

# Bioethical and deontological approaches of the new occupational therapy code of ethics in Brazil<sup>1</sup>

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**Abstract:** Introduction: Currently, conflicts found in the health field bring new discussions on ethical and bioethical issues also in the Occupational Therapy domain. As noted in previous studies, the codes of professional ethics are not sufficient to face the current challenges daily experienced during professional practice. Objective: The present study aimed to find documental evidence of deontological and bioethical approaches in the new Brazilian code for Occupational Therapists through content analysis compared with the same analysis conducted in the preceding code. Method: Content analysis methods were applied to written documents to reveal deontological and bioethical approaches among textual fragments obtained from the new code of ethics. Results: The bioethical approaches found in the totality of the new code were increased in content and number (53.6%) proportionally compared with those found in the former code. It seems that this increase was a result of the number of fragments classified in the justice-related category (22.6%) - one of the most evident differences observed. Considering the ratio between the total number of fragments classified as professional autonomy and client autonomy in the new code - although the number of professional-related fragments have remained higher in comparison with client-related fragments - a significant decrease in the percentages of this ratio was detected. Conclusion: In conclusion, comparison between the codes revealed a bioethical embedding accompanied by a more client-centered practice, which reflects the way professionals have always conducted Occupational Therapy practice.

**Keywords:** *Occupational Therapy, Ethical Theory, Bioethics, Code of Ethics.*

## Abordagens bioéticas e deontológicas do novo código de ética profissional para terapeutas ocupacionais no Brasil

**Resumo:** Introdução: Atualmente, os conflitos encontrados no campo da saúde trazem novas discussões sobre ética e bioética também no domínio da Terapia Ocupacional. Como já notado em estudos anteriores, os códigos de ética profissionais não são suficientes para enfrentar os desafios correntes rotineiramente experimentados durante a vida profissional. Objetivo: O presente estudo objetivou encontrar evidências documentais de abordagens deontológicas e bioéticas no novo código brasileiro para terapeutas ocupacionais, por análise de conteúdo comparada à mesma análise no código precedente. Método: Métodos para análise de conteúdo em documentos escritos foram aplicados para revelar as abordagens deontológicas e bioéticas entre os fragmentos textuais obtidos do novo código de ética. Resultados: As abordagens bioéticas estavam aumentadas e mais presentes no total deste código (53,6%), considerando a proporção encontrada no código mais antigo. Ao que parece, o aumento foi um resultado da quantidade de fragmentos classificados como relacionados à categoria justiça (22,6%), uma das mais evidentes

diferenças observadas. Levando-se em conta a razão entre a quantidade total de fragmentos classificados como autonomia do cliente e do profissional no novo código, embora os fragmentos relacionados ao profissional tenham permanecido mais altos em comparação com os fragmentos relacionados ao cliente, uma significativa diminuição dessa razão nas suas porcentagens foi detectada. Conclusão: Em conclusão, a comparação entre os códigos revelou uma incorporação bioética acompanhada de uma prática mais centrada no cliente, a qual reflete a forma de trabalho desde sempre aplicada pelo terapeuta ocupacional.

**Palavras-chave:** *Terapia Ocupacional, Teoria Ética, Bioética, Códigos de Ética.*

## 1 Introduction

Although the concepts of Bioethics exist since the 1920s, they have been highlighted from new conflicts, such as technological advances, especially in the areas of Biology and Genetics, among others, they have made health professionals come across new situations of conflicts of the profession (GOMES; MOURA; AMORIM, 2006; KOERICH; MACHADO; COSTA, 2005; UDELSMANN, 2006).

Although it has been mentioned previously, its expansion is dated 1971 by Dr. Van Raessenlaer Potter with the book “Bioethics: The Bridge to the Future”, in which he expresses deep concern about the interaction of environmental and health issues (POTTER, 1971).

