

ARTICLE 20:47
PHYSICIANS AND SURGEONS

Chapter

20:47:01	Definitions, repealed.
20:47:02	Operation of board, transferred.
20:47:03	Licensure.
20:47:04	Inspections.
20:47:05	Declaratory rulings, transferred.
20:47:06	Fees.
<u>20:47:08</u>	<u>Ethics</u>

CHAPTER 20:47:08

ETHICS

<u>20:47:08:01.</u>	<u>Professional ethical standards and conduct.</u>
<u>20:47:08:02.</u>	<u>Violation.</u>
<u>20:47:08:03.</u>	<u>Ethical considerations.</u>

20:47:08:03. Professional ethical standards and conduct. A licensee under SDCL chapter 36-4 shall comply with the following professional ethical standards and conduct.

(1) A physician shall be dedicated to providing competent medical care, with compassion and respect for human dignity and rights.

(2) A physician shall uphold the standards of professionalism, be honest in all professional

interactions, and strive to report physicians deficient in character or competence, or engaging in fraud or deception, to appropriate entities.

(3) A physician shall respect the law and also recognize a responsibility to seek changes in those requirements which are contrary to the best interests of the patient.

(4) A physician shall respect the rights of patients, colleagues, and other health professionals, and shall safeguard patient confidences and privacy within the constraints of the law.

(5) A physician shall continue to study, apply, and advance scientific knowledge, maintain a commitment to medical education, make relevant information available to patients, colleagues, and the public, obtain consultation, and use the talents of other health professionals when indicated.

(6) A physician shall, in the provision of appropriate patient care, except in emergencies, be free to choose whom to serve, with whom to associate, and the environment in which to provide medical care.

(7) A physician shall recognize a responsibility to participate in activities contributing to the improvement of the community and the betterment of public health.

(8) A physician shall, while caring for a patient, regard responsibility to the patient as paramount.

(9) A physician shall support access to medical care for all people.

Source:

General Authority: SDCL 36-4-35.

Law Implemented: SDCL 36-4-11, 36-4-28, 36-4-29, 36-4-29.1, 36-4-30.

20:47:08:02. Violations. A violation of any of the ethical standards and conduct are considered unprofessional conduct as defined by SDCL 36-4-30(22).

Source:

General Authority: SDCL 36-4-35.

Law Implemented: SDCL 36-4-11, 36-4-28, 36-4-29, 36-4-29.1, 36-4-30.

20:47:08:03. Ethical considerations. The Board may utilize the annotations and opinions included in Code of Medical Ethics of the American Medical Association 2012-2013 edition as guidance in determining whether a licensee has violated professional ethical standards and conduct.

Source:

General Authority: SDCL 36-4-35.

Law Implemented: SDCL 36-4-11, 36-4-28, 36-4-29, 36-4-29.1, 36-4-30.

Reference: Code of Medical Ethics of the American Medical Association 2012-2013 edition, Annotations prepared by the southern Illinois University School of Medicine Copies may be viewed at the Board's office or obtained from American Medical Association by calling 1-800-621-8335 or website at www.amabookstore.org.

ARTICLE 20:52

PHYSICIAN ASSISTANTS

Chapter

20:52:01 Physician assistant license.

20:52:02 Ethics.

CHAPTER 20:52:02

ETHICS

Section

20:52:02:01 Code of ethics.

20:52:02:02 Violations.

20:52:02:03 Ethical considerations.

20:52:02:01. Code of ethics. A licensee under SDCL chapter 36-4A shall comply with the following code of ethics.

Statement of Values of the Physician Assistant Profession

- Physician assistants hold as their primary responsibility the health, safety, welfare, and dignity of all human beings.
- Physician assistants uphold the tenets of patient autonomy, beneficence, nonmaleficence, and justice.
- Physician assistants recognize and promote the value of diversity.
- Physician assistants treat equally all persons who seek their care.

- Physician assistants hold in confidence the information shared in the course of practicing medicine.
- Physician assistants assess their personal capabilities and limitations, striving always to improve their medical practice.
- Physician assistants actively seek to expand their knowledge and skills, keeping abreast of advances in medicine.
- Physician assistants work with other members of the health care team to provide compassionate and effective care of patients.
- Physician assistants use their knowledge and experience to contribute to an improved community.
- Physician assistants respect their professional relationship with physicians.
- Physician assistants share and expand knowledge within the profession.

The PA and Patient

PA Role and Responsibilities

Physician assistant practice flows out of a unique relationship that involves the PA, the physician, and the patient. The individual patient–PA relationship is based on mutual respect and an agreement to work together regarding medical care. In addition, PAs practice medicine with physician supervision; therefore, the care that a PA provides is an extension of the care of the supervising physician. The patient–PA relationship is also a patient–PA–physician relationship.

The principal value of the physician assistant profession is to respect the health, safety, welfare, and dignity of all human beings. This concept is the foundation of the patient–PA relationship.

Physician assistants have an ethical obligation to see that each of their patients receives appropriate care. PAs should be sensitive to the beliefs and expectations of the patient. PAs should recognize that each patient is unique and has an ethical right to self-determination.

Physician assistants are professionally and ethically committed to providing nondiscriminatory care to all patients. While PAs are not expected to ignore their own personal values, scientific or ethical standards, or the law, they should not allow their personal beliefs to restrict patient access to care. A PA has an ethical duty to offer each patient the full range of information on relevant options for their health care. If personal moral, religious, or ethical beliefs prevent a PA from offering the full range of treatments available or care the patient desires, the PA has an ethical duty to refer a patient to another qualified provider. That referral should not restrict a patient's access to care. PAs are obligated to care for patients in emergency situations and to responsibly transfer patients if they cannot care for them.

Physician assistants should always act in the best interests of their patients and as advocates when necessary. PAs should actively resist policies that restrict free exchange of medical information. For example, a PA should not withhold information about treatment options simply because the option is not covered by insurance. PAs should inform patients of financial incentives to limit care, use resources in a fair and efficient way, and avoid arrangements or financial incentives that conflict with the patient's best interests.

The PA and Diversity

The physician assistant should respect the culture, values, beliefs, and expectations of the patient.

Nondiscrimination

Physician assistants must not discriminate against classes or categories of patients in the delivery of needed health care. Such classes and categories include gender, color, creed, race, religion, age, ethnic or national origin, political beliefs, nature of illness, disability, socioeconomic status, physical stature, body size, gender identity, marital status, or sexual orientation.

Initiation and Discontinuation of Care

In the absence of a preexisting patient–PA relationship, the physician assistant is under no ethical obligation to care for a person unless no other provider is available. A PA is morally bound to provide care in emergency situations and to arrange proper follow-up. PAs should keep in mind that contracts with health insurance plans might define a legal obligation to provide care to certain patients.

A physician assistant and supervising physician may discontinue their professional relationship with an established patient as long as proper procedures are followed. The PA and physician should provide the patient with adequate notice, offer to transfer records, and arrange for continuity of care if the patient has an ongoing medical condition. Discontinuation of the professional relationship should be undertaken only after a serious attempt has been made to clarify and understand the expectations and concerns of all involved parties.

