
Ethics and Private Practice Speech-Language Pathology

Questions déontologiques relatives à la pratique privée en orthophonie

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Abstract

The purpose of the following article is to examine the Canon of Ethics in the context of private practice in Speech-Language Pathology. The author contends that the essential standards and principles of the Canon do not change in private practice but how one views them does: They typically become a more direct and personal concern. The paper addresses some of the ethical considerations that occur when business and entrepreneurship interface with delivery of speech-language pathology services. Vignettes and examples are used to illustrate some ethical dilemmas. Suggestions are offered for addressing ethics in the practice of Speech-Language Pathology.

Résumé

L'article qui suit étudie le code de déontologie dans le contexte de la pratique privée en orthophonie. L'auteur estime qu'en pratique privée, les normes et principes essentiels du Code demeurent les mêmes mais sont envisagés de façon différente. Ils représentent pour le clinicien une question qui le concerne plus directement. Le présent document soulève certaines considérations déontologiques lorsque des questions commerciales entrent en jeu dans la prestation des services d'orthophonie. Des cas et des exemples illustrent certains problèmes déontologiques, et des suggestions sont offertes sur les questions déontologiques dans l'exercice de l'orthophonie.

Professions look to their canons of ethics to define the ideals and standards of conduct for their professional relationships. Ethical standards of any group are based on society's general concepts of morality, integrity, human value, pride in your work and profession, loyalty, and honesty. Canons of ethics are the very essence of professions and are intended to support and guide individual professionals in their practice, to protect the public, and to help maintain and advance the profession as a whole.

The Canon of Ethics of the Canadian Association of Speech-Language Pathologists and Audiologists (CASLPA) includes both prohibitive statements (e.g., "Members must not...") and aspirational statements (e.g., "Members will...").

The Canon serves as the major reference document on ethical behaviour for speech-language pathologists and audiologists in Canada. In it, as in most ethical codes, there is no clear-cut right or wrong, but it does require that the welfare of those served is held paramount.

Why should a speech-language pathologist or audiologist in private practice be more concerned about ethical practice than any other speech-language pathologist or audiologist? The private practitioner is like anyone else: S/he makes a living providing professional services to others. When business and service delivery interface, specific application of the Canon may change. The essential standards and principles do not change, but how one views them does.

The critical core of any business includes the following:

1. An owner/practitioner must identify areas of service need and market his/her services to target groups.
2. Clients must feel they need and value the services.
3. Clients must be satisfied with the services.
4. Services must be efficient and effective.
5. Clients and/or third parties pay directly for services.
6. The business must abide by civic, provincial, and federal regulations.
7. The business must make a profit.
8. The owner/practitioner supervises his/her own work.

More traditionally-minded professionals may become uncomfortable with some of the business realities that face the private practitioner. In practices performed outside of larger institutions or agencies, ethical issues become a personal (versus institutional) concern to the practitioner. The true basis for ethics in practice is only guided by the principles of the Canon; in reality, it rests with one's personal integrity and sense of morality.

This paper will address some of the ethical considerations that occur when business and entrepreneurship meet with

delivery of speech-language pathology services. Vignettes and examples will be used to illustrate some ethical dilemmas. The vignettes and examples are purely fictitious in nature and any resemblance to real people or situations is unintentional. Suggestions will be offered for addressing ethics in the practice of Speech-Language Pathology.

Ethical Marketing and Competition

The lifeblood of any business is clients, paying clients. Without them, there is no business. In order to find clients and have them find you, the practitioner must identify areas where service is needed and then start marketing. What that marketing involves depends on a number of things, including time, money, and ethics.

Parents, whose child attends ABC Day Care, receive a note indicating that their child has a speech production problem and should receive therapy. When they contact the day care, they are told a speech therapist came in and screened the children. Their child was one who did not pass. This was the first time the parents had heard of a speech therapist's coming to the day care. They were given the therapist's card and asked to decide what they wished to do.

