

APPENDIX G

PROFESSIONAL CODES OF ETHICS

The following codes of ethics developed by the American College of Occupational and Environmental Medicine, the Human Factors and Ergonomics Society, the International Society for Experimental Epidemiology, and the Council for International Organizations of Medical Sciences are just four examples of ethics guidelines relating to the protection of human subjects in research. Such guidelines may be helpful in establishing a “code of ethics” directly applicable to human subjects in worker studies.

G-1 American College Of Occupational and Environmental Medicine: *Code of Ethical Conduct*

This code establishes standards of professional ethical conduct with which each member of the American College of Occupational and Environmental Medicine (ACOEM) is expected to comply. These standards are intended to guide occupational and environmental medicine physicians in their relationships with the individuals they serve, employers and workers’ representatives, colleagues in the health professions, the public, and all levels of government including the judiciary.

Physicians should:

1. Accord the highest priority to the health and safety of individuals in both the workplace and the environment;
2. Practice on a scientific basis with integrity and strive to acquire and maintain adequate knowledge and expertise upon which to render professional service;
3. Relate honestly and ethically in all professional relationships
4. Strive to expand and disseminate medical knowledge and participate in ethical research efforts as appropriate
5. Keep confidential all individual medical information, releasing such information only when required by law or overriding public health considerations, or to other physicians according to accepted medical practice, or to others at the request of the individual;
6. Recognize that employers may be entitled to counsel about an individual’s medical work fitness, but not to diagnoses or specific details, except in compliance with laws and regulations;
7. Communicate to individuals and/or groups any significant observations and recommendations concerning their health or safety; and
8. Recognize those medical impairments in oneself and others, including chemical dependency and abusive personal practices, which interfere with one’s ability to follow the above principles, and take appropriate measures.

Adopted October 25, 1993 by the Board of Directors of the American College of Occupational and Environmental Medicine.

G-2 Human Factors And Ergonomics Society: *Code Of Ethics (Article Iv - Subject Precautions)*

Human factors scientists and engineers have the responsibility of treating both human and animal subjects humanely and in accordance with Federal, state, and local laws or regulations as well as the generally accepted procedures within the scientific community.

Principle 1:

Members determine, through consultation with colleagues or institutional review committees, that the exposure of human or animal research subjects to hazards, stress, divulgence of history or preferences, or tedium is commensurate with the significance of the problem being researched.

Principle 2:

Members determine the degree of hazard present in the exposure of human or animal research subjects, avoiding any exposures to human subjects that may result in death, dismemberment, permanent dysfunction, or extreme pain, and utilize the lowest levels of exposure to both human and animal subjects consistent with the phenomenon under consideration.

Principle 3:

Members ensure the ethical treatment of human and animal research subjects by collaborators, assistants, students, and employees.

Principle 4:

Members establish an informed consent with human research subjects when required by institutional, state or federal codes or regulations, making explicit in plain language the terms of participation, particularly with respect to any elements of risk or stress involved and adhere to those terms throughout the experiment. One of these terms must be that the subject has the right to terminate participation at any time without prejudice.

Principle 5:

Members do not coerce potential human research subjects to participate as subjects, nor do they use undue monetary rewards to induce subjects to take risks they would not otherwise take.

Principle 6:

Members preserve the confidentiality of any information obtained from human research subjects that, if divulged, may have harmful effects on those subjects.

G-3 International Society For Environmental Epidemiology: *Ethics* *Guidelines For Environmental Epidemiologists*

I. Obligations to research participants

1. Respect the rights and personal autonomy of all
2. Advise of both individual and collective benefits and harms from proposed research
3. Protect their welfare
4. Obtain informed consent whenever feasible
5. Protect privacy/maintain confidentiality
6. Use data and specimens for only the purpose(s) that consent was provided

II. Obligations to society

1. Avoid partiality
2. Distinguish one's role as scientist from that of advocate
3. The public interest always takes precedence over any other interest
4. Be objective in disseminating research findings and be understandable in public discussions
5. Involve communities being proposed for study through all stages of the research and its Reporting
6. Engage with other disciplines to advance and maximize the public utility of environmental epidemiology
7. Consider the broader social consequences, including psychosocial as well as physical health outcomes
8. Consider both equity and remediation in the allocation of resources applied to environmental epidemiology research across the different areas of research, social strata, and jurisdictions
9. Environmental epidemiology findings are based on uncertainty and as such must be used appropriately in their application to, for example, the development of risk analyses, policies and interventions
10. Be diligent in executing professional responsibilities