If the patient decides to terminate the relationship, they are entitled to a copy of their medical record.

Informed Consent

Physician assistants have a duty to protect and foster an individual patient's free and informed choices. The doctrine of informed consent means that a PA provides adequate information that is comprehensible to a competent patient or patient surrogate. At a minimum, this should include the nature of the medical condition, the objectives of the proposed treatment, treatment options, possible outcomes, and the risks involved. PAs should be committed to the concept of shared decision making, which involves assisting patients in making decisions that account for medical, situational, and personal factors.

In caring for adolescents, the PA should understand all of the laws and regulations in his or her jurisdiction that are related to the ability of minors to consent to or refuse health care.

Adolescents should be encouraged to involve their families in health care decision making. The PA should also understand consent laws pertaining to emancipated or mature minors. (See the section on *Confidentiality*.)

When the person giving consent is a patient's surrogate, a family member, or other legally authorized representative, the PA should take reasonable care to assure that the decisions made are consistent with the patient's best interests and personal preferences, if known. If the PA believes the surrogate's choices do not reflect the patient's wishes or best interests, the PA should work to resolve the conflict. This may require the use of additional resources, such as an ethics committee.

Confidentiality

Physician assistants should maintain confidentiality. By maintaining confidentiality, PAs respect patient privacy and help to prevent discrimination based on medical conditions. If

patients are confident that their privacy is protected, they are more likely to seek medical care and more likely to discuss their problems candidly.

In cases of adolescent patients, family support is important but should be balanced with the patient's need for confidentiality and the PA's obligation to respect their emerging autonomy.

Adolescents may not be of age to make independent decisions about their health, but providers should respect that they soon will be. To the extent they can, PAs should allow these emerging adults to participate as fully as possible in decisions about their care. It is important that PA's be familiar with and understand the laws and regulations in their jurisdictions that relate to the confidentiality rights of adolescent patients. (See the section on *Informed Consent*.)

Any communication about a patient conducted in a manner that violates confidentiality is unethical. Because written, electronic, and verbal information may be intercepted or overheard, the PA should always be aware of anyone who might be monitoring communication about a patient.

PAs should choose methods of storage and transmission of patient information that minimize the likelihood of data becoming available to unauthorized persons or organizations. Computerized record keeping and electronic data transmission present unique challenges that can make the maintenance of patient confidentiality difficult. PAs should advocate for policies and procedures that secure the confidentiality of patient information.

The Patient and the Medical Record

Physician assistants have an obligation to keep information in the patient's medical record confidential. Information should be released only with the written permission of the patient or the patient's legally authorized representative. Specific exceptions to this general rule may exist

(e.g., workers compensation, communicable disease, HIV, knife/gunshot wounds, abuse, and substance abuse). It is important that a PA be familiar with and understands the laws and regulations in his or her jurisdiction that relate to the release of information. For example, stringent legal restrictions on release of genetic test results and mental health records often exist.

Both ethically and legally, a patient has certain rights to know the information contained in his or her medical record. While the chart is legally the property of the practice or the institution, the information in the chart is the property of the patient. Most states have laws that provide patients access to their medical records. The PA should know the laws and facilitate patient access to the information.

Disclosure

A physician assistant should disclose to his or her supervising physician information about errors made in the course of caring for a patient. The supervising physician and PA should disclose the error to the patient if such information is significant to the patient's interests and well-being. Errors do not always constitute improper, negligent, or unethical behavior, but failure to disclose them may.

Care of Family Members and Co-workers

Treating oneself, co-workers, close friends, family members, or students whom the physician assistant supervises or teaches may be unethical or create conflicts of interest. For example, it might be ethically acceptable to treat one's own child for a case of otitis media but it probably is not acceptable to treat one's spouse for depression. PAs should be aware that their judgment might be less than objective in cases involving friends, family members, students, and

colleagues and that providing “curbside” care might sway the individual from establishing an ongoing relationship with a provider. If it becomes necessary to treat a family member or close associate, a formal patient-provider relationship should be established, and the PA should consider transferring the patient’s care to another provider as soon as it is practical. If a close associate requests care, the PA may wish to assist by helping them find an appropriate provider.

There may be exceptions to this guideline, for example, when a PA runs an employee health center or works in occupational medicine. Even in those situations, the PA should be sure they do not provide informal treatment, but provide appropriate medical care in a formally established patient-provider relationship.

Genetic Testing

Evaluating the risk of disease and performing diagnostic genetic tests raise significant ethical concerns. Physician assistants should be informed about the benefits and risks of genetic tests.

Testing should be undertaken only after proper informed consent is obtained. If PAs order or conduct the tests, they should assure that appropriate pre- and post-test counseling is provided.

PAs should be sure that patients understands the potential consequences of undergoing genetic tests – from impact on patients themselves, possible implications for other family members, and potential use of the information by insurance companies or others who might have access to the information. Because of the potential for discrimination by insurers, employers, or others, Pas should be particularly aware of the need for confidentiality concerning genetic test results.

Reproductive Decision Making

Patients have a right to access the full range of reproductive health care services. Physician assistants have an ethical obligation to provide balanced and unbiased clinical information about reproductive health care.

When the PA's personal values conflict with providing full disclosure or providing certain services, the PA need not become involved in that aspect of the patient's care but must refer the patient to a qualified provider to discuss and facilitate all treatment options.

End of Life

Among the ethical principles that are fundamental to providing compassionate care at the end of life, the most essential is recognizing that dying is a personal experience and part of the life cycle.

Physician Assistants should provide patients with the opportunity to plan for end of life care.

Advance directives, living wills, durable power of attorney, and organ donation should be discussed during routine patient visits.

PAs should assure terminally-ill patients that their dignity is a priority and that relief of physical and mental suffering is paramount. PAs should exhibit non-judgmental attitudes and should assure their terminally-ill patients that they will not be abandoned. To the extent possible, patient or surrogate preferences should be honored, using the most appropriate measures consistent with their choices, including alternative and non-traditional treatments. PAs should explain palliative and hospice care and facilitate patient access to those services. End of life care

should include assessment and management of psychological, social, and spiritual or religious needs.

While respecting patients' wishes for particular treatments when possible, PAs also must weigh their ethical responsibility, in consultation with supervising physicians, to withhold futile treatments and to help patients understand such medical decisions.

PAs should involve the physician in all near-death planning. The PA should only withdraw life support with the supervising physician's agreement and in accordance with the policies of the health care institution.

The PA and Individual Professionalism

Conflict of Interest

Physician assistants should place service to patients before personal material gain and should avoid undue influence on their clinical judgment. Trust can be undermined by even the appearance of improper influence. Examples of excessive or undue influence on clinical judgment can take several forms. These may include financial incentives, pharmaceutical or other industry gifts, and business arrangements involving referrals. PAs should disclose any actual or potential conflict of interest to their patients.

Acceptance of gifts, trips, hospitality, or other items is discouraged. Before accepting a gift or financial arrangement, PAs might consider the guidelines of the Royal College of Physicians, "Would I be willing to have this arrangement generally known?" or of the American College of Physicians, "What would the public or my patients think of this arrangement?"

