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Abstract The profession of dietetics has its foundation in science and dieticians are experts in food; diet and nutrition in improving the health of society. A dietician in South Africa, as a healthcare provider, practices in the fields of therapeutic nutrition, community nutrition, food service management and research and are faced with ethical decision making in these domains. As a profession guided by the Professional Board of Dietetics and Nutrition of the Health Professions Council of South Africa (HPCSA), all practicing dieticians in South Africa are guided and regulated by legal statutes which influence ethical and professional conduct. The professional body for dieticians in South Africa, the Association of Dietetics in South Africa (ADSA), also has a code of ethics for their members. Since 2007, eight cases of misconduct by dieticians had served at the HPCSA. Other ethical issues that dieticians in South Africa face are issues regarding conflict of interest, endorsement of products and sponsorship and there are possible ethical reasoning approaches, i.e. the principled or reasoned approaches that can be applied to guide dieticians in the process. In the three different practising fields for dieticians in South Africa, it is important that practitioners can reflect on ethical theories such as egalitarianism (deontology) or utilitarianism to guide ethical decision making. Jonsen's method of analysing ethical issues can be applied especially in therapeutic cases to assist in analysing the ethical issues at hand. Dietetic practice in South Africa is characterised by diverse ethical issues that makes ethical decision making complicated.

Keywords Ethics · Dietetics · South Africa · Therapeutic nutrition · Community nutrition · Public health nutrition

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7.1 Introduction

This chapter presents the context of ethics in South Africa for the dietetics profession. The scope of practice for dieticians in South Africa is presented and ethical issues and ethical decision making as it pertains to this scope of practice are discussed.

7.2 Context of Ethics for the Dietetics Profession in South Africa

7.2.1 Introduction

The profession of dietetics has its foundation in science and dieticians are experts in food diet and nutrition in improving the health of society (Palermo 2015). It is essential that all professional activities of dieticians are conducted in an ethical, credible and transparent manner, whether it involves patients, clients, teaching or research (Tappenden 2015). This is essential to maintain the trust of other medical professionals and society.

The majority of training in ethics of dieticians in South Africa is based on ethical theories that include libertarian, egalitarian (deontology/duty-based) and utilitarianism. Bioethics and research training are based on the four clusters of moral principles, thus principilism, i.e. *respect for autonomy*; *non-maleficence* (avoid causing harm which include physical harm, psychological harm, moral harm, social harm and financial harm), *beneficence* (providing benefits and balancing benefits against risk and cost) and *justice* (distributing benefits, risk and cost fairly) (Beauchamp and Childress 2001).

7.2.2 Scope of Practice of Dieticians in South Africa

The scope of practice of dieticians in South Africa and therefore also the ethics and professional conduct of the dietetics profession are regulated and guided by the Professional Board for Dietetics and Nutrition of the Health Professions Council of South Africa (HPCSA) (HPCSA 2007).

This statuary body was established under the Health Professions Act of 1974. This act includes the ethical rules of conduct for practitioners registered under the health professions act of 1974 and these specific rules of conduct also pertain to the Professional Board of Dietetics and Nutrition which is the regulatory board for dieticians and nutritionists, as well as to students within these two professions. The professional Board for Dietetics and Nutrition serves as a self-regulating body for

the profession to keep dietetic practitioners accountable and also serves as a complaint mechanism for the public.

In South Africa, the scope of practice for a dietician was established by an act of the Parliament of South Africa, i.e. the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No. 56 of 1974), and includes

