Ethical Attitudes and Education of a Group of California Dietitians

Sharon L. Culpepper
ETHICAL ATTITUDES AND EDUCATION OF 
A GROUP OF CALIFORNIA DIETITIANS 

by 
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A Thesis in Partial Fulfillment 
of the Requirements for the Degree 
Master of Science in the Field of Dietetics 

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Each person whose signature appears below certifies that she has read this thesis and that in her opinion it is adequate, in scope and quality, as a thesis for the degree of Master of Science.

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CHAPTER I

INTRODUCTION

The standards by which men live are important at every level of life. Value judgments made by the individual determine his actions and upon the validity of these judgments rests his mental happiness and health.

The goal of ethics is not to relate how men have acted, but how they should act. Ethics should not be confused with the art of conduct. Ethics aims to instruct reason so that it can make correct judgments about the morality of acts; it supplies the principles for moral guidance. The art of conduct applies the ethical principles to actual living.

Historically, when various individuals assumed certain types of work it was necessary to develop rules for work conduct. As the nature of the work became more involved, the rules governing the work increased in complexity. Today, the conflicts from within a profession and the competition from without have increased the necessity for professional rules or codes.

I. THE PROBLEM

It was the purpose of this study to determine by means of a questionnaire (1) the attitudes of members of a sample group of California dietitians toward particular ethical questions; (2) the education in professional ethics received by the sample group; (3) what correlation,
if any, existed between various age groupings of the sample and their professional ethics training; and (4) what correlation, if any, existed between various age groupings of the sample and the ethical attitudes currently held.

II. DEFINITION OF TERMS USED

**Attitude.** In general, an attitude is a point of view or the position taken. It is subjective in nature rather than objective, and is expressed in feelings or moods. For the purposes of this study it was assumed that the subjects' ethical attitudes were expressed in their replies to the questions submitted.

**Ethics.** The term traditionally is defined as the science of moral values. It is a natural rather than a physical science "which guides our judgment concerning the morality of human acts." It is based on human reason rather than dealing with physical laws. It is a philosophy of conduct.

**Journal.** Short form used to refer to the Journal of the American Dietetic Association.

**Professional ethics.** Professional ethics apply the principles of general ethical philosophy to the solution of the moral problems of a profession. The profession, in this study, is dietetics.

III. ORGANIZATION OF THE REMAINDER OF THE THESIS

Chapter II is a review of the literature pertaining to the professional ethics of the dietitian. The chapter is divided into six
main sections.

The first section deals with the early realization that ethical training is a necessary part of the student dietitian's orientation to her profession. This section also discusses the role of an ethical code in strengthening the professional ties of an infant organization.

Sections II through VI are concerned with the responsibilities of the dietitian to her profession, association, employer, related professions and the community.

Chapter III defines the method and materials of the study. Development of the survey tool is explained and the sample group described.

Chapter IV is concerned with the results of the questionnaire. Questions given and answers received are presented. The sample group is introduced with a breakdown of personal data. This information is also presented in Table form.

Part II describes the results of the questions on ethical education. Two Tables are presented in this section.

The last part of Chapter IV is a discussion, accompanied by a Table, of the answers to the questions seeking to determine the attitudes of the sample group toward certain ethical questions related to the dietitian in her profession.

Chapter V briefly summarizes the findings of the study and raises some questions which might be developed for study in the future.

Following the bibliography are four appendixes. Appendix A contains three early ethical codes used in the training of the student dietitian. Appendix B is the official code of ethics of The American
Dietetic Association. Appendix C is a copy of a document appearing in an early Journal which explains ethical principles to be followed by physicians in dealing with public information channels such as the press, radio and lay periodicals. Appendix D reproduces some of the forms used in conducting the questionnaire survey of this study.
CHAPTER II

REVIEW OF LITERATURE

Although there have been many reference texts written on ethics for the various professional groups, no such text has been written for the dietitian. Likewise, while many periodicals may, at some time, print articles on the professional ethics of the physician, nurse, attorney, teacher, etc., only one was found, in this study, presenting work which related specifically to the dietitian. The periodical, quite logically, was the *Journal of The American Dietetic Association.*

Even in the Journal there were few articles which could be located in the index under the topic of ethics. Indeed, most of what has been written had been incorporated with other articles on varying topics. A brief review of this literature to show how these articles relate to the presently held Code of Ethics of The American Dietetic Association will be given.

I. CONSCIOUSNESS OF THE NEED TO DEVELOP A CODE OF ETHICS

From the birth of the dietetic profession the standards to be maintained were a source of interest. "The education of the dietitian and the development of high standards were discussed whenever women in this field met together." 33

Some of the earliest references to the idea of developing a code of ethics for the profession of dietetics were found in articles outlining training programs for "student dietitians." Bryan 3, in 1934,
reported that professional training, besides providing specialized knowledge and developing technical skill "must inculcate that ethical aim which...has ever been one of the chief characteristics of the learned professions."

