of continuing education.

There are eight rules under Principle of Ethics II including operating within one's scope of competence, being a life-long learner, not compromising patient care or license, and using technology as appropriate in one's area of practice. Principle II also has four new rules regarding compliance with external standards in research practices, monitoring the independent clinical judgment of individuals being supervised, and the implementation of appropriate technology in clinical practice.

- Rule B. Members who do not hold the Certificate of Clinical Competence may not engage in the provision of clinical services; however, individuals who are in the certification application process may engage in the provision of clinical services consistent with current local and state laws and regulations and with ASHA certification requirements.
- Rule C. Individuals who engage in research shall comply with all institutional, state, and federal regulations that address any aspects of research, including those that involve human participants and animals.
- Rule F. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct clinical activities that compromise the staff member's independent and objective professional judgment.

- Rule G. Individuals shall make use of technology and instrumentation consistent with accepted professional guidelines in their areas of practice. When such technology is not available, an appropriate referral may be made (ASHA, 2016a, pp. 6-7).

Principle III was simplified to clarify meaning, and the examples were removed from the Principle and moved into the rules. The 2016 version of Principle III is, “Individuals shall honor their responsibility to the public when advocating for the unmet communication and swallowing needs of the public and shall provide accurate information involving any aspect of the professions” (ASHA, 2016a, p. 7). There are seven rules under Principle III which address accurate representation of one’s credentials, competence, and training, avoiding conflicts of interest, giving appropriate credit, not scheming to defraud, not guaranteeing a favorable outcome, and appropriately representing services in advertisement and promotion. Rule G, “Individuals shall not knowingly make false financial or nonfinancial statements and shall complete all materials honestly and without omission” was added to Principle III in the 2016 version (ASHA, 2016a, p. 7).

Principle IV was revised to enhance its aspirational nature, incorporating language from what was previously Rule A (Solomon-Rice & O’Rourke, 2016). Principle IV states, “Individuals shall uphold the dignity and autonomy of the professions, maintain collaborative and harmonious interprofessional and intraprofessional relationships, and accept the professions’ self-imposed standards” (ASHA, 2016a, p. 7). Principle IV has 20 rules which include guidelines for professional collaboration, accurately representing the professions and avoiding anything that adversely reflects on the professions, and not engaging in discrimination involving any other professions. These rules also specifically state members are to have no inappropriate relationships with patients, research participants, or with anyone that we have authority.

Principle IV's rules also state that in a supervisory relationship, we do not allow any violations of the Code of Ethics, and that appropriate credit is given in research and presentations to avoid plagiarism. Finally, members must inform the Board of Ethics if ethical violations are observed; members must comply with local, state, and federal laws, and regulations; and must self-report to the Board of Ethics if found guilty or pled nolo contendere to certain misdemeanors or a felony.

Six new rules were added to Principle of Ethics IV, which address the need for accurate statements in all documentation for certification and membership, responsibilities to report ethical violations of other professions to the appropriate regulatory agencies, the appropriate use of the procedures for reporting ethical violations, compliance with local, state, and federal laws, and the need for self-reporting when legal or ethical violations have occurred. From the 2016 ASHA Code of Ethics:

- Rule A. Individuals shall work collaboratively, when appropriate, with members of one's own profession and/or members of other professions to deliver the highest quality of care.
- Rule F. Applicants for certification or membership, and individuals making disclosures, shall not knowingly make false statements and shall complete all application and disclosure materials honestly and without omission.
- Rule N. Individuals shall report members of other professions who they know have violated standards of care to the appropriate professional licensing authority or board, other professional regulatory body, or professional association when such violation compromises the welfare of persons served and/or research participants.

- Rule R. Individuals shall comply with local, state, and federal laws and regulations applicable to professional practice, research ethics, and the responsible conduct of research.
- Rule S. Individuals who have been convicted; been found guilty; or entered a plea of guilty or nolo contendere to (1) any misdemeanor involving dishonesty, physical harm-or the threat of physical harm-to the person or property of another, or (2) any felony, shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the conviction, plea, or finding of guilt. Individuals shall also provide a certified copy of the conviction, plea, nolo contendere record, or docket entry to ASHA Standards and Ethics within 30 days of self-reporting.
- Rule T. Individuals who have been publicly sanctioned or denied a license or a professional credential by any professional association, professional licensing authority or board, or other professional regulatory body shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the final action or disposition. Individuals shall also provide a certified copy of the final action, sanction, or disposition to ASHA Standards and Ethics within 30 days of self-reporting (ASHA, 2016a, pp. 7-9).

### **Discussion**

One of the conditions of membership in and certification by the American Speech-Language-Hearing Association is the understanding that individuals will be governed by and self-regulate clinical and research practices according to the standards outlined in the Code of Ethics. The Code serves as an inspirational and aspirational document (ASHA, 2010r), serving as the moral basis for clinical and supervisory decisions that must be made across the span of a

career. For students preparing to enter the field, their ethical responsibilities include incorporating the code as a means of critical thinking as they are learning and experiencing the scope of the profession. Clinical Fellows integrate the code into their clinical practices, under the supervision of an experienced clinician who is expected to model appropriate ethical behavior. Veteran speech-language pathologists and audiologists utilize the ASHA Code of Ethics to drive their clinical practice and are expected to abide by each iteration of the Code as it changes over time. Researchers have a responsibility to abide by the Code when working with research participants, both human and animal. Speech-language pathologists who have moved away from direct clinical service provision (e.g., administration, advocacy) are likewise bound by the standards outlined in the Code and are responsible to oversee that employees act in an ethical manner.

The full 2016 Code of Ethics is available at <http://www.asha.org/uploadedFiles/ET2016-00342.pdf>, and it is every ASHA member's responsibility to review, understand, and implement the principles and rules in the current Code of Ethics. The ASHA web site has a wealth of information to support members in ethical decision making ([www.asha.org/Practice/ethics/](http://www.asha.org/Practice/ethics/)) including ethical guidance and sanctions and violation history. Questions regarding official clarification regarding the ASHA Code of Ethics should be directed to the ASHA Director of Ethics at [ethics@asha.org](mailto:ethics@asha.org) (Solomon-Rice & O'Rourke, 2016).

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Table 1. Definitions included in the Code of Ethics (ASHA, 2016).

advertising	conflict of interest	crime	diminished decision-making ability
fraud	impaired practitioner	individuals	informed consent
jurisdiction	know, known, knowingly	may vs. shall	misrepresentation
negligence	nolo contendere	plagiarism	publically sanctioned
reasonable or reasonably	self-report	shall vs. may	support personnel
telepractice, teletherapy	written		