Professional Identity

Physician assistants should not misrepresent directly or indirectly, their skills, training, professional credentials, or identity. Physician assistants should uphold the dignity of the PA profession and accept its ethical values.

Competency

Physician assistants should commit themselves to providing competent medical care and extend to each patient the full measure of their professional ability as dedicated, empathetic health care providers. PAs should also strive to maintain and increase the quality of their health care knowledge, cultural sensitivity, and cultural competence through individual study and continuing education.

Sexual Relationships

It is unethical for physician assistants to become sexually involved with patients. It also may be unethical for PAs to become sexually involved with former patients or key third parties. Key third parties are individuals who have influence over the patient. These might include spouses or partners, parents, guardians, or surrogates.

Such relationships generally are unethical because of the PA's position of authority and the inherent imbalance of knowledge, expertise, and status. Issues such as dependence, trust, transference, and inequalities of power may lead to increased vulnerability on the part of the current or former patients or key third parties.

Gender Discrimination and Sexual Harassment

It is unethical for physician assistants to engage in or condone any form of gender discrimination. Gender discrimination is defined as any behavior, action, or policy that adversely affects an individual or group of individuals due to disparate treatment, disparate impact, or the creation of a hostile or intimidating work or learning environment.

It is unethical for PAs to engage in or condone any form of sexual harassment. Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature when:

- Such conduct has the purpose or effect of interfering with an individual's work or academic performance or creating an intimidating, hostile or offensive work or academic environment, or
- Accepting or rejecting such conduct affects or may be perceived to affect professional decisions concerning an individual, or
- Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's training or professional position.

The PA and Other Professionals

Team Practice

Physician assistants should be committed to working collegially with other members of the health care team to assure integrated, well-managed, and effective care of patients. PAs should strive to maintain a spirit of cooperation with other health care professionals, their organizations, and the general public.

Illegal and Unethical Conduct

Physician assistants should not participate in or conceal any activity that will bring discredit or dishonor to the PA profession. They should report illegal or unethical conduct by health care professionals to the appropriate authorities.

Impairment

Physician assistants have an ethical responsibility to protect patients and the public by identifying and assisting impaired colleagues. “Impaired” means being unable to practice medicine with reasonable skill and safety because of physical or mental illness, loss of motor skills, or excessive use or abuse of drugs and alcohol.

PAs should be able to recognize impairment in physician supervisors, PAs, and other health care providers and should seek assistance from appropriate resources to encourage these individuals to obtain treatment.

PA–Physician Relationship

Supervision should include ongoing communication between the physician and the physician assistant regarding patient care. The PA should consult the supervising physician whenever it will safeguard or advance the welfare of the patient. This includes seeking assistance in situations of conflict with a patient or another health care professional.

Complementary and Alternative Medicine

When a patient asks about an alternative therapy, the PA has an ethical obligation to gain a basic understanding of the alternative therapy being considered or being used and how the

treatment will affect the patient. If the treatment would harm the patient, the PA should work diligently to dissuade the patient from using it, advise other treatment, and perhaps consider transferring the patient to another provider.

The PA and the Health Care System

Workplace Actions

Physician assistants may face difficult personal decisions to withhold medical services when workplace actions (e.g., strikes, sick-outs, slowdowns, etc.) occur. The potential harm to patients should be carefully weighed against the potential improvements to working conditions and, ultimately, patient care that could result. In general, PAs should individually and collectively work to find alternatives to such actions in addressing workplace concerns.

PAs as Educators

All physician assistants have a responsibility to share knowledge and information with patients, other health professionals, students, and the public. The ethical duty to teach includes effective communication with patients so that they will have the information necessary to participate in their health care and wellness.

PAs and Research

The most important ethical principle in research is honesty. This includes assuring subjects' informed consent, following treatment protocols, and accurately reporting findings. Fraud and dishonesty in research should be reported so that the appropriate authorities can take action.

Physician assistants involved in research must be aware of potential conflicts of interest. The patient's welfare takes precedence over the desired research outcome. Any conflict of interest should be disclosed.

In scientific writing, PAs should report information honestly and accurately. Sources of funding for the research must be included in the published reports.

Plagiarism is unethical. Incorporating the words of others, both verbatim or by paraphrasing, without appropriate attribution is unethical and may have legal consequences. When submitting a document for publication, any previous publication of any portion of the document must be fully disclosed.

PAs as Expert Witnesses

The physician assistant expert witness should testify to what he or she believes to be the truth. The PA's review of medical facts should be thorough, fair, and impartial.

The PA expert witness should be fairly compensated for time spent preparing, appearing, and testifying. The PA should not accept a contingency fee based on the outcome of a case in which testimony is given or derive personal, financial, or professional favor in addition to compensation.

The PA and Society

Lawfulness

Physician assistants have the dual duty to respect the law and to work for positive change to laws that will enhance the health and well-being of the community.

Executions

Physician assistants, as health care professionals, should not participate in executions because to do so would violate the ethical principle of beneficence.

Access to Care / Resource Allocation

Physician assistants have a responsibility to use health care resources in an appropriate and efficient manner so that all patients have access to needed health care. Resource allocation should be based on societal needs and policies, not the circumstances of an individual patient–PA encounter. PAs participating in policy decisions about resource allocation should consider medical need, cost-effectiveness, efficacy, and equitable distribution of benefits and burdens in society.

Community Well Being

Physician assistants should work for the health, well-being, and the best interest of both the patient and the community. Sometimes there is a dynamic moral tension between the well-being of the community in general and the individual patient. Conflict between an individual patient's best interest and the common good is not always easily resolved. In general, PAs should be committed to upholding and enhancing community values, be aware of the needs of the community, and use the knowledge and experience acquired as professionals to contribute to an improved community.

Conclusion

The American Academy of Physician Assistants recognizes its responsibility to aid the PA profession as it strives to provide high quality, accessible health care. Physician assistants wrote these guidelines for themselves and other physician assistants. The ultimate goal is to honor patients and earn their trust while providing the best and most appropriate care possible. At the same time, PAs must understand their personal values and beliefs and recognize the ways in which those values and beliefs can impact the care they provide.

Source:

General Authority: SDCL 36-4A-42

Law implemented: SDCL 36-4A-37

Reference: American Academy of Physician Assistants Guidelines for Ethical Conduct for the Physician Assistant Profession, 2013. Copies may be obtained from <https://www.aapa.org/WorkArea/DownloadAsset.aspx?id=815>.

20:52:02:02. Violations. A violation of any of the ethical standards and conduct are considered unprofessional conduct as defined by SDCL 36-4A-37.

Source:

General Authority: SDCL 36-4A-42

Law implemented: SDCL 36-4A-37

20:52:02:03. Ethical considerations. The board may utilize the annotations and opinions

included in the guidelines for ethical conduct for the physician assistant profession, 2013 edition as guidance in determining whether a licensee has violated professional ethical standards and conduct.

