

<p style="text-align: center;">Academy of Neurologic Communication Sciences and Disorders (ANCDS) CODE OF ETHICS AND CODE OF CONDUCT</p>

I PREAMBLE

History and Purposes

Whereas, the ANCDS was formed in 1988 because of a perceived need to raise the national standard of clinical service, education, and research pertinent to individuals of all ages with neurologic communication disorders, and

Whereas, the central mission of the ANCDS is to promote the highest quality of service to individuals with neurologic communication disorders, and

Whereas, a purpose of the ANCDS is to develop and establish exemplary standards of education, training, and continuing education in neurologic communication disorders, and

Whereas, a purpose of the ANCDS is to establish standards for certifying clinical specialists in neurologic communication disorders, and

Whereas, a purpose of the ANCDS is to promote state-of-the-art education of practitioners and develop training guidelines for practitioners in neurologic communication disorders, and

Whereas, a purpose of the ANCDS is to promote the exchange of information and ideas among its members, and

Whereas, a purpose of the ANCDS is to promote basic and clinical research of the highest quality and integrity so as to improve the understanding and management of neurologic communication disorders, and

Whereas, a purpose of the ANCDS is to provide leadership in the development of clinical expertise in neurologic communication disorders, and

Whereas, a purpose of the ANCDS is to establish and support liaisons with related professional organizations,

The *Code of Ethics* is designed to assure that all individuals holding membership and/or certification in ANCDS are committed to principled reasoning when making decisions, solving ethics quandaries, and making difficult choices in their professional lives and on behalf of individuals with neurologic communication disorders, and others, and

The *Code of Conduct* is designed to articulate a basic code of conduct to which all individuals holding membership and/or certification in ANCDS will adhere.

Purposes Of These Codes

Therefore, the purposes of the ANCDS *Code of Ethics* and *Code of Conduct* are

To embrace the notion that our work entails a moral dimension because we engage in clinical service, education, and research on behalf of individuals with neurologic communication disorders, and for the good of others;

To recognize that our work entails making difficult choices in complex or uncertain situations that are best guided by a core set of moral and ethics principles;

To embrace the notions that moral awareness, prudence in moral reasoning, and integrity of character are the foundations of beneficence, and must evolve with advances in scientific and clinical knowledge;

To articulate the obligations of the ANCDS and its members to the individuals it serves and the public at large;

To articulate the fundamental commitment of all ANCDS members to the highest standards possible in all areas of professional conduct;

To articulate that the leadership and members of ANCDS are mutually committed to, and supportive of, the values and purposes of the organization; and

To articulate a commitment by the organization at large and by its individual members to specific standards of conduct.

II CODE OF ETHICS

This Code of Ethics is a statement of basic values and guiding principles embraced by members of the ANCDS. The Code of Ethics recognizes that a code of conduct cannot anticipate, or solve, actual ethics quandaries that arise during the course of professional activities (clinical, educational, administrative, or research). Therefore, a code of ethics provides the moral foundation on which conscientious professionals can ground their decisions about an appropriate course of conduct in specific ethically complex or uncertain situations.

This foundation is represented by basic moral principles as described herein.

Beneficence: Beneficence is the basic “duty of care” that requires us to act in the best interests of others. This principle entails the obligation of all ANCDS members to seek the good of other individuals—clients/patients, patients, research participants, students, members of the community, colleagues, and other professionals—and to act in a compassionate and respectful manner in pursuit of the good of others.

Nonmaleficence: Nonmaleficence is the duty to avoid harm. Recognizing that some well-intentioned (benevolent) actions may entail a risk of physical harm, psychological discomfort, or dignitary harm, nonmaleficence requires that the degree or probability of any risk is less than, or at least proportionate to, the expected benefit of an action—be that a clinical intervention, an educational endeavor, or a research goal. Our duty not to harm others is distinct from, and usually more binding than, our duty to benefit others.