Because informed consent is required before direct service is provided (which was not done in this vignette), the approach used by this speech-language pathologist would seem clearly unethical. Businesses often market in this way but, in the case of an ethical speech-language pathologist, it violates the Canon and may seem horrifying to some practitioners. Before reacting too strenuously to the principles used by the therapist in the vignette, consider the following: A short while ago, I received a card in my mailbox that indicated I needed my eavestroughs cleaned and that I should take advantage of their services for only \$40. They had assessed the situation well; my eavestroughs did need cleaning. Was I offended? No, I was impressed by the initiative and entrepreneurship. When it comes to the world of human services, however, this approach seems untenable. Frequently, speech-language pathologists are taken aside by a teacher or day care worker and asked if a child should be seen by a therapist. Without prior consent from the parents, it would be appropriate for the therapist to help the teacher make decisions about the need for services (e.g., is the child's speech or language distinctly different from other children his/her age?) and explore options for obtaining them.

There are other ways of contacting prospective clients. These include more "passive" marketing strategies like yellow page listings and more "active" strategies like media adver-

tising, meeting with potential referrals sources, or speaking to interested groups. There are many ways of letting others know about your services but, to remain within the principles and spirit of the Canon of Ethics, several features should exist. These include providing accurate and truthful information about the practitioner (e.g., educational background, experience, certification status) and the practice (e.g., age of clients served, types of disorders served, types of services provided) as well as identifying information (e.g., location, phone number, hours of operation). How would this ad do?

HELP YOUR CHILD NOW!

Speech-language pathologists serving infants through adolescents with all kinds of speech, language, and communication problems.

No waiting lists.

All therapists are certified nationally and have a minimum of 5 year's experience.

Free initial consultation.

*Zachariah and Associates
8012 Aspiration Drive 287-7392*

*Office hours Monday through Friday 8 to 8
Saturday mornings*

The content is informative, presumably representing the services fairly and accurately, and does not make guarantees or deprecate the skills of other professionals. The remarks about waiting lists and experience of the clinicians are perhaps a little bold but do not make direct comparisons about how other service/agencies stack up relative to these factors (i.e., it does not say it is better than others). Although the tone of the ad is rather brash (something we in Canada are not accustomed to), the ad does not appear to violate any principles of the Canon of Ethics.

Ads, such as the example above, highlight the issues of "competing" for clients. Is competition unethical? The American Speech-Language-Hearing Association (ASHA) reviewed this issue in 1989 (ASHA, 1992). ASHA concluded that competition for the opportunity to provide services to clients can lead to positive growth and continued improvement in the quality of services, *when handled appropriately*, that is, when agencies and/or individual practitioners try to attract clients, the competition should cause them to provide more effective and efficient services and keep them on their "ethical toes." A recent survey of directors of a large Canadian accounting firm indicated that the majority believed that higher ethical standards makes a company a stronger competitor (Dunkel, 1989). Undercutting any of the ethical principles in the name of competition would adversely affect the quality of services

and would, at least eventually, cause clients to look elsewhere, but the profession itself should severely proscribe such practices.

Ethics and Client Desire for Service

In North America, great value typically is placed on the individual's ability to communicate and to achieve academic success. Because of this, demand for speech-language pathology services is consistently high. Speech-language pathologists in traditional agencies, like hospitals, schools, and community health units, are forced to place clients on waiting lists and see them when they have an opening. A recent survey of CASLPA members (Communique, 1989) found that the average treatment period is approximately one year (46 sessions). Given this and the number of speech-language pathologists in Canada, there is bound to be a backlog of clients waiting to receive services: CASLPA members, in 1989, reported an average wait of 8 months for speech-language assessment in non-private agencies (Communique, 1989). For clients wanting more immediate service, there is the option of private practice, which usually has a much shorter waiting period (Communique, 1989). Typically, clients are referred to the traditional agencies because these institutions are the better known delivery system. Therefore, it is often up to the speech-language pathologist in that institution to provide the client with information on available public and private options.

