PROFESSIONAL ETHICS: THE HIDDEN FOUNDATION

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In 1977, I was invited to attend a meeting of the ASHA Ethical Practice Board (EPB) to provide input on the issue of selling and dispensing products by our members and certificate holders. The EPB was in the process of rewriting the Code of Ethics and a major problem at that time related to the dispensing of hearing aids as an ethical issue. I was acutely aware of the pressures on audiologists and the changing orientation toward the dispensing of hearing aids. I was also cognizant of the fact that we had a Code of Ethics and had even read the Code on one or two occasions. However, I was totally ignorant of the procedures and functioning of the EPB; and had only a vague understanding of the penalties that might be assessed for violating the Code. In short, the EPB was a mystery to me.

One year later, I was invited to be a member of the EPB and subsequently spent 6 years with that Board, 4 of them as chair. Those years of weekly and even daily exposure to ethics issues cleared up the mystery of the EPB for me. But, I am repeatedly reminded by our members that our Code of Ethics and the activities of the EPB remain somewhat unclear and mysterious—particularly among students, that segment of our growing profession that most needs to know about our ethical standards as they prepare to embark on professional careers.

The need for a better understanding of ethics was driven home for me during a recent opportunity to teach an undergraduate elective course on “Professional and Clinical Issues in Speech-Language Pathology and Audiology.” Students were given a pretest to determine their current level of understanding of professional and clinical concepts. Part of the pretest required definition and discussion of terms such as profession, standards, and ethics. In general, the students had the greatest difficulty defining and discussing ethics. While there was a basic understanding that the term ethics referred to honesty, morality, and accepted rules of conduct, there was confusion of ethics with standards and laws. Moreover, none of the students had read ASHA’s Code of Ethics (Asha, 1987/March) and none was aware of the existence and function of the EPB.

These experiences are not unique. Most of us have not studied professional ethics and we are thus not aware of the monumental commitment of time and effort made to the development and constant scrutiny of ASHA’s ethics program. That is unfortunate because ethics constitute perhaps the most important cornerstone of our profession, the major part of our “hidden foundation.”

In this short but hopefully succinct presentation my intent is to bring ethics out of hiding—to then be integrated with the professional fabric of students engaged in making the transition to professional life. Several frequently asked questions form the framework of my presentation:
1. What are ethics? Who needs them? Who must abide by them? Who cares?
2. Are ethics laws? Are they guidelines? Do they relate to standards?
3. How have ethics developed in our profession and now in ASHA?
4. How does ASHA’s mysterious EPB function?
5. Is there a direct connection between ASHA’s EPB and state ethics committees or state licensure boards?
6. Should I report an apparent ethics violation to the EPB? How do I report a violation? Can I remain anonymous?
7. What penalties can the EPB assess for ethics violations?
8. Why don’t I ever hear of people being penalized? Is the EPB doing anything? Is the EPB powerless or ineffective? Why can’t the EPB move faster?
9. What are the major ethical issues or violations?

THE NATURE OF ETHICS

All dictionaries generally define ethics as a set of moral principles or values, principles of conduct governing individuals, groups, or disciplines, principles that address the rightness (good) and wrongness (bad) of human actions, intentions, and goals. Although the primary focus here is with ethics as applied to professional groups such as ASHA, it is readily apparent that ethics extend across all segments of society. Recent scandals involving “insider” stock trading and misuse of religious contributions reflect violations of ethics—if not actual violations of the law.

The study and application of ethics and ethical codes can be traced back to the Athenian philosopher Socrates (469–399 B.C.), the father of ethics. In fact, the word ethics is derived from a Greek word meaning manners, customs, or habits. Other notable philosophers such as Plato (427–347 B.C.) extended the ethical knowledge base and application of ethical values. The exploration of moral principles and ethics has continued through time and relates to all aspects of life. Who needs ethics? We all do if we are to deal with others in a fair and principled way. Who must abide by them? Physicians, attorneys, psychologists, educators, businessmen/women, engineers, allied health specialists, speech-language pathologists and audiologists; anyone who belongs to a business or professional group that wishes to maintain high standards. Who cares? We all must care if our profession is to be respected and highly regarded by the public we are dedicated to serve.

ETHICS, LAWS, AND STANDARDS

It is not surprising that many people have difficulty in differentiating ethics and laws since the two are intimately related and, in fact, laws are a codified extension of ethics. In a broad sense, there are Natural Laws dealing with cause and effect. In a more narrow sense there are laws which refer to society and human behavior such as Laws of Etiquette, Laws of Honor, or Moral Law. In the most typical sense, however, laws constitute positive sets of rules or codes that must be strictly enforced if they are to benefit all members of a given society. If laws are violated, society may impose strict sanctions such as monetary fine or imprisonment. If one violates ethical principles on the other hand, the penalty might be rebuke or loss of
privileges such as membership in a group or access to group activities and privileges.