Justice: Justice is a principle of fairness that seeks to distribute benefits and burdens (obligations) within society. Justice requires impartiality and absence of bias in all professional interactions, recognizes that professionals should distribute clinical, educational, and research services to others equitably, and requires that professionals not only embrace their obligations, but also accept responsibility and accountability for their actions.

Respect for persons/respect for autonomy: The dignity, and liberty interests, of all persons deserve respect because all persons have equal worth. Respect for persons requires fostering their autonomy—their right to self-determination, bodily integrity, and freedom of choice. Respect for vulnerable persons requires that we take special measures and precautions to protect their dignity and liberty interests in all actions taken on their behalf.

Stewardship: As stewards of a dynamic body of knowledge in the domain of neurologic communication disorders, members of the ANCDS are committed to sharing and advancing that knowledge—through clinical service, education, and research—in the service of individuals with neurologic communication disorders.

Conscientiousness: As providers of service to individuals with neurologic communication disorders, the members of the ANCDS are committed to maintaining a high level of competence and to rendering care in an accurate, careful, prudent, and diligent manner.

Honesty: By virtue of the promise we have made, as professionals, to serve the public, particularly those with neurologic communication disorders, the members of the ANCDS are committed to be truthful and candid in every aspect of professional life.

Loyalty: All members of the ANCDS are committed to acting in the best interests of the association, to avoid improper behavior or the appearance of impropriety, and not to use their status or authority solely to advance financial, reputational, or other personal interests, or the interests of related third parties, and if competing interests exist, members will candidly disclose them.

Fidelity: As voluntary members in the ANCDS, all members are committed to the purposes of the ANCDS, and willingly agree to abide by the ANCDS *Code of Ethics* and *Code of Conduct*. Fidelity to purpose entails, at a minimum, obedience to all applicable laws, both federal and state—including civil, criminal, and regulatory codes that apply to the privilege of professional practice—and a correlative duty to report alleged or suspected violations of the law to institutional and/or legal authorities.

III Code of Conduct

A. With regard to offering and rendering clinical services to individuals with neurologic communication and related disorders,

1. Members of the ANCDS should make services available only to patients who have a reasonable chance of benefiting from those professional services.
2. Members of the ANCDS should render services that are designed to meet the individual needs of each client and consistent with specified short-and long-term goals.
3. Members of the ANCDS should advise potential clients/patients that services will only be rendered if there is a reasonable prospect that the client will benefit.
4. Members of the ANCDS should advise potential clients/patients of the terms under which services are offered, including the likely duration, intensity, and costs.
5. Members of the ANCDS should continuously evaluate treatment and/or probe data to assure the effectiveness of services rendered, and to modify treatment techniques or approaches as appropriate.
6. Members of the ANCDS should not guarantee the results of any clinical services.
7. Members of the ANCDS should not provide diagnostic or treatment solely by written correspondence or telephone; telehealth/telemedicine services are permissible to the extent permitted by law.
8. Members of the ANCDS should advise potential clients/patients if there are, or may be, limitations on the types of services available; for example, that clinicians are not ethically obligated to render services that they think, in their best professional judgment, will not benefit the client.
9. Members of the ANCDS should not deny services solely on the basis of a patient's health status, demographic status (age, gender, race, nationality, ethnicity, religion, sexual orientation), socioeconomic status, or lifestyle.
10. Members of the ANCDS should refer clients/patients in financial need to qualified individuals in the institution or community, such as social workers, who might be able to help them seek alternative services or sources of funding.
11. Members of the ANCDS should share decision-making with clients/patients, parents, legal surrogates, or guardians, about the goals of treatment and the specific methods to be employed.

