Code of Ethics Guidance Document for the Respiratory Care Practitioner

Preamble

The Code of Ethics for the Respiratory Care Practitioner (Code of Ethics) delineates the ethical obligations of all Respiratory Care Practitioners as adopted by the American Association for Respiratory Care (AARC) in the AARC Statement of Ethics and Professional Conduct and established the basic principles determined by the North Carolina Respiratory Care Board (NCRCB) to guide professional behavior in the healthcare setting. The purposes of this Code of Ethics are to:

1. Describe the ethical principles forming the foundation of Respiratory Care practice in patient and professional interactions.
2. Identify behavior and performance standards for professional accountability to the public.
3. Guide Respiratory Care Practitioners when facing ethical challenges, regardless of their professional roles and responsibilities.
4. Educate respiratory therapists, students, other healthcare professionals, regulators, and the public regarding the standards and ethical principles that guide the professional conduct of the respiratory therapist.
5. Establish the standards by which the NCRCB can determine if a Respiratory Care Practitioner has engaged in unprofessional conduct.

This document is not all-inclusive, thus cannot address every situation. Depending on the work environment, specific requirements may not be applicable. The code addresses a broad spectrum of work settings, so Respiratory Care Practitioners are encouraged to seek additional advice or consultation in when the Code of Ethics may not be definitive. A variety of settings serves as the practice sites for this health care profession including, but not limited to 1) Acute care hospitals; 2) Sleep disorder centers and diagnostic laboratories; 3) Long-term acute care facilities; 4) Rehabilitation, research, and skilled nursing facilities; 4) Patients’ homes; 5) Patient transport systems; 6) Physician offices and clinics; 7) Convalescent and retirement centers; 8) Educational institutions; 9) Medical equipment companies and suppliers; and 10) Wellness centers.

There 16 statements adopted within AARC Statement of Ethics and Professional Conduct which form a foundation for the ten ethical principles adopted by the NCRCB. The underlying principles of the Code of Ethics are the professional obligations of Respiratory Care Practitioners to empower individuals with cardiopulmonary impairments and associated activity limitations, participation restrictions, and disabilities to maximize self-reliance, health, wellness, and enhanced quality of life.
1. **Principle One: Provide care without discrimination on any basis, with respect for the rights and dignity of all individuals.**

1.1. Respiratory Care Practitioners shall engage others respectfully regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.

1.2. Respiratory Care Practitioners shall recognize their personal biases and shall not discriminate against others in Respiratory Care Practitioner practice, consultation, education, research, and administration.

1.3. Respiratory Care Practitioners shall maintain a respectful and functional, beneficial relationships in their communications with other health professionals.

2. **Principle Two: Respect and protect the legal and personal rights of patients, including the right to privacy, informed consent, and the refusal of treatment.**

2.1. Respiratory Care Practitioners shall provide care without discrimination on any basis, with respect for the rights and dignity of all individuals.

2.2. Respiratory Care Practitioners shall provide respiratory therapy services with compassionate and caring behaviors that incorporate the individual and cultural differences of patients/clients.

2.3. Respiratory Care Practitioners shall collaborate with patients/clients to empower them in decisions about their health care.

2.4. Respiratory Care Practitioners shall respect and protect the legal and personal rights of patients, including the right to privacy, informed consent, and the refusal of treatment.

3. **Principle Three: Divulge no protected information regarding any patient or family unless disclosure is required for the responsible performance of duty as authorized by the patient and family, or required by law.**

3.1. Respiratory Care Practitioners shall protect confidential patient/ client information in accordance with federal and state laws.
3.2. Respiratory Care Practitioners shall divulge no protected information regarding any patient or family unless disclosure is required for the responsible performance of duty as authorized by the patient and family, or required by law.

3.3. Respiratory Care Practitioners shall disclose confidential information to appropriate authorities only when allowed or as required by law.

3.4. Respiratory Care Practitioners shall provide the information necessary to allow patients or their surrogates to make informed decisions about respiratory therapy or participation in clinical research.

