



Review Article

Developing Professional Ethics for Rehabilitation Professionals: A Qualitative Study

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ABSTRACT

Codes of ethics are a set of moral standards based on a value system widely accepted by members of a profession. In order to choose the right course of action and resolve potential ethical challenges, these codes will need to be developed so that ethical values can be identified and prioritized. Medical ethics covers all areas of medicine, and surely, rehabilitation is not an exception. This study aims to codify the ethics of the rehabilitation profession while considering the cultural and religious issues in Iran. For this purpose, we used a qualitative research method, including literature review, questionnaire, targeted interviews, content analysis, group discussion, and code extraction.

The results were categorized into seven sections: “respect and empathy”, “autonomy”, “offering responsible care and reducing suffering”, “doing the right thing”, “beneficence”, “privacy and confidentiality”, and “social responsibility”. The development of ethical codes for rehabilitation determines moral norms in order to protect the rights of people who need rehabilitation services. These codes can also be used as a guide to the ethical challenges of the profession.

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Introduction

Biomedical ethics is a multidisciplinary knowledge that provides organized solutions to determine the proper behavior and solve moral challenges [1]. Medical ethics covers all areas of medicine, including rehabilitation, which calls for special attention due to its specific features [2].

Rehabilitation service recipients are generally disabled people and patients with chronic diseases who are considered to differ from the society norms. They are regarded with pity and rejected due to physical or intellectual disabilities. These people are undergoing long-term rehabilitation therapy, which is expensive [3]. Long-term contact between therapists and people with

the above conditions creates certain moral challenges that call for careful attention.

The absence of codified moral codes and the lack of professional ethics training in different levels of rehabilitation (physiotherapy, orthopedics, occupational therapy, audiometry, and opticianry) in Iran cause ethical challenges and confuse professionals in confronting them [4].

Ethical guides or codes of rehabilitation are those standards of behavior, which will help professionals in various areas of rehabilitation make the right decision in dealing with the challenges ahead. These codes also help professionals distinguish the right and wrong behavior in the interaction with service recipients and make appropriate and coordinated decisions based on ethics in communicating with the people involved [5, 6]. In other words, if rehabilitation experts act according to ethical codes, they will have homogeneous and ethical behavior, and if their behavior is accompanied by sufficient scientific

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and skillful tact, it provides increasing confidence for the rehabilitation profession.

This study aims to codify the ethics of the rehabilitation profession while considering the cultural and religious issues in Iran. Undoubtedly, observing the ethical codes of rehabilitation represents the responsibility and accountability of practitioners in this field of medicine to build a foundation of public trust in the profession, which will lead to persistence and durability of the occupation.

Methods

This qualitative study was conducted at Tehran University of Medical Sciences, where it was approved by the ethics committee and supported by the Vice-Chancellor for Research (IR.TUMS-VCR-REC-1396-3734). This study was carried out in several steps as shown in Figure 1.

Literature review and qualitative study were conducted for the codification of rehabilitation codes of ethics. In the first step, a literature review was carried out by searching keywords such as “ethics”, “rehabilitation”, “code of ethics in rehabilitation”, “professional ethics in physical therapy”, “ethics curriculums in rehabilitation”, etc. in valid databases such as Scopus, Embase, and Web of Science, and so on. Using the search results, the codes of professional ethics for rehabilitation in the United States [7], Canada [8], and 22 related articles were obtained.

A questionnaire was designed by professional ethics and rehabilitation experts based on the findings of the literature review. At this stage, the behavior of rehabilitation therapists toward service recipients, colleagues, physicians, the family of service recipients, and members of the community was investigated.

The interviews were conducted in a semi-focused manner. Based on the literature review, the questionnaire axes were designed and discussed by the experts.

Participants in this study were purposefully selected from four groups, including physicians who referred many patients to physiotherapy centers because of their

specialty field (three specialists in physical medicine and rehabilitation, an orthopedic specialist, a neurologist, a neurosurgeon, and a general practitioner), physical therapists who had at least six years of practice in the field of physiotherapy (two expert physiotherapist), university professors with more than 20 years of background in teaching, executive affairs, and physiotherapy (two university assistant professors), specialists in medical ethics (two university assistant professors), and directors of physiotherapy centers (two directors of public and private rehabilitation centers). The number of participants was finalized after data saturation.

Open-ended questions were used as the method of inquiry in conducting interviews.

The interviewer at first discussed general points without stating examples of medical and professional ethics. The questioner also discussed multiple responsibilities of physical therapists regarding patients, physicians, and colleagues. Then, the interviewee was asked for his or her opinion regarding the standards, challenges, objectives, and ethical examples under present conditions.