Source:

General Authority: SDCL 36-4A-42

Law implemented: SDCL 36-4A-37

ARTICLE 20:63
ATHLETIC TRAINERS

Chapter

- 20:63:01 General provisions.
- 20:63:02 Licensure requirements.
- 20:63:03 Continuing education.
- 20:63:04 Ethics.

CHAPTER 20:63:04

ETHICS

Section

- 20:63:04:01 Ethics
- 20:63:04:02 Violations.
- 20:63:04:03 Ethical considerations.

20:63:04:01. Ethics. A licensee under SDCL chapter 36-29 shall comply with the following code of ethics.

Practice Standards

Standard 1: Direction

The Athletic Trainer renders service or treatment under the direction of a physician.

Standard 2: Prevention

The Athletic Trainer understands and uses preventive measures to ensure the highest quality of care for every patient.

Standard 3: Immediate Care

The Athletic Trainer provides standard immediate care procedures used in emergency situations, independent of setting.

Standard 4: Clinical Evaluation and Diagnosis

Prior to treatment, the Athletic Trainer assesses the patient's level of function. The patient's input is considered an integral part of the initial assessment. The Athletic Trainer follows standardized clinical practice in the area of diagnostic reasoning and medical decision making.

Standard 5: Treatment, Rehabilitation and Reconditioning

In development of a treatment program, the Athletic Trainer determines appropriate treatment, rehabilitation and/ or reconditioning strategies. Treatment program objectives include long- and short-term goals and an appraisal of those which the patient can realistically be expected to achieve from the program. Assessment measures to determine effectiveness of the program are incorporated into the program.

Standard 6: Program Discontinuation

The Athletic Trainer, with collaboration of the physician, recommends discontinuation of the athletic training service when the patient has received optimal benefit of the program. The Athletic Trainer, at the time of discontinuation, notes the final assessment of the patient's status.

Standard 7: Organization and Administration

All services are documented in writing by the Athletic Trainer and are part of the patient's permanent records. The Athletic Trainer accepts responsibility for recording details of the patient's health status.

Code of Professional Responsibility

Code 1: Patient Responsibility

The Athletic Trainer or applicant:

1.1 Renders quality patient care regardless of the patient's race, religion, age, sex, nationality, disability, social/economic status or any other characteristic protected by law

1.2 Protects the patient from harm, acts always in the patient's best interests and is an advocate for the patient's welfare

1.3 Takes appropriate action to protect patients from Athletic Trainers, other healthcare providers or athletic training students who are incompetent, impaired or engaged in illegal or unethical practice

1.4 Maintains the confidentiality of patient information in accordance with applicable law

1.5 Communicates clearly and truthfully with patients and other persons involved in the patient's program, including, but not limited to, appropriate discussion of assessment results, program plans and progress

1.6 Respects and safeguards his or her relationship of trust and confidence with the patient and does not exploit his or her relationship with the patient for personal or financial gain

1.7 Exercises reasonable care, skill and judgment in all professional work

Code 2: Competency

The Athletic Trainer or applicant:

2.1 Engages in lifelong, professional and continuing educational activities

2.2 Participates in continuous quality improvement activities

2.3 Complies with the most current BOC recertification policies and requirements

Code 3: Professional Responsibility

The Athletic Trainer or applicant:

3.1 Practices in accordance with the most current BOC Practice Standards

3.2 Knows and complies with applicable local, state and/or federal rules, requirements, regulations and/or laws related to the practice of athletic training

3.3 Collaborates and cooperates with other healthcare providers involved in a patient's care

3.4 Respects the expertise and responsibility of all healthcare providers involved in a patient's care

3.5 Reports any suspected or known violation of a rule, requirement, regulation or law by him/herself and/or by another Athletic Trainer that is related to the practice of athletic training, public health, patient care or education

3.6 Reports any criminal convictions (with the exception of misdemeanor traffic offenses or traffic ordinance violations that do not involve the use of alcohol or drugs) and/or professional suspension, discipline or sanction received by him/herself or by another Athletic Trainer that is related to athletic training, public health, patient care or education

3.7 Complies with all BOC exam eligibility requirements and ensures that any information provided to the BOC in connection with any certification application is accurate and truthful

3.8 Does not, without proper authority, possess, use, copy, access, distribute or discuss certification exams, score reports, answer sheets, certificates, certificant or applicant files, documents or other materials

3.9 Is candid, responsible and truthful in making any statement to the BOC, and in making any statement in connection with athletic training to the public

3.10 Complies with all confidentiality and disclosure requirements of the BOC

3.11 Does not take any action that leads, or may lead, to the conviction, plea of guilty or plea of nolo contendere (no contest) to any felony or to a misdemeanor related to public health, patient care, athletics or education; this includes, but is not limited to: rape; sexual abuse of a child or patient; actual or threatened use of a weapon of violence; the prohibited sale or distribution of controlled substance, or its possession with the intent to distribute; or the use of the position of an Athletic Trainer to improperly influence the outcome or score of an athletic contest or event or in connection with any gambling activity

3.12 Cooperates with BOC investigations into alleged illegal or unethical activities; this includes but is not limited to, providing factual and non-misleading information and responding to requests for information in a timely fashion

3.13 Does not endorse or advertise products or services with the use of, or by reference to, the BOC name without proper authorization

Code 4: Research

The Athletic Trainer or applicant who engages in research:

4.1 Conducts research according to accepted ethical research and reporting standards established by public law, institutional procedures and/or the health professions

4.2 Protects the rights and well-being of research subjects

4.3 Conducts research activities with the goal of improving practice, education and public policy relative to the health needs of diverse populations, the health workforce, the organization and administration of health systems and healthcare delivery

Code 5: Social Responsibility

The Athletic Trainer or applicant:

5.1 Uses professional skills and knowledge to positively impact the community

Code 6: Business Practices

The Athletic Trainer or applicant:

6.1 Refrains from deceptive or fraudulent business practices

6.2 Maintains adequate and customary professional liability insurance

Source:

General Authority: SDCL 36-29-17

Law Implemented: SDCL 36-29-19

Reference: Board of Certification Standards of Professional Practice, 2006. Copies may be obtained from <http://www.bocatc.org/resources/standards-of-professional-practice>.

20:63:04:02. Violations. A violation of any of the ethical standards and conduct is considered unprofessional conduct as defined by SDCL 36-29-18.

Source:

General Authority: SDCL 36-29-17

Law Implemented: SDCL 36-29-19

20:63:04:03. Ethical considerations. The board may utilize the annotations and opinions included in the board of certification standards of professional conduct, 2006 as guidance in determining whether a licensee has violated professional ethical standards and conduct.

Source:

General Authority: SDCL 36-29-17

Law Implemented: SDCL 36-29-19

ARTICLE 20:64

OCCUPATIONAL THERAPISTS AND OCCUPATIONAL THERAPY ASSISTANTS

Chapter

- 20:64:01 Definitions.
- 20:64:02 Licensure requirements.
- 20:64:03 Supervision.
- 20:64:04 Continuing competency.
- 20:64:05 Ethics

CHAPTER 20:64:05

ETHICS

Section

- 20:64:05:01 Ethics
- 20:64:05:02 Violations
- 20:64:05:03 Ethical considerations

20:64:05:01. Ethics. A licensee under SDCL chapter 36-31 shall comply with the following code of ethics.