The development of ethical aims, at that time, rested largely upon the hospital. It was felt to be a great responsibility to teach the students, as Bryan wrote:

...the significance of loyalty to the objectives of the particular institution and to the professional group of which they are a part; and the recognition of their professional obligations and responsibilities in an economic and social order in which the hospital plays a vital role.

Prior to this time Northrop had been concerned about the ethical training of the student dietitian at Montefiore Hospital in New York. Writing for the Journal Northrop presented the problem of the student, who, in coming from the unstructured surroundings of the university situation often found it difficult to become oriented to the hospital atmosphere. Being unacquainted with hospital customs she often embarrassed herself when, unknowingly, she violated medical traditions. This frequently resulted in earning an undeserved reputation for unprofessional or unethical standards in the hospital dietary department.

Her solution to the problem was to outline certain regulations and concepts which were given to the student when she arrived and for which she was held responsible (see Appendix A). Northrop hoped that by presenting this outline in the Journal more discussion would be stimulated in the Association on the possibility of standardization and further code development.
Another reason for the need to develop a code of ethics was a desire on the part of the early pioneers to tie together the members who were, even at this early date, working at a wide variety of specialties in the field. In an editorial for the Journal it was pointed out that from the formation of The American Dietetic Association in Cleveland in 1918 the membership had grown in only nine years to almost a thousand people. With dietitians representing every field of emphasis the profession itself became the "common bond" of the group. The writer recommended that a committee be appointed to study the possibility of developing a code for The American Dietetic Association. The editorial cautioned against formulating "a series of 'Do's and Don'ts.'" It suggested, rather, that the committee seek to establish general principles which could be adapted by the individual dietitian to fit her particular situation.

During the next several years references were made to the fact that various committees were studying the possibility of developing a code. In 1934 another editorial stated that the young profession of dietetics was presently engaged in studying the prospects of developing a code for its members. Later in the same Journal edition codes developed by two classes of student dietitians were presented (see Appendix A).

II. RESPONSIBILITY TO THE PROFESSION

In every line of activity, a united written expression of that which is best for the common good becomes a strong force for progress. The mere expression clarifies the general sentiment ...Codes written or unwritten, are very essential to the growth of professions.
The "common good" in the profession of dietetics has been concerned with professional dedication to the practice of the science of nutrition for the betterment of humanity. From the earliest days the highest standards of education and experience were the expressed goals. Such goals were necessary if the dietitian was to be considered an authority in this field.

As a specialist, the dietitian was expected to have more than individual experience on which to base her judgments. Her training was to include broad areas of study and directed experiments to familiarize herself with all information available in her field. It was suggested by a physician, that "...the cultivation of a spirit of intelligent skepticism" by the dietitian toward novelties in diet and dietetics would be the greatest contribution to the development of the profession.

A nurse wrote that the dietitian's contribution would be greatest if she would balance her scientific, practical and humanitarian points of view.

Internship experiences have consistently been founded on the philosophy that one learns by doing. Whereas pre-internship classwork has taught students the theories, the internship experience has been structured to provide the necessary practice. It was here that the student dietitian was guided first and then given full responsibility for professional service. The student had to learn which theories and skills to select from her educational background for each situation.

Education was not to cease with the ending of the internship. "Life-long learning, both in depth and breadth," according to
Laboskey, would aid in developing professional attitudes and abilities. If the professional training received during college and internship impressed upon the student the need for continuing education, he felt it would have accomplished a great deal.

While such factors as technical knowledge, experience, continuing education and attitude are obvious professional responsibilities, there is another aspect of responsibility considered. In 1931 the Journal summarized in an editorial some principles given by the New York Academy of Medicine and the Medical Society of the County of New York to guide physicians in relationships to the public through the press, lectures, periodicals and radio. These principles were felt to be applicable to the dietitian in maintaining ethical standards regarding publicity (see Appendix C).

In a report at the Philadelphia convention in 1947, the Public Relations Committee of The American Dietetic Association urged each dietitian to take an individual responsibility for representing her profession. No better summary of this responsibility to the profession was found than the following statement from that report:

The dietitian who takes pride in her profession, who reflects enthusiasm and interest, and who considers her work an opportunity as well as a challenge is the best and most effective emissary of the dietetic profession.