Currently, Bioethics can be defined as

A systematic study of the moral dimensions - including moral vision, decisions, behavior, and policies - of life sciences and health care, using a variety of ethical methodologies in an interdisciplinary setting (POST, 2004, p. 12).

Before the new conflicts, as in other health professions, the behavior of the Occupational Therapy professional was defined by the Code of Professional Ethics of Physical Therapy and Occupational Therapy, leaving the bioethical discussions in the first place only linked to research and health science. This Code of Ethics emerged in 1978, years after the regulation of these professions and, it has been directed the behavior of professionals in both professions for 35 years - Physical Therapy and Occupational Therapy (ANTONIO; FONTES, 2011; CONSELHO..., 1978).

Although they appeared in close periods, it was noticed the necessity of new discussions on the issues that involve the code of ethics and the bioethical in Occupational Therapy, since these codes were insufficient to guide the professional behaviors (ALVES et al., 2007; MACHADO et al., 2007; ZOBOLI; SOARES, 2012).

In an earlier study, in which the bioethical view of the former Code of Professional Ethics of

Physical Therapy and Occupational Therapy was analyzed, it was observed that the Occupational Therapy had corporative and legalistic deontological conceptions that protected professional autonomy more than the client, evidencing paternalism in the Therapist-client relationship (FIGUEIREDO; GRATÃO; MARTINS, 2013).

Besides these factors, there are the professional and technical-scientific transformations that Occupational Therapy currently faces, since the National Curricular Guidelines for courses in the health area emerged only from 2002 (ALMEIDA; TREVISAN, 2011; BARBA et al., 2012; BRASIL, 2002).

This new situation led to the reformulation of the Occupational Therapy Professional Code of Ethics, currently presented separately from the Professional Code of Physical Therapy, allowing the possibility of approaching the discussions that involve Ethics and Bioethics to professional practice. Such discussions, which should happen already in the undergraduate program, help students to organize and reflect on their future professional behavior (ALMEIDA; CASTIGLIONI, 2005; CONSELHO..., 2013; MACHADO et al., 2007).

Thus, with the publication of the new Code of Professional Ethics of Occupational Therapy and the lack of studies involving bioethics in the Occupational Therapy area, the objective of this work was to identify in which proportions deontological and bioethical contents are present in this new code and to compare them with the bioethical contents that were present in the old code, tracing an epistemological profile that can subsidize interpretations of the vision of professional behavior and the adaptations in the form and language of the code.

## 2 Method

### 2.1 Theoretical and procedural bases of analysis

The study was delineated in the documentary source for interpretative analysis according to the methodology described by Pyrrho et al. (2009) and

Figueiredo, Gratão and Martins (2013). It compares the old one with the new code of ethics.

The content analysis was guided by Bardin's (1977) reference. In her conceptions of content analysis, she asserts that when using quantitative methods as a qualitative analysis technique, the definition of a qualitative study is not contradicted philosophically and structurally. The author describes that "[...] content analysis is a research technique whose purpose is the objective, systematic and quantitative description of the manifest content of communication" (BARDIN, 1977, p. 19).

It was chosen to distribute the textual units by frequency as described above since this form is not exclusive to the content analysis method (CAMPOS, 2004).

## 2.2 Organization of textual unit categories and processing

Each document was fragmented into textual units that could correspond to paragraphs, phrases or words expressing a content with textual meaning.

As previously published (FIGUEIREDO; GRATÃO; MARTINS, 2013), textual units could be classified into one or more of the six categories resulting from the four bioethical principles (autonomy, beneficence, non-maleficence and justice) and the inclusion of two categories (virtue and technique) related to deontological principles. During the development of the work, it was observed that only the categories of bioethical principles were not sufficient to categorize the texts. For this, two categories were inserted that represent deontological approaches in their conception, being able to exist the comparisons of approaches. They are the virtue (because it is defined as the category that suggests the valorization of honor, prestige and professional tradition) (PURTILO, 2000) and the technical (because it is the category that expresses the prescriptive content of the professional) (PYRRHO et al., 2009).