Professional associations such as ASHA develop standards of conduct and practice for its members. There are individual certification standards such as the Certificates of Clinical Competence in Speech-Language Pathology and Audiology and there are institutional accreditation standards for academic training programs and clinical programs. These standards are developed to insure the competence of professionals and to guarantee basic levels of service to the consumer. Ethics embody and, in turn, are used to enforce professional standards. They are principles of conduct that must be followed by professionals, and they can exact penalties if acknowledged standards are violated. The most significant differences between ethics and laws is that professional ethics apply only to those individuals who choose to be members of a professional group whereas laws apply equally to all members of a society. Moreover, the penalties invoked for violating ethics are more limited (e.g., expulsion from a professional group versus fines or imprisonment for violation of a law).

THE ASHA ETHICS HISTORY

The origin of the profession of speech-language pathology and audiology reaches back to 1925 when the American Academy of Speech Correction was formed by 25 professionals from various fields who shared an interest in what was then called speech correction. These founders agreed that the primary reason for founding a speech correctionists organization was to “. . . establish scientific standards and codes of ethics” (Paden, 1970). Paden further notes that “. . . although the agenda of that first meeting was essentially unplanned, the minutes record (sic) that the group discussed ethics, professional practices, fees, advertising, and the ability to cooperate in the undertakings of the organization.” A more specific statement of ethics was one of the five qualifications for membership in the new organization: “Possession of a professional reputation untainted by a past record (or present record) of unethical practices such as blatant commercialization of professional services, or guaranteeing of ‘cures’ for stated sums of money” (Paden, 1970).

As the new organization entered 1930, the constitution was revised to contain a major section entitled “Principles of Ethics.” This section formed the basis for the ethics program. The elements of that early statement today remain a central part of our ethics code. That initial statement reads as follows:

Section III—Unethical Practices. It shall be considered unethical:
1. To guarantee to cure any disorder of speech.
2. To offer in advance to refund any part of a person’s tuition if his disorder of speech is not arrested.
3. To make “rash promises,” difficult of fulfillment, in order to secure pupils or patients.
4. To employ blatant or untruthful methods of self-advertising.
5. To advertise to correct disorders of speech entirely by correspondence.
6. To seek self-advancement by attacking the work of other members of the Society in such a way as might injure their standing and reputation. Reproaches or criticisms should be sympathetically discussed with the member involved.

7. For persons who do not hold a medical degree to attempt to deal exclusively with speech patients requiring medical treatment without the advice of or authority of a physician.

8. To extend the time of treatment beyond the time when one should recognize his inability to effect further treatment.


During the formative years, the Committee on Education of the Academy was charged with the responsibility to hear complaints of unethical conduct and to consider the imposition of penalties. When the organization expanded further into the new areas of audiology and became known as the American Speech and Hearing Association in 1947, a committee on Ethical Practices was formed and that group eventually was elevated to board status. In 1951, the Code of Ethics was expanded to interpret the ethical responsibilities of members of ASHA to the patient, to professional co-workers and to society. Thus, for the first time, the Code reflected a positive as well as negative approach to a members' professional demeanor. The current Code of Ethics (see Appendix) was adopted in 1979 and consists of six Principles of Ethics, accompanying formal statements of prohibitions called Ethical Proscriptions, and explicit guidelines of conduct designed to promote the public interest called Matters of Professional Propriety. The Code is published in the ASHA Membership and Certification Handbook, the Membership Directory, and it also appears annually in Asha, usually the March or April issue.

THE ASHA ETHICAL PRACTICE BOARD

The ASHA Ethical Practice Board consists of nine members selected by ASHA's Executive Board to serve 3-year terms. EPB members represent a cross-section of membership interests in the practice of the profession. One member is selected to serve as chair and there are generally two ASHA National Office personnel who serve as ex-officio or liaison members. The EPB typically meets three times annually to deal with allegations of Code violation, to develop Issues in Ethics statements, to interpret and suggest revision in the Code, and to conduct hearings when necessary. An assigned staff person in the ASHA National Office is available to respond unofficially to phoned inquiries and usually handles 40 to 50 inquiries weekly. An actual claim of alleged violation of the Code, however, must be made in writing and be accompanied with all available supporting evidence. Such claims are seriously reviewed with confidentiality always exercised as a key factor. Generally, the person filing the complaint remains anonymous to the alleged offender. However, if an issue comes to a formal hearing anonymity cannot be guaranteed.