III. RESPONSIBILITY TO THE ASSOCIATION

As noted above, the profession has been concerned from its earliest days with the development of high standards, educational and otherwise. Most of this concern has been demonstrated by work within The American Dietetic Association. In a presidential address Dr. Ruth
Wheeler,\textsuperscript{62} in 1925, reiterated the idea that there was "nothing static" about the standards of the new profession of dietetics and reminded her listeners that it was an Association aim "to determine and maintain standards."

The definition of a dietitian has, for many years, included membership in The American Dietetic Association.\textsuperscript{61} It was because she held this membership that the dietitian gained whatever recognition she had as a professional person.\textsuperscript{14, 51, 53} Speaking of the young dietitian, Dodge,\textsuperscript{14} while Association president, noted that Association membership brought her "a desirable professional status more quickly and with less expenditure of time and money than any other course." This status was due to the strict requirements which had to be met before gaining membership. She questioned whether the young dietitian could professionally afford to fail to avail herself of "the rights, privileges and prestige which membership brings."

In later years another writer\textsuperscript{53} pointed out that membership in The American Dietetic Association served to "pave the way" with other professional groups. While the individual dietitian might not be known by the other professional persons or groups with which she was called to work, the fact that she was a dietitian would "create a favorable atmosphere" with those familiar with the Association.

The organization has functioned in other ways for the individual members. There has been the valuable opportunity for organized contact with other members of the Association.\textsuperscript{44, 51, 53} The organization, also, has been able to speak with greater force and accomplish more as a body than the individual member could possibly have done.\textsuperscript{26, 53}
In return for what the Association has accomplished for its members, the members have had a responsibility to support the Association and its activities. The ideas expressed in the phrases "no man is an island, no man stands alone," and "a chain is as strong as its weakest link" seem to be applicable to the organization and its membership activity. It was pointed out in 1947 that participation by the dietitian in the work of the organization would strengthen the organization as well as teach her the value of her professional affiliation. What the individual did would affect the entire group; and the group would be advanced or restrained by the degree and quality of membership participation. More recently Hunscher wrote:

It is essential that a professional organization be able to speak securely and adequately for the profession. To do so, an association must represent as many of those who do the same kinds of work as possible. The sociologists call this the "completeness" of a profession—that is, all who are eligible are members.

IV. RESPONSIBILITY TO THE EMPLOYER OR ORGANIZATION

Loyalty is a personality trait which is learned. The loyalty which one owes the institution or employer for which one works is not a gift which can be bestowed or withheld, but is a very real obligation.

One area of loyalty involves tenure of service. It was felt that, usually, on a short-term basis the dietitian could not make an adequate contribution to the employing organization. Early writers directing their articles to hospital dietitians pointed out that one should stay in a hospital a sufficient length of time to become identified with the best interests of the institution.
Dyer\textsuperscript{15} attacked the labor turnover among dietitians by saying that if the number of dietitians dissatisfied with their jobs could be reduced it would be an advantage to the profession. She placed much of the burden of creating conditions for success upon the dietitian by pointing out that the personality, ability and experience of the dietitian, as well as the efficiency of the organization's administration, were factors in the success formula.

Speaking of the dietitian as an administrator, one writer\textsuperscript{50} noted that the dietitian should expect to offer "continuity and length of tenure" to her employer if she expected to build a worthwhile career. She then added:

Deepest values are not momentary. Greatest returns require time for accomplishment. Administration may not be entitled to continuity of tenure, but it requires such length of service in order to make the greatest contribution.

Another area mentioned involving loyalty was the adherence to organization objectives. One of the duties of the dietitian as a manager was seen to be identification and interpretation of the organization's objectives. If these were not understood by her employees in the organization they would not be aware of what was required of them or what satisfactions they could expect.\textsuperscript{29}

More recently, a modern term, "human relations," has been used to cover an area of study recommended for the professional personnel. It was pointed out that the dietitian relates to many people and is responsible for influencing behavior and change in others. This influence may result in a change of institutional policy or a change of eating habits for people. The dietitian is cautioned that "people are more important than getting the job done, more important than dietary
habits, and more important than administrative practices or rules."¹⁹

This recent emphasis on human relations, however, is not the first time it has been mentioned. Earlier writers¹⁵, ¹⁶ made mention of the need for the dietitian to realize the role of her own personality in her working relationships.