Mary-Jo, a speech-language pathologist at ABC Hospital, is a strong believer in equal access to health services for all citizens. Her belief in the Canadian taxation-funded health system prompted her to take her present job and speak out against proposed privatization of government services. The Smiths are concerned that 2 1/2-year old Johnny is not yet speaking and are referred to ABC Hospital for assessment and intervention. Mary-Jo receives the referral and tells the rather anxious Smith family that the current wait for services is 6 months. The Smiths ask if there is any way to be seen earlier. Mary-Jo indicates that the department policy is 'first-come-first-served' and says she will call them when their name comes up on the waiting list.

If we could enter the heart and mind of the therapist in this vignette, could we say she behaved unethically? Item 10 of the Canon of Ethics indicates that "Members unable to examine or treat a person promptly shall provide that person with information regarding other sources of assistance." Mary-Jo did behave unethically by her failure to mention other options to the Smith family. The issue of holding the welfare of the client paramount over one's personal beliefs (i.e., in the case

of Mary-Jo, it was her belief in the Canadian socialized medicine system) is what the therapist in the vignette failed to do.

A survey performed in Alberta in 1987 of members' beliefs and attitude about private practice (SHAA Newsletter, 1988) found that a number of respondents indicated that they were concerned about private practice's creating a two-tier system of service delivery—one for those who can pay for private services and one for those who cannot. With increasing amounts of extended health plan coverage for private services, this belief has not been fully born out in fact because there is increasing insurance coverage in Canada (Froese, 1992). If one is to abide with the letter of the Canon of Ethics, however, this concern should not enter into one's decision to make clients aware of their service options. The consumers have the right to know about their options and have the right to make their own decisions about which services they will choose. This issue was addressed by the CASLPA Ethics Committee who stated, "It is unethical to let a client wait for service when more immediate service could be provided elsewhere" (Communique, 1988, p.16). The Committee emphasized that "it is the client's freedom of choice to decide where to obtain service."

In Alberta and a few other provinces, the provincial associations maintain a separate roster of member audiologists and speech-language pathologists in private practice. It updates the list regularly, publishes it in the Association newsletter or directory, and distributes it to all agencies in the province that employ speech-language pathologists and audiologists. These rosters ensure that members have the information they need to provide clients with necessary options. In addition to such rosters, some agencies have developed a checklist of questions consumers should ask private speech-language pathologists before making a decision to see one. Questions include things such as the therapist's educational background, certification status, and experience with certain disorder types. Such checklists can help consumers make more informed decisions before choosing a private practitioner. It has been rather amusing, however, that the checklists have been developed primarily to help protect consumers seeking private services. Should not protection extend to any speech-language pathologist, regardless of work setting?

As mentioned above, waiting lists for speech-language pathology services are a way of life in Canada. They are an indication that more providers are needed to serve a population effectively. Thus, data on the number of individuals on a waiting list and the projected length of wait can serve to support an agency's appeal to its funding source for increased personnel. If and when those on the waiting list are not

informed of their options and are used essentially as a political tool to advocate for larger personnel budgets, professional ethics are definitely skewed and the agency is guilty of the same ethical infraction as the therapist (Mary-Jo) described above.

One area of ethical behaviour, which is not directly addressed by the Canon of Ethics, is one's moral and ethical responsibility to an employer.

Rhiannon is a speech-language pathologist who works 3 days per week in a public school setting and does some private practice in her off-hours. She has such a large caseload with the school system that she is unable to provide any intervention to some students whose parents would like them to be seen and there are many students who receive no direct intervention. A few of these parents approach her and ask if she would see their children privately. Rhiannon realizes the constraints of her busy school board job and accepts the children on to her private caseload.

Is there an ethical dilemma here? The Canon of Ethics previously stated little about conflict of interest situations. Rhiannon would have been supported in her holding the client's needs as primary. However, she should exercise caution when drawing clients from her place of employment. She should inform the families of: (1) the service options available through the school system and her private practice, giving them the freedom of choice (in this case, there would appear to be no options available through the school system), and (2) the fees that she would charge for her private services. In addition, it would be ethically correct to inform the administrator of her place of employment of her intent to accept cases from the school system.

Openness and honesty in relationships with other speech-language pathologists is also critical to ethical professional behaviour.