Also, as in a previous study (FIGUEIREDO; GRATÃO; MARTINS, 2013), the autonomy category was subdivided into two other categories: professional autonomy and client autonomy, depending on who was a beneficiary of moral behavior.

Similarly, for each defined category, including the subdivision of the autonomy category, a column organized in a matrix way in a total of seven columns in the Excel application worksheet, each row of this matrix indicating a page of the analyzed document.

After marking in the printed text to calculate the total number of textual units in an organized way, the number of textual units was inserted in the crossover cell corresponding to the page (line) where it was identified for the category (column) where it was classified.

Besides the frequency distribution of the textual units, the proportions observed in the new code were also calculated to the expected proportions, based on the old code of ethics. Differences between proportions were detected by the Qui-square test, considering significant differences in those in which a value of  $p < 0.05$  was obtained.

## 3 Results

The new Occupational Therapy Professional Code of Ethics presented almost twice textual units when compared to the old code, with 239 textual units observed, that is an increase of over 120 textual units identified (Table 1).

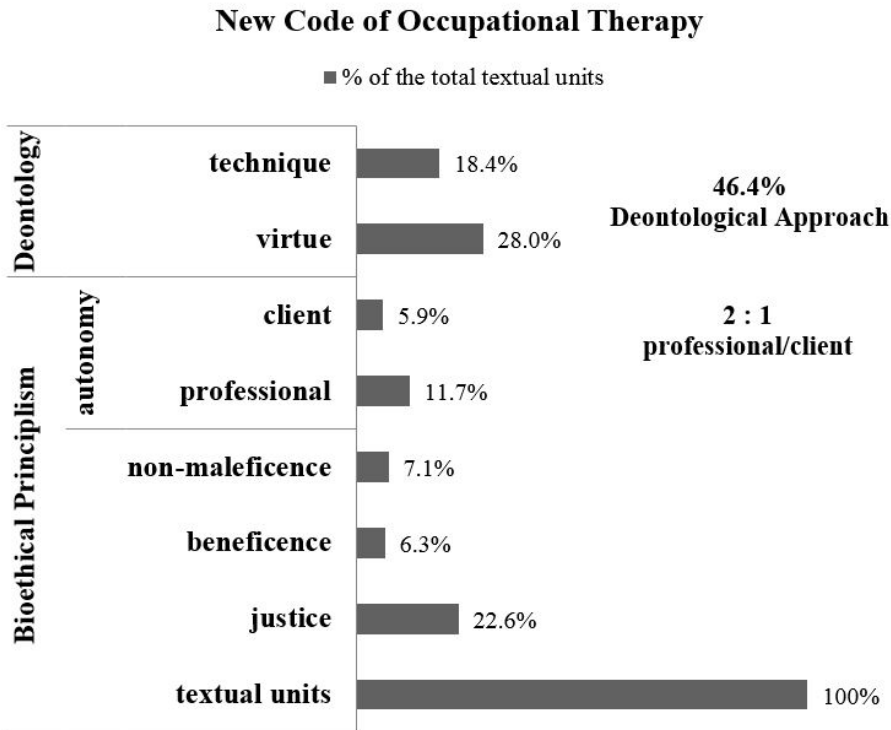
In the old code, the 54 units identified as belonging to the categories of bioethical principles were superseded by the textual units classified as belonging to the deontological categories that added up to 64 textual units (Table 1).

There was an inversion in the new code, the units classified as belonging to the categories of bioethical principles (128 units) exceeded the sum of units identified as deontological (111 units).

**Table 1.** Frequency distribution in absolute values of textual units located and categorized by document.

		New	Old	
Bioethical Principles	Justice	54	21	
	Beneficence	15	04	
	Non-maleficence	17	10	
	Autonomy	Professional	28	13
		Client	14	06
Deontology	Virtue	67	38	
	Technique	44	26	
Total		239	118	

Categories with more and fewer textual units were highlighted in boxes in the table.