12. Members of the ANCDS should fully disclose to clients/patients the nature of treatment, the anticipated benefits of the services, the anticipated duration of treatment, and the likelihood of achieving those benefits.
13. Members of the ANCDS should fully disclose to clients/patients the magnitude and likelihood of known potential risks or, depending on available evidence, whether there are no known risks .
14. Members of the ANCDS should respect the moral and legal rights of clients/patients to consent to or refuse services that are offered.
15. Members of the ANCDS should respect, in the case of a client who is a minor or an adult who has been deemed to lack decision-making ability (by a physician or other person legally authorized to make that determination), the right of a legally authorized person such as parent, guardian, durable health care power of attorney, or statutory surrogate to make decisions on behalf of the client.
16. Members of the ANCDS should provide dignified care, including care that recognizes cultural, religious, racial, ethnic, or individual preferences to the extent possible.
17. Members of the ANCDS should provide services that are consistent with sound clinical reasoning and, should strive to support their clinical decisions with evidence, both from existing literature and original data collection.
18. Members of the ANCDS should respect clients/patients' rights to present grievances or appeals through established institutional mechanisms regarding the availability, denial, or nature of services.
19. Members of the ANCDS should appeal to third parties on behalf of clients/patients to rectify denial of services or benefits when, in the clinician's best judgment, services are necessary.
20. Members of the ANCDS should not base the rendering or discontinuance of services on the condition that the client waives any legal right; for example, the client should never be required to waive liability for the clinician's negligence as a condition of receiving services.
21. Members of the ANCDS, after a clinician-client relationship has been established, should not unilaterally withhold or discontinue speech-language pathology services solely on the basis that clients/patients are difficult to work with, or disagree with the course of care.
22. Members of the ANCDS, after a clinician-client relationship has been established, should not unilaterally withhold or discontinue speech/language pathology services from a client who requires services.
23. Members of the ANCDS, should make a referral to a qualified clinician or other appropriate service provider before discontinuing speech/language pathology services from a client who requires continuing services.
24. Members of the ANCDS should not become emotionally involved or engage in sexual conduct with individuals who are their clients/patients until after such time as the clinician-client/patient relationship is terminated.

B. With regard to credentials to render specialized services,

1. Members of the ANCDS should not render services for which they are not educated, trained, or otherwise competent to provide.
2. Members of the ANCDS should not misrepresent to clients/patients their credentials or competency to provide specific services, and should inform those persons they serve professionally of the name and professional credentials of all persons—such as speech-language

pathology assistants or aides, technicians, support personnel and/or students—involved in their care

3. Members of the ANCDS should stay abreast of advances in the discipline through such activities as independent study, review of authoritative practice guidelines, original evidence-based research reports, and/or meta-analyses, attendance at seminars and workshops.
4. Members of the ANCDS who are board-certified should maintain continuing education records and report them accurately to the ANCDS Certification Board.
5. Members of the ANCDS should maintain a complete and accurate record of all academic degrees, honorary degrees, employment and professional experiences, professional affiliations, credentials, certificates, awards, presentations, and publications.
6. Members of the ANCDS should consult freely with other qualified health care practitioners as required by the complexity of clients/patients' conditions or disorders.
7. Members of the ANCDS, when introducing an innovative clinical service, should base the innovation on a sound, theoretical rationale and *each client's* specific need; further, the presumed benefit must significantly outweigh any foreseeable risk, and clinicians should render the clinical service with the degree of care expected of reasonable and prudent clinicians who have similar knowledge, training and ability.
8. Members of the ANCDS, when introducing innovative clinical practices such as care maps, clinical pathways, or practice guidelines designed to benefit *groups of patients* based on their diagnoses, diseases, or conditions, should base such innovative practices on needs assessments, including risk/benefit and cost analyses as appropriate, after co-consultation with experts in the discipline and/or other pertinent disciplines, after establishing a mechanism to assure quality assurance, and should render the new practice with the degree of care expected of reasonable and prudent clinicians who have similar knowledge, training and ability.
9. Members of the ANCDS should not delegate skilled professional responsibilities to other individuals such as students or other allied health professionals unless those individuals are appropriately supervised, trained, and/or certified or licensed to render those services.
10. Members of the ANCDS should not charge for services of students, assistants, or volunteers except as allowed by institutional guidelines, law, and/or third party payers.