One of the more frequently voiced criticisms of the dietitian was that she seemed to get involved in doing rather than delegating. ⁶, ⁴², ⁴⁷-⁹, ⁵⁸ It was noted that the profession of dietetics, as other professions, was short staffed, and one available solution to this problem was to delegate responsibilities as much as possible to auxiliary personnel. The dietitian was recognized to have a unique contribution to make as a professional person, but if she did not organize her activities and delegate some responsibilities she would not have time for the long-range planning activities that are so necessary on her level of management. ⁶, ⁴², ⁵⁵, ⁵⁸

Due to the emphasis of anthropology and social psychology the subject of communication recently has occupied the center stage of social relationships. Thus, the "need for facility in communication" was mentioned as an evident need in the fulfillment of the dietitian's responsibilities. ⁴⁸

Cartmill⁵, ⁶ noted that faulty communication techniques were responsible for much of the misunderstanding that may arise in the work activity. Keown²⁹ warned that "communication is not an end in itself, but a means to an end; information is needed for job performance and coordination." If employees are not told what they need to know they cannot be expected to do their work well.
In the past, the rapid growth of the profession of dietetics was due, in part, to the willingness on the part of dietitians to accept increasing responsibilities and to fulfill these responsibility requirements adequately. Several writers\textsuperscript{7, 37, 42} seemed to feel that areas of responsibility and new fields of endeavor were just \textit{beginning} to be discovered. The use of computers in dietary functions was one example given where routine procedures could be turned over to a machine thus releasing the dietitian to play an "increasingly important role in our economy and in the national well-being."\textsuperscript{7} The dietitian has had the tradition of accepted responsibilities to live up to in developing her profession.

V. LITERATURE ON RESPONSIBILITY TO RELATED PROFESSIONAL GROUPS

By naming as its objective the improvement of the "nutritional status of human beings," the American Dietetic Association closely allied itself with those of other professions...that devote themselves to the well-being of humanity.\textsuperscript{25}

While the term "team approach" was found most often in the more recent literature, the general concept was present in the early days of the profession. Joslin\textsuperscript{28} called on the dietitian to aid the physician in his treatment of diabetics stating that "it is for the dietitian to discover and teach us doctors" various relationships between food and carbohydrate values. Another writer\textsuperscript{43} commenting on a cooperative approach said that the "cooperation of a very highly trained dietitian is essential, for the whole success of the investigation may be primarily dependent on the conscientiousness and accuracy with which the food is prepared."
The dietitian was seen as having a deep sense of responsibility toward other members of the professional team by one writer. She was viewed as performing the role of a specialist in the medical group. She invariably filled the position of teacher in her relationships to patients, nurses, medical students, physicians, other dietitians and dietetic interns. Membership on the team provided the dietitian the opportunity of meeting the obligation to share her knowledge with other professional persons and of making the most valuable contribution possible. Young felt that being part of the medical team made the dietitian constantly aware of the fact that she must continue to study and keep up to date on advances in her own field. In participating in the activities of her own group and related professional groups the dietitian could acquaint the other group as well as her own with her profession and its functionings.

While the dietitian has had some of the same concerns as the physician, she has not had the same responsibility as far as diagnosis and prescriptions were concerned. In the final analysis the physician is responsible for patient care and the dietitian

...never works with patients under any conditions without medical supervision; she remembers that her function is not to diagnose or to prescribe...she should contribute from her background of knowledge and experience to the discussions and decisions of the team or assume the responsibilities assigned to her by the physician in charge.

VI. RESPONSIBILITY TO THE COMMUNITY

As in any other profession the field of dietetics has been beset by various quacks and frauds. With the many methods of communication and advertising available through radio, newspapers and magazines, there
has been much opportunity for the public to be seriously misled regarding what it eats. Incidents of food companies using the name of The American Dietetic Association and insinuating that they were backed by graduate dietitians in their preposterous food claims resulted in the statement by the Association that "such unethical practices should not be countenanced..." by the dietitian. Moreover, she was ethically responsible to combat misinformation in any form.

While hospital dietitians have confined their work activities to the institution in the past, present trends in health service, exemplified by the recent enactment of Medicare (Public Law 89-97) have extended the service of the dietitian into the community more than ever. Consultant services are widely needed and perhaps could be met by the dietitians whose home responsibilities prohibit full time employment.

It was mentioned that the dietitian should be aware of opportunities for extending her services and "effort should be made to present and interpret the dietetic profession to the public..." One method of community service which has been found to be well suited to participation by a wide group has been the Dial-a-Dietitian program. By having the telephone answered in the name of the dietetic association, the image of the dietitian and her association were brought to the consciousness of the public.

In the answers to questions made for evaluation purposes, it was found that Dial-a-Dietitian was an effective public information program. Success was attributed, among other things, to the ability to reach the public directly and give a needed service.
CHAPTER III

THE METHOD AND MATERIALS OF INVESTIGATION

While certain inherent limitations of the questionnaire method were recognized, consideration of (1) the extensive geographical distribution of the proposed subject group, (2) the lack of any data from such a study in the past, and (3) the time limits of the present research, the most reasonable and economical method of obtaining the information seemed to be by a direct-mail questionnaire.