Principle 1. Occupational therapy personnel shall demonstrate a concern for the well-being and safety of the recipients of their services.

Principle 2. Occupational therapy personnel shall intentionally refrain from actions that cause harm.

Principle 3. Occupational therapy personnel shall respect the right of the individual to self-determination.

Principle 4. Occupational therapy personnel shall provide services in a fair and equitable manner.

Principle 5. Occupational therapy personnel shall comply with institutional rules, local, state, federal, and international laws and AOTA documents applicable to the profession of occupational therapy.

Principle 6. Occupational therapy personnel shall provide comprehensive, accurate, and objective information when representing the profession.

Principle 7. Occupational therapy personnel shall treat colleagues and other professionals with respect, fairness, discretion, and integrity.

Source:

General Authority: SDCL 36-31-13

Law implemented: SDCL 36-31-14

Reference: American Occupational Therapy Association Occupational Therapy Code of Ethics and Standards, 2010. Copies may be obtained from <https://www.aota.org/-/media/Corporate/Files/AboutAOTA/OfficialDocs/Ethics/Code%20and%20Ethics%20Standards%202010.pdf>.

20:64:05:02. Violations. A violation of any of the ethical standards and conduct is considered unprofessional conduct as defined by SDCL 36-31-14.

Source:

General Authority: SDCL 36-31-13

Law Implemented: SDCL 36-31-14

20:64:05:03. Ethical considerations. The board may utilize the American Occupational Therapy Association Occupational Therapy Code of Ethics and Standards, 2010 edition as guidance in determining whether a licensee has violated professional ethical standards and conduct.

Source:

General Authority: SDCL 36-31-13

Law Implemented: SDCL 36-31-14

ARTICLE 20:66

PHYSICAL THERAPISTS AND PHYSICAL THERAPIST ASSISTANTS

Chapter

20:66:01 Fees.

20:66:02 Ethics.

CHAPTER 20:66:02

ETHICS

Section

20:66:02:01 Code of ethics.

20:66:02:02 Violations.

20:66:02:03 Ethical considerations.

20:66:02:01. Ethics. A licensee under SDCL chapter 36-10 shall comply with the following code of ethics.

Principle #1: Physical therapists shall respect the inherent dignity and rights of all individuals.

1A. Physical therapists shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.

1B. Physical therapists shall recognize their personal biases and shall not discriminate against others in physical therapist practice, consultation, education, research, and administration.

Principle #2: Physical therapists shall be trustworthy and compassionate in addressing the rights and needs of patients/clients.

2A. Physical therapists shall adhere to the core values of the profession and shall act in the best interests of patients/clients over the interests of the physical therapist.

2B. Physical therapists shall provide physical therapy services with compassionate and caring behaviors that incorporate the individual and cultural differences of patients/clients.

2C. Physical therapists shall provide the information necessary to allow patients or their surrogates to make informed decisions about physical therapy care or participation in clinical research.

2D. Physical therapists shall collaborate with patients/clients to empower them in decisions about their health care.

2E. Physical therapists shall protect confidential patient/ client information and may disclose confidential information to appropriate authorities only when allowed or as required by law.

Principle #3: Physical therapists shall be accountable for making sound professional judgments.

3A. Physical therapists shall demonstrate independent and objective professional judgment in the patient's/clients best interest in all practice settings.

3B. Physical therapists shall demonstrate professional judgment informed by professional standards, evidence (including current literature and established best practice), practitioner experience, and patient/client values.

3C. Physical therapists shall make judgments within their scope of practice and level of expertise and shall communicate with, collaborate with, or refer to peers or other health care professionals when necessary.

3D. Physical therapists shall not engage in conflicts of interest that interfere with professional judgment.

3E. Physical therapists shall provide appropriate direction of and communication with physical therapist assistants and support personnel.

Principle #4: Physical therapists shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, research participants, other health care providers, employers, payers, and the public.

4A. Physical therapists shall provide truthful, accurate, and relevant information and shall not make misleading representations.

4B. Physical therapists shall not exploit persons over whom they have supervisory, evaluative or other authority (e.g., patients/clients, students, supervisees, research participants, or employees).

4C. Physical therapists shall discourage misconduct by health care professionals and report illegal or unethical acts to the relevant authority, when appropriate.

4D. Physical therapists shall report suspected cases of abuse involving children or vulnerable adults to the appropriate authority, subject to law.

4E. Physical therapists shall not engage in any sexual relationship with any of their patients/clients, supervisees, or students.

4F. Physical therapists shall not harass anyone verbally, physically, emotionally, or

sexually.

Principle #5: Physical therapists shall fulfill their legal and professional obligations.

5A. Physical therapists shall comply with applicable local, state, and federal laws and regulations.

5B. Physical therapists shall have primary responsibility for supervision of physical therapist assistants and support personnel.

5C. Physical therapists involved in research shall abide by accepted standards governing protection of research participants.

5D. Physical therapists shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.

5E. Physical therapists who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.

5F. Physical therapists shall provide notice and information about alternatives for obtaining care in the event the physical therapist terminates the provider relationship while the patient/client continues to need physical therapy services.

Principle #6: Physical therapists shall enhance their expertise through the lifelong acquisition and refinement of knowledge, skills, abilities, and professional behaviors.

6A. Physical therapists shall achieve and maintain professional competence.

6B. Physical therapists shall take responsibility for their professional development based

on critical self-assessment and reflection on changes in physical therapist practice, education, health care delivery, and technology.

6C. Physical therapists shall evaluate the strength of evidence and applicability of content presented during professional development activities before integrating the content or techniques into practice.

6D. Physical therapists shall cultivate practice environments that support professional development, lifelong learning, and excellence.

Principle #7: Physical therapists shall promote organizational behaviors and business practices that benefit patients/clients and society.

7A. Physical therapists shall promote practice environments that support autonomous and accountable professional judgments.

7B. Physical therapists shall seek remuneration as is deserved and reasonable for physical therapist services.

7C. Physical therapists shall not accept gifts or other considerations that influence or give an appearance of influencing their professional judgment.

7D. Physical therapists shall fully disclose any financial interest they have in products or services that they recommend to patients/clients.

7E. Physical therapists shall be aware of charges and shall ensure that documentation and coding for physical therapy services accurately reflect the nature and extent of the services provided.

7F. Physical therapists shall refrain from employment arrangements, or other arrangements, that prevent physical therapists from fulfilling professional obligations to

patients/ clients.

Principle #8: Physical therapists shall participate in efforts to meet the health needs of people locally, nationally, or globally.

8A. Physical therapists shall provide pro bono physical therapy services or support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.

8B. Physical therapists shall advocate reducing health disparities and health care inequities, improve access to health care services, and address the health, wellness, and preventive health care needs of people.

8C. Physical therapists shall be responsible stewards of health care resources and shall avoid overutilization or underutilization of physical therapy services.