4. **Principle Four: Work to achieve and maintain respectful, functional, beneficial relationships and communication with all health professionals.**

4.1. Respiratory therapist shall demonstrate integrity in all interactions with others including the public, patients/clients, families, colleagues, students, research participants, other health care providers, and employers.

4.2. Respiratory Care Practitioners shall communicate with, collaborate with, or refer to peers or other health care professionals when necessary.

4.3. Respiratory Care Practitioners shall not engage in conflicts of interest that interfere with professional judgment.

4.4. Respiratory Care Practitioners shall provide appropriate direction of and communication with respiratory care assistants and support personnel.

4.5. Respiratory Care Practitioners shall provide truthful, accurate, and relevant information to others.

4.6. Respiratory Care Practitioners shall demonstrate behavior that reflects integrity, supports objectivity, and fosters trust in the profession and its professionals.

4.7. Respiratory Care Practitioners shall not harass anyone verbally, physically, emotionally, or sexually.

5. **Principle Five: Encourage and promote appropriate stewardship of resources, follow sound scientific procedures and ethical principles in research, and promote and practice evidence-based medicine**

5.1. Respiratory Care Practitioners shall promote practice environments that support independent and accountable professional judgments.
5.2. Respiratory Care Practitioners shall demonstrate independent and objective professional judgment in the patient’s/client’s best interest in all practice settings.

5.3. Respiratory Care Practitioners shall exercise professional judgment informed by evidence-based professional standards to include peer-reviewed literature and established best practice, practitioner experience, and patient/client values.

5.4. Respiratory Care Practitioners shall follow sound scientific procedures and ethical principles when engaged in research.

6. **Principle Six**: Perform only those procedures or functions in which they are individually competent, and which are within their scope of accepted and responsible practice.

6.1. Respiratory Care Practitioners shall perform only those procedures or functions in which they are individually competent and which are within their scope of accepted and responsible practice.

6.2. Respiratory Care Practitioners shall make judgments within their scope of practice and level of expertise.

6.3. Respiratory Care Practitioners shall not make misleading representations of his or her work, experience, credentials, or education.

7. **Principle Seven**: Comply with state or federal laws which govern and relate to their practice.

7.1. Respiratory Care Practitioners shall meet and maintain the licensure requirements for practice.

7.2. Respiratory Care Practitioners shall not engage in unprofessional conduct related to the delivery of respiratory care, which includes, but is not limited to, engaging including in an act or practice that is hazardous to public health, safety or welfare.

7.3. Respiratory Care Practitioners shall refuse to participate in illegal or unethical acts in procuring, attempting to procure, or renewing a license by bribery or by fraudulent misrepresentation.

7.4. Respiratory Care Practitioners shall refuse to violate Board rules or violate a lawful order.

7.5. Respiratory Care Practitioners shall refuse to aid, assist, procure, or advise any person to violate Board rules or Respiratory Care Practice Act provisions including engaging in the practice of respiratory care without an active license.
7.6. Respiratory Care Practitioners shall not delegate professional responsibilities to a person when the licensee delegating such responsibilities knows or has reason to know, that such person is not qualified by training, experience, or licensure to perform.

7.7. Respiratory Care Practitioners shall refuse to perform professional services that have not been duly ordered by a physician licensed pursuant to G.S. 90, Article 1 and which that are not in accordance with protocols established by the hospital, other health care provider, or the Board.

7.8. Respiratory Care Practitioners shall create and maintain respiratory care records documenting the assessment and treatment provided to each patient in accordance with protocols established by the health care organization.

7.9. Respiratory Care Practitioners shall continue professional services unless services have been completed, the client requests the discontinuation, alternative or replacement services are arranged, or the client is given reasonable opportunity to arrange alternative or replacement services.

7.10. Respiratory Care Practitioners shall avoid communicating misleading, or deceptive information to a patient.

7.11. Respiratory Care Practitioners shall refuse to conceal, and shall report, the illegal, unethical, fraudulent, or incompetent acts of others.