III. Obligations to sponsors and employer

1. Ensure that both researcher and sponsor/employer are apprised of one another's respective responsibilities and expectations
2. Emphasize obligations to other parties
3. Protect privileged information, but release research methods, procedures, and results

IV. Obligations to colleagues

1. Promote rigor in research design and neutrality in the execution of research
2. Report and publish methods and results in the peer reviewed literature of all studies whether the findings are positive, no effects, or negative

3. Confront unacceptable behavior and conditions
4. Communicate ethical requirements

V. Obligations across all of the above-named groups

1. Consult with stakeholders including community members
2. Avoid conflicting interests and partiality
3. Pursue responsibilities with due diligence
4. Communicate findings in publicly understandable ways
5. Guidelines should be reviewed and updated periodically

G-4 Council for International Organizations of Medical Sciences (CIOMS) *International Guidelines for Ethical Review of Epidemiological Studies (1991)*

Ethical Principles Applied to Epidemiology

Informed Consent

Individual consent

1. When individuals are to be subjects of epidemiological studies, their informed consent will usually be sought. For epidemiological studies that use personally identifiable private data, the rules for informed consent vary, as discussed further below. Consent is informed when it is given by a person who understands the purpose and nature of the study, what participation in the study requires the person to do and to risk, and what benefits are intended to result from the study.

2. An investigator who proposes not to seek informed consent has the obligation to explain to an ethical review committee how the study would be ethical in its absence: it may be impractical to locate subjects whose records are to be examined, or the purpose of some studies would be frustrated—for example, prospective subjects on being informed would change the behavior that it is proposed to study, or might feel needlessly anxious about why they were subjects of study. The investigator will provide assurances that strict safeguards will be maintained to protect confidentiality and that the study is aimed at protecting or advancing health. Another justification for not seeking informed consent may be that subjects are made aware through public announcements that it is customary to make personal data available for epidemiological studies.

3. An ethical issue may arise when occupational records, medical records, tissue samples, etc. are used for a purpose for which consent was not given, although the study threatens no harm. Individuals or their public representatives should normally be told that their data might be used in epidemiological studies, and what means of protecting confidentiality are provided. Consent is not required for use of publicly available information, although countries and communities differ with regard to the definition of what information about citizens is regarded as public. However, when such information is to be used, it is understood that investigators will minimize disclosure of personally sensitive information.

4. Some organizations and government agencies employ epidemiologists who may be permitted by legislation or employees' contracts to have access to data without subjects' consent. These epidemiologists must then consider whether it is ethical for them, in a given case, to use this power of access to personal data. Ethically, they may still be expected either to seek the consent of the individuals concerned, or to justify their access without such consent. Access may be ethical on such grounds as minimal risk of harm to

individuals, public benefit, and investigators' protection of the confidentiality of the individuals whose data they study.

Community agreement

5. When it is not possible to request informed consent from every individual to be studied, the agreement of a representative of a community or group may be sought, but the representative should be chosen according to the nature, traditions and political philosophy of the community or group. Approval given by a community representative should be consistent with general ethical principles. When investigators work with communities, they will consider communal rights and protection as they would individual rights and protection. For communities in which collective decision-making is customary, communal leaders can express the collective will. However, the refusal of individuals to participate in a study has to be respected: a leader may express agreement on behalf of a community, but an individual's refusal of personal participation is binding.

6. When people are appointed by agencies outside a group, such as a department of government, to speak for members of the group, investigators and ethical review committees should consider how authentically these people speak for the group, and if necessary seek also the agreement of other representatives. Representatives of a community or group may sometimes be in a position to participate in designing the study and in its ethical assessment.

7. The definition of a community or group for purposes of epidemiological study may be a matter of ethical concern. When members of a community are naturally conscious of its activities as a community and feel common interests with other members, the community exists, irrespective of the study proposal. Investigators will be sensitive to how a community is constituted or defines itself, and will respect the rights of underprivileged groups.

8. For purposes of epidemiological study, investigators may define groups that are composed of statistically, geographically or otherwise associated individuals who do not normally interact socially. When such groups are artificially created for scientific study, group members may not readily be identifiable as leaders or representatives, and individuals may not be expected to risk disadvantage for the benefit of others. Accordingly, it will be more difficult to ensure group representation, and all the more important to obtain subjects' free and informed consent to participate.

Selective disclosure of information

9. In epidemiology, an acceptable study technique involves selective disclosure of information, which seems to conflict with the principle of informed consent. For certain epidemiological studies non-disclosure is permissible, even essential, so as not to influence the spontaneous conduct under investigation, and to avoid obtaining responses that the respondent might give in order to please the questioner. Selective disclosure may be benign and ethically permissible, provided that it does not induce subjects to do what

they would not otherwise consent to do. An ethical review committee may permit disclosure of only selected information when this course is justified.