8D. Physical therapists shall educate members of the public about the benefits of physical therapy and the unique role of the physical therapist.

Source:

General Authority: SDCL 36-10-36

Law Implemented: SDCL 36-10-39; 36-10-40

Reference: Code of Ethics of the American Physical Therapy Association, 2010. Copies may be obtained from

[http://www.apta.org/uploadedFiles/APTAorg/About Us/Policies/Ethics/CodeofEthics.pdf](http://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Ethics/CodeofEthics.pdf).

20:66:02:02. Violations. A violation of any of the ethical standards and conduct is considered unprofessional conduct as defined by SDCL 36-10-40

Source:

General Authority: SDCL 36-10-36

Law Implemented: SDCL 36-10-39; 36-10-40

20:66:02:02. Ethical considerations. The board may utilize the annotations and opinions included in the Code of Ethics of the American Physical Therapy Association as guidance in determining whether a licensee has violated professional ethical standards and conduct.

Source:

General Authority: SDCL 36-10-36

Law Implemented: SDCL 36-10-39; 36-10-40

ARTICLE 20:70
RESPIRATORY CARE PRACTITIONERS

Chapter

20:70:01 Fees.

20:70:02 Continuing education.

20:70:03 Ethics

CHAPTER 20:70:03

ETHICS

Section

20:70:03:01 Ethics.

20:70:03:02. Violations.

20:70:03:03. Ethical considerations.

20:70:03:01. Ethics. A licensee under SDCL chapter 36-4C shall comply with the following code of ethics.

- Demonstrate behavior that reflects integrity, supports objectivity, and fosters trust in the profession and its professionals.
- Seek educational opportunities to improve and maintain their professional competence and document their participation accurately.
- Perform only those procedures or functions in which they are individually competent and which are within their scope of accepted and responsible practice.

- Respect and protect the legal and personal rights of patients, including the right to privacy, informed consent and refusal of treatment.
- Divulge no protected information regarding any patient or family unless disclosure is required for the responsible performance of duty authorized by the patient and/or family, or required by law.
- Provide care without discrimination on any basis, with respect for the rights and dignity of all individuals.
- Promote disease prevention and wellness.
- Refuse to participate in illegal or unethical acts.
- Refuse to conceal, and will report, the illegal, unethical, fraudulent, or incompetent acts of others.
- Follow sound scientific procedures and ethical principles in research.
- Comply with state or federal laws which govern and relate to their practice.
- Avoid any form of conduct that is fraudulent or creates a conflict of interest, and shall follow the principles of ethical business behavior.
- Promote health care delivery through improvement of the access, efficacy, and cost of patient care.
- Encourage and promote appropriate stewardship of resources.

Source:

General Authority: SDCL 36-4C-14

Law Implemented: SDCL 36-4C-18; 36-4C-15

Reference: Statement of Ethics and Professional Conduct of the American Association for Respiratory Care, 2012. Copies may be obtained from http://c.aarc.org/resources/position_statements/documents/AARCStatementofEthicsandProfessionalConduct.pdf.

20:70:03:02. Violations. A violation of any of the ethical standards and conduct is considered unprofessional conduct as defined by SDCL 36-4C-15.

Source:

General Authority: SDCL 36-4C-14

Law Implemented: SDCL 36-4C-18; 36-4C-15

20:70:03:03. Ethical considerations. The board may utilize the annotations and opinions included in the Statement of Ethics and Professional Conduct of the American Association for Respiratory Care as guidance in determining whether a licensee has violated professional ethical standards and conduct.

Source:

General Authority: SDCL 36-4C-14

Law Implemented: SDCL 36-4C-18; 36-4C-15

CHAPTER 20:78:05

CONTESTED CASE HEARING PROCEDURES

Section

- 20:78:05:01 Applicability.
- 20:78:05:02 Petitions for hearing.
- 20:78:05:03 Filing of petitions for hearing.
- 20:78:05:04 Scheduling of hearing.
- 20:78:05:05 Hearing procedure.
- 20:78:05:06 Final board decision.
- 20:78:05:07 Notice of decision.
- 20:78:05:08 Assessment of costs of disciplinary hearings.
- 20:78:05:09 Board member conflict of interest.
- 20:78:05:10 Board member potential conflict of interest.

20:78:05:09. Board member conflict of interest. A board member who:

- (1) Is personally related to a party involved in a contested case proceeding or disciplinary action by two degrees of consanguinity;
- (2) Has a direct financial interest in a party involved in a contested case proceeding or disciplinary action through employment or by contract;
- (3) Directly supervises and is responsible for peer review of a party involved in a contested case proceeding or disciplinary action;
- (4) Or has a spouse employed by or directly contracts with a party involved in a contested case proceeding or disciplinary action; may not participate in the proceeding or action

concerning that party. The member shall make an oral statement of recusal on the record at the initiation of the hearing. A recused member may not participate in board discussions or decision-making regarding that contested case proceeding or disciplinary action.

Source:

General Authority: SDCL 36-4-35, 36-4A-42, 36-4B-35, 36-10-36, 36-10B-3, 36-29-17, 36-31-13, 36-36-12.

Law Implemented: SDCL 36-4-27, 36-4-28, 36-4-29, 36-4-30, 36-4-32, 36-4A-37, 36-4A-38, 36-4A-39, 36-4A-40, 36-4B-28, 36-4B-31, 36-4B-32, 36-4B-33, 36-10-38, 36-10-39, 36-10-40, 36-10-41, 36-10-44, 36-10-45, 36-10-46, 36-10-49, 36-10B-13, 36-10B-14, 36-29-18, 36-29-19, 36-29-20, 36-29-21, 36-29-22, 36-29-25, 36-29-26, 36-29-27, 36-31-14, 36-31-15, 36-31-16, 36-31-17, 36-31-18, 36-31-21, 36-31-22, 36-36-6, 36-36-13.

20:78:05:10. Board member potential conflicts of interests. A potential conflict of interest is an indirect financial interest, or a personal relationship or another interest in a party involved in a contested case proceeding or disciplinary action that is different from that of the general public, that a reasonable person would believe might result in bias or prejudgment. A board member shall disclose any potential conflict of interest in a contested case proceeding or disciplinary action on the record at the initiation of the hearing, or during the hearing if the board member becomes aware of the existence of a potential conflict of interest at that time. Upon the board's own motion or the motion of a party, and considering the rule of necessity should maintenance of a quorum be an issue, the board may recuse a member with a potential conflict of interest if it determines that the potential conflict of interest raises an unacceptable risk of bias

or prejudgment in the contested case proceeding or disciplinary action.

Source:

General Authority: SDCL 36-4-35, 36-4A-42, 36-4B-35, 36-10-36, 36-10B-3, 36-29-17, 36-31-13, 36-36-12.