**Figure 1.** Frequency distribution of total textual units by category and deontological content (technique and virtue) or bioethics (autonomy, non-maleficence, beneficence and justice) in the New Code of Ethics and Deontology of Occupational Therapy. On the right of the histogram, there is the total of textual units classified as deontological content in percentage, as well as the ratio of proportionality between textual units subdivided between professional or client autonomy.

Despite the predominance of units related to the bioethical principles, surpassing deontological content by 3.6% (Figure 1), Table 1 shows that the decreasing order of number of textual units per category in the old code almost remained in the new code, showing changes only in the justice categories (now the second most found with 22.6% of the total) and beneficence (it is no longer the least found with 6.3% of the total text units). The predominance of content in the virtue category, related to deontology, continued to be the most prevalent, with 67 and 38 units in the new and old code, respectively (Table 1).

There were modifications observed only in the category of justice of bioethical principles (54 units), which exceeded the deontological category related to the technique (44 units), followed by the beneficence category, which was less prevalent in the old code and went beyond the category autonomy in the new code. It was found that the autonomy category of the client, which was in penultimate place in the old code, became the last one in the new code.

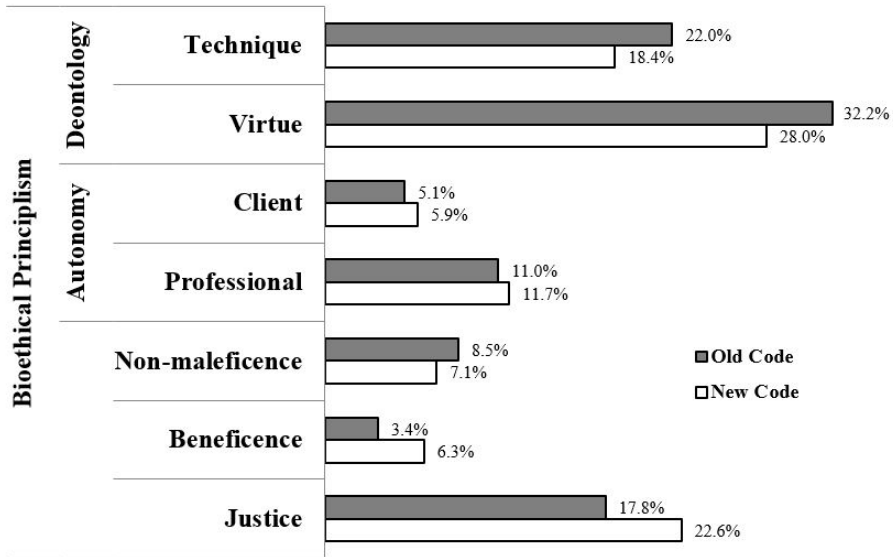
Figure 1 also points out that deontological approaches in the new code represented 46.4% of the total textual units and a proportion of 2 textual units with content categorized as professional autonomy for each textual unit categorized as client autonomy (2: 1).

There were 67% of the total number of textual units categorized in the two codes identified in the new code. The old code was organized into 6 chapters; the new code was organized into 11 chapters, where 5 are chapters addressing new topics: Preliminary Provisions, Client/Patient/User Relationship, Professional Confidentiality,

Teaching, Preceptory, Research and Scientific Production and Professional Disclosure.

When comparing the percentages of textual units between the codes (Figure 2), there is an increase in the categories of autonomy, both professional and client, beneficence, and justice, observing a reduction in the others.