Undue influence

10. Prospective subjects may not feel free to refuse requests from those who have power or influence over them. Therefore the identity of the investigator or other person assigned to invite prospective subjects to participate must be made known to them. Investigators are expected to explain to the ethical review committee how they propose to neutralize such apparent influence. It is ethically questionable whether subjects should be recruited from among groups that are unduly influenced by persons in authority over them or by community leaders, if the study can be done with subjects who are not in this category.

Inducement to participate

11. Individuals or communities should not be pressured to participate in a study. However, it can be hard to draw the line between exerting pressure or offering inappropriate inducements and creating legitimate motivation. The benefits of a study, such as increased or new knowledge, are proper inducements. However, when people or communities lack basic health services or money, the prospect of being rewarded by goods, services or cash payments can induce participation. To determine the ethical propriety of such inducements, they must be assessed in the light of the traditions of the culture.

12. Risks involved in participation should be acceptable to subjects even in the absence of inducement. It is acceptable to repay incurred expenses, such as for travel. Similarly, promises of compensation and care for damage, injury or loss of income should not be considered inducements.

Maximizing Benefit

Communication of study results

13. Part of the benefit that communities, groups and individuals may reasonably expect from participating in studies is that they will be told of findings that pertain to their health. Where findings could be applied in public health measures to improve community health, they should be communicated to the health authorities. In informing individuals of the findings and their pertinence to health, their level of literacy and comprehension must be considered. Research protocols should include provision for communicating such information to communities and individuals.

Research findings and advice to communities should be publicized by whatever suitable means are available. When HIV-prevalence studies are conducted by unlinked anonymous screening, there should be, where feasible, provision for voluntary HIV-antibody testing under conditions of informed consent, with pre-and post-test counseling, and assurance of confidentiality.

Impossibility of communicating study results

14. Subjects of epidemiological studies should be advised that it may not be possible to inform them about findings that pertain to their health, but that they should not take this to mean that they are free of the disease or condition under study. Often it may not be possible to extract from pooled findings information pertaining to individuals and their families, but when findings indicate a need of health care, those concerned should be advised of means of obtaining personal diagnosis and advice.

When epidemiological data are unlinked, a disadvantage to subjects is that individuals at risk cannot be informed of useful findings pertinent to their health. When subjects cannot be advised individually to seek medical attention, the ethical duty to “do good” can be served by making pertinent health-care advice available to their communities.

Release of study results

15. Investigators may be unable to compel release of data held by governmental or commercial agencies, but as health professionals they have an ethical obligation to advocate the release of information that is in the public interest.

Sponsors of studies may press investigators to present their findings in ways that advance special interests, such as to show that a product or procedure is or is not harmful to health. Sponsors must not present interpretations or inferences, or theories and hypotheses, as if they were proven truths.

Healthcare for the community under study

16. The undertaking of an epidemiological project in a developing country may create the expectation in the community concerned that it will be provided with health care, at least while the research workers are present. Such an expectation should not be frustrated, and, where people need health care, arrangements should be made to have them treated or they should be referred to a local health service that can provide the needed care.

Training local health personnel

17. While studies are in progress, particularly in developing countries, the opportunity should be taken to train local health workers in skills and techniques that can be used to improve health services. For instance, by training them in the operation of measuring devices and calculating machines, when a study team departs it leaves something of value, such as the ability to monitor disease or mortality rates.

Minimizing Harm

Causing harm and doing wrong

18. Investigators planning studies will recognize the risk of causing harm, in the sense of bringing disadvantage, and of doing wrong, in the sense of transgressing values. Harm may occur, for instance, when scarce health personnel are diverted from their routine duties to serve the needs of a study, or when, unknown to a community, its health-care priorities are changed. It is wrong to regard members of communities as only impersonal material for study, even if they are not harmed.

19. Ethical review must always assess the risk of subjects or groups suffering stigmatization, prejudice, loss of prestige or self-esteem, or economic loss as a result of taking part in a study. Investigators will inform ethical review committees and prospective subjects of perceived risks, and of proposals to prevent or mitigate them. Investigators must be able to demonstrate that the benefits outweigh the risks for both individuals and groups. There should be a thorough analysis to determine who would be at risk and who would benefit from the study. It is unethical to expose persons to avoidable risks disproportionate to the expected benefits, or to permit a known risk to remain if it can be avoided or at least minimized.

20. When a healthy person is a member of a population or sub-group at raised risk and engages in high-risk activities, it is unethical not to propose measures for protecting the population or subgroup.