7.12. Respiratory Care Practitioners shall avoid any form of conduct that is fraudulent or creates a conflict of interest, and shall follow the principles of ethical business behavior.

7.13. Respiratory Care Practitioners shall avoid paying or receiving any commission, bonus, kickback, or rebate to or from, or engaging in any fee-splitting arrangement in any form whatsoever with, a person, organization, or agency, either directly or indirectly, for goods or services rendered to patients referred by or to providers of health care goods and services, including hospitals, nursing homes, clinical laboratories, ambulatory surgical centers, and pharmacies. The provisions of this paragraph shall not be construed to prevent the licensee from receiving a fee for professional consultation services.

7.14. Respiratory Care Practitioners involved in research shall abide by accepted standards governing the protection of research participants.

7.15. Respiratory Care Practitioners shall self-report any physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities and to seek assistance or counsel.
7.16. Respiratory Care Practitioners shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.

7.17. Respiratory Care Practitioners with direct knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.

7.18. Respiratory Care Practitioners shall avoid performing co-treatment, concurrent, group, or individual therapy that is not in accordance with protocols established by the health care organization.

8. **Principle Eight: Seek continuing education opportunities to improve and maintain their professional competence and document their participation accurately.**

8.1. Respiratory Care Practitioners shall maintain professional competence as evidenced by completing the required continuing education credits and participating in the NBRC Continuing Competency Program as required to maintain active NBRC credentials.

8.2. Respiratory Care Practitioners shall take responsibility for their professional development based on critical self-assessment and reflection on changes in respiratory therapy practice, education, health care delivery, and technology.

8.3. Respiratory Care Practitioners shall determine the applicability of content based on the strength of the evidence presented during professional development activities before integrating the content into policies and protocols.

8.4. Respiratory Care Practitioners shall cultivate practice environments that support professional development, lifelong learning, and excellence.

9. **Principle Nine: Refuse to participate in illegal or unethical acts and refuse to conceal, and will report, the illegal, unethical, fraudulent, or incompetent acts of others.**

9.1. The Respiratory Care Practitioners shall avoid any form of conduct that creates a conflict of interest or the appearance of conflict. He or she shall follow the principles of ethical business behavior.

9.2. Respiratory Care Practitioners shall not accept gifts or other considerations that influence or give an appearance of influencing their professional judgment.
9.3. Respiratory Care Practitioners shall fully disclose any financial interest they have in products or services that they recommend to patients/clients.

9.4. Respiratory Care Practitioners shall ensure that documentation for treatments, diagnostic tests, and patient education accurately reflects the services provided.

9.5. Respiratory Care Practitioners shall not exploit persons over whom they have supervisory, evaluative or other authority including but not limited to patients/clients, students, supervisees, research participants, or employees.

9.6. Respiratory Care Practitioners shall discourage misconduct by health care professionals and report illegal or unethical acts to the relevant authority, when appropriate.

9.7. Respiratory Care Practitioners shall report suspected cases of abuse involving children or vulnerable adults to the appropriate authority, subject to state laws.

9.8. Respiratory Care Practitioners shall not engage in any sexual relationship with any of their patients, supervisees, or students.

10. **Principle Ten: Promote health care delivery through improvement of the access, efficacy, and cost of patient care including the promotion of disease prevention and wellness.**

10.1. Respiratory Care Practitioners shall advocate to reduce health disparities and inequities, improve access to health care services, and address the health, wellness, and preventive health care needs of the public.

10.2. Respiratory Care Practitioners shall encourage and promote appropriate stewardship of resources of health care resources and shall avoid overutilization or underutilization of respiratory therapy services.

10.3. Respiratory Care Practitioners shall educate members of the public about the benefits of respiratory therapy and the role of the respiratory therapists.

10.4. Respiratory Care Practitioners shall promote health care delivery through improvement of the access, efficacy, and cost of patient care.

Adopted this 13th day of October 2017.