C. With regard to professional practices,

1. Members of the ANCDS, when distributing information to the public about the range, type, efficacy, and cost of clinical services, should not deliberately or knowingly falsify information or mislead the reader or listener.
2. Members of the ANCDS, when engaging in informational or advocacy activities, should do so in a manner that is neutral with regard to factors such as health status, demographic factors (age, gender, race, nationality, ethnicity, religion, sexual orientation), socioeconomic status, or lifestyle, unless the factor is relevant.
3. Members of the ANCDS should use professional judgment about the nature and duration of services rendered, and to whom, and not render services merely on the basis of prescription.
4. Members of the ANCDS should charge a fair and reasonable fee for services.

5. Members of the ANCDS should not charge for services not rendered.
6. Members of the ANCDS should avoid all improper billing practices.
7. Members of the ANCDS should maintain documentation of services rendered.
8. Members of the ANCDS should report documented services accurately and promptly to all authorized recipients such as referral sources and third party payers.
9. Members of the ANCDS should maintain the privacy of clients/patients by following established procedures to assure the confidentiality of clinical records.
10. Members of the ANCDS should report promptly any mishaps, mistakes, or errors in judgment in the rendering of clinical services to the appropriate authority, including but not limited to the attending physician, institutional risk management and/or quality assurance committees and thereafter to the client who has been affected, or is potentially affected, by the mishap, mistake, or error in judgment.
11. Members of the ANCDS should report immediately to the appropriate authorities or medical personnel any situation that has a high probability of imminent harm to the client or third parties.
12. Members of ANCDS, in all professional affairs, should avoid engaging in practices that represent conflicts of interest when those conflicts introduce bias or exert undue influence, and should disclose all competing interests to potentially affected parties such as clients/patients, funding agencies, editors, and publishers.
13. Members of the ANCDS should report alleged ethics infractions involving members of the Academy to the Board of Ethics, particularly those that are known or alleged to be serious, ongoing or repetitive, are known or alleged to involve harm to past, present or future clients/patients, and/or are known or alleged to involve improper use of public or private funds.
14. Members of the ANCDS should cooperate fully in any investigations that the Board of Ethics deems appropriate.
15. Members of the ANCDS against whom an ethics complaint is filed should not engage in retaliatory behavior, be that in the workplace or otherwise, against the person who has filed a complaint.
16. Members of the ANCDS who initiate a complaint should do so only in good faith that the alleged misconduct has occurred and can be substantiated. If the Executive Board finds that complainants have made accusations that are unsubstantiated or false, or whose accusations reflect a reckless disregard for the truth, and/or make accusations in circumstances from which malice can be inferred, the complainants shall be subject to discipline by the Executive Board.

D. With regard to education and training,

1. Members of the ANCDS should share knowledge of, and evidence about, neurologic communication disorders with students, other professionals within the discipline and other disciplines.
2. Members of the ANCDS should recognize and practice the basic tenets of academic integrity including the obligations to present accurate and current information.
3. Members of the ANCDS should encourage open debate about different points of view.
4. Members of the ANCDS should be accountable for the quality of teaching.

5. Members of the ANCDS should adhere to the requirements of academic credentialing bodies.
6. Members of the ANCDS should grade academic work objectively and fairly.
7. Members of the ANCDS should advise students candidly about courses of study available locally and in other institutions.
8. Members of the ANCDS should advise students accurately about future employment possibilities.
9. Members of the ANCDS should seek to integrate academic education with practical experience.
10. Members of the ANCDS should establish a quality assurance mechanism to assure that student outcomes are consistent with the mission and goals of the academic environment.
11. Members of the ANCDS should help deserving students seek awards, honors, scholarships, and other opportunities.
12. Members of the ANCDS should apprise students of standards of conduct during their academic studies, and award good or exemplary conduct, or sanction inappropriate conduct.
13. Members of the ANCDS should teach students about applicable professional codes of ethics and codes of conduct.
14. Members of the ANCDS should teach students and/or or make instruction available regarding laws and regulations that affect professional activities.
15. Members of the ANCDS should teach students about the responsible conduct of research.
16. Members of the ANCDS should avoid coercion or favoritism with regard to students.
17. Members of the ANCDS should not engage in sexual conduct with individuals who are their students until after such time as the professor-student relationship is terminated.
18. Members of the ANCDS should not guarantee the results of any educational curricula or related activities.