I. INSTRUMENT OF MEASUREMENT

As no known studies of this type have been done in the field of dietetics, development of a questionnaire to determine ethical attitudes was necessary.

Three types of information were asked for on the questionnaire. Questions one through thirty-one were designed to indicate attitudes toward certain ethical situations. The respondents were asked to check a choice of three answers, Yes, No, or Undecided. Many questions were composed of several parts resulting in the necessity of the respondent making sixty check responses. Space was left for comments to be written if the respondent desired to do so.

The situations used were based on questions suggested by studying The American Dietetic Association's official Code of Ethics (see Appendix E). The questionnaire, however, does not propose to cover all the ethic-involving situations that the dietitian might encounter.
Parallel wording structure of the questions was done to eliminate, as much as possible, any indication of possible bias on the part of the investigator.

Questions thirty-two to thirty-four were concerned with the ethical education of the respondent. More than one answer could be checked in the three parts of question thirty-four.

The final four questions requested personal data. They served to identify the respondent as to age group; whether presently employed; position, if employed; and length of full-time and/or part-time work experience.

A sample questionnaire may be found in Appendix D.

II. SAMPLE GROUP

The sample group was drawn from the membership of the California Dietetic Association.

At the time the questionnaire was mailed, March 1967, the California Dietetic Association membership was 2,180. Two statisticians were consulted as to the size of sample needed to provide reliable data for making valid generalizations. Both recommended that questionnaires be sent to 200 randomly selected members.

A list of the names and addresses of the total membership was obtained from the California Dietetic Association. These names were numbered from one to 2,180. A table of random digits was used to select the 200 members needed for the sample. The corresponding numbers on the membership list were taken and the group thus chosen.
III. PROCEDURE

A cover letter (see Appendix D) was sent with the questionnaire explaining the purpose of the questionnaire and requesting the subject's cooperation. It was requested that the questionnaire be in the return mail ten days after the mailing date.

Two envelopes were included for returning the questionnaire. The unsigned questionnaire was to be placed in the blank envelope. This envelope was then placed inside the mailing envelope. The outside envelope was stamped and addressed for return. The respondent was asked to sign his name on the outside envelope to facilitate determining to whom reminder cards needed to be sent for unreturned questionnaires.

One week after the date of the requested return of the questionnaire, printed post cards were sent to those who had not returned their questionnaires.

As the questionnaires were received the names were checked off a master list. The inside envelopes containing the questionnaires were removed and opened separately for tabulation.

Since an IBM 1620 computer was used in tabulating and analyzing the results, it was necessary to code each question and answer numerically. One punch card per questionnaire was used.

Coded answers were punched on the cards which were then run through the computer to obtain a total group count for answers to each question. A count of answers was also made by age groups. Percentage of the sample group making each reply was determined.

Correlation coefficient ($r$) was used to measure the strength of the relationship between (1) age group and ethical education of the
sample member, and (2) age group and attitudes toward the ethic-related questions.
CHAPTER IV

QUESTIONNAIRE ANSWERS, ANALYSIS AND DISCUSSION

Two of the original sample of 200 members of the California Dietetic Association were eliminated from the final group. One returned a blank questionnaire with the explanation that she taught in the field of nutrition but did not "practice dietetics." The other individual had moved out of the state and was no longer a member of the California Dietetic Association.

Out of the revised sample group of 198, a total of 173 questionnaires were returned yielding an eighty-seven per cent response.

It was assumed, due to the subjective nature of attitudes as noted in Chapter I, that for the purpose of analysis the respondents' replies to the questions expressed their ethical attitudes.

I. PERSONAL DATA QUESTIONS

Analysis of questions dealing with the respondent's personal data revealed a great diversity in age, type of position presently held, and total years of work experience.

Classification by age on the questionnaire was made in five year intervals. For the purpose of analysis the age groups included those in a ten-year interval. Table I shows there were thirty-seven in the twenty to twenty-nine age groups; fifty-eight in the thirty to thirty-nine year class; fifty-four in the forty to forty-nine age classification; sixteen in the fifty to fifty-nine
year group; one in the sixty to sixty-nine age class; and five in the age seventy and over category. Two respondents did not classify themselves according to age.

TABLE I
CLASSIFICATION BY AGE OF ONE HUNDRED AND SEVENTY-THREE RESPONDENTS

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<td>55 - 59</td>
<td>6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>60 - 64</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>65 - 69</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>70 - 74</td>
<td>2</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>75 and over</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Response</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

According to the type of position presently held a review of the replies indicated there were twenty-three dietitians in hospital therapeutics; eighteen in hospital administration; twelve in schools and teaching; ten consultant dietitians; four each in clinic work, public health and research; three in commercial employment. Twenty-one
indicated that they have positions combining two or more of these categories; and eleven indicated that their positions were something other than those listed. These included three in the poverty program, two elementary school teachers, one health planning consultant, one in the State Department of Local Welfare, one each employed in "production" and by a business firm; and one each who designated herself as "director of dietetics" and "only dietitian." One person did not indicate her position. A total of 109 of the 173 respondents were employed at the time of the study.