> "in South Africa the scope of practice for a Dietician was established by an act of the Parliament of South Africa i.e. the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act No 56 of 1974), Regulation 891 and includes:
>
> (a) The application of knowledge and skills by:
>
> (i) the establishing and applying of guidelines for the maintenance of healthy nutritional practices for individuals;
> (ii) the applying of dietary principles as part of the treatment of an individual, relative to a specific disease and following prescription by a medical doctor;
> (iii) the establishing and applying of guidelines for adequate food and nutrition in the community in institutions for healthy and or ill persons;
> (iv) participation in research on aspects of dietetics; and
> (v) participation in formal and informal education in the field of dietetics.
>
> (b) The promotion of community nutrition by –
>
> (i) the accurate interpretation of the science of normal and therapeutic nutrition;
> (ii) the professional communication of scientifically based nutrition knowledge, according to need, to individuals and groups within the community in order to motivate them to maintain or change nutritional behaviour in order to improve quality of life and to prevent nutrition-related diseases.
>
> (c) Contributing to therapeutic nutrition by the compilation and application of scientifically-justifiable dietary measures as part of the treatment of a patient or client following referral by, or consultation with, a medical doctor.
> (d) The promotion of food service administration by – the planning, development, control, implementation and evaluation of and guidance in respect of suitable food service systems for the provision of balanced nutrition to groups in the community and in institutions for healthy and/or ill persons".

The regulatory guidelines and policies of the HPCSA for health professionals include "ethical rules of conduct; guidelines of good practice; the patients right charter; informed consent; confidentiality; protecting and providing information; guidelines withholding and withdrawing treatment; ethical guidelines for management of patients with HIV; reproductive health; keeping of patients' records; telemedicine; guidelines on over servicing, perverse incentives and related matters; guidelines for the management of health care waste; general ethical guidelines for health researcher and guidelines for business practice" (HPCSA 2016, p. 1). All of these guidelines are of great importance in the practice of dietetics in South Africa.

The aforementioned rules of conduct are based on core ethical values and standards which include respect for people; best interests of people; human rights: autonomous decision-making, integrity, truthfulness, confidentiality, empathy, patience, justice, professional competence and highest level of knowledge and skills. Healthcare practitioners should endeavour to contribute to the enhancement of society in accord with their professional abilities and standing in the community.

Other than the professional board, there is also a non-statutory board (with voluntary membership) name, the Association for Dietetics in South Africa (ADSA) also has a code of ethics for the profession (ADSA 2008).

7.2.3 *The Code of Ethics from the Association of Dietetics in Southern Africa (ADSA)*

ADSA is the professional organisation for dieticians registered with the HPCSA in South Africa. This professional body has an "ADSA Code of Ethics for the Profession of Dietetics in South Africa" and a "Code of Conduct/Standards of Professional Practice". In the code of ethics, professional competence, relationships with colleagues, relationships with clients and legal and social responsibilities are addressed (ADSA 2008).

Other guiding documentation regarding training in ethics used in South Africa is the Constitution of SA, the Bill of Rights, the Patient Rights Charter, the *Batho Pele* Principles and the Human Rights Standards for Professionals.

7.3 Ethical Issues in Dietetics Practice

A dietician in South Africa thus practises in the fields of therapeutic nutrition, community nutrition, food service management and research and are faced with ethical decision making in these domains. The context within which they practise are characterised by diverse ethnicity and cultural beliefs, a multiple burden of disease, i.e. under- and over nutrition – sometimes in the same household, limited access to health care, limited resources, diverse religious beliefs and value systems, gender issues and huge disparities in economic status.

The following discussion will highlight some of the most prevalent conduct and ethical issues dieticians face in South Africa.

7.3.1 *Professional Conduct and Competence in Dietetic Practice*

Professional conduct is based on values, attitudes and beliefs and an understanding of your role as a dietician as well as an understanding of the obligations and dilemmas in dietetic practice. Professional conduct in dietetics practice entails conduct with compassion, discernment, trustworthiness, integrity, conscientiousness, honesty, integrity and fairness (Beauchamp and Childress 2001). This supports and

promotes high standards of professional practise to the public, your clients, the profession, colleagues and other health professionals.