Law Implemented: SDCL 36-4-27, 36-4-28, 36-4-29, 36-4-30, 36-4-32, 36-4A-37, 36-4A-38, 36-4A-39, 36-4A-40, 36-4B-28, 36-4B-31, 36-4B-32, 36-4B-33, 36-10-38, 36-10-39, 36-10-40, 36-10-41, 36-10-44, 36-10-45, 36-10-46, 36-10-49, 36-10B-13, 36-10B-14, 36-29-18, 36-29-19, 36-29-20, 36-29-21, 36-29-22, 36-29-25, 36-29-26, 36-29-27, 36-31-14, 36-31-15, 36-31-16, 36-31-17, 36-31-18, 36-31-21, 36-31-22, 36-36-6, 36-36-13.

ARTICLE 20:82
GENETIC COUNSELORS

Chapter

20:82:01	Definitions
20:82:02	Licensure Requirements
20:82:03	Ethics

CHAPTER 20:82:01

DEFINITIONS

Section

20:82:01:01	Definitions.
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20:82:01:01. Definitions. Words defined in SDCL 36-36-1 have the same meaning when used in this chapter.

Source:

General Authority: SDCL 36-36-12

Law Implemented: SDCL 36-36-1; 36-36-2; 36-36-3

CHAPTER 20:82:02

LICENSURE REQUIREMENTS

Section

20:82:02:01	Fees.
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20:82:02:01. Fees. The fees for licensure as a genetic counselor are:

- (1) An applicant applying for the initial license shall pay a fee of \$200;
- (2) An applicant for renewal of a license shall pay a fee of \$100;
- (3) An applicant for a temporary license shall pay a fee of \$100.

Source:

General Authority: SDCL 36-36-12

Law Implemented: SDCL 36-36-5, 36-36-11, 36-36-9

CHAPTER 20:82:03

ETHICS

Section

20:82:03:01 Ethics.

20:82:03:02 Violations.

20:82:03:03 Ethical considerations.

20:82:03:01. Ethics. All licensees under SDCL chapter 36-36 shall comply with the following code of ethics.

Section I: Genetic Counselors Themselves

Genetic counselors value competence, integrity, veracity, dignity, and self-respect in themselves as well as in each other. Therefore, in order to be the best possible human resource to themselves, their clients, their colleagues, and society, genetic counselors strive to:

1. Seek out and acquire sufficient and relevant information required for any given situation.
2. Continue their education and training.
3. Keep abreast of current standards of practice.

4. Recognize the limits of their own knowledge, expertise, and therefore competence in any given situation.
5. Accurately represent their experience, competence and credentials, including training and academic degrees.
6. Acknowledge and disclose circumstances that may result in a real or perceived conflict of interest.
7. Avoid relationships and activities that interfere with professional judgment or objectivity.
8. Be responsible for their own physical and emotional health as it impacts on their professional performance

Section II: Genetic Counselors and Their Clients

The counselor-client relationship is based on values of care and respect for the client's autonomy, individuality, welfare, and freedom. The primary concern of genetic counselors is the interests of their clients. Therefore, genetic counselors strive to:

1. Serve those who seek services regardless of personal or external interests or biases.
2. Clarify and define their professional role(s) and relationships with clients, and provide an accurate description of their services.
3. Respect their clients' beliefs, inclinations, circumstances, feelings, family relationships and cultural traditions.
4. Enable their clients to make informed decisions, free of coercion, by providing or illuminating the necessary facts, and clarifying the alternatives and anticipated consequences.
5. Refer clients to other qualified professionals when they are unable to support the clients.
6. Maintain information received from clients as confidential, unless released by the client or

disclosure is required by law.

7. Avoid the exploitation of their clients for personal advantage, profit, or interest.

Section III: Genetic Counselors and Their Colleagues

The genetic counselors' relationships with other genetic counselors, students, and other health professionals are based on mutual respect, caring, cooperation, and support. Therefore, genetic counselors strive to:

1. Share their knowledge and provide mentorship and guidance for the professional development of other genetic counselors, students and colleagues.
2. Respect and value the knowledge, perspectives, contributions, and areas of competence of colleagues and students, and collaborate with them in providing the highest quality of service.
3. Encourage ethical behavior of colleagues.
4. Assure that individuals under their supervision undertake responsibilities that are commensurate with their knowledge, experience and training.
5. Maintain appropriate limits to avoid the potential for exploitation in their relationships with students and colleagues.

Section IV: Genetic Counselors and Society

The relationships of genetic counselors with society include interest and participation in activities that have the purpose of promoting the well-being of society and access to health care. Therefore, genetic counselors, individually or through their professional organizations, strive to:

1. Keep abreast of societal developments that may endanger the physical and psychological health of individuals.

2. Promote policies that aim to prevent discrimination.
3. Oppose the use of genetic information as the basis for discrimination.
4. Participate in activities necessary to bring about socially responsible change.
5. Serve as a source of reliable information and expert opinion for policymakers and public officials.
6. Keep the public informed and educated about the impact on society of new technological and scientific advances and the possible changes in society that may result from the application of these findings.
7. Support policies that assure ethically responsible research.
8. Adhere to laws and regulations of society. However, when such laws are in conflict with the principles of the profession, genetic counselors work toward change that will benefit the public interest.

Source:

General Authority: SDCL 36-36-12

Law Implemented: SDCL 36-36-13

Reference: Code of Ethics of the National Society of Genetic Counselors, 2006. Copies may be obtained from <http://nsgc.org/p/cm/ld/fid=12>.

20:82:03:02. Violations. A violation of any of the ethical standards and conduct is considered unprofessional conduct as defined by SDCL 36-36-13.

Source:

General Authority: SDCL 36-36-12

Law Implemented: SDCL 36-36-13

20:82:03:03. Ethical considerations. The board may utilize the annotations and opinions included in the code of ethics of the national society of genetic counselors, 2006 as guidance in determining whether a licensee has violated professional ethical standards and conduct.

Source:

General Authority: SDCL 36-36-12

Law Implemented: SDCL 36-36-13

ARTICLE 20:83

NUTRITION AND DIETETICS

Chapter

20:83:01 Definitions.

20:83:02 Licensure requirements.

20:83:03 Ethics.

CHAPTER 20:83:01

DEFINITIONS

Section

20:83:01:01 Definitions.

20:83:01:01. Definitions. Words defined in SDCL 36-10B-1 have the same meaning when used in this chapter.

Source:

General Authority: SDCL 36-10B-3

Law Implemented: SDCL 36-10B-1

CHAPTER 20:83:02

LICENSURE REQUIREMENTS

Section

20:83:02:01 Fees for licensure or renewal.

20:83:02:01. Fees for licensure or renewal. The fees for licensure as a licensed nutritionist are:

- (1) An applicant applying for the initial license shall pay a fee of \$75;
- (2) An applicant for renewal of license shall pay a fee of \$35;
- (3) An applicant for late renewal of a license shall pay a fee of \$100;
- (4) An applicant for a temporary permit shall pay a fee of \$50.

Source:

General Authority: 36-10B-3

Law Implemented: 36-10B-8

CHAPTER 20:83:03

ETHICS

Section

- 20:83:03:01 Code of ethics.
- 20:83:03:02 Violations.
- 20:83:03:03 Ethical considerations.

20:83:03:01. Code of ethics. A licensee under SDCL chapter 36-10B shall comply with the following code of ethics.