Eighty of those presently employed hold a full-time position. Twenty-nine are employed on a part-time basis only. Sixty-two are not presently employed.

A total of 160 (92%) have worked or were working on a full-time basis and forty-two (24%) on a part-time basis. These numbers total more than 100% because some respondents have held both full-time and part-time positions.

Seventy-four per cent of those with a history of full-time employment experience are found in the first three time-length categories (see Table II). This means that the majority are employed full time for no more than ten years.

A slightly larger majority, eighty-one per cent, with a history of part-time employment experience also are found in the first three time-length classes.

Length of employment history was considered to be important because of the repetition found in the comments of the idea that the opinion expressed was based on the respondent's experience.
TABLE II
TOTAL YEARS OF FULL-TIME AND/OR PART-TIME WORK EXPERIENCE OF RESPONDENTS

<table>
<thead>
<tr>
<th>TOTAL YEARS OF WORK EXPERIENCE</th>
<th>FULL TIME</th>
<th></th>
<th>PART TIME</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Per Cent</td>
<td>Number</td>
<td>Per Cent</td>
</tr>
<tr>
<td>Less than 2</td>
<td>33</td>
<td>21</td>
<td>10</td>
<td>24</td>
</tr>
<tr>
<td>2 - 5</td>
<td>47</td>
<td>29</td>
<td>15</td>
<td>36</td>
</tr>
<tr>
<td>6 - 10</td>
<td>38</td>
<td>24</td>
<td>9</td>
<td>21</td>
</tr>
<tr>
<td>11 - 15</td>
<td>17</td>
<td>11</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>16 - 20</td>
<td>11</td>
<td>7</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>21 - 25</td>
<td>8</td>
<td>5</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>26 - 30</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>31 or more</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Totals</td>
<td>160</td>
<td>100</td>
<td>42</td>
<td>100</td>
</tr>
</tbody>
</table>

Thirteen respondents have never been employed on a full-time basis. One hundred and thirty-one have never been employed on a part-time basis.

Figures in the Per Cent columns may not total 100 per cent due to technique of rounding to the nearest whole number.

II. ETHICAL EDUCATION QUESTIONS

Ninety per cent of the respondents believed that The American Dietetic Association had a code of ethics. Fifteen individuals indicated that they did not know if there was such a code. Only one individual thought the Association had no ethical code. One participant did not answer this question.

Approximately two-thirds of the group had received some type of formal education in general ethics, professional ethics, and specifically in ethics for the dietitian.
As can be seen in Table III most of the formal instruction was received in an internship class and/or in a college class in the student's major field of study or in the area of philosophy, psychology or religion. Two was the number of classes in ethics most frequently checked. This was followed by those who indicated that they had had one, three, or four classes.

TABLE III

NUMBER AND PER CENT OF RESPONDENTS PARTICIPATING
IN VARIOUS ETHICAL-EDUCATION SITUATIONS

<table>
<thead>
<tr>
<th>ANSWER CHECKED</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>33 A  Education received:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In a class in general ethics:</td>
<td>30</td>
<td>17</td>
</tr>
<tr>
<td>In a class in professional ethics:</td>
<td>24</td>
<td>14</td>
</tr>
<tr>
<td>In a class of philosophy, psychology, or religion:</td>
<td>64</td>
<td>37</td>
</tr>
<tr>
<td>In a class of dietetics, nutrition, or home economics:</td>
<td>101</td>
<td>58</td>
</tr>
<tr>
<td>In a seminar type of situation:</td>
<td>47</td>
<td>27</td>
</tr>
<tr>
<td>In a lecture or series of lectures:</td>
<td>39</td>
<td>23</td>
</tr>
<tr>
<td>Using a textbook source:</td>
<td>28</td>
<td>16</td>
</tr>
<tr>
<td>Other:</td>
<td>20</td>
<td>12</td>
</tr>
<tr>
<td><strong>33 B  Point in experience when education was received:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In a college class:</td>
<td>92</td>
<td>53</td>
</tr>
<tr>
<td>In an internship class:</td>
<td>115</td>
<td>66</td>
</tr>
<tr>
<td>In a graduate class:</td>
<td>18</td>
<td>10</td>
</tr>
<tr>
<td>In pre-internship work experience:</td>
<td>20</td>
<td>12</td>
</tr>
<tr>
<td>In post-internship work experience:</td>
<td>23</td>
<td>13</td>
</tr>
<tr>
<td>In internship work experience:</td>
<td>54</td>
<td>31</td>
</tr>
<tr>
<td>In the 3-year work experience program:</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Other:</td>
<td>10</td>
<td>6</td>
</tr>
</tbody>
</table>

Because more than one answer could be checked in parts A and B column totals would exceed 173 participants and 100 per cent.
Those who checked that ethical training had occurred in situations other than those listed were asked to write in the circumstances. These were found to be in the home, church, Girl Scout and 4-H Clubs.

