CODE OF ETHICS

A Code of Ethics articulates core principles that serve as a guideline and a standard for ethical practice at Closing The Gap. This Code of Ethics is based on common ethical principles including autonomy, beneficence, non-maleficence, and justice. To reflect the interprofessional practice setting at Closing The Gap, this Code of Ethics was adapted from the Community Ethics Network (2008) and informed by various regulated health professional college’s Code of Ethics.

Advocacy: We have the responsibility to help improve the awareness, accessibility and quality of our services by advocating on behalf of our clients. We will seek guidance internally and externally from our organization for those situations that could place the organization and/or its clients at risk.

Privacy and Confidentiality: We respect the client’s right to privacy and confidentiality. Relevant information is shared among other healthcare providers involved in the client’s care. Information is only disclosed with the client or their substitute decision maker’s informed consent, when it is legally required, and when failure to disclose could cause harm.

Conflict of Interest: We will not compromise services to our clients for our own personal benefit.

Commitment to Quality Services: We are committed to providing exceptional quality services in efficient and innovative ways to benefit our clients.

Example: A healthcare worker attends regular continuing education sessions to maintain their competence, knowledge and skills.

Preserving Dignity: We respect the unique worth, inherent dignity, and differing beliefs of clients and staff. We treat every person with respect and are sensitive to the diversity of our clients and staff.

Example: The nurse respects the family’s religious customs and rituals following the death of their loved one.

Competency and Accountability: We are committed to a high standard of competence through continued development of skills, knowledge, and attitudes of our service providers. We demonstrate reliability, credibility, and accountability by complying with law and policy and taking responsibility for decisions and actions.

Example: Regulated health professionals adhere to the standards of professional practice set by the respective professional regulatory body.

Informed Choice and Empowerment: We respect the client’s right to make decisions about their own health. We provide relevant information to support clients and substitute decision makers in making informed choices about their health. We assist clients to make choices in keeping with their values, beliefs and health care goals.

Example: A client’s right to refuse to take medications is respected if the client is able to understand the consequences of their actions.

Client and Employee Safety: We recognize that the community work setting provides a unique working environment for all of us. We safeguard clients from unsafe, unethical, and incompetent behaviour. We will take necessary measures to ensure the safety of our clients and our staff.

Example: An employee intervenes and reports concerns about client abuse or workplace bullying to the appropriate personnel.

Fairness and Equitable Access: We practice by upholding principles of justice and human rights by demonstrating honesty, impartiality, and integrity. All clients and staff are treated equally and fairly with respect regardless of their income, age, gender, ethnicity, race, physical or mental ability, lifestyle and any other factors. The client has a right to equal access to resources and services.

Example: Staff approaches the appropriate authority to discuss resource allocation issues to come up with appropriate solutions.

Relationships, Communication, and Collaboration: We work collaboratively with clients’ families, colleagues, communities, agencies, and other members of the healthcare team to maximize the effectiveness of client services. We value each team member’s knowledge, skills, and contributions.

Example: We build collaborative relationships with colleagues within the organization and with clients, families, communities, and other agencies to deliver quality services.

This Code of Ethics was adapted from The Community Ethics Toolkit developed by the Toronto Central Community Care Access Centre (2008). Code of Ethics from Canadian Association of Social Workers (2005), Dietitians of Canada (1996), College of Occupational Therapists of Ontario (2011), College of Physiotherapists of Ontario (2013), College of Audiologists and Speech-Language Pathologists of Ontario (2008), Canadian Nurses Association (2008), and College of Nurses of Ontario (2009) were reviewed for the adaptation of this Code of Ethics.