



Nancy Gabor

Ethical Principles: A Step Toward 'Professionalism' for COACH

Nancy Gabor, June MacGregor, Martha Murray

Nancy Gabor is the Chair, Code of Ethics Task Force¹ and Evaluation Coordinator of the Ontario Telemedicine Network

June MacGregor is a Member, Code of Ethics Task Force and IS Project Management Office Lead at Capital Health (Edmonton)

Martha Murray is a Member, Code of Ethics Task Force and eHealth Analyst, at Ontario Hospital Association, eHealth



June MacGregor



Martha Murray

COACH members are drawn from a range of professions and occupations in the public and private sectors. What brings us together under the COACH umbrella is our active engagement in the growing field of health informatics. COACH's original goal to advance the use of computers in the health care sector is now being realized.

As our mantra becomes 'taking health informatics mainstream', our organization has turned its attention to promoting professionalism within this multi-disciplinary health informatics field.

Toward this end, COACH established the HIP (Health Informatics Professional) Steering Committee and the Code of Ethics Task Force in 2005. The HIP Steering Committee held workshops at the E-Health 2006 Conference to garner member input on the concept of ahealth informatics professional (HIP). They are following this up with work to identify the core competencies of a HIP, reflecting the cross-roads of the various disciplines represented in the COACH membership. In parallel, the Code of Ethics Task Force has progressed on its mandate to evaluate and recommend options for such a code. This article provides an overview of the Task Force's progress to date.

The HIP Steering Committee and the Code of Ethics Task Force are identifying possible directions

for COACH's 'professionalism' journey. COACH members, however, are the travel agents for this journey. The COACH Board of Directors will look to your advice on the optimum destination and the routes to get there. At this point, no destination has been set. The options remain open, from offering members advice on education and training programs to master the core competencies to providing a professional designation in the discipline.

'Professionalism' implies more than the mastery of a body of knowledge. It extends to the behaviours, and the beliefs underlying those behaviours, of the practitioners in the field. According to Dr. Chris MacDonald, a bio-ethicist from Nova Scotia's Saint Mary's University, ethics can be loosely defined as "a well-thought-out set of standards governing behaviour". Such standards give guidance to individual practitioners. They also communicate to others - whether clients, patients, employers, colleagues or the public in general - what they can expect from an individual in the profession.

Since core competencies and ethics go hand-in-hand in professionalism, the COACH Board initiated work on both concurrently. In assessing a Code of Ethics for health informatics, the Task Force found that it had a large base of experience to draw on. Most COACH members already abide by one or more Codes of Ethics. Adherence to such a code may be required to retain a professional designation; we may belong to an industry

¹In addition to the authors, the Code of Ethics Task Force includes:
Marion Lyver, COACH Board of Directors
Robin Carrier, Project Consultant, Health Human Resources, CIHI
Liz Peloso, Manager, Deloitte
Patrick Lo, Vice President, Privacy, Security and Ethics, Aristex Health Solutions

or occupational association with a Code of Ethics; our employer may also apply a Code of Ethics. If we review these various codes, we find similar themes but also differences related to their specific spheres of endeavour.

The approach taken by the Code of Ethics Task Force was to learn from the experience of other associations. We wanted to understand from each of them why they established a Code of Ethics, what role it plays, and how they keep it up-to-date and apply it their membership, as well as their views on a Code of Ethics for COACH. Our interviews covered professions and associations with long-standing Codes of Ethics and others who are just developing such codes. Unfortunately, we could not cover all of the stakeholder groups represented by COACH members but we saw enough commonality in our interview findings to be comfortable that we were on the right track.

With assistance from Dr. Chris MacDonald, the Task Force also reviewed several relevant Codes of Ethics and conducted an in-depth analysis of the International Informatics Association (IMIA) Handbook of Ethics for Health Informatics Professionals. The COACH Board asked us to focus attention on the latter as it was developed specifically for our field and has been adopted in the U.K.