The HPCSA has specific generic guidelines for good practice in the healthcare professions based on a promulgation in the Government Gazette R17/2006 which includes guidelines on "advertising and canvassing or touting, information on professional stationery, naming of a practice, itinerant practice fees and commission, partnership and juristic persons, sharing of rooms, impeding a patient, professional reputation of colleagues, professional confidentiality, retention of human organs, signing of official documents, certificates and reports, issuing of prescriptions, professional appointments, secret remedies, defeating or obstructing the council in performance of its duties, performance exploitation, medicine and medical devices, financial interests in hospitals, referral of patients to hospitals and reporting of impairment or of unprofessional and unethical conduct" (HPCSA 2016, pp. 4–5). Most of the aforementioned are also applicable to the practice of dietetics and all future and presently registered dieticians should take cognisance thereof.

The ability to adhere to these rules as laid out by HPCSA does not per se make a practitioner a good and ethical practitioner. Khan and Ramachandran argue that competency is greatly important and define it as "the ability to make satisfactory and effective decisions or to perform a skill in a specific setting or situation" (2012, p. 921). Healthcare in general places a great amount of importance on competence and argues, as is supported by the HPCSA's requirements, that those registered in the field of dietetics are ethically obliged to uphold proficiency in their field of practice by continuing to learn new techniques, how to use technology, new skills and acquiring new evidence-based knowledge, thus building and developing their knowledge and skills obtained during training.

Dietetic professionals in South Africa have to comply with a continuous professional development (CPD) programme to update their knowledge and abilities through education for the advantage of their clients and patients and to prevent causing harm. Every practitioner is required to accrue 30 Continuing Education Units (CEUs) per one calendar year of which five of the units should focus on ethics, medical law and human rights. Recognised CPD activities include conferences, workshops, seminars and journal clubs, but it must be accredited with the HPCSA as a CPD event. To ensure compliancy, the HPCSA does, on an annual basis, audit a random sample of registered dieticians.

7.3.2 Ethical Misconduct

The Health Professions Act 56 of 1974 defines unprofessional conduct (Section 1) as "improper, disgraceful, dishonourable or unworthy conduct when the profession of a person who is registered in terms of this Act is taken into consideration". According to the Health Professions Act 56 of 1974, Annexure 2, Section 1, subrule (a) (amended 2009) a dietician "shall confine him or herself to the performance of professional acts in the field of dietetics in which he or she was educated and

Table 7.1 Specific misconduct by guilty dieticians (2007–2013) within each transgression cluster (Nortjé and Hoffmann 2015)

Negligence or incompetence in treating patients or clients	Failure to communicate proper treatment to the patient.
	Failure to collect appropriate information from the patient.
	Failure to treat the patient for the diagnosed problem.
Improper professional role conduct	Sexual harassment: Grabbed and kissed a colleague against her will.
	Advertising transgression: Placed an article in a glamour magazine and on the internet.
Fraudulent conduct	Incorrect billing, i.e. double billing.
	Charged for services not delivered, i.e. claimed from medical aid for treatment not given.

trained and in which he or she has gained experience; and (b) shall not fail to communicate and cooperate with other registered practitioners in the treatment of a patient".

Nortjé and Hoffmann (2015) reviewed ethical misconduct cases among dietetic practitioners in South Africa from 2007–2013. This study was based on all guilty verdicts by the HPCSA against dietetic practitioners that breached professional standards and ethical misconduct in this period. They found that only five out of seven cases that served were found guilty of misconduct (See Table 7.1.). These researchers put these transgressions as a violation of the ethical principles of respect, trust and non-maleficence. The guilty verdicts of unethical behaviour against dietetic practitioners in comparison to other health professions in South Africa are very low and are mainly improper professional conduct and incompetent treatment of patients/clients. Since 2014, only one dietetic practitioner was found guilty by the HPCSA and that was for fraudulent billing. The penalty for most of these transgressions was financial. Therefore, Nortjé and Hoffmann (2015) suggested that part of the penalties should be ethical awareness training for transgressors. These authors also stressed that there should be in-depth training in ethics which include bioethics and professional integrity for dietetic professionals on undergraduate and postgraduate levels. In a study done on undergraduate dietetics students regarding what these students think professionalism entails, it was found that professionalism traits are not achieved constantly for dietetic students (Marais et al. 2012).