By permission of the interviewees, interviews were recorded and transcribed verbatim, and the implementer made sure that the audio files were eliminated immediately after transcription. The meetings usually lasted one and a half to two hours. At the beginning of all the meetings, the organizer provided an adequate and comprehensive explanation of the leading plan, including the importance of the plan and the necessity of extracting codes of ethics in the area of rehabilitation. Then, the conversation began based on the questionnaire axes. The axes included the interaction of rehabilitation practitioners with service recipients, the family of service recipients, other colleagues in this field, physicians, and society [4]. Adequacy of data collection was determined based on information saturation.

In qualitative studies, the sample size depends on the data saturation. In this study, data saturation was reached at the 15th interview. It means that the researcher did not receive any new information while continuing the interviews and

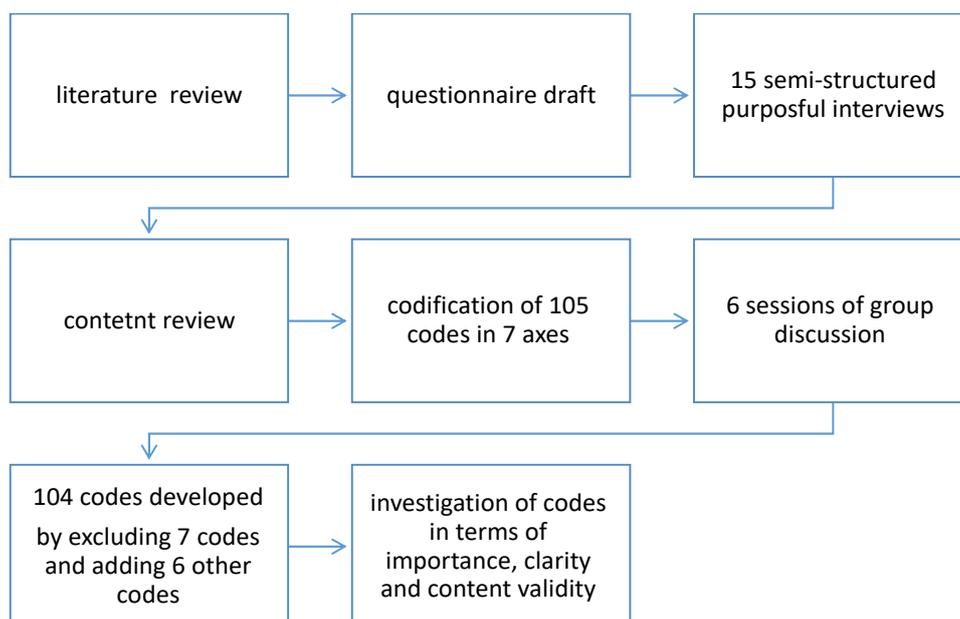


Figure 1: The Process of the Qualitative Research

no new code was added to the previous data.

In this research, data analysis was carried out using content analysis. Based on this method, the concepts were codified in such a way that these codes or propositions would represent the comments of the participants. Selected content from texts and materials collected through interviews were written in the form of sentences. Then, the codes were carefully revised and discussed in six sessions of focus group discussion (FGD): two sessions with service recipients and four sessions with specialists for theme analysis and categorization.

At the end, to examine the importance and transparency of the developed codes, a 5-point Likert scale was used (the most important or very good= 5; important or good= 4; neutral or average= 3; less important or bad= 2; not important or very bad= 1). The codes were prepared by a specialist and an expert in different areas of rehabilitation in the form of a questionnaire. These individuals did not participate in the FGD. Of all the subjects, 25 completed and returned the questionnaires. To evaluate the content validity of each code, Content Validity Ratio (CVR) and Content Validity Index (CVI) were calculated.

Results

This study is designed to elaborate and present the principles of professional ethics in the field of rehabilitation and to create the proper interaction between rehabilitation professionals and service recipients, colleagues, physicians, the family of service recipients, and the society based on an ethical framework.

The results of the content analysis are presented in the form of suggested codes of ethics in seven axes including “respect and empathy”, “autonomy”, “offering responsible care and reducing suffering”, “doing things right”, “beneficence”, “privacy and confidentiality”, and “social responsibility”.

After deleting duplicate sentences and summarizing long sentences of the content review, 105 codes or propositions and 22 sub-codes were obtained in seven axes.