Correlation Coefficient (r) was used to determine what correlation, if any, existed between (1) the age groupings of the respondents and the number of situations where ethical training occurred and (2) the age groupings and the ethical attitudes held as measured by answers to the questions.

Correlation Coefficient (r) is a numeric measure of the strength of linear relationship between two sets of data. The value of r will always fall between -1 and +1. The value of r, not considering the sign, specifies the strength of the linear relationship. A strong relationship yields a large value for r. A small value for r implies a slight relationship. Perfect correlation between two series would prevail whenever the paired values were identical sigma distances from their respective means.

The IBM 1620 computer used in the correlation analysis failed to show any correlation between the age groupings and the ethical education or the ethical attitudes of the participants.

To the question, "Do you think that a dietitian should have received some formal instruction in professional ethics by the time she becomes a member of The American Dietetic Association?," the following replies were given:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don't Know</th>
<th>No Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>163</td>
<td>2</td>
<td>5</td>
<td>3</td>
</tr>
</tbody>
</table>
A ninety-four per cent majority seemed to feel that the dietitian should have received some type of specific ethical education for her profession by the time she became a member of The American Dietetic Association.

III. ETHICAL ATTITUDE QUESTIONS

Questions one through thirty-one were concerned with determining the ethical attitudes of the 173 respondents toward particular questions. These questions and the answers received are presented in Table IV.

When added together, the figures in the Number columns will total 173 for each question. Because the percentage figures were rounded to the nearest whole number a totaling of the % columns ranges between 99-101%. One hundred per cent is shown on the table, however, because the number 173 is 100% of the respondents.

Question number twenty-seven and part (d) of question nineteen were omitted from the analysis because a large number of the respondents failed to answer them. Many wrote that the questions were "unclear" or that they could not imagine such a situation. The omitted questions can be found in the sample questionnaire in Appendix D.

Often comments were made along with the Yes, No, or Undecided answers which were checked. The numbers in the Comment Only column refer to those respondents who did not check one of the three choices but did make a comment. It was felt that these individuals could not accurately be placed in the No Answer column.
TABLE IV

ANSWERS OF ONE HUNDRED SEVENTY-THREE MEMBERS OF THE CALIFORNIA DIETETIC ASSOCIATION TO ETHIC-RELATED QUESTIONS

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>YES</th>
<th>NO</th>
<th>UNDECID</th>
<th>CM ONLY</th>
<th>NO ANS</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Num</td>
<td>%</td>
<td>Num</td>
<td>%</td>
<td>Num</td>
<td>Num</td>
</tr>
<tr>
<td>1. Should the dietitian be obligated to render service for the common good without regard for personal gain?</td>
<td>84</td>
<td>49</td>
<td>71</td>
<td>41</td>
<td>17</td>
<td>10</td>
</tr>
<tr>
<td>2. Should the dietitian prescribe dietary treatment without the direction of a physician?</td>
<td>12</td>
<td>7</td>
<td>152</td>
<td>88</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>3. Should the dietitian allow her name or picture to be used in the advertisement of products</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) As a matter of general principle?</td>
<td>7</td>
<td>4</td>
<td>146</td>
<td>84</td>
<td>15</td>
<td>9</td>
</tr>
<tr>
<td>(b) When the dietitian is employed by the firm for the specific purpose of promoting the product?</td>
<td>117</td>
<td>68</td>
<td>38</td>
<td>22</td>
<td>15</td>
<td>9</td>
</tr>
<tr>
<td>(c) When the dietitian is an author and her name or picture is used in the advertisement of her book?</td>
<td>153</td>
<td>88</td>
<td>9</td>
<td>5</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>QUESTION</td>
<td>YES</td>
<td>NO</td>
<td>UNDECID</td>
<td>CM ONLY</td>
<td>NO ANS</td>
<td>TOTAL</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-------</td>
<td>-------</td>
<td>---------</td>
<td>---------</td>
<td>--------</td>
<td>-------</td>
</tr>
<tr>
<td></td>
<td>Num %</td>
<td>Num %</td>
<td>Num %</td>
<td>Num %</td>
<td>Num %</td>
<td>Num %</td>
</tr>
<tr>
<td>4. Should a dietitian actively engage in political issues, either local or national (a) As an individual without making known her professional connection?</td>
<td>145</td>
<td>84</td>
<td>17</td>
<td>10</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>26</td>
<td>15</td>
<td>119</td>
<td>69</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>113</td>
<td>65</td>
<td>23</td>
<td>13</td>
<td>24</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>3</td>
<td>103</td>
<td>60</td>
<td>22</td>
<td>13</td>
</tr>
<tr>
<td>5. Should a dietitian report to her immediate superior unethical or unprofessional conduct on the part of a co-worker (dietitian)? (a) Before approaching the co-worker?</td>
<td>149</td>
<td>86</td>
<td>9</td>
<td>5</td>
<td>13</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>149</td>
<td>86</td>
<td>9</td>
<td>5</td>
<td>13</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>149</td>
<td>86</td>
<td>9</td>
<td>5</td>
<td>13</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>149</td>
<td>86</td>
<td>9</td>
<td>5</td>
<td>13</td>
<td>8</td>
</tr>
</tbody>
</table>
### TABLE IV (continued)