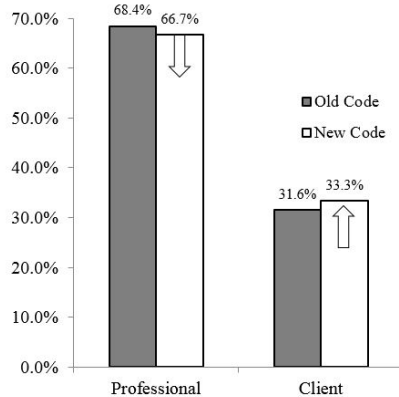
Despite the increases and decreases observed in Figure 2, the expected ratio based on the old code



**Figure 2.** Comparisons of the frequency distribution proportions of the total textual units by category and deontological content (technique and virtue) or bioethics (autonomy, non-maleficence, beneficence and justice) in bioethical texts. The gray bar indicates the percentages obtained in the old code of ethics and the white bars indicate the proportions for the same categories obtained in the new code of ethics.

did not change significantly from the proportion observed in the new code by the Chi-square test ( $p > 0.05$ ).

By analyzing separately only the proportion of textual units informing professional and client autonomy (Figure 3), it was possible to identify a significant reduction ( $p < 0.05$ ) in the new code of 1.7% for the textual units related to professional autonomy and a significant increase of 1.7% for textual units related to client autonomy. However, these differences did not prevent the client autonomy category from being less predominant in content in the new code of ethics.



**Figure 3.** Bar chart is indicating the comparison of the proportions of textual units categorized in professional or client autonomy for the old (gray) and new (white) code of ethics. The Chi-square test detected significant differences between proportions ( $p < 0.05$ ) when analyzed separately from the other categories analyzed. The down arrow indicates a reduction in the new code of ethics and the up arrow indicates an increase in this code.

### 4 Discussion

Although the new Code of Ethics of Occupational Therapy has not major changes in its new content, it has some advances in bioethical issues, mainly observed by the greater presence of categories related to bioethical principles, being possible in this new code to observe all textual units (beneficence, non-maleficence, justice and autonomy) clearly distributed in the text. However, in the old code, only the autonomy category was clearly quoted and followed by the predominance of the word professional (CONSELHO..., 1978, 2013).

Unlike the old code, in which virtue and technique were the most cited items with deontological

reference, in the new code, the item justice appears just behind the item virtue. Justice represents the coherent and adequate distribution of social duties and benefits, a prominent item in the National Curricular Guidelines for the Occupational Therapy course (BISPO JÚNIOR, 2010; BRASIL, 2002).

Also, the justice is the formal principle of equity, one of the doctrinal principles established in the Unified Health System - SUS (KOERICH; MACHADO; COSTA, 2005; MUÑOZ, 2004).

With this and because it is a profession that prioritizes the activities and significant occupations of the individual, as an opportunity for promotion and social participation, education based on this new code can approximate the bioethical issues of professional practice (ALMEIDA; TREVISAN, 2011; SANTANA et al., 2009), since currently, the research points to an education still based on personal arrogance and power need, exposing difficulties to finding solutions to conflicts (SANTANA et al., 2009).

Although the item autonomy has reduced its proportion, the professional autonomy over the autonomy of the client prevailed. This fact shows the authoritarian dimension often called paternalism that characterizes the therapist as the strongest side of the relationship (SILVA, 2010).

This is not a peculiarity of Occupational Therapy since Koerich and Erdmann (2011) observed in a thesis database that the themes that involve health education revealed Authoritarian and paternalistic professional behavior when applied in solving everyday problems among health users.

This authoritarianism goes against the proposals of Almeida and Trevisan (2011) that define the role of the Occupational Therapist as a facilitator of the action, with a focus on the client, respecting their individual needs. Besides being contrary to international perspectives, as presented by the Code of Ethics of the Canadian Association of Occupational Therapy, which identifies to enable the client to participate actively in the negotiation of objectives as the essential competence of the occupational therapist, their needs and goals being considered as priority and placed at the center of evaluation, intervention and expected results.

This view of the Occupational Therapy with a customer-focused is reinforced by the authors who define the practice of the Occupational Therapist as possessing technologies and knowledge for the emancipation and autonomy of the client (BARROS; LOPES; GALHEIGO, 2002; CARVALHO, 2012).