At the end of the focus group discussions, seven codes were excluded as agreed by 100% of the members and replaced by six additional codes; finally, 104 codes and 22 sub-codes were approved. All suggested codes and sub-codes have been provided to the Faculty of Rehabilitation of Tehran University of Medical Sciences for implementation and publication.

According to the 5-point Likert scale questionnaire, all suggested codes had high transparency (4 and 5). As for content validity, the minimum acceptable value was 0.42 and 0.79 for CVR and CVI, respectively.

Discussion

Despite the young age of medical ethics as an academic discipline, ethical concepts have always been alongside medicine. For example, Hippocrates' oath [9] and Ibn Maimon's supplication [10] are ancient texts that emphasize principles such as the need for the patient's interests to take precedence over the therapist and the

principle of confidentiality.

In recent decades, in line with the astonishing progress of sciences, especially medical sciences, the field of medical interaction and interventions has expanded and this has led to many ethical challenges. On the other hand, the global movement for the defense of human rights in recent decades has attracted the attention of international scientific communities to the rights of certain social groups, including patients. Because patients, as one of the most vulnerable social groups, are endangered both physically and psychologically, socially and economically, and this is the reason why the international human rights community pays special attention to the concept of patients' rights.

In Iran, health policy makers have paid special attention to the field of medical ethics over the last two decades [11]. One of the measures has been the development of ethical guidelines in order to create a unified procedure in the field of service delivery. Compilation of general and specific codes of ethics in research [12], patient rights charter [13] and codes of nursing ethics [14] have been among other measures taken in this field.

Rehabilitation, as one of the clinical fields of medical sciences, has many important considerations in the field of clinical ethics due to the type of services provided and professional interaction with patients and colleagues in various fields of medical sciences. Given that professionals in rehabilitation training courses are less familiar with the concepts and ethical norms in this field, the development of ethical codes in this area can be a practical guide to provide services to patients. The scope of this guide includes the disciplines of physical medicine and rehabilitation, physiotherapy, orthopedics, occupational therapy, and audiometry.

If the rehabilitators are in communication with the disabled and the sick, the principle of responsible care (along with other principles) is very important, and it is necessary that the rehabilitators do their best to achieve it. But in their relationships with organizations, responsible care is not very effective, and they need to pursue other principles, especially respect, honesty, and integrity. For example, we can mention working relationships with organizations, insurance companies, the Compensation Council, and so on.

The aim of this study is to present the proposed codes of professional ethics in national rehabilitation. The proposed codes are presented in seven axes consisting of “respect and empathy”, “autonomy”, “offering responsible care and reducing suffering”, “doing things right”, “beneficence”, “privacy and confidentiality”, and “social responsibility”.

Here are some tips on the seven-axis concept extracted from the literature review.

First Axis: Respect and Empathy

Rehabilitation professionals respect their patients in all professional communications, including therapeutic interactions and rehabilitation, as well as work, organizational, educational, and research communication, and they behave in a way that will give them a sense of value [15, 16]. They also respect

all people equally, because the reason for respecting others is human dignity, bestowed upon all people by the Almighty God. Therefore, they will never make respect for others conditional on their behavior. They know that the intrinsic value of humans will not be increased or decreased by ethnicity, religion, gender, marital status, political/social trends, sexual bias, physical or mental abilities, age, socioeconomic status, or any other form of superiority or personality features.

Second Axis: Autonomous Protection

Autonomy, in Western ethics and political philosophy, is the state or condition of self-governance, or leading one's life according to reasons, values, or desires that are authentically one's own. In other words, autonomy means people are free to make decisions for themselves. Autonomy entails respect for independence of vote and authority [17, 18]. Appropriate treatment or rehabilitation decisions depend on two kinds of information: 1) information on rehabilitation professionals' knowledge and skills, including diagnosis and treatment, and 2) client information, including psychological features, personal preferences, individual interests and cultural, social, economic and religious considerations. Since everyone knows more about himself/herself than others, it is very worthwhile that rehabilitation professionals involve clients in the decision-making process so that they can have thorough professional information in order to make the best possible decisions using both professional and individual information.

Third Axis: Offering Responsible Care and Reducing Suffering

The principle of responsible care means considering the highest level of wellbeing for patients. Based on this principle, rehabilitation professionals try to create conditions that reduce patients' pain and suffering while offering useful services [19, 20]. They also prepare the ground for providing them with the highest level of wellbeing. Rehabilitation professionals know that their target population is generally vulnerable, and as their vulnerability increases, their ability to control their environment or life decreases. Today, vulnerability is very diverse and includes a variety of physical and mental disabilities, poverty, unemployment, partial unemployment (having a part-time job and therefore insufficient income), chronic motor neuron diseases, and being unprotected or poorly guarded. Believing in this principle, rehabilitation professionals try to care more about vulnerable groups [21].