Preventing harm to groups

21. Epidemiological studies may inadvertently expose groups as well as individuals to harm, such as economic loss, stigmatization, blame, or withdrawal of services. Investigators who find sensitive information that may put a group at risk of adverse criticism or treatment should be discreet in communicating and explaining their findings. When the location or circumstances of a study are important to understanding the results, the investigators will explain by what means they propose to protect the group from harm or disadvantage; such means include provisions for confidentiality and the use of language that does not imply moral criticism of subjects' behavior.

Harmful publicity

22. Conflict may appear between, on the one hand, doing no harm and, on the other, telling the truth and openly disclosing scientific findings. Harm may be mitigated by interpreting data in a way that protects the interests of those at risk, and is at the same time consistent with scientific integrity. Investigators should, where possible, anticipate and avoid misinterpretation that might cause harm.

Respect for social mores

23. Disruption of social mores is usually regarded as harmful. Although cultural values and social mores must be respected, it may be a specific aim of an epidemiological study to stimulate change in certain customs or conventional behavior to lead through change to healthful behavior—for instance, with regard to diet or a hazardous occupation.

24. Although members of communities have a right not to have others impose an uninvited “good” on them, studies expected to result in health benefits are usually considered ethically acceptable and not harmful. Ethical review committees should consider a study’s potential for beneficial change. However, investigators should not overstate such benefits, in case of a community’s agreement to participate is unduly influenced by its expectation of better health services.

Sensitivity to different cultures

25. Epidemiologists often investigate cultural groups other than their own, inside or outside their own countries, and undertake studies initiated from outside the culture, community or country in which the study is to be conducted. Sponsoring and host countries may differ in the ways in which, in their cultures, ethical values are understood and applied—for instance, with regard to autonomy of individuals.

Investigators must respect the ethical standards of their own countries and the cultural expectations of the societies in which epidemiological studies are undertaken, unless this implies a violation of a transcending moral rule. Investigators risk harming their reputation by pursuing work that host countries find acceptable but their own countries consider offensive. Similarly, they may transgress the cultural values of the host countries by uncritically conforming to the expectations of their own.

Confidentiality

26. Research may involve collecting and storing data relating to individuals and groups, and such data, if disclosed to third parties, may cause harm or distress. Consequently, investigators should make arrangements for protecting the confidentiality of such data by, for example, omitting information that might lead to the identification of individual subjects, or limiting access to the data, or by other means. It is customary in epidemiology to aggregate numbers so that individual identities are obscured. Where group confidentiality cannot be maintained or is violated, the investigators should take steps to maintain or restore a group’s good name and status. Information obtained about subjects is generally divisible into:

- *Unlinked information*, which cannot be linked, associated or connected with the person to whom it refers; as this person is not known to the investigator, confidentiality is not at stake and the question of consent does not arise.
- *Linked information*, which may be:
 1. Anonymous, when the information cannot be linked to the person to whom it refers except by a code or other means known only to that person, and the investigator cannot know the identity of the person
 2. Non-nominal, when the information can be linked to the person by a code (not including personal identification) known to the person and the

investigator

3. Nominal or nominative, when the information is linked to the person by means of personal identification, usually the name.

Epidemiologists discard personal identifying information when consolidating data for purposes of statistical analysis. Identifiable personal data will not be used when a study can be done without personal identification—for instance, in testing unlinked anonymous blood samples for HIV infection. When personal identifiers remain on records used for a study, investigators should explain to review committees why this is necessary and how confidentiality will be protected. If, with the consent of individual subjects, investigators link different sets of data regarding individuals, they normally preserve confidentiality by aggregating individual data into tables or diagrams. In government service the obligation to protect confidentiality is frequently reinforced by the practice of swearing employees to secrecy.

Conflict of Interest

Identification of conflict of interest

27. It is an ethical rule that investigators should have no undisclosed conflict of interest with their study collaborators, sponsors or subjects. Investigators should disclose to the ethical review committee any possible conflict of interest. Conflict can arise when a commercial or other sponsor may wish to use study results to promote a product or service, or when it may not be politically convenient to disclose findings.

28. Epidemiological studies may be initiated, or financially or otherwise supported, by governmental or other agencies that employ investigators. In the occupational and environmental health fields, several well-defined special-interest groups may be in conflict: shareholders, management, labor, government regulatory agencies, public interest advocacy groups, and others. Epidemiological investigators may be employed by any of these groups. It can be difficult to avoid pressures resulting from such conflict of interest, and consequent distorted interpretations of study findings. Similar conflict may arise in studies of the effects of drugs and in testing medical devices.