The family of a 44 year old female stroke victim believe that she has greater potential for recovery than is being recognized by her therapist at LMN Hospital, who she sees weekly as an outpatient. The family decide to obtain an assessment from Barbara, a private practitioner. Barbara found support for the family's contention and recommended a trial of therapy 2 to 3 times per week. The family was unable to afford Barbara's services more than two times per week so decided to continue with both speech-language pathologists. They made no mention of Barbara's input to the speech-language pathologist in the hospital for fear of being dismissed from her caseload; the hos-

pital's policy was that, if clients received services elsewhere, they would no longer see them.

There is a lack of open and honest communication in this vignette. Barbara has responsibility to fellow speech-language pathologists, but the dilemma is that her relationship with the client must come first. In addition, the family also must give consent for her to contact the hospital therapist. Because of these two factors, it would seem ethically correct for Barbara to continue working with the client and respecting the family's wishes for privacy.

Ethics and Client Satisfaction

Business publications typically state the adage "good business is good ethics." The satisfied client is one who is dealt with honestly and fairly, who is afforded appropriate respect, and who is informed about the what's, why's, and how's of his/her work with a therapist. The satisfied client is one who provides that invaluable word-of-mouth endorsement of the therapist. When the therapist is an individual practitioner, s/he is perhaps more open to criticism; s/he is identified singly and not as "ABC Hospital" or "XYZ School." Also, it is human nature to expect more when you pay out-of-pocket for a service. Most speech-language pathologists who have entered private practice find that they have to work harder than ever before and go that extra mile to ensure client satisfaction.

When a client hires a private practitioner, the consumer is the person who controls a great deal of the what and when of the services. In private practice, it is not always clear who the client is—the direct recipient of services, the individual or agency requesting the services (e.g., community agency for the disabled, law firm), or the agency or individual paying for the services (e.g., relative, employee assistance program). This can cause confusion about requirements for informed consent, freedom of consent, and maintenance of privacy and confidentiality.

Harold is a 38 year old man with Down syndrome who was referred to Jennifer, a speech-language pathologist in private practice, to assess his communication needs and develop a program for implementation by his worker. The community program, which he attends and which funds his worker, requested the services, but the therapist will be paid in part through the Provincial Guardian's Office. Part of the fee will be paid from Harold's provincial allowance for disabled adults. When the assessment and program are completed, with whom should the therapist share the information?

The most important person in this group of individuals and agencies is the client. He has disabilities that may make it difficult for him to comprehend all of the information the therapist wishes to share. It may also be, in cases where the client's emotional state is considered fragile, that all information should not be broached at the summary conference with the client. Because the guardian, in this case the Office of the Provincial Guardian, is the legally-appointed overseer, s/he would seemingly have control of the information. This would mean that the therapist would have to obtain authorization from the Provincial Guardian to share the information with the client's day-program and keyworker(s). These multiple involvements are quite common in private practice. Legal opinion on the issues of confidentiality and privacy in situations such as these is needed.

Ethics and Effective Services

The efficacy and effectiveness of speech-language pathology services are a continually debated area, which will not be resolved easily or quickly. Questions about the amount and frequency of intervention needed for any one client could be debated endlessly without ever arriving at a totally satisfactory solution. We can base our decisions on probabilities derived from research and clinician experience as well as on past history of the individual client's response to intervention. We need to provide clients with our best (informed) judgement on the length and frequency of sessions which seem optimal for certain types of clients and disorders. In addition, we need to listen to the consumer; for a child, we must listen to the parent's views and, in the case of an adult, we need to listen to the client and his/her family. In the realm of private practice, these decisions will also include factors such as how much the client can afford and whether the client can receive timely services through a government funded agency.