Principles

1. The practitioner conducts himself/herself with honesty, integrity, and fairness.
2. The practitioner supports and promotes high standards of professional practice. The practitioner accepts the obligation to protect clients, the public, and the profession by

upholding the Code of Ethics for the Profession of Dietetics and by reporting perceived violations of the Code through the processes established by the American Dietetic Association (ADA) and its credentialing agency, the Commission on Dietetic Registration (CDR).

3. The practitioner considers the health, safety, and welfare of the public at all times. The practitioner will report inappropriate behavior or treatment of a client by another dietetics practitioner or other professionals.
4. The practitioner complies with all laws and regulations applicable or related to the profession or to the practitioner's ethical obligations as described in this Code.
 - a. The practitioner must not be convicted of a crime under the laws of the United States, whether a felony or a misdemeanor, an essential element of which is dishonesty.
 - b. The practitioner must not be disciplined by a state for conduct that would violate one or more these principles
 - c. The practitioner must not commit an act of misfeasance or malfeasance that is directly related to the practice of the profession as determined by a court of competent jurisdiction, a licensing board, or an agency of a governmental body.
5. The practitioner provides professional services with objectivity and with respect for the unique needs and values of individuals.
 - a. The practitioner does not, in professional practice, discriminate against others on the basis of race, ethnicity, creed, religion, disability, gender, age, gender identity, sexual orientation, national origin, economic status, or any other legally protected category.
 - b. The practitioner provides services in a manner that is sensitive to cultural differences.
 - c. The practitioner does not engage in sexual harassment in connection with

professional practice

6. The practitioner does not engage in false or misleading practices or communications.
 - a. The practitioner does not engage in false or deceptive advertising of his or her services.
 - b. The practitioner promotes or endorses specific goods or products only in a manner that is not false and misleading.
 - c. The practitioner provides accurate and truthful information in communicating with the public.
7. The practitioner withdraws from professional practice when unable to fulfill his or her professional duties and responsibilities to clients and others.
 - a. The practitioner withdraws from practice when he/ she has engaged in abuse of a substance such that it could affect his or her practice.
 - b. The practitioner ceases practice when he or she has been adjudged by a court to be mentally incompetent.
 - c. The practitioner will not engage in practice when he or she has a condition that substantially impairs his or her ability to provide effective service to others.
8. The practitioner recognizes and exercises professional judgment within the limits of his or her qualifications and collaborates with others, seeks counsel, or makes referrals as appropriate.
9. The practitioner treats clients and patients with respect and consideration.
 - a. The practitioner provides sufficient information to enable clients and others to make their own informed decisions.
 - b. The practitioner respects the client's right to make decisions regarding the recommended plan of care, including consent, modification, or refusal.

10. The practitioner protects confidential information and makes full disclosure about any limitations on his or her ability to guarantee full confidentiality.
11. The practitioner, in dealing with and providing services to clients and others, complies with the same principles set forth above in Principles #3-7.
12. The practitioner practices dietetics based on evidence-based principles and current information.
13. The practitioner presents reliable and substantiated information and interprets controversial information without personal bias, recognizing that legitimate differences of opinion exist.
14. The practitioner assumes a life-long responsibility and accountability for personal competence in practice, consistent with accepted professional standards, continually striving to increase professional knowledge and skills and to apply them in practice.
15. The practitioner is alert to the occurrence of a real or potential conflict of interest and takes appropriate action whenever a conflict arises.
 - a. The practitioner makes full disclosure of any real or perceived conflict of interest.
 - b. When a conflict of interest cannot be resolved by disclosure, the practitioner takes such other action as may be necessary to eliminate the conflict, including recusal from an office, position, or practice situation.
16. The practitioner permits the use of his or her name for the purpose of certifying that services have been rendered only if he or she has provided or supervised the provision of those services.
17. The practitioner accurately presents professional qualifications and credentials.
 - a. The practitioner, in seeking, maintaining, and using credentials provided by CDR, provides accurate information and complies with all requirements imposed by CDR. The dietetics practitioner uses CDR-awarded credentials (“RD” or “Registered

- Dietitian”; “DTR” or “Dietetic Technician, Registered”; “CS” or “Certified Specialist”; and “FADA” or “Fellow of the American Dietetic Association”) only when the credential is current and authorized by the CDR.
- b. The practitioner does not aid any other person in violating any CDR requirements, or in representing himself or herself as CDR-credentialed when he or she is not.
18. The practitioner does not invite, accept, or offer gifts, monetary incentives, or other considerations that affect or reasonably give an appearance of affecting his/her professional judgment.

Clarification of Principle:

- a. Whether a gift, incentive, or other item of consideration shall be viewed to affect, or give the appearance of affecting, a dietetics practitioner’s professional judgment is dependent on all factors relating to the transaction, including the amount or value of the consideration, the likelihood that the practitioner’s judgment will or is intended to be affected, the position held by the practitioner, and whether the consideration is offered or generally available to persons other than the practitioner.
- b. It shall not be a violation of this principle for a practitioner to accept compensation as a consultant or employee or as part of a research grant or corporate sponsorship program, provided the relationship is openly disclosed and the practitioner acts with integrity in performing the services or responsibilities.
- c. This principle shall not preclude a dietetics practitioner from accepting gifts of nominal value, attendance at educational programs, meals in connection with educational exchanges of information, free samples of products, or similar items, as long as such items are not offered in exchange for or with the expectation of, and do

- not result in, conduct or services that are contrary to the practitioner's professional judgment.
- d. The test for appearance of impropriety is whether the conduct would create in reasonable minds a perception that the dietetics practitioner's ability to carry out professional responsibilities with integrity, impartiality, and competence is impaired.
19. The practitioner demonstrates respect for the values, rights, knowledge, and skills of colleagues and other professionals.
- a. The practitioner does not engage in dishonest, misleading, or inappropriate business practices that demonstrate a disregard for the rights or interests of others.
 - b. The practitioner provides objective evaluations of performance for employees and coworkers, candidates for employment, students, professional association memberships, awards, or scholarships, making all reasonable efforts to avoid bias in the professional evaluation of others.

Source:

General Authority: SDCL 36-10B-3

Law Implemented: SDCL 36-10B-13

Reference: American Dietetic Association Commission on Dietetic Registration Code of Ethics for the Profession of Dietetics and Process for Consideration of Ethics Issues, 2009.

Copies may be obtained from

<http://www.eatrightpro.org/~media/eatrightpro%20files/career/code%20of%20ethics/coe.ashx>.

20:83:03:02. Violations. A violation of any of the ethical standards is considered unprofessional conduct as defined by SDCL 36-10B-13.

Source:

General Authority: SDCL 36-10B-3

Law Implemented: SDCL 36-10B-13

20:83:03:03. Ethical considerations. The board may utilize the American Dietetic Association Commission on Dietetic Registration Code of Ethics for the Profession of Dietetics and Process for Consideration of Ethics Issues, 2009 as guidance in determining whether a licensee has violated professional ethical standards and conduct.

Source:

General Authority: SDCL 36-10B-3

Law Implemented: SDCL 36-10B-13