29. Investigators and ethical review committees will be sensitive to the risk of conflict, and committees will not normally approve proposals in which conflict of interest is inherent. If, exceptionally, such a proposal is approved, the conflict of interest should be disclosed to prospective subjects and their communities.

30. There may appear to be conflict when subjects do not want to change their behavior and investigators believe that they ought to do so for the sake of their health. However, this may not be a true conflict of interest, as the investigators are motivated by the subjects' health interests.

Scientific Objectivity and Advocacy

31. Honesty and impartiality are essential in designing and conducting studies, and presenting and interpreting findings. Data will not be withheld, misrepresented or manipulated. Investigators may discover health hazards that demand correction, and become advocates of means to protect and restore health. In this event, their advocacy must be seen to rely on objective, scientific data.

Ethical Review Procedures

Requirement of Ethical Review

32. The provisions for ethical review in a society are influenced by economic and political considerations, the organization of health care and research, and the degree of independence of investigators. Whatever the circumstances, there is a responsibility to ensure that the Declaration of Helsinki and the CIOMS International Guidelines for Biomedical Research Involving Human Subjects are taken into account in epidemiological studies.

33. The requirement that proposals for epidemiological studies be submitted to independent ethical review applies irrespective of the source of the proposals—academic, governmental, health-care, commercial, or other. Sponsors should recognize the necessity of ethical review and facilitate the establishment of ethical review committees. Sponsors and investigators are expected to submit their proposals to ethical review, and this should not be overlooked even when sponsors have legal power to permit investigators access to data. An exception is justified when epidemiologists must investigate outbreaks of acute communicable diseases. Then they must proceed without delay to identify and control health risks. They cannot be expected to await the formal approval of an ethical review committee. Nevertheless, in such circumstances the investigator will, as far as possible, respect the rights of individuals—namely freedom, privacy, and confidentiality.

Ethical Review Committees

34. Ethical review committees may be created under the aegis of national or local health administrations. National medical research councils, or other nationally representative health-care bodies. The authority of committees operating on a local basis may be confined to one institution or extend to all biomedical studies undertaken in a defined political jurisdiction. However committees are created, and however their jurisdiction is defined, they should establish working rules—regarding, for instance, frequency of meetings, a quorum of members, decision-making procedures, and review of decisions, and they should issue such rules to prospective investigators.

35. In a highly centralized administration, a national review committee may be constituted to review study protocols from both scientific and ethical standpoints. In countries with a decentralized administration, protocols are more effectively and

conveniently reviewed at a local or regional level. Local ethical review committees have two responsibilities:

- To verify that all proposed interventions have been assessed for safety by a competent expert body
- To ensure that all other ethical issues are satisfactorily resolved.

36. Local review committees act as a panel of investigators' peers, and their composition should be such as can ensure adequate review of the study proposals referred to them. Their membership should include epidemiologists, other health practitioners, and lay persons qualified to represent a range of community, cultural and moral values. Committees should have diverse composition and include representatives of any populations specially targeted for study. The members should change periodically to prevent individuals from becoming unduly influential, and to widen the network involved in ethical review. Independence from the investigators is maintained by precluding any member with a direct interest in a proposal from participating in its assessment.

Ethical Conduct of Members of Review Committees

37. Ethical review committee members must carefully guard against any tendencies to unethical conduct on their own part. In particular, they should protect the confidentiality of review-committee documents and discussions. Also, they should not compel investigators to submit to unnecessary repetition of review.

Representation of the Community

38. The community to be studied should be represented in the ethical review process. This if consistent with respect for the culture, the dignity and self-reliance of the community and the aim of achieving community members' full understanding of the study. It should not be considered that lack of formal education disqualifies community members from joining in constructive discussion on issues relating to the study and the application of its findings.

Balancing Personal and Social Perspectives

39. In performing reviews, committees will consider both personal and social perspectives. While at the personal level, it is essential to ensure individual informed and free consent, such consent alone may not be sufficient to render a study ethical if the individual's community finds the study objectionable. Social values may raise broad issues that affect future populations and the physical environment. For example, in proposals for the widespread application of measures to control intermediate hosts of disease organisms, investigators will anticipate the effects of those measures on communities and the environment, and review committees will ensure that there is adequate provision for the investigators to monitor the application of the measures so as to prevent unwanted effects.

Assuring Scientific Soundness

40. The primary functions of ethical review are to protect human subjects against risks of harm or wrong, and to facilitate beneficial studies. Scientific review and ethical review cannot be considered separately: a study that is scientifically unsound is unethical in exposing subjects to risk or inconvenience and achieving no benefit in knowledge. Normally, therefore, ethical review committees consider both scientific and ethical aspects. An ethical review committee may refer technical aspects of scientific review to a scientifically qualified person or committee, but will reach its own decision, based on such qualified advice, on scientific soundness. If a review committee is satisfied that a proposal is scientifically sound, it will then consider whether any risk to the subject is justified by the expected benefit, and whether the proposal is satisfactory with regard to informed consent and other ethical requirements.