Fourth Axis: Doing the Right Thing

Integrity and honesty are the basis of morality in the whole world. While complying with these features, Iranian rehabilitation professionals provide the ground for securing public confidence in the profession. The principle of honesty in professional communication requires professionals to be honest, objective, and accurate in all their activities and their own special measures [22]. Rehabilitation professionals strive to provide the most benefit to their patients, that is, their

health, recovery, comfort, and well-being. If the benefits of the patient are in stark contrast with those of his/her family and the rehabilitation professional, organization, or other colleagues, they are required to prioritize the patient's interests [23].

Fifth Axis: Beneficence

After ensuring that their patients are respected and have the right to choose and decide, rehabilitation professionals try to provide the best service that is beneficial to them. They will never do anything that could harm the patients, and choose the interests of patients over their own [24, 25]. In establishing relationships with other organizations and colleagues, they always make sure that low-income people are not neglected, and they will get the most benefit.

Sixth Axis: Respecting Privacy and Confidentiality

All service recipients' information, both personal and therapeutic, is considered to be confidential. Rehabilitation professionals should not only refrain from giving their clients' information to anyone without permission, but they should also take the necessary measures to prevent others from accessing them and do their best to prevent eventual and accidental disclosure [26, 27]. With their patients' consent, rehabilitation professionals can provide this information to consultants in order to get professional advice. They are also permitted to provide the information required by legal authorities in accordance with judicial orders. Rehabilitation professionals will never step outside the territory of therapeutic relationships and do not invade the privacy and emotional realm of service recipients. These professionals know that any non-professional relationships may affect and even ruin their clinical judgment and behavioral and professional skills, so they avoid it seriously.

Seventh Axis: Social Responsibility

Rehabilitation professionals believe that people with low levels of ability are members of the community and should not be kept in seclusion because they have lost a part of their power. Thus, everyone in the community, including disabled people, has the right to take advantage of social life and public facilities, and it is not fair to deny them these opportunities and benefits [28, 29]. The community has a duty to transform them into active and effective members with its dynamic support, and it is not ethical to cause their compulsory isolation and detachment by neglecting them [30]. This creates a sort of moral responsibility for rehabilitation professionals to protect the rights of disabled people and provide the ground for cultural development in all national and military organizations and institutions.

Conclusion

For many years, the codes of professional ethics for rehabilitation have been written and enforced in many countries. There are many cultural, social, and religious differences in Iran; however, that necessitate the redefinition of these codes. Similar codes are just used to clarify the minds of researchers and contributors to

the research. These differences have created challenges that were investigated during interviews and group discussions, and the results have been manifested in the final writing of the suggested codes and behavioral rules. For example, the ruling culture of Iranian society is accompanied by the hijab and modesty, and therefore, topics such as romance and sexual relationship between the therapist and the client cannot be explicitly explored. Therefore, it has been implicitly stated that “Rehabilitation professionals are strictly prohibited from establishing any unprofessional relationship with clients and their companions that will affect their professional judgment” and “Legitimate romantic involvement with a former client is allowed only if at least one year has passed since their professional relationship”. Considering the cultural and religious context in Iran, some codes have been written for same-sex clients and therapists, including: “Clients will have the right to choose same-sex therapists, if available, and they should be reminded of their right to do so at the time of their appointment”, and “Companions are allowed only with the consent of the clients and if the therapist is of the opposite sex, and clients should be reminded of the possibility of companion attendance”. Rehabilitation professionals may encounter AIDS patients. They must know that patients are different from each other, and the mere fact of having AIDS should not lead to a different behavior. Given the lack of community acceptance of HIV disease, however, our participants decided in the focus group discussions that this topic should not be written as a code. In Iran, some medical and paramedical professionals exaggerate when introducing themselves and their services, and since generally there is no effective monitoring strategy in this regard, the following two codes were created: 1) “They always practice honesty and clarity in introducing themselves and their colleagues. They never lie or exaggerate their scientific and practical qualifications. They display their academic degree for everyone to see, and they are honest about their work title”; 2) “They avoid any form of opportunistic and commercial advertising and may only use ads to introduce their expertise, location, working hours, and service delivery list.”