Cohen (2008) and Barba et al. (2012) propose that there should be changes in training in the Health and Occupational Therapy area, approaching these professionals from conflict situations through simulation and away from traditional education that exposes difficulties in the training of these professionals regarding therapist/patient relationships.

However, the greatest difficulty is still found in the low supply of professionals and subjects promoting the discussion between deontological and bioethical concepts, as well as the philosophical discussions that involve the subject (FURLAN et al., 2014; ALVES et al., 2008; BARBA et al., 2012; COHEN, 2008; FIGUEIREDO, 2011; POULIS, 2007).

The new organization of the professional code has one of 11 chapters focused on discussions between therapist/client, although it also has new deontological content, such as the chapter "Professional Disclosure"

Based on the concept of continuous training in bioethics, considering the moral pluralism of health users and workers described by Zoboli and Soares (2012), it is believed that the approximation of these bioethical contents in the new Code of Ethics, even discreetly, they can assist and represent advance in resolving conflicts between therapist/patient.

The results also pointed out that beneficence stops being the least cited textual unit, remaining with few citations, although it is the principle that best represents the role of the professional and the institutions for the client (PYRRHO et al., 2009; SOUZA et al., 2013). From the education change to the conflicts discussed above, it is proposed that, from this new code, now little closer to bioethical issues, beneficence will no longer be discussed as an ethical character of duty that overlaps the client's autonomy and to respect it as holder of the right of choice with the professional, and there must be consensus among the parties (SILVA, 2010).

On the other hand, the principle of non-maleficence recognized as the duty of the professional not to cause harm or reduce the risks to the client is still little cited, supported by the idea that the behavior contrary to the health professional is not expected (KOERICH; MACHADO; COSTA, 2005; SOUZA et al., 2013).

After completing the analysis of the deontological contents and those referring to bioethical concepts, another important observation was made in the new code: the view of the professionals working also in the public health system. The presence of the chapters such as "Client/Patient/User relationship" of the new code concretizes interdisciplinarity and highlights aspects related to the humanization of care, proposed in the Unified Health System (SUS). It is observed that the challenges are not only in the insertion of the professional in the SUS but also in the qualification of this professional for the work in SUS (FURLAN et al., 2014). Therefore, once the new code brings these issues to be debated, it is expected to be a gradual improvement on this subject

in the education of these professionals. Information regarding the other spheres of occupational therapy, such as social and education area was not perceived. However, there is an increase in the citation of concepts such as justice, participation, social inclusion, and discrimination.

## 5 Conclusion

It is concluded that, although little proportions, there were changes in the new code that approximate bioethical issues, mainly those focused on the professional's justice and autonomy. These issues should be discussed in greater depth by scholars in the area and disseminated to undergraduate students in Occupational Therapy through theoretical and practical approaches to bringing them closer to the ethical conflicts in professional practice.

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## Author's Contributions

Leandro Corrêa Figueiredo was the mentor and participated in the theoretical foundation, interpretation of texts and classification of textual units. Leandro Corrêa Figueiredo and Aline Cristina Martins Gratão participated in the interpretation of texts and classification of textual units. Tatiana Barcelos Pontes participated in the theoretical foundation from the perspective of occupational therapy, review and correction of text, as well as guidelines during the process of data processing and analysis. Emerson Fachin-Martins participated in the idealization and theoretical and methodological foundation of the proposal, the processing and analysis of the results, as well as the review and correction of the text. All authors approved the final version of the text.

## Notes

- <sup>1</sup> Part of the reflections presented here are from the master dissertation *Bioethical and deontological approaches of the code of professional ethics for physical therapists and occupational therapists in Brazil*, defended by Leandro Corrêa Figueiredo in the Postgraduate Sciences and Technologies in the Health Program of the University of Brasília (UnB).