Nortjé and Hoffmann (2015) further suggest, based on their findings, that for professional conduct to adhere to ethical principles, clients/patients must not be treated as a means to an end, thus observing the deontological principle of respect. The dietician is obligated to take care of a client/patient who is in a vulnerable position when they consult a dietician, thus focusing on causing no harm, including exploitation, thus non-maleficence and strive for beneficence in order for the client/patient to benefit from consulting a dietician.

7.3.3 *Conflict of Interest*

Few professions are affected as much by culture, religion and legislation as nutrition. Similarly, few professions are affected as much by direct marketing links as dieticians. For example, many religions have dietary rules which are adhered to by various degrees. Research indicates that historically religious beliefs as well as moral codes of researchers and practitioners have influenced their advice to patients, their views on the production of food and the acceptability (or not) of nutrition-related interventions (Rucker and Rucker 2016). An example of the aforementioned is the choices between genetically modified foods or the origin of food (plant vs. animal, chemical vs. natural such as in nutritional supplements). Often these ethical dilemmas are addressed in one of two ways. A utilitarian approach (the greatest good for the greatest number) is often applied to justify nutrition interventions within community nutrition whilst deontology (the rightness of given features of an activity versus the outcome of the activity) may guide general acceptability of dietary prescriptions or food products (Rucker and Rucker 2016).

A conflict of interest (CoI) may arise when professional decision vis-à-vis a primary concern is unjustifiably influenced by a secondary concern (Newton et al. 2016). These secondary interests are also referred to by Lucas (2015, p. 176) as influent interests and can include:

(a) financial interests where an individual's personal finances may be influenced by the decision that he or she has made.;
(b) non-financial issues which make it difficult for the individual to consider questions objectively such as personal relationships, business associations and membership in a political party or other groups; or
(c) ideological conflicts, for example a libertarian view which puts emphasises on individual choice versus a concern regarding the broader social impact of those choices. (Newton et al. 2016).

Rowe et al. (2009) equate CoI to potential bias in research. Bias is defined as "a deviation of either inferences or results from the truth, or any process leading to a systematic deviation or skewed conclusion" (Rowe et al. 2009, p. 267). Although some authors hold the opinion that a conflicted professional will not unavoidably be less impartial than a non-conflicted counterpart (Hurst and Mauron 2008), Newton et al. (2016) concluded that empirical data from psychological research indicate consistently that an individual with fiscal or other links to a establishment will likely support that establishment, intentionally or unintentionally. This link suggests that CoI compromises the quality of academic evidence and undermines "evidence-based" decisions.

CoI may bias behaviour (Newton et al. 2016). As there is great difficulty in distinguishing subtle, unintentional partiality from deliberately concealing impropriety. It implies that being "conflicted" should include to mean "potentially conflicted". This potential for bias requires consideration of CoI to:

(i) Ensure objectivity;
(ii) Ensure good governances by identifying, preventing and resolving CoI; and to
(iii) Maintain trust.

The United National (UN) General Assembly in 2011, was a breakthrough moment for the field of CoI which formalised the comprehensive acknowledgement of the matter of CoI. For the first time in history, Col was on the agenda of the Member States which were represented by Heads of State and not limited to food, nutrition and health establishments only (Gomes 2015). At this time the UN was also challenged by a partnership of 160 national, regional and international networks and associations to provide a clear distinction between public-interest and business-interest organisations. Recently, the WHO also initiated a public discussion on its draft principles and policies of engagement with non-state sectors in an attempt to draw a distinction between stakeholders in the public and in the commercial interest and the circumvention, deterrence and management of conflicts of interest (Gomes 2015).

Research into the potential influence of industry funding on the outcome of, as well as the publication of scientific evidence, has led to the development of guidelines on declaration of potential conflict of interest by many regulatory bodies within the profession. CoI can potentially shape the policy and legislative landscape as well as the research and thus the evidenced-based practice landscape (Rucker and Rucker 2016).