In Iran, medical expenses are variable in some areas of rehabilitation, and patients are confused because various centers charge different fees. Since the law has not addressed this issue, it should be resolved in the field of ethics. Therefore, the following code was included under the autonomy section: “They provide sufficient and usable explanation on the costs and services of insurance and supportive and welfare organizations.”

It seems that if rehabilitators act according to moral codes, and this homogeneous and ethical behavior of theirs is accompanied by scientific and skill adequacy, it will provide grounds for increasing trust in the rehabilitation profession, and the essence of trust is the most precious asset of the profession.

The code of ethics does not refer to individual behaviors. Attempts have been made to include all the interactions and behaviors of the rehabilitation professionals, including treatment of clients and patients, companions of patients, rehabilitation colleagues, physicians, and

all health professionals and rehabilitation-related organizations and classes.

Ethical codes of rehabilitation express the two characteristics of responsibility and accountability of employees in this field of medicine, build the foundation of public trust in the profession and pursue the consistency, and durability of the occupation.

In addition to being an ethical guide for the country’s rehabilitation professionals, these codes will be available to all citizens to be informed about their rights in relation to rehabilitation and to demand them.

Rehabilitation training programs in Iran do not include any curriculum in professional ethics, and the professionals are not sufficiently familiar with the ethical principles, which creates some challenges for them. Therefore, the teaching of the code of ethics, as an educational curriculum, can be useful and practical.

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Appendix

First Axis: Respect and Empathy

- 1.1. They will respect all related parties, including clients and colleagues, students, and so on, regardless of age, skin color, culture, disability, ethnicity, gender, religion, and socioeconomic status.
- 2.1. They will recognize all specialized fields approved by the Ministry of Health and Medical Education, including specialized areas of rehabilitation and other health-care areas of the country, and they will have constructive and respectful interaction with them for the benefit of their clients.
- 3.1. They will maintain respectful speech and conduct with all clients, refrain from using despicable and humiliating language, and never use impolite labels for service recipients.
- 4.1. They will address clients using their names and refrain from addressing them with unrelated titles or by the name of the disease.
- 5.1. They are aware that respecting religious and cultural beliefs is their human and professional duty, and will also increase efficiency and effectiveness. Therefore, they respect the cultural beliefs of their clients and show acceptance, inclination and interest to understand those beliefs.
- 6.1. They will respect the rights of the client (including citizens' and clients' rights) and try to protect them.
- 7.1. They will respect clients' supporters, including their companions, families, relatives, work, school, organizations, and social networks, and take advantage of their growing support to achieve rehabilitation goals.

Second Axis: Autonomous Protection

- 2.1. They develop the skill to listen patiently and sympathetically to their clients.
- 2.2. They recognize their clients' right to make a free and informed selection and make them aware of their effective legal and moral rights.
- 2.3 They consider the following in involving clients (or their alternate decision makers) in the joint decision:
 - 2.3.1. They provide information regarding the appropriate rehabilitation process and the way to perform it, its timing and its benefits.
 - 2.3.2. They provide adequate and understandable explanations regarding the appropriate therapeutic and rehabilitative decisions and helpful choices. They also point out the potential risks and adverse effects, and finally, they will not give false hopes.
 - 2.3.3. They provide sufficient and understandable information on scientific subjects and existing experiences.
 - 2.3.4. They provide sufficient and understandable information regarding insurance costs and services as well as supportive and welfare organizations.
 - 2.3.5. They assure clients that their privacy will be respected and their secrets will not be disclosed except for legal situations.
 - 2.3.6. If it is necessary to refer clients to other treatment team members, they describe the upcoming process and the access of individuals to the case appropriately.
 - 2.3.7. They make sure that the clients have understood the information they need.
 - 2.3.8. They make sure that incapacitated clients' parents or alternate decision-makers will make decisions based on goodwill and interests of the clients.
 - 2.3.9 They provide the opportunity for clients, their parents or alternate decision-makers to accept, or reject the various methods of treatment.
- 2.4. To conduct research, they obtain informed consent from clients based on the principles and rules of research.
- 2.5. They obtain informed consent for all therapeutic measures, especially aggressive interventions (such as manipulation and dry needle in sensitive places and rehabilitation of the vestibular system).
- 2.6. They record the informed consent forms in client files.
- 2.7. Where there is a need to pay for the construction of equipment (such as braces, shoes, and hearing aids), they obtain informed consent after notifying the client.
- 2.8. If the client does not know the language of the conversation, they seek help from someone familiar with the language that the client speaks to promote effective communication with the service recipient.

