

# Canadian Association of Genetic Counsellors

## Code of Professional Conduct

*The following Code of Conduct provides the genetic counsellor with a framework and illustrative guidelines for acceptable and desirable professional behaviour. It is grounded in the principles laid out in the CAGC'S Code of Ethics and Core Competencies. When incorporated into daily practice, the 5 targeted behaviours presented are expected to minimize risk of harm to the client and contribute to excellence in professional practice. The examples provided are by no means exhaustive or prescriptive, but rather illustrate the application of the expected behaviours in professional practice. It is recognized that what is considered acceptable conduct is influenced by the demographic and cultural climate of one's individual workplace. The CAGC encourages genetic counsellors working in Canada to belong to the CAGC, our recognized professional body, and to maintain CAGC or comparable certification.*

*Please refer to the [Definitions \(Appendix A\)](#) provided for terms and concepts that appear in this code. A list of resources is provided in [Appendix B](#).*

Canadian genetic counsellors strive to:

- 1) **Respect Autonomy and Diversity:** Genetic counsellors demonstrate respect for diversity and personal autonomy when they interact with clients, collaborators and the community at large.

**What does "respecting diversity and autonomy" look like? Here are some examples:**

- Applying the principles of culturally competent care to your everyday practice
- Assisting clients in making informed decisions free from judgment or coercion
- Addressing disparities in health care by providing equitable care to non-dominant cultures and clients experiencing geographic and/or socioeconomic barriers
- Promoting and supporting health equity initiatives in your work place
- Using non-discriminatory language in interactions with clients and collaborators

- 2) **Protect Personal Health Information:** Genetic counsellors protect client privacy and maintain confidentiality

**What does "protecting personal health information" look like? Here are some examples:**

- Using discretion to share only relevant information about a client with collaborators
- Discussing cases only in places where the conversation cannot be overheard by those outside the client's circle of care
- Being aware of personal health information protection legislation and all requirements of client privacy at a national, provincial, professional and institutional level
- Ensuring your clients' health records (both paper and electronic) are appropriately protected while in your possession.

- 3) **Practice Competently:** Genetic counsellors maintain their core competencies (counselling & education, genetic expertise and professionalism & ethical practice) at a high standard.

**What does "practicing competently" look like? Here are some examples:**

- Achieving and maintaining certification
- Pursuing continuing education throughout your career
- Ensuring that all client care provided falls within your scope of practice or skill set
- Applying current, evidence-based clinical and scientific information when providing genetic counselling
- Participating in voluntary peer supervision and feedback opportunities

- 4) **Behave Professionally:** Genetic Counsellors employ professional behaviour when interacting with their clients, collaborators and the larger community

**What does "behaving professionally" look like? Here are some examples:**

- Maintaining and supporting a work-environment free of harassment (verbal, physical, sexual or other)
- Maintaining appropriate professional boundaries with clients that reflect the CAGC Code of Ethics and general health care standards
- Ensuring that your social networking activities and communications uphold the honour, dignity and ethical standards of the profession
- Recognizing conflicts of interest with clients and collaborators and managing them appropriately

- 5) **Maintain Personal Well-Being:** Genetic counsellors attend to their physical, psychological and other personal needs in a timely, proactive manner to first prevent, and if necessary treat, illness and psychological distress.

**What does "maintaining personal well-being" look like? Here are some examples:**

- Knowing the signs of compassion fatigue and burnout
- Debriefing with colleagues following challenging cases or interpersonal interactions
- Striving to maintain a healthy and balanced lifestyle
- Seeking immediate help for mental health issues (such as addiction, depression) or other health issues that have the potential to interfere with client care

## Appendix A

### Definitions

To ensure clarity, these are the definitions of terms that appear in the [Code of Conduct](#).

**Autonomy:** The right of patients to make decisions about their medical care without their health care provider trying to influence the decision. The genetic counsellor promotes patient autonomy by respecting the client's right to self-determination, and creating the conditions necessary for autonomous choice. They provide education and psychosocial counselling to promote informed, as well as autonomous decision making.

**Client:** A recipient of health care, a patient. In genetic counselling, clients may also include the family members of the proband.