Judy works full-time for a government funded agency. She has a caseload of 50+ children, located in 6 different schools. She has a child on her caseload whose communication difficulties are interfering with his learning and with his social interactions. Past intervention with the child by another agency indicated that, with more intensive intervention (i.e. several times per week), the child exhibited greater retention and extension of learning. The parents and Judy support the child's being seen more frequently but, because of caseload constraints, she is able to see the child only one time per week. The parents consult their pediatrician who suggests bringing in a private therapist. Both the parents and Judy agree that this is the only way the child can receive more intensive intervention but, because the parents are

unable to pay a private therapist, funding will have to be sought from a charitable foundation. The foundation requires documentation that the child is unable to receive needed services through publicly funded agencies. Judy feels strongly about the child's receiving more intensive services. When she speaks to her supervisor about writing a letter of support to the foundation, the supervisor indicates that Judy could be at risk for losing her job if she states that she is unable to provide all needed intervention. The supervisor tells her that her agency's policy is to provide services to all school-age children and to indicate that the agency was unable to do so would be unacceptable.

Judy is clearly caught in an ethical dilemma. The Canon states that she must hold the client's needs paramount and that she ensure the client's rights are always safe-guarded. She must also respect her employer and her family for, without income from her job, she could be placing them at risk. There are no easy answers to this dilemma, but it appears that the employer should be censured for its actions. But who among us would risk reporting the agency?

Ethics and Fee for Service

Fees for private speech-language pathology services vary widely in Canada. There are few provinces, save Ontario and perhaps one or two others, where suggested fees for private speech-language pathology services are outlined by the provincial association. Fees should not be based solely on suggestions from a professional group. As with other ethical businesses, they should reflect the cost of doing business (i.e., reasonable overhead including rent, materials, support staff) and an adequate profit level (i.e., what the therapist can expect to pay him/herself). One must not look just at what the traffic will bear in any particular area of the country but must base the fee on actual cost factors. As stated in Item 7b of the CASLPA Canon of Ethics, "Members must not exploit those served professionally by charging a fee that is excessive in relation to the service provided." Thus, actual cost of service delivery and type and amount of service provided must all be factored into the fees charged of clients.

Peter is a speech-language pathologist providing assessment and therapy through an agency that has established its own fee schedule for professionals contracting services with it. The schedule indicates that group therapy is billed at the rate of \$30.00 per hour per person. Peter finds a group of individuals who would benefit from work on developing and using memory strategies in daily life. He has a large

caseload so group therapy would be more efficient for him and the interaction of members in the group would be beneficial to them. He finds there are 12 clients who could benefit from intervention of this type. He places all 12 clients in one group and bills \$30.00 per participant for his hour-long weekly sessions.

In the vignette above, the observer could say that the therapist is simply following the agency guidelines. It said to charge \$30.00 per participant, so he does. As the Canon indicates, however, one must look at the fee (in this example, it would be \$360.00 per hour) in relation to what the participants receive and the amount of preparation the therapist must do for each session. From a participant's point of view, one could say that each would receive about 5 minutes of direct assistance in a one-hour session for which the fee would be considered rather high. Each participant may gain from the other individuals' input into the group, but the cost of \$360.00 would seem excessive for any therapist, regardless of his/her qualifications, the amount of preparation, and so on. The factor of the fee's being "in relation to the service provided" is most critical in determining whether Peter's billing procedures are unethical.

Ethics and Business Regulations

One important aspect of ethical practice is commitment to observing applicable laws and regulations. For the private practitioner, there are a number of business regulations with which s/he must comply, but perhaps the most critical one is whether the practitioner is indeed an independent contractor or an employee. If one is an employee, the employing agency has the responsibility of withholding, remitting, and accounting for income taxes and employee benefits (i.e., unemployment insurance, Canada pension). Failure to fulfill these responsibilities is punishable under the laws of Canada. Thus, both the practitioner and the agency must be fully aware of the definition of an independent contractor or private practitioner. The most important indicator of an independent contractor is the control the practitioner exercises over what s/he does and when, where, and how s/he works (Revenue Canada, undated). That means that the practitioner is not under another person's supervision and chooses how s/he will perform her/his work.