Third Axis: Offering Responsible Care and Reducing Suffering

- 3.1. They do their best to maximize profit and minimize loss for clients, and they never do anything that causes physical, emotional/psychological, financial, or social harm to the service recipients.
- 3.2. They take over the responsibilities of their colleagues and other employees, and they personally respond to clients.
- 3.3. They communicate with care facilities, the patient's family, relatives and his colleagues in a way that provides more support to the patient and benefits the patient the most.
- 3.4. They carefully record the client's required information, including history, medical and family records, current biographies and treatment decisions, developed protocols, descriptions of the treatment progress, and improvements in the status of the service recipient.
- 3.5. They dedicate enough time to recording the necessary information in the files.
- 3.6. They carefully take care of client files and all their contents and belongings.
- 3.7. They provide sufficient information regarding the possible consequences to clients who reject rehabilitation and treatment.
- 3.8. They honestly mention any mistake resulting in damage during treatment or care, and they bind themselves to compensate for it.
- 3.9. They will do their best to prevent the clients from resorting to pseudoscience and superstition.
- 3.10. They encourage clients to engage in effective and efficient affairs and prevent them from destructive and enduring ways such as addiction, depression, and isolation. If necessary, they refer them to proper treatment centers.

- 3.11. If rehabilitation professionals recognize a job or act to be harmful to their clients, they will note that and then strive to prevent them from doing it in a moral and legal way.
- 3.12. If they see that the client needs more services than they can provide, they refer them to other relevant centers.
- 3.13. They will have full compliance with work safety principles and protect their clients, themselves, and their colleagues, including the therapeutic and administrative team members against possible risks and injuries when carrying out their responsibilities.
- 3.14. They report suspected cases of misuse of vulnerable children and adults to relevant authorities according to the rules and regulations.

Fourth Axis: Doing the Right Thing

- 4.1. They are honest in all their professional communications and refuse to cheat and deceive others.
- 4.2. They do not participate in activities that involve lies, fraud, or deception and help those affected by these activities to recognize and defend their rights.
- 4.3. They always observe the principles of honesty in introducing themselves and their colleagues and never lie or exaggerate in expressing their scientific and practical qualifications. They display their academic degree for everyone to see and are honest about their work title.
- 4.4. They avoid any form of lucrative and commercial advertising and use ads just to introduce their expertise, location, working hours, and the list of the services they provide.
- 4.5. They will never issue unrealistic reports, false statements, and unofficial recommendations.
- 4.6. They fulfill their promises and professional commitments and do not act in the opposite way, except for unexpected circumstances, in which case they will provide a full account of the unexpected event to the related party.
- 4.7. They will strictly abstain from establishing any unprofessional relationship that will affect their professional judgment with clients and their companions.
- 4.8. They do not enter into romantic relationships with current clients in order to maintain the integrity and avoid any mental and practical bias.
- 4.9. They may establish legitimate romantic relationships with previous clients only if at least one year has passed since their professional association.
- 4.10. They will not accept as their subordinate colleagues and specialists those who do not have credible academic degrees in the field of rehabilitation.
- 4.11. They will refrain from cooperation with centers and organizations that do not comply with ethical principles.
- 4.12. They will carefully read, learn, and observe all the rules, guidelines, and instructions in their field of work issued by the relevant ministry.
- 4.13. They work only within the scope of their specialty and are committed to mastering the necessary scientific and professional skills before performing any specialized work.
- 4.14. They will learn behavioral communication skills (in the introduction part of their work) to enhance the effectiveness of their activities and base their professional interactions on proper behavioral communication.
- 4.15. They will evaluate the academic and technical abilities of their colleagues and specialized staff at specific intervals.
- 4.16. If they do not have the power to fulfill a part of their job for reasons such as advanced age or illness, they will not continue treatment. They will inform the relevant person(s) and do what they can, and if necessary, they will introduce a qualified individual as an alternative.
- 4.17. They will refuse to take on responsibilities for which they do not have the necessary expertise, skills, or power.
- 4.18. They will take advice when needed. They consider it moral to receive useful guidance from experts, scientific authorities, and colleagues and do not fail to do so.
- 4.19. They will try to improve their scientific and practical abilities and professional knowledge and skills by attending classes, conferences, seminars, workshops, as well as studying and consulting with peers and so on.
- 4.20. They will communicate their scientific, credible, and effective experiences to colleagues and peers to advance the efficacy of the rehabilitation profession and provide better care for clients.
- 4.21. They will welcome teamwork and group work with other colleagues in various areas of rehab in order to improve the services offered to clients.
- 4.22. They will collaborate with and participate in social groups that are responsible for supporting people who "need rehabilitation services". In this partnership, they support the benefits and rights of disabled people, particularly privacy, respect, and confidentiality.
- 4.23. They keep their environment hygienic, orderly, adorned, peaceful, relaxing, and suitable for professional occasions and activities.
- 4.24. They make use of modern technology and safe and efficient equipment to enhance the effectiveness of their professional career.
- 4.25. They use standard and good quality raw materials in order to build rehabilitation equipment and devices.
- 4.26. If, in addition to their private clinic, they cooperate with other peer centers and organizations, they will never refer the clients to their clinic or personal office. However, if this referral is necessary, however, they will inform both the client and the management of the peer center or organization.
- 4.27. They will refrain from judging the performance of previous rehabilitation colleagues and all professionals in the field of healthcare and never give rise to pessimism in clients who had referred to them.
- 4.28. They will provide the clients with information and guidance in their field of expertise only and refuse to comment on other areas of health and rehabilitation.
- 4.29. They will carefully record and provide clients with accounts of the services offered, and they never receive the fees of patrons outside the realm of formal and legal regulations. In case their fees differ from those of other centers, they will communicate the reasons to the clients and inform them about the costs at other centers, if necessary.
- 4.30. If they are assured of the repeatability and continuity of misconducts in their colleagues and personally cannot solve the problem, they will report the matter to relevant authorities to support low-income people and protect clients. They will never attempt, however, to damage the reputation of their colleagues.
- 4.31. They will create a file for clients referring to the rehabilitation center, archive, and ensure the confidentiality of the files. They keep the files in a logical manner within a reasonable timeframe and do not allow them to be removed from the center.