Following an analysis of different organisations in the UK, Newton et al. (2016) concluded that CoI is inevitable if associations enlist a representative range of specialists to recommend on evidence-based guidelines and that observance to the Nolan Principles of Public Life (See Table 7.2) might provide a source to make CoI controllable. It was suggested that government organisations accountable for policy advancement and execution must institutionalise an method to recognise thus disclose and manage by mitigation or ideally elimination, of perceived and actual CoI to increase public confidence in government resolutions.

7.3.4 Endorsement, Incentivisation and Sponsorship

Requests for endorsement of products by registered dieticians are an ethical dilemma. Sound scientific justification is always needed when endorsement is required which can be guided by the aforementioned principles of Nolan.

Another ethical dilemma linked to the food industry is that of sponsorships for events such as continuing education, congress attendance or for research purposes and incentivisation. Approaches to dealing with these include a reasoned approached (Rucker and Rucker 2016) where decisions should be based on transparency and disclosure of funding sources and the acceptance that scientists/researchers are in principle objective if allowed independent decision, fixed principles suggested by Gomes (2015) that any employment, remunerated work, considerable association

Table 7.2 Nolan principles of public life (Newton et al. 2016, p. 735)

Principle	Explanation
Selflessness	Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.
Integrity	Holders of public office should not place themselves under any financial or other obligations to outside individuals or organisations that might seek to influence them in the performance of their official duties.
Objectivity	In carrying out business, including making public appointments, awarding contracts or recommending individuals for rewards and benefits, holders of public office should make choices on merit.
Accountability	Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.
Openness	Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.
Honesty	Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.
Leadership	Holders of public office should promote and support these principles by leadership and example.

with food, drink, weapons, tobacco or pharmaceutical commerce as well as affiliation or association with non-profit/charitable organisations whose governing body has more than 25% members with such activities should be viewed as a conflict of interest or a conflict of interest framework (Cohen 2009) as discussed earlier. Several arguments have been raised for and against a principled approach (applied for example by the World Public Health Nutrition Association [WPHNA]) as well as a reasoned approach (applied for example by the European Food Safety Agency's Conflict of Interest Practices Committee and the North American Working Group of the International Life Sciences Institute [ILSI]) (Rucker and Rucker 2016). Gomes (2015) argues that professionals seeking research funding or considering evidence, should not only focus on the products manufactured by companies, but they should also take into consideration the practices and policies, as well as the initiatives, companies or organisations that a potential funders get involved in (see Table 7.2). Subscription to either of these approaches will have implications for the dietetics practitioner and therefore practitioners should have some basic understanding of the different approaches, their personal biases and the consequences of their decisions and actions.

7.3.5 Social Media

The use of social media has increasingly become popular as a tool for communication over the last decade. For dieticians in South Africa this has become a platform to increase professional networks and to use for education. However, all the development and progress in social media now presents healthcare professionals with ethical and legal trials and it poses a danger to privacy and the confidentiality of patients, clients, associates and companies (Kubheka 2017). Kubheka (2017) stresses that for professionals, the same ethical and legal principles that relate offline, should also apply online and that healthcare professionals need to understand that they are responsible to their professional boards and the law for their online activities and warns against the cyber psychology phenomenon called the "online disinhibition effect". The recent case of Prof Noakes which received a lot of media interest attested to the fact of the murky waters of online opinions.

7.4 Case Studies to Demonstrate Ethics Challenges in Dietetics Practice

The next section of this chapter will attempt to illustrate by virtue of case studies and opinion pieces some of the ethics challenges faced by dieticians in practice.

7.4.1 Therapeutic Nutrition

Dieticians working in the field of therapeutic nutrition in South Africa are either hospital-based or in private practice. Cohen (2009) points out that there is an imbalance of knowledge and power in any professional-client relationship.