Assessment of Safety and Quality

41. All drugs and devices under investigation must meet adequate standards of safety. In this respect, many countries lack resources to undertake independent assessment of technical data. A governmental multidisciplinary committee with authority to co-opt experts is the most suitable body for assessing the safety and quality of medicines, devices and procedures. Such a committee should include clinicians, pharmacologists, statisticians and epidemiologists, among others; for epidemiological studies, epidemiologists occupy a position of obvious significance. Ethical review procedures should provide for consultation with such a committee.

Equity in the Selection of Subjects

42. Epidemiological studies are intended to benefit populations, but individual subjects are expected to accept any risks associated with studies. When research is intended to benefit mostly the better off or healthier members of a population, it is particularly important in selecting subjects to avoid inequity on the basis of age, socioeconomic status, disability or other variables. Potential benefits and harm should be distributed equitably within and among communities that differ on grounds of age, gender, race, or culture, or other variables.

Vulnerable and Dependent Groups

43. Ethical review committees should be particularly vigilant in the case of proposals involving populations primarily of children, pregnant and nursing women, persons with mental illness or handicap, members of communities unfamiliar with medical concepts, and persons with restricted freedom to make truly independent choices, such as prisoners and medical students. Similar vigilance is called for in the case of proposals for invasive research with no direct benefit to its subjects.

G-5 National Association of Social Workers Code Of Ethics

Purpose of the NASW Code of Ethics

Ethical Principles

Ethical Standards (1.01, 1.02, 1.03, 1.06, 1.07, 1.08, 1.14)

Effective January 1, 1997

Purpose of the NASW Code of Ethics

Professional ethics are at the core of social work. The profession has an obligation to articulate its basic values, ethical principles, and ethical standards. The *NASW Code of Ethics* sets forth these values, principles, and standards to guide social workers' conduct.

The *Code* is relevant to all social workers and social work students, regardless of their professional functions, the settings in which they work, or the populations they serve.

The *NASW Code of Ethics* serves six purposes:

1. The *Code* identifies core values on which social work's mission is based.
2. The *Code* summarizes broad ethical principles that reflect the profession's core values and establishes a set of specific ethical standards that should be used to guide social work practice.
3. The *Code* is designed to help social workers identify relevant considerations when professional obligations conflict or ethical uncertainties arise.
4. The *Code* provides ethical standards to which the general public can hold the social work profession accountable.
5. The *Code* socializes practitioners new to the field to social work's mission, values, ethical principles, and ethical standards.
6. The *Code* articulates standards that the social work profession itself can use to assess whether social workers have engaged in unethical conduct. NASW has formal procedures to adjudicate ethics complaints filed against its members.¹ In subscribing to this *Code*, social workers are required to cooperate in its implementation, participate in NASW adjudication proceedings, and abide by any NASW disciplinary rulings or sanctions based on it.

Ethical Principles

The following broad ethical principles are based on social work's core values of service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. These principles set forth ideals to which all social workers should aspire.

Value: *Service*

Ethical Principle: *Social workers' primary goal is to help people in need and to address social problems.*

Social workers elevate service to others above self-interest. Social workers draw on their knowledge, values, and skills to help people in need and to address social problems. Social workers are encouraged to volunteer some portion of their professional skills with no expectation of significant financial return (pro bono service).

Value: *Social Justice*

Ethical Principle: *Social workers challenge social injustice.*

Social workers pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people. Social workers' social change efforts are focused primarily on issues of poverty, unemployment, discrimination, and other forms of social injustice. These activities seek to promote sensitivity to and knowledge about oppression and cultural and ethnic diversity. Social workers strive to ensure access to needed information, services, and resources; equality of opportunity; and meaningful participation in decision making for all people.

Value: *Dignity and Worth of the Person*

Ethical Principle: *Social workers respect the inherent dignity and worth of the person.*

Social workers treat each person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity. Social workers promote clients' socially responsible self-determination. Social workers seek to enhance clients' capacity and opportunity to change and to address their own needs. Social workers are cognizant of their dual responsibility to clients and to the broader society. They seek to resolve conflicts between clients' interests and the broader society's interests in a socially responsible manner consistent with the values, ethical principles, and ethical standards of the profession.