Fifth Axis: Beneficence

- 5.1. They will try their best to enable all clients to receive maximum care, and they never discriminate between service recipients.
- 5.2. They will refrain from providing services that would impose unnecessary fees on the client.
- 5.3. They will never enter into any agreement and contract that causes distrust in their clients due to conflict of interests.
- 5.4. In the event of conflicts between their own interests and those of their clients, they will settle the matter in such a way that will be to the benefit of the service recipients and maintain their trust.
- 5.5. Referral of clients will be made in their interests and according to accepted scientific standards.
- 5.6. They will select referral locations based on the qualifications and skills of the service providers as well as the quality of the center, and with the clients' consent.
- 5.7. If they know for certain that the treatments prescribed by other rehabilitation professionals are harmful to the clients, they will prevent them from continuing the treatments and provide them with the necessary information. In doing so, they will maintain their fellow rehabilitation professionals' reputations and protect the interests of the clients.
- 5.8. They know that conflict between their interests and the clients' may distort their correct judgment and professional skills. For this reason, they will try to avoid such situations, and if they find themselves in one, they will prioritize the interests of the clients.
- 5.9. They will refuse to receive unconventional gifts, which may affect their professional judgment. Unconventional gifts may include:
 - 5.9.1. Gifts that create emotional load and expectations outside of the usual service delivery framework
 - 5.9.2. Gifts of significant financial value
 - 5.9.3. Gifts in the form of cash
 - 5.9.4. Recurring gifts
- 5.10. When rejecting unconventional gifts, in order to prevent clients from getting upset, they will explain that this is their professional policy and note that it will not affect their care and services.
- 5.11. They will receive no rewards or incentives (cash, gifts, discounts on rent or office costs, mutual client referrals, and so on) for referring clients to

other health professionals, and also refrain from offering such rewards and incentives.

5.12. Their interests are not prioritized over the clients' interests at the time of referral, and they carry out all referrals in the interest of the clients and according to acceptable scientific standards and the competency and ability of the referral center.

5.13. They will not refer clients to diagnostic and therapeutic centers (including hospitals, laboratories, imaging centers, etc.) owned by themselves or their family members. However, if these centers have the required standards, and if this referral is in line with the clients' interests, they will notify the clients accordingly.

They note the following in relation to companies and industrial centers:

5.13.1. They will make sure of the scientific and moral competency of those centers, or they will never cooperate with them.

5.13.2. They will not take into account their own interests and will only think of the client's benefit.

5.13.3. They will not allow this connection to affect their professional judgment and prevent them from acting on scientific methods.

5.13.4. They will not accept any incentives, and they prescribe and recommend only on the basis of scientific considerations and the interests and benefits of the referrals.

5.13.5. They will avoid accepting gifts from these centers and companies, unless the gifts are of little financial worth (for instance, pens, calendars, books, etc.), and they do not feel ashamed to make reception of those gifts public.