7.4.1.1 Scenario 1

Solomons and Nortjé (2013) described a case-study from one of the paediatric hospitals in South Africa, of a child with cerebral palsy, born deaf and blind because of in-utero rubella infection and who was at an end-of-life situation. The decision was that the child be classified as an intervention level 1 patient which excludes any active resuscitation, intravenous antibiotics or blood transfusions. However, 2 weeks after admission it was decided to perform a Nissen fundoplication as well as insert a feeding gastrostomy. The protocol of only normal feeding being allowed led to a difference of opinion between the dietician and the rest of the medical team thus resulting in an ethical conflict. The ethical question which arose in this case was that whether the team, given the patient's prognosis and classification as intervention

level 1, still should have continued with evasive therapy? The ethical tension intrinsic in all paediatric cases when the diagnosis is negative is compounded by medical ambiguity. The team fundamentally needs to ask whether one owes a duty of care to young vulnerable children or whether one should do everything in one's control as healthcare practitioners to save a child irrespective of the consequence (Solomons and Nortjé 2013). The patient died 3 days after the Nissen fundoplication due to surgical complications (Solomons and Nortjé 2013).

7.4.2 Community Nutrition

To illustrate the range of ethical challenges that exist within the community nutrition area of practice, a few scenarios are described indicating the potential for ethical challenges or conflict of interest.

7.4.2.1 Scenario 1: Dietary Guidelines

Any dietary recommendation has implications for food producers. Dietary guidelines for health advancement and disease avoidance such as the food-based dietary strategies adopted by the South African Department of Health endorses consumption patterns based mostly on grains, fruit and vegetables, and with smaller amounts recommended for meat, fish, poultry and dairy foods, and lesser amounts of foods high in fat and sugar. Nestle (2000) argues that even though such diets are health promoting, following these diets impacts on the food industry and thus impacts on the relationship between dieticians and the food industry. A move to a predominately plant-based diet could affect the commercial interests of particular manufacturers of food and food products. It will also affect the environment, food expenses, and commercial trading with emerging and industrialised countries and will influence relationships between the food industry, government organisations at national and international level and food and nutrition specialists in a free market economy. According to Nestle (2000), consideration of ethical dilemmas in the choice of healthy diets might suggest that "food choices are political acts that offer opportunities for all parties concerned to examine the consequences of such choices and 'vote with forks'". Once again the dietician needs to be aware of the conflict of interest argument, as discussed earlier.

7.4.2.2 Scenario 2: Prevention of Child Malnutrition

Similar to the impact of general dietary guidelines on individual companies or commodities, recommendation of specific food products may impact on the sales (and thus financial benefit) as well as popularity by the population at large as they may argue that the benefit may extend beyond malnourished children. In addition, these

consumer responses may trigger a market response resulting in the cost of a product now placing it in a category where it is not as desirable as a solution, yet undoing that message is almost impossible. One example is improving the energy density of weaning foods of young children. It is often recommended to add margarine or peanut butter to cereal-based meals of children as it will increase energy density as well as reduce viscosity and thus contribute to overall energy intake of the child. However, the nutrition composition of products that are effective in the short term may result in undesirable health outcomes in the long term. Fanzo (2015) argues that most food security programmes focus on overall production and consumption of energy in bulk and do not consider overall nutritional outcomes or quality of the diet. Consideration of both, short and long term consequences are therefore important to ensure adherence to the principle of non-maleficence.

7.4.2.3 Scenario 3: Prevention of Mother-to-Child Transmission of HIV

Ms Y, a Dietician, working in a peri-urban community health centre, supports breastfeeding but finds it difficult to advise HIV positive women to breastfeed as she "would not do it herself if she was HIV positive".