Value: *Importance of Human Relationships*

Ethical Principle: *Social workers recognize the central importance of human relationships.*

Social workers understand that relationships between and among people are an important vehicle for change. Social workers engage people as partners in the helping process. Social workers seek to strengthen relationships among people in a purposeful effort to promote, restore, maintain, and enhance the well-being of individuals, families, social groups, organizations, and communities.

Value: *Integrity*

Ethical Principle: *Social workers behave in a trustworthy manner.*

Social workers are continually aware of the profession's mission, values, ethical principles, and ethical standards and practice in a manner consistent with them. Social workers act honestly and responsibly and promote ethical practices on the part of the organizations with which they are affiliated.

Value: *Competence*

Ethical Principle: *Social workers practice within their areas of competence and develop and enhance their professional expertise.*

Social workers continually strive to increase their professional knowledge and skills and to apply them in practice. Social workers should aspire to contribute to the knowledge base of the profession.

Ethical Standards

The following ethical standards are relevant to the professional activities of all social workers. These standards concern (1) social workers' ethical responsibilities to clients, (2) social workers' ethical responsibilities to colleagues, (3) social workers' ethical responsibilities in practice settings, (4) social workers' ethical responsibilities as professionals, (5) social workers' ethical responsibilities to the social work profession, and (6) social workers' ethical responsibilities to the broader society.

Some of the standards that follow are enforceable guidelines for professional conduct, and some are aspirational. The extent to which each standard is enforceable is a matter of professional judgment to be exercised by those responsible for reviewing alleged violations of ethical standards.

1. Social Workers' Ethical Responsibilities to Clients

1.01 Commitment to Clients

Social workers' primary responsibility is to promote the well-being of clients. In general, clients' interests are primary. However, social workers' responsibility to the larger society or specific legal obligations may on limited occasions supersede the loyalty owed clients, and clients should be so advised. (Examples include when a social worker is required by law to report that a client has abused a child or has threatened to harm self or others.)

1.02 Self-Determination

Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals. Social workers may limit clients' right to self-determination when, in the social workers' professional judgment, clients' actions or potential actions pose a serious, foreseeable, and imminent risk to themselves or others.

1.03 Informed Consent

(a) Social workers should provide services to clients only in the context of a professional relationship based, when appropriate, on valid informed consent. Social workers should use clear and understandable language to inform clients of the purpose of the services, risks related to the services, limits to services because of the requirements of a third-party payer, relevant costs, reasonable alternatives, clients' right to refuse or withdraw consent, and the time frame covered by the consent. Social workers should provide clients with an opportunity to ask questions.

(b) In instances when clients are not literate or have difficulty understanding the primary language used in the practice setting, social workers should take steps to ensure clients' comprehension. This may include providing clients with a detailed verbal explanation or arranging for a qualified interpreter or translator whenever possible.

(c) In instances when clients lack the capacity to provide informed consent, social workers should protect clients' interests by seeking permission from an appropriate third party, informing clients consistent with the clients' level of understanding. In such instances social workers should seek to ensure that the third party acts in a manner consistent with clients' wishes and interests. Social workers should take reasonable steps to enhance such clients' ability to give informed consent.

(d) In instances when clients are receiving services involuntarily, social workers should provide information about the nature and extent of services and about the extent of clients' right to refuse service.

(e) Social workers who provide services via electronic media (such as computer, telephone, radio, and television) should inform recipients of the limitations and risks associated with such services.

(f) Social workers should obtain clients' informed consent before audiotaping or videotaping clients or permitting observation of services to clients by a third party.

1.06 Conflicts of Interest

(a) Social workers should be alert to and avoid conflicts of interest that interfere with the exercise of professional discretion and impartial judgment. Social workers should inform clients when a real or potential conflict of interest arises and take reasonable steps to resolve the issue in a manner that makes the clients' interests primary and protects clients' interests to the greatest extent possible. In some cases, protecting clients' interests may require termination of the professional relationship with proper referral of the client.

(b) Social workers should not take unfair advantage of any professional relationship or exploit others to further their personal, religious, political, or business interests.

(c) Social workers should not engage in dual or multiple relationships with clients or former clients in which there is a risk of exploitation or potential harm to the client. In instances when dual or multiple relationships are unavoidable, social workers should take steps to protect clients and are responsible for setting clear, appropriate, and culturally sensitive boundaries. (Dual or multiple relationships occur when social workers relate to clients in more than one relationship, whether professional, social, or business. Dual or multiple relationships can occur simultaneously or consecutively.)

(d) When social workers provide services to two or more people who have a relationship with each other (for example, couples, family members), social workers should clarify with all parties which individuals will be considered clients and the nature of social workers' professional obligations to the various individuals who are receiving services. Social workers who anticipate a conflict of interest among the individuals receiving services or who anticipate having to perform in potentially

conflicting roles (for example, when a social worker is asked to testify in a child custody dispute or divorce proceedings involving clients) should clarify their role with the parties involved and take appropriate action to minimize any conflict of interest.