5.13.6. They will not accept financial gifts from these centers and companies at all.

5.14 They will learn how to deliver bad news when necessary.

Sixth Axis: Respecting Privacy and Confidentiality

6.1. They will respect the privacy of the referrals, students, staff, colleagues, and other people during the course of professional activities and protect their information. They will also avoid unwarranted, unreasonable, or illegal disclosure of their confidential information.

6.2. They will allow companions of the clients (or their alternate decision-makers) to attend only with the clients' consent, and they remind the latter of the possibility of companion attendance in case of a different sex therapist.

6.3. They will enter the privacy realm of the clients only with their permission and when necessary for treatment.

6.4. They will avoid asking questions about topics that do not relate to clients' healthcare and treatment.

6.5. They will give clients the right to choose same-sex therapists if available, and they remind the clients of this right at the time of their appointment.

6.6. Examinations and therapeutic interventions must be performed in a room where others cannot disrupt the privacy of the client.

6.7. They will assure clients that principles of confidentiality and privacy are observed for better and more reliable communication.

6.8. They will consider as confidential all written or non-written information related to the clients' cases, including information provided by them or the results of examinations and tests, and they are extremely careful about protecting this information and keeping it secret.

6.9. They reduce the likelihood of disclosure of written confidential information in the case files of the clients.

6.10. They will provide training on observing the principles of confidentiality for those who need to have access to client files and materials.

6.11. They will note that when files are deleted, their contents will not be disclosed.

6.12. They will conduct interviews with clients in a room where they cannot be heard by others at all.

6.13. They will comply with privacy practices when calling service recipients on the phone.

6.14. They will explain the principles of privacy and confidentiality to the families and organizations with which clients' information is shared and make recommendations for compliance.

6.15. They will be careful not to reveal the secrets of the clients when writing scientific articles, doing promotions or supplying virtual information, and when attending conferences and seminars. However, if there is little chance of exposing the service recipients' identity and secrets, they may reveal their information only after receiving written consent from them.

6.16. When sharing content such as videos, photos, and reports on social media, they are careful that the secrets of the clients are not revealed due to their own or others' negligence.

6.17. When using networks on the Internet and software technologies, they make sure that the service recipients' privacy and confidentiality are not violated.

6.18. When working with media, whether audio, visual, or written, they are careful not to reveal the secrets of clients or invade their privacy.

6.19. They inform the clients of the laws and regulations passed by the Ministry of Health on disease reporting and certain affairs and execute them with the necessary precision.

Legal disclosure of service recipients' confidential information may only occur if:

6.19.1. A judicial order is issued by competent legal authorities.

6.19.2. An order is made to the court or prosecutor by the judge.

6.19.3. Authorities act upon the Regulations and Directives issued by the Ministry of Health on "Disease Reporting" or "Informing Specific Cases".

Seventh Axis: Social Responsibility

7.1. They will try to encourage legislators to develop fair and protective regulations for people who need "rehabilitation services".

7.2. They criticize in an ethical manner the unfair rules, regulations, and directives that would harm the people who "need rehabilitation services".

7.3. They encourage supportive and welfare organizations, including national-level, provincial, urban, or rural institutions, to observe the rights of individuals who "need rehabilitation services" in a fair manner and increase their accountability to them.

7.4. They encourage colleague organizations and centers to accurately execute and implement the existing laws to protect people who "need rehabilitation services", and provide the ground for the compilation of such laws in the organizations' environments.

7.5. They encourage organizations associated with urban and rural areas to improve public transportation and facilities suitable for people who "need rehabilitation services" in a fair manner.

7.6. They will never neglect culture building for the protection of people who "need rehabilitation services", and they maximize their efforts to reach the required accountability to achieve fair compensation of these people's rights.

7.7. In cases where they are sure that people who "need rehabilitation services" are discriminated against and oppressed in the community, they will report to competent authorities.

7.8. When they encounter programs and processes in their work and organizational activities in which the rights of disabled people are neglected, they will work hard to correct those programs and processes.

7.9. They will try to promote and expand a fair attitude towards people who "need rehabilitation services" in the entire society, and in particular in their immediate surroundings and environments.

7.10. They are aware of the "Comprehensive Law on Protection of the Rights of Persons with Disabilities" approved by the Islamic Consultative Assembly, and they will do their best to comply with it.

7.11. They will spare no effort in the acquisition and publication of the "Convention on the Rights of Persons with Disabilities" approved by the Islamic Consultative Assembly.