After a thorough and full investigation of all the facts in any individual complaint, the EPB can impose sanctions under carefully controlled guidelines. Available sanctions include one or more of the following: (a) Reprimand; (b) Censure; (c)
Withhold, Suspend, or Revoke Membership; (d) Withhold, Suspend, or Revoke the Certificate(s); or other measures determined by the EPB at its discretion. Individual EPB decisions are subject to appeal to the EPB. Moreover, decisions of the EPB that call for (a) expulsion from membership, (b) withholding, suspending, or revoking the Certificate, or (c) Special Publication can be appealed to the ASHA Executive Board. Once the appeal process is exhausted and the decision is final, the decision is published in *Ashu* and it may be disclosed to any aggrieved parties.

One frequently asked question involves the relationship between the ASHA’s EPB and state ethics committees or state licensure boards. The answer is that there is no formal relationship and allegations of ethics violation may be heard by any of these bodies with each arriving at an independent decision. Another often asked question involves whether we are professionally obligated to report an ethics violation. The answer to this question is embodied in *Principle of Ethics VI.A:* Individuals shall inform the Ethical Practice Board when they have reason to believe that a member or certificate holder may have violated the Code of Ethics.

Some state licensure boards have adopted the wording of the ASHA Code of ethics as part of their regulations but they are not bound to carry out investigations in conjunction with the EPB and they could conceivably arrive at a different decision from the EPB on the same issue. Within a state, licensure would take priority and penalties for violation of the licensure law could be severe (i.e., a monetary fine or imprisonment as well as loss of the license to practice). On the other hand, ASHA is a voluntary professional association that has jurisdiction only over its members and certificate holders. The strongest penalties assessed for violation of the Code of Ethics are revocation of membership and/or certification. It is possible, albeit unlikely, that an individual found to be in violation of the Code could be stripped of ASHA membership and certification and still be able to practice under state licensure. Loss of a state license, however, would prevent continued practice of the profession within that jurisdiction.

Of the many important activities of ASHA, the efforts of the EPB are probably the least well known and understood. A primary reason has been the degree of confidentiality that we must attempt to maintain. The EPB takes very seriously its charge and recognizes that the sanctions it imposes can have very serious and far-reaching consequences. The EPB maintains a very busy schedule and individual cases are handled with all due deliberation often requiring several months or more to complete. Consider that during a recent 3-year period, the EPB investigated 206 allegations of Code violation. Of the 206 cases, 96 were ultimately found to constitute violations and sanctions were levied. Common violations of the Code of Ethics include: (a) non-certified ASHA members providing clinical services, (b) clinical practice by ASHA certificate holders in the area in which they are not certified, (c) misrepresentation of degrees held or certification status, and (d) unprofessional conduct. The typical average number of cases annually (60–70) consumes no less than 60–70% of the EPB annual intensive agenda. Development of *Issues in Ethics* statements, modifications and implementation of practices and procedures, and written advisories take up the remainder of EPB agenda time.

Two recent EPB cases will illustrate the range and depth of alleged violation and subsequent penalties assessed by the Board. In both cases, the respondent (alleged
offender) was engaging in clinical practice in the area in which they were not certified. The guidelines governing a certified speech-language pathologist’s practice in audiology (uncertified area) or a certified audiologist’s practice in speech-language pathology (uncertified area) are encompassed in an *Issues in Ethics* statement published in *Asha* (1986) and provided in the Appendix. The two cases in point involved speech-language pathologists who were practicing audiology as follows:

**Case #1**—involved an individual in the second year of her first job where the medical staff insisted that she perform a full range of audiological tests as well as her speech-language duties. That activity was reported to the EPB which investigated and found that the individual was unaware of the restriction under the Code. She readily agreed to cease and desist from performing audiology services and was, in fact, relieved to be out from under the pressure to perform activities for which she was not certified or qualified. The EPB sanction for this case was reprimand without publication.

**Case #2**—involved a certified speech-language pathologist with 20 years experience who was reported to be practicing as an audiologist, providing a full range of audiological services and dispensing hearing aids. The individual advertised himself as being certified in speech-language pathology and audiology in the yellow pages of the phone directory and on his business card. The EPB investigation found the allegation to be true in all respects and the individual refused to cease his uncertified practice, contending that he had taken an introductory audiology course in school and he considered himself to be adequately trained and qualified. The EPB voted to revoke the individual’s ASHA membership and his Certificate of Clinical Competence in Speech-Language Pathology. He did not exercise his right to appeal to the EPB or to the ASHA Executive Board and the sanction was published in *Asha* and made known to aggrieved parties.