At the peak of the HIV/AIDS pandemic in South Africa, an intervention was announced by the HIV/AIDS directorate of the Department of Health of South Africa (2010), to provide free breast milk substitutes as a measure to prevent mother-to-child transmission (PMTCT). Public health advocates argued against this intervention on the basis of

(i) the mortality and morbidity risk of gastro-enteritis for infants living in poor sanitary environments;
(ii) the impact of handing out of free formula by health practitioners on the breastfeeding, and particularly, exclusive breastfeeding practices, of women with young infants;
(iii) the conflict between the intervention and the code for marketing of breast milk substitutes that was in place at the time; and
(iv) the risk of mixed feeding resulting in increased mother-to-child transmission for women from poor socio-economic situations.

Subsequently, the policy was amended and no free formula was provided whilst counselling on infant feeding together with counselling on family planning and a Nevaripine protocol was implemented (Department of Health, Republic of South Africa 2010).

Many public health interventions such as the revised PMTCT programme follow a utilitarian approach, i.e. consider the greatest good for the greatest number. Turoldo (2009) argues that a narrow application of the principle of autonomy is inadequate and challenging for public health ethics. He argued that accountability,

both antecedent and consequent, is comparable to acting in an astute manner which resembles neither a automated application of intangible guidelines nor a trial and error solicitation of guidelines that proceeds thoughtlessly without the directorial guidance of guidelines. Whoever acts in a responsible way knows the rules of ethics and applies them while learning from own experiences, utilising their own discernment and letting themselves be guided by their habit of acting well (Turoldo 2009). Turoldo's assertion is in line with the Ethics of Responsibility as argued by Hans Jonas. Jonas' philosophy is seen as neo-Kantian in that one needs to apply the rules, but all within context of responsibility to the situation at hand.

7.4.3 Foodservice Management

Ethical issues that dieticians in a foodservice management milieu have to deal with are often related to human resource management. Barkley (2008) used the following example to demonstrate such a challenge.

Scenario 1
A foodservice employee is observed taking prepared food from the kitchen. There is no policy in place to allow for any foods, including foods that are considered as left over or wasted food, to be taken home. This employee has worked for many years in the facility and is a productive employee and has been nominated by the facility as "employee of the month" by peer workers and also does not have any other disciplinary issues. The foodservice supervisor does not want to counsel or discipline this employee because the administrative assistants to the CEO were observed taking catering leftovers from the facility.

(Scenario from Barkley (2008, p. 1240).

As can be seen from the aforementioned scenario there is a clash of duties and ethical principles. On the one hand, the supervisor uses the argument that "what is good for the goose is good for the gander" when she sees the behaviour as not serious in light of what the assistant to the CEO did. On the other hand, the ethical principle of justice applies in as much that the food is not allocated to the employee and that those who it was allocated towards will not benefit from it. The individual is therefore left with a dilemma as the outcome of both scenarios are not preferred and someone is going to get hurt either way.

If principalism is applied in this scenario, it will require the dietician to consider the following:

(i) Integrity: the use of food from the organisation for personal purposes equates to theft.
(ii) Justice: Fairness should be demonstrated to all parties.

(iii) Confidentiality: Management of the situation must be done in a manner that will protect the confidentiality of all parties concerned.

Often in ethics the "Boiling Frog Scenario" is cited which argues that if a frog is put into a pot of cold water it will stay there. Once the heat is turned up gradually, the frog will get accustomed to its surrounding and adapt. This trajectory will continue until the frog boils to death. One needs to be vigilant that one does not argue that unethical behaviour is acceptable and "not as bad" as the outcome could be that the behaviour which could follow it could be proportionally worse, but still acceptable as it is not too far from the previous. This scenario illustrates again the importance of ethical and conduct guidelines to assist the healthcare practitioner in choosing what is right and what is wrong.

7.5 Conclusion

A South African perspective on the ethics for the dietetic profession has shown that dieticians are faced with varied ethical challenges in the three fields of practice within a society characterised by diverse ethnicity and cultural beliefs, a multiple burden of disease, i.e. under- and over-nutrition, sometimes in the same household, limited access to health care, limited resources, diverse religious beliefs and value systems, gender issues and huge disparities in economic status that make ethical decision making complicated.

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