Ashley is a speech-language pathologist who holds a contract with a private agency to work on-site with its clients for an average of 22 hours per week. She is the sole speech-language pathologist with the agency. She decides when she works and how she deals with each client, receiving no direct supervision from agency staff. The agency secretary helps

Ashley by typing her reports and photocopying materials. The agency has budgeted for the purchase of all assessment and therapy materials Ashley needs. She is pleased with the flexibility this job offers her and the support the agency gives her. Because she works independently and is paid a flat hourly amount, Ashley considers herself to be a private practitioner.

The therapist in this vignette appears to meet the criterion of control over the what, how, and when she works and does not have to account directly for her actions. In addition, she does not work for a wage. The question remains: Is she an independent contractor? Because she works for only one individual and because she did not make a substantial investment in her tools and facilities, the agency would likely be found in violation of the regulations governing employers. If this argument is unclear, consider the example of the independent contractor you hire to renovate your kitchen. That individual has control over when and how the work is done after the end result is agreed upon with the homeowner; you would not stand over that person and advise him/her on how to proceed. You pay the contractor a pre-determined amount for the work and, importantly, you expect the contractor to supply all of his/her own tools, equipment, and materials to do the job. All of these factors come together to make that contractor independent and not your employee. The picture is not as clear for the therapist described in the vignette. To ensure that the practitioner is not placing the agency for whom s/he works in jeopardy, a ruling should be sought from Revenue Canada before assuming such a contract position.

Ethics and the "Profit Motive"

In order to survive, a business needs to make a profit. When it comes to private practice in human services, the motivation to make a profit can become suspect if others do not understand what is entailed. Those not operating their own business may look at the rate charged by a private practitioner and think of it all as profit. Because profit is the amount left over after all necessary expenses are paid, it is important first to understand the expense side of running your own business. The private practitioner has to pay for many expenses including (at least) the following: office rent, office furniture and equipment, secretarial services, telephone, office supplies, business taxes, Unemployment Insurance, Canada Pension Plan, property and public liability insurance, professional liability insurance, diagnostic and therapy materials, photocopying, advertising and promotion, professional development, equipment repairs and maintenance, accounting fees, and legal fees. The practitioner also has to pay his/her own wages from the amounts left over after the expenses are paid. Thus, when thinking of the profit motive in private practice, one must be fully cog-

nizant of all of the responsibilities the practitioner takes on to operate his/her own business and the risks involved.

One of the most basic adages for business owners is *good ethics = more business = more profits* (Dunkel, 1989, p.7). This suggests that the practitioner who develops and operates an ethical business is more likely to receive a greater return for the risks and worries and stress s/he sustains in taking on the world of business. By always ensuring that you hold integrity, honesty, and respect as the epitome of good practice, more business is likely to come your way. Simply stated, good ethics is the only business.

Unethical companies, almost by definition, put profit at any price first (Dunkel, 1989).

John, a private practitioner, gained approval to provide speech-language pathology services to a large rural school. He found that there were too many children for him to serve properly so he sought the help of another speech-language pathologist. In his discussions with a prospective therapist, he offered her a flat rate of \$32.00 for each client contact hour. She would be fully responsible for the clients she served because he would have no time to supervise her or provide support. The fee schedule used by the school would pay \$80.00 per hour to John for the client-related services of the subcontract therapist. Because travel expenses are not part of the fee schedule, the subcontract therapist would have to absorb the cost of the two-hour return trip to the school.

In this vignette, John would retain sixty per cent of the amount earned by the subcontract therapist. If the subcontractor worked 8 hours per week for nine months of the year, John's share would equal almost \$14,000.00. This would more than generously repay his work in obtaining the initial contract. Private practices that take on associates typically levy between 25 and 30 per cent of the practitioner's billable hourly rate to cover overhead expenses. With John's attempting to take 60 per cent of the fee for himself without providing for any of the subcontractor's expenses, his proposed financial arrangements would seem exploitative in nature. His behaviour might be considered unethical because he placed his own profit motive over equitable compensation for the subcontractor's work.