**THE FUTURE**

The realization that there are more than 60 alleged violations of the Code of Ethics each year seems alarming, especially when considering that more than half are found to be true and subject to sanction. However, when expressed as a percentage of the total ASHA membership of almost 60,000, the number is a more comforting 0.1%. We can thus all take pride in the fact that the system works and specifically to the benefit of the consumers of our services. High standards are upheld and avenues of redress are made available. Paden (1970) said it very well: “The stature which ASHA has held ... is due in no small degree to its early and continued concern for high ethical principles which it has insisted be upheld in the relations of all our members to the public, and, which has, in time, brought substantial reward to the members themselves.” As professionals, we must fully support the ASHA’s Code of Ethics. It is particularly crucial that this strict adherence to high standards be passed on to our students who are the lifeblood and future of the profession.

Ethics must be “brought out of hiding” for students to experience at all levels of training and development. In addition to the discussion of ethics and the Code of Ethics in formal clinical courses, students and NSSLHA chapters should plan and
present programs on ethical issues and invite knowledgeable speakers on the
subject to their chapter meetings. Additionally, students may wish to take the lead
in providing copies of the Code of Ethics, Issues in Ethics statements, and EPB
Practices and Procedures statements to undergraduate and graduate students alike.
Ethics are an important foundation for our profession which must be provided at the
student level to insure that future practitioners carry on a proud tradition of
provision of quality services to individuals with communicative disorders.

REFERENCES
Speech-language pathology and audiology: Issues and management. Orlando: Grune &
Stratton.

Code of Ethics
of the
American-Speech-Language-Hearing Association
1987
(Revised January 1, 1986)

Preamble

The preservation of the highest standards of integrity and ethical principles is vital to the
successful discharge of the professional responsibilities of all speech-language pathologists
and audiologists. This Code of Ethics has been promulgated by the Association in an effort to
stress the fundamental rules considered essential to this basic purpose. Any action that is in
violation of the spirit and purpose of this Code shall be considered unethical. Failure to
specify any particular responsibility or practice in this Code of Ethics should not be construed
as denial of the existence of other responsibilities or practices.

The fundamental rules of ethical conduct are described in three categories: Principles of
Ethics, Ethical Proscriptions, Matters of Professional Propriety.

1. Principles of Ethics. Six Principles serve as a basis for the ethical evaluation of
professional conduct and form the underlying moral basis for the Code of Ethics. Individuals
subscribing to this Code shall observe these principles as affirmative obligations under all
conditions of professional activity.

2. Ethical Proscriptions. Ethical Proscriptions are formal statements of prohibitions that are
derived from the Principles of Ethics.

of conduct designed to promote the public interest and thereby better inform the public and
particularly the persons in need of speech-language pathology and audiology services as to the
availability and the rules regarding the delivery of those services.

Principle of Ethics 1

Individuals shall hold paramount the welfare of persons served professionally.

A. Individuals shall use every resource available, including referral to other specialists as
needed, to provide the best service possible.

B. Individuals shall fully inform persons served of the nature and possible effects of the
services.

C. Individuals shall fully inform subjects participating in research or teaching activities of the

"Individuals” refers to all members of the American Speech-Language-Hearing Associa-
tion and non-members who hold a Certificate of Clinical Competence from this Association.

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nature and possible effects of these activities.
D. Individuals' fees shall be commensurate with services rendered.
E. Individuals shall provide appropriate access to records of persons served professionally.
F. Individuals shall take all reasonable precautions to avoid injuring persons in the delivery of professional services.
G. Individuals shall evaluate services rendered to determine effectiveness.

Ethical Proscriptions
1. Individuals must not exploit persons in the delivery of professional services, including accepting persons for treatment when benefit cannot reasonably be expected or continuing treatment unnecessarily.
2. Individuals must not guarantee the results of any therapeutic procedures, directly or by implication. A reasonable statement of prognosis may be made, but caution must be exercised not to mislead persons served professionally to expect results that cannot be predicted from sound evidence.
3. Individuals must not use persons for teaching or research in a manner that constitutes invasion of privacy or fails to afford informed free choice to participate.
4. Individuals must not evaluate or treat speech, language or hearing disorders except in a professional relationship. They must not evaluate or treat solely by correspondence. This does not preclude follow-up correspondence with persons previously seen, nor providing them with general information of an educational nature.
5. Individuals must not reveal to unauthorized persons any professional or personal information obtained from the person served professionally, unless required by law or unless necessary to protect the welfare of the person or the community.
6. Individuals must not discriminate in the delivery of professional services on any basis that is unjustifiable or irrelevant to the need for and potential benefit from such services, such as race, sex, age, or religion.
7. Individuals must not charge for services not rendered.