1.07 Privacy and Confidentiality

(a) Social workers should respect clients' right to privacy. Social workers should not solicit private information from clients unless it is essential to providing services or conducting social work evaluation or research. Once private information is shared, standards of confidentiality apply.

(b) Social workers may disclose confidential information when appropriate with valid consent from a client or a person legally authorized to consent on behalf of a client.

(c) Social workers should protect the confidentiality of all information obtained in the course of professional service, except for compelling professional reasons. The general expectation that social workers will keep information confidential does not apply when disclosure is necessary to prevent serious, foreseeable, and imminent harm to a client or other identifiable person or when laws or regulations require disclosure without a client's consent. In all instances, social workers should disclose the least amount of confidential information necessary to achieve the desired purpose; only information that is directly relevant to the purpose for which the disclosure is made should be revealed.

(d) Social workers should inform clients, to the extent possible, about the disclosure of confidential information and the potential consequences, when feasible before the disclosure is made. This applies whether social workers disclose confidential information on the basis of a legal requirement or client consent.

(e) Social workers should discuss with clients and other interested parties the nature of confidentiality and limitations of clients' right to confidentiality. Social workers should review with clients circumstances where confidential information may be requested and where disclosure of confidential information may be legally required. This discussion should occur as soon as possible in the social worker–client relationship and as needed throughout the course of the relationship.

(f) When social workers provide counseling services to families, couples, or groups, social workers should seek agreement among the parties involved concerning each individual's right to confidentiality and obligation to preserve the confidentiality of information shared by others. Social workers should inform participants in family, couples, or group counseling that social workers cannot guarantee that all participants will honor such agreements.

(g) Social workers should inform clients involved in family, couples, marital, or group counseling of the social worker's, employer's, and agency's policy concerning the social worker's disclosure of confidential information among the parties involved in the counseling.

(h) Social workers should not disclose confidential information to third-party payers unless clients have authorized such disclosure.

(i) Social workers should not discuss confidential information in any setting unless privacy can be ensured. Social workers should not discuss confidential information in public or semipublic areas such as hallways, waiting rooms, elevators, and restaurants.

(j) Social workers should protect the confidentiality of clients during legal proceedings to the extent permitted by law. When a court of law or other legally authorized body orders social workers to disclose confidential or privileged information without a client's consent and such disclosure could cause harm to the client, social workers should request that the court withdraw the order or limit the order as narrowly as possible or maintain the records under seal, unavailable for public inspection.

(k) Social workers should protect the confidentiality of clients when responding to requests from members of the media.

(l) Social workers should protect the confidentiality of clients' written and electronic records and other sensitive information. Social workers should take reasonable steps to ensure that clients' records are stored in a secure location and that clients' records are not available to others who are not authorized to have access.

(m) Social workers should take precautions to ensure and maintain the confidentiality of information transmitted to other parties through the use of computers, electronic mail, facsimile machines, telephones and telephone answering machines, and other electronic or computer technology. Disclosure of identifying information should be avoided whenever possible.

(n) Social workers should transfer or dispose of clients' records in a manner that protects clients' confidentiality and is consistent with state statutes governing records and social work licensure.

(o) Social workers should take reasonable precautions to protect client confidentiality in the event of the social worker's termination of practice, incapacitation, or death.

(p) Social workers should not disclose identifying information when discussing clients for teaching or training purposes unless the client has consented to disclosure of confidential information.

(q) Social workers should not disclose identifying information when discussing clients with consultants unless the client has consented to disclosure of confidential information or there is a compelling need for such disclosure.

(r) Social workers should protect the confidentiality of deceased clients consistent with the preceding standards.

1.08 Access to Records

(a) Social workers should provide clients with reasonable access to records concerning the clients. Social workers who are concerned that clients' access to their records could cause serious misunderstanding or harm to the client should provide assistance in interpreting the records and consultation with the client regarding the records. Social workers should limit clients' access to their records, or portions of their records, only in exceptional circumstances when there is compelling evidence that such access would cause serious harm to the client. Both clients' requests and the rationale for withholding some or all of the record should be documented in clients' files.

(b) When providing clients with access to their records, social workers should take steps to protect the confidentiality of other individuals identified or discussed in such records.

1.14 Clients Who Lack Decision-Making Capacity

When social workers act on behalf of clients who lack the capacity to make informed decisions, social workers should take reasonable steps to safeguard the interests and rights of those clients.