Ethics and Self-Supervision

Every speech-language pathologist has the responsibility to ensure that each client receives the highest possible quality of

service. When it comes to the private practitioner, this responsibility often is a solitary pursuit of excellence. Typically, the practitioner works alone so s/he is responsible for his/her own self-supervision. That is, the therapist must be "independently capable of planning, observing, analyzing, and integrating (clinical) findings" (Casey, Smith & Ulrich, 1988, p.37) appropriately into his/her practices. Self-supervision is one of the most effective means of quality assurance for the private practitioner. The degree of independence suggested by the concept of self-supervision is not, by any means, an absence of supervision: It is the stage at which the practitioner becomes self-monitoring. This means that s/he must know when to look for help, where help may be found, and how to ask the right questions in order to obtain efficient and effective advice. S/he must also be capable of making the decision to accept or reject this input if, in his/her judgement, the information does not provide the assistance s/he is seeking.

Michael, a private practitioner, has acquired the franchise to an auditory-visual-kinesthetic (A-V-K) treatment approach for children with learning disabilities. He researched the program prior to offering to buy it and found the procedures to be sound for certain types of disabilities. In his practice, he offers assessment and treatment services that involve traditional approaches as well as A-V-K. Other therapists in the community have noticed that a number of parents have come to them seeking a second opinion on their child's needs. For a large percentage of these children, the second therapists were unable to support Michael's recommendation of the A-V-K program. They felt that the program would not harm any of the children but did not view it as a first choice.

It appears in this vignette that Michael was not carefully self-supervising his practices. He believes strongly in the therapeutic approach he offers. He has seen positive change in children who have been enrolled in it, but his seeming lack of discrimination in recommending A-V-K suggests that he is failing to self-monitor. His behaviour may not be considered strictly unethical because research supports the efficacy of his program. But, he has failed to observe, analyze, and integrate clinical findings independently and in an unbiased manner so that his recommendations are well-suited to the individual needs of each client.

Conclusions and Recommendations

A profession is defined by its ethical principles and standards, and it is through a commitment to a code of ethics that a profession is allowed to be autonomous. The vignettes and discussion throughout this paper show how the Canon of

Ethics can help solve moral dilemmas, but it is apparent that ethical principles do not provide clear-cut rights and wrongs. It is also clear that ethical practice is much more than a commitment not to lie, cheat, or steal. It is a strong constructive and ongoing force that must be in harmony with the values of the profession and with those of society.

The way a speech-language pathologist views ethical principles and standards may change in private practice. The Canon, of course, remains the same, but the fact that the speech-language pathologist is operating a profit-making business alters how the practitioner views the principles. It also changes how others view the ethical behaviour of the practitioner. For speech-language pathologists in private practice, ethics are a highly practical matter of staying in business. To succeed over the long term, the private practitioner must match his/her professional expertise with ethical conduct in every phase of business (Dunkel, 1989).

Many believe our society is experiencing an ethical crisis, citing ethical failures like insider trading on the stockmarket and nepotism among government leaders. It is our responsibility as a profession to ensure that we fulfill our contract with society by placing the welfare of those we serve above our own. This is critical to the evolution of Speech-Language Pathology and Audiology as professions in Canada and needs to be borne out in action by each practitioner and by our professional associations. In light of this, the following are suggested:

1. There should be wider dissemination of the Canon of Ethics to all speech-language pathologists and audiologists in Canada to make them more aware of its principles and standards. Proscription of those practising unethically is one way to enforce the Canon, but a more pro-active approach should be taken. This includes more active discussion and greater amplification of how the principles translate into daily practice and how each practitioner can monitor his/her own behaviour. To provide more concrete assistance, a handbook should be developed which provides expanded information on the purpose of each ethical principle, conduct affected by it, how it applies to practice, and procedures for compliance. Other professions have developed material like this for their members (e.g., the Canadian Psychology Association, the Association of Investment Management and Research).
2. Each speech-language pathology and audiology training program in Canada should include coursework on general principles of ethics and social morality as well as information on private decency, honesty, personal responsibility, and honour (Sommer, 1991). Training programs for other professions include such coursework already (e.g., psychology).

3. Individuals wishing to become members of CASLPA should be required to sign a copy of the Canon to indicate that they swear to uphold its content and spirit. An example of this type of requirement is the physician who swears to the Hippocratic Oath.

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