E. With regard to scholarship,

1. Members of the ANCDS should enhance and protect academic freedom of students, colleagues, and other professionals by encouraging the exchange of ideas and wide latitude in the choice of topics and methods of discussion.
2. Members of the ANCDS should avoid unsubstantiated or unfair bias toward a particular point of view, school of thought, or method.
3. Members of the ANCDS should comply with ethics requirements when conducting research with animals and humans as delineated by prevailing authorities and institutional review boards.
4. Members of the ANCDS should report promptly any adverse events, mishaps, mistakes, or errors in judgment in the conduct research involving human or animal participants to the appropriate authority, including but not limited to the institutional review board, and thereafter to the human research participant, or research collaborator who has been affected, or is potentially affected, by the adverse event, mishap, mistake, or error in judgment.
5. Members of the ANCDS should take responsibility for their own work, including but not limited to the choices of topics and methods of teaching and research, the content and conduct of animal

or human subjects research, as well as the data, presentations, and publications resulting from scholarly work.

6. Members of the ANCDS should not guarantee the outcome of any research studies.

F. With regard to the management of research ideas and data,

1. Members of the ANCDS should keep accurate and complete records of primary research data.
2. Members of the ANCDS should save original data for a reasonable period of time after publication of those data, usually no less than three years, or longer, as stipulated by the relevant public or private funding agency.
3. Members of the ANCDS should safeguard data records and associated materials such as consent forms, and other confidential, identifiable material.
4. Members of the ANCDS are encouraged to cooperate with other researchers by sharing data sets from published reports, when the data sharing is likely to advance scientific knowledge, to facilitate replication, to save money and other resources, and/or is likely to help fulfill other legitimate scientific aims.

G. With regard to collaboration and authorship practices,

1. Members of the ANCDS should share recognition with collaborators, by offering authorship or acknowledgment for jointly developed concepts, methods, or other elements of creative works that have been developed collaboratively.
2. Members of the ANCDS should avoid authorship disputes by discussing authorship contribution and co-authorship order before embarking on a scholarly work, or before the work is completed.
3. Members of the ANCDS should accept authorship of a publication or other work only if their intellectual contribution has been substantial, and they are willing to take responsibility for the concepts and data in the work.
4. Members of the ANCDS should not add someone as an author on a paper, presentation or other document without the informed consent of that individual.
5. Members of the ANCDS should not offer gift or honorary authorships to others who have not made substantial intellectual contributions to the work, and/or who are not able or willing to accept the responsibility associated with authorship.
6. Members of the ANCDS should acknowledge the contribution of individuals other than authors such as students, technicians, assistants, colleagues, and funding agencies in any work that is distributed publicly.

H. With regard to the conduct and integrity of research,

1. Members of the ANCDS should not plagiarize (use the ideas and words of someone else without acknowledging the source).
2. Members of the ANCDS should not fabricate data intentionally, knowingly, or recklessly.
3. Members of the ANCDS should not falsify data intentionally, knowingly, or recklessly, i.e., should not misstate, misrepresent, or omit data that are likely to lead others to accept as true that which is false or invalid, or to reject that which is true and valid.

4. Members of the ANCDS should not knowingly, intentionally, or recklessly record or report ideas, data, or graphic material that are plagiarized, fabricated, or falsified.