Principle of Ethics II

Individuals shall maintain high standards of professional competence.

A. Individuals engaging in clinical practice or supervision thereof shall hold the appropriate Certificate(s) of Clinical Competence for the area(s) in which they are providing or supervising professional services.
B. Individuals shall continue their professional development throughout their careers.
C. Individuals shall identify competent, dependable referral sources for persons served professionally.
D. Individuals shall maintain adequate records of professional services rendered.

Ethical Proscriptions
1. Individuals must neither provide services nor supervision of services for which they have not been properly prepared, nor permit services to be provided by any of their staff who are not properly prepared.
2. Individuals must not provide clinical services by prescription of anyone who does not hold the Certificate of Clinical Competence.
3. Individuals must not delegate any service requiring the professional competence of a certified clinician to anyone unqualified.
4. Individuals must not offer clinical services by supportive personnel for whom they do not provide appropriate supervision and assume full responsibility.
5. Individuals must not require anyone under their supervision to engage in any practice that is a violation of the Code of Ethics.

Principle of Ethics III

Individuals’ statements to persons served professionally and to the public shall provide accurate information about the nature and management of communicative disorders, and about the profession and services rendered by its practitioners.

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Ethical Proscriptions
1. Individuals must not misrepresent their training or competence.
2. Individuals’ public statements providing information about professional services and products must not contain representations or claims that are false, deceptive or misleading.
3. Individuals must not use professional or commercial affiliations in any way that would mislead or limit services to persons served professionally.

Matters of Professional Propriety
1. Individuals should announce services in a manner consonant with highest professional standards in the community.

Principle of Ethics IV
Individuals shall maintain objectivity in all matters concerning the welfare of persons served professionally.

A. Individuals who dispense products to persons served professionally shall observe the following standards:

(1) Products associated with professional practice must be dispensed to the person served as a part of a program of comprehensive habilitative care.
(2) Fees established for professional services must be independent of whether a product is dispensed.
(3) Persons served must be provided freedom of choice for the source of services and products.
(4) Price information about professional services rendered and products dispensed must be disclosed by providing to or posting for persons served a complete schedule of fees and charges in advance of rendering services, which schedule differentiates between fees for professional services and charges for products dispensed.
(5) Products dispensed to the person served must be evaluated to determine effectiveness.

Ethical Proscriptions
1. Individuals must not participate in activities that constitute a conflict of professional interest.

Matters of Professional Propriety
1. Individuals should not accept compensation for supervision or sponsorship from the clinical fellow being supervised or sponsored beyond reasonable reimbursement for direct expenses.
2. Individuals should present products they have developed to their colleagues in a manner consonant with highest professional standards.

Principle of Ethics V
Individuals shall honor their responsibilities to the public, their profession, and their relationships with colleagues and members of allied professions.

Matters of Professional Propriety
1. Individuals should seek to provide and expand services to persons with speech, language and hearing handicaps as well as to assist in establishing high professional standards for such programs.
2. Individuals should educate the public about speech, language and hearing processes, speech, language and hearing problems, and matters related to professional competence.
3. Individuals should strive to increase knowledge within the profession and share research with colleagues.
4. Individuals should establish harmonious relations with colleagues and members of other professions, and endeavor to inform members of related professions of services provided by speech-language pathologists and audiologists, as well as seek information from them.
5. Individuals should assign credit to those who have contributed to a publication in proportion to their contribution.

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Principle of Ethics VI

Individuals shall uphold the dignity of the profession and freely accept the profession’s self-imposed standards.

A. Individuals shall inform the Ethical Practice Board when they have reason to believe that a member or certificate holder may have violated the Code of Ethics.
B. Individuals shall cooperate fully with the Ethical Practice Board concerning matters of professional conduct related to this Code of Ethics.

Ethical Proscriptions

1. Individuals shall not engage in violations of the Principles of Ethics or in any attempt to circumvent any of them.
2. Individuals shall not engage in dishonesty, fraud, deceit, misrepresentation, or other forms of illegal conduct that adversely reflect on the profession or the individuals’ fitness for membership in the profession.