**Code of conduct:** A code of conduct is a set of guidelines that explain how people should conduct themselves. A code of conduct often consists of things to do in certain situations and requires certain behaviors. A code of conduct can also act as a way of presenting an organization's philosophy or ethical approach to the world

**Collaborator:** A member of an inter-professional group involved in a client's care. This may include clinicians, consultants, laboratory representatives and community-based professionals involved with the client.

**Compassion fatigue:** Fatigue, emotional distress, or apathy resulting from the constant demands of caring for others

**Culturally competent care:** Health and human services are offered and delivered in a way that are sensitive to the language, culture and traditions of non-native immigrants, migrants and ethnic minorities with the goal of minimizing or eliminating long standing disparities in the health status of people with diverse racial, ethnic or cultural backgrounds.

**Discriminatory language:** Language which creates or reinforces a hierarchy of difference between people. Discriminatory language can be targeted to a range of different facets of identity, including sex and gender, race, ethnicity, class, sexuality, age, political or religious beliefs, and physical, intellectual or psychiatric disability.

**Diversity:** All the ways people are unique and different from others. Dimensions of diversity may include the following: ethnicity, religion and spiritual beliefs, culture, colour, physical appearance, gender, sexual orientation, ability, education, age, ancestry, place of origin, marital status, family status, socio-economic status, profession, language, health status, geographic location, group history, upbringing and life experience.

**Genetic counselling:** Genetic counselling is the process of helping people understand and adapt to the medical, psychological and familial implications of genetic contributions to disease. This process integrates:

- Interpretation of family and medical histories to assess the chance of disease occurrence or recurrence.
- Education about inheritance, testing, management, prevention, resources and research.
- Counseling to promote informed choices and adaptation to the risk or condition.

**Source:** NSGC

**Health Equity:** A state in which all persons have fair opportunities to attain their health potential to the fullest extent possible. This requires the acknowledgement of socially produced unfair and unjust inequalities in health between groups with different levels of social advantage/disadvantage (social stratification). Assessing health equity requires comparing health and its social determinants between more and less advantaged social groups.

**Non-dominant culture:** Groups of people who do not have the same access to social and material resources compared to more advantaged social groups.

**Personal health information:** Identifying information about an individual in oral or recorded form, if the information, relates to the physical or mental health of the individual, including information that consists of the health history of the individual's family, or relates to the providing of health care to the individual, including the identification of a person as a provider of health care to the individual

**Professional Boundary:** A boundary is the implicit or explicit demarcation separating the professional relationship with a client from one that is personal. A boundary is crossed when a genetic counsellor initiates or allows a behaviour to persist in a relationship that compromises the relationship with his or her client. The potential for boundary crossings relates directly to the client's position of vulnerability in the therapeutic relationship. A boundary violation occurs when the nature of the therapeutic relationship moves from being a professional relationship to also being a personal one. Signs of boundary violation *may (depending on the context)* include self-disclosure, giving or receiving significant gifts, becoming friends, physical contact or dual/overlapping relationships.

## Appendix B

### Suggested Resources

#### **Professional Competence Resources**

[CAGC Core Competencies Documents](#)

[CAGC Code of Ethics](#)

#### **Health Equity / Cultural Competence Web Pages**

[Towards an Understanding of Health Equity  
Alberta Health Services 2011](#)

[Building Cultural Competency in Practice  
Hamilton Health Sciences Centre](#)

[The providers guide to quality & culture](#)

[Genetic Counselling Cultural Competence Toolkit](#)

#### **Privacy Resources**

*Note: Personal health information privacy legislation is provincial. Be aware of the legislation in your province of practice*

[Health Information Protection in Canada - Office of the Privacy Commissioner of Canada](#)

[Canadian Medical Protective Association – Privacy E-Learning Module](#)

#### **Professional Boundaries – Articles**

Where's the line? Professional Boundaries in the Therapeutic Relationship  
[http://www.cptbc.org/pdf/Where\\_is\\_my\\_line.pdf](http://www.cptbc.org/pdf/Where_is_my_line.pdf)

Professional Boundaries in Health-Care Relationships  
<http://www.cpo.on.ca/WorkArea/DownloadAsset.aspx?id=782>

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