I. With regard to publication and peer review practices,

1. Members of the ANCDS recognize that if they have a research paper that they intend to publish in a peer-reviewed journal, they should not distribute the manuscript to the public; however, confidential distribution to colleagues and students, or confidential distribution within or between research laboratories is encouraged.
2. Members of the ANCDS should not publish, disclose, or display a research paper or other scholarly work without giving collaborators and co-authors an opportunity to review it.
3. Members of the ANCDS should comply with the requirements of an editorial board or comparable body when submitting scholarly work for publication.
4. Members of the ANCDS should not publish the same work multiple times unless the aim is to reach a wider audience, and the original and all other prior publications are acknowledged in subsequent publications.
5. Members of the ANCDS should not disaggregate data if the practice is likely to inflate the significance of results, and/or mislead readers, such as where a large data set or the data from a multi-center research project results in many different and overlapping publications.
6. Members of the ANCDS should not underreport negative results or adverse events in research progress reports, oral presentations at scientific meetings, published articles, or similar works.
7. Members of the ANCDS should accept responsibility for mistakes of fact, carelessness, or errors in judgment such as misreporting of data or misuse of statistics.
8. Members of the ANCDS should correct errors in published works, grant applications, or similar works by writing promptly to the editor, granting body, or other oversight authority.

APPENDIX
(Background Document)
Relation Between the Stated Purposes of the Academy
and the Proposed Codes of Ethics and Conduct

The Purposes of ANCDS were originally defined by the Founding Members and are printed on the ANCDS website (http://www.ancds.org/code-of-ethics).	The <i>Code of Ethics</i> is designed to assure that all of the members of ANCDS are committed to principled reasoning when making decisions, solving ethics quandaries, and making difficult choices in their professional lives and on behalf of individuals with neurologic communication disorders, and others.	The <i>Code of Conduct</i> is designed to articulate a basic code of conduct to which all ANCDS members will adhere.
Among the purposes of ANCDS is the desire to:	Code of Ethics Preamble, as drafted	Code of Conduct lead-ins, as drafted
*promote quality service to persons with neurologic communication disorders by developing training guidelines for preparation of speech-language pathologists for clinical practice with this population, developing standards for clinical practice of speech-language pathologists with this population, and to develop the standards and provide the means to certify clinical specialists in this area of practice.	Whereas, the ANCDS was formed in 1988 because of a perceived need to raise the national standard of clinical service, education, and research pertinent to individuals of all ages with neurologic communication disorders, and Whereas, the central mission of the ANCDS is to promote the highest quality of service to persons with neurologic communication disorders, and Whereas, a purpose of the ANCDS is to develop and establish exemplary standards of education, training, and continuing education in neurologic communication disorders, and Whereas, a purpose of the ANCDS is to establish standards for certifying clinical specialists in neurologic communication disorders, and	A. With regard to offering and rendering clinical services to individuals with neurologic communication and related disorders, ... B. With regard to credentials to render specialized services,
* promote state-of-the art education of practitioners in neurologic communication disorders.	Whereas, a purpose of the ANCDS is to promote state-of-the-art education of practitioners and develop training guidelines for practitioners in neurologic communication disorders, and	D. With regard to education and training, ...
* promote exchange of information and ideas among its members.	Whereas, a purpose of the ANCDS is to promote the exchange of information and ideas among its members, and	C. With regard to professional practices, ...
* promote research that contributes to better understanding and management of neurologic communication disorders.	Whereas, a purpose of the ANCDS is to promote basic and clinical research of the highest quality and integrity so as to improve the understanding and management of neurologic communication disorders, and	E. With regard to scholarship, ... F. With regard to the management of research ideas and data, ... G. With regard to collaboration and authorship practices,... H. With regard to the conduct and integrity of research,... I. With regard to publication and peer review practices,...
* provide leadership in the development of clinical expertise in neurologic communication disorders.	Whereas, a purpose of the ANCDS is to provide leadership in the development of clinical expertise in neurologic communication disorders, and	{this document is part of that leadership purpose}
* establish and support liaison with related professional organizations.	Whereas, a purpose of the ANCDS is to establish and support liaisons with related professional organizations,	{this document is not applicable to interprofessional relations}