The conclusion of these investigations was that it is premature for COACH to finalize a Code of Ethics or to adopt the IMIA Handbook for two key reasons. Firstly, underlying all the codes we reviewed was a clear understanding of the scope and core competencies of the profession or field to which they apply. For COACH, this is the subject of the work of the HIP Steering Committee and is at the analysis and consultation stage. Secondly, a Code of Ethics is of value when mechanisms for compliance exist (e.g., as part of professional credentialing). COACH is not in the position today to put such mechanisms in place.

Although it may be too early to set out a Code of Ethics, the interviews conducted by the Task Force allowed us to conclude that COACH is a sufficiently mature organization to consider adopting 'ethical principles'. The Task Force, therefore, recommended to the COACH Board that we develop a series of 'aspirational' High Level Principles which would publicly represent the beliefs and practices of the COACH Board, COACH members, and ideally, others involved in the field of health informatics.

With the COACH Board's endorsement and supported by Dr. Chris MacDonald, the Task Force drafted 10 High Level Ethical Principles. We then reviewed these principles with stakeholder groups. Included in this second round of interviews were questions on potential conflicts between the draft principles and the codes of the other associations, as well as questions on member engagement strategies. Valuable input was obtained and no potential conflicts were identified. The principles were then updated (side bar) and submitted to the COACH Board.

High Level Ethical Principles (Draft)

1. I will safeguard, beyond all else, the public interest. I will do this by making the health, safety, and privacy of all who interact with the health system my highest priority.
2. I will treat all persons with respect, dignity, and a sense of fair-play. I will not discriminate based on gender, race, culture, religion, political belief, sexual orientation or socio-economic status, nor will I tolerate such discrimination on the part of others.
3. I will safeguard information entrusted to me, and will work diligently to protect confidential information and to ensure the integrity and security of health information and information systems.
4. I will work collegially with my fellow health informatics professionals, and with members of other health professions, in the pursuit of the interests of individuals and the public good.
5. I will perform my duties diligently, and will offer only those services that I am qualified to provide competently and reliably.
6. I will be proactive and forward-looking in my approach to health information and technology, as well as to the ethical questions that may arise due to innovations.
7. I will strive continually to maintain and improve my professional competence and knowledge-base, and to foster the kinds of professional standards that merit the public's trust.
8. I will act, in all circumstances, in a manner befitting a health informatics professional, and will endeavour to avoid any behaviours that might bring the health informatics profession into disrepute.
9. I will avoid conflicts of interest to the extent possible, and address them honestly and fairly where they cannot be avoided.
10. When discord arises between legitimate duties or professional obligations, I will acknowledge the discrepancy and to strive to balance my duties and obligations in a manner that honours the trust placed in me as a health informatics professional.

The COACH Board endorsed the draft High Level Principles as a starting point to garner member feedback. Now, with the draft principles in hand, we are turning to COACH members for feedback.

Using convenient tools such as webinars (on-line presentations with simultaneous teleconferencing) and an on-line survey, the Code of Ethics Task force will ask you if these principles fit with your professional values. For example, are they clear and applicable to you? Has anything been missed, i.e., to either support your vision of a health informatics professional or your expectations as an employer? Could you adhere to these tenets? If not, why not?

Stay tuned to your e-mail to hear more about how you can get involved in determining the course of COACH's 'professionalism' journey. The Code of Ethics Task Force looks forward to your input.

In closing, the Code of Ethics Task Force would like to thank the following associations for sharing their experience and contributing to the journey to date (in alphabetical order):

- The Canadian Association of Management Consultants (CAMC)
- The Canadian Association of Professional Access and Privacy Administrators (CAPAPA)
- The Canadian College of Health Service Executives (CCHSE)
- The Canadian Health Information Management Association (CHIMA)
- The Canadian Information Processing Society (CIPS)
- The Canadian Medical Association (CMA)
- The Canadian Nurses Association (CNA) ●

**Tri-global
SOLUTIONS**
group inc.

Our healthcare experts plus IT innovations
equals success for our clients.

901-10080 Jasper Ave. Edmonton, AB. p: 780.421.1944

10 YEARS OF SUCCESS

Business Management • Change Management • Project Management