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>YES</th>
<th>NO</th>
<th>UNDECID</th>
<th>CM ONLY</th>
<th>NO ANS</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Num</td>
<td>%</td>
<td>Num</td>
<td>%</td>
<td>Num</td>
<td>Num</td>
</tr>
<tr>
<td>7. Should a dietitian in sending an unfavorable letter of reference</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>concerning a staff member</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Limit the contents of the letter to estimates previously discussed</td>
<td>128</td>
<td>74</td>
<td>29</td>
<td>17</td>
<td>11</td>
<td>5</td>
</tr>
<tr>
<td>with the staff member?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Give the letter to the staff member to be read before sending?</td>
<td>47</td>
<td>27</td>
<td>91</td>
<td>53</td>
<td>19</td>
<td>11</td>
</tr>
<tr>
<td>8. Should a consultant or shared dietitian, in order to maintain a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>definite standard of work,</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Limit her acceptance of facilities to such a number as can be</td>
<td>163</td>
<td>94</td>
<td>5</td>
<td>3</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>cared for adequately?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(b) Accept more facilities in order to render some degree of service</td>
<td>6</td>
<td>3</td>
<td>125</td>
<td>72</td>
<td>15</td>
<td>9</td>
</tr>
<tr>
<td>even if minimal?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Should a dietitian permit a tacit misunderstanding on the part of a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>patient regarding the patients' diet or condition, thus giving the</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>patient a wrong impression, when it seems to be for the patient's own</td>
<td>25</td>
<td>14</td>
<td>87</td>
<td>50</td>
<td>56</td>
<td>32</td>
</tr>
<tr>
<td>good?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
TABLE IV (continued)

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>YES</th>
<th>NO</th>
<th>UNDECID</th>
<th>CM ONLY</th>
<th>NO ANS</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Num %</td>
<td>Num %</td>
<td>Num %</td>
<td>Num %</td>
<td>Num %</td>
<td>Num %</td>
</tr>
<tr>
<td>10. In the treatment of a patient is a dietitian justified in securing information from a patient</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) By asking leading questions?</td>
<td>106</td>
<td>61</td>
<td>17</td>
<td>10</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>(b) By pretending knowledge of the information from another source?</td>
<td>31</td>
<td>18</td>
<td>103</td>
<td>60</td>
<td>24</td>
<td>14</td>
</tr>
<tr>
<td>11. Should a dietitian have any professional responsibility to</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(a) Continue professional study in universities and/or other schools?</td>
<td>129</td>
<td>75</td>
<td>17</td>
<td>10</td>
<td>20</td>
<td>12</td>
</tr>
<tr>
<td>(b) Keep informed through the reading of current literature in the field?</td>
<td>170</td>
<td>98</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>(c) Contribute to professional publications?</td>
<td>94</td>
<td>54</td>
<td>40</td>
<td>23</td>
<td>25</td>
<td>14</td>
</tr>
<tr>
<td>(d) Support actively health related professions?</td>
<td>130</td>
<td>75</td>
<td>17</td>
<td>10</td>
<td>17</td>
<td>10</td>
</tr>
<tr>
<td>(e) Support by active membership</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1) The American Dietetic Association?</td>
<td>166</td>
<td>96</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>(2) The California Dietetic Association?</td>
<td>162</td>
<td>94</td>
<td>2</td>
<td>1</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>(3) Other professional organizations associated with the ADA such as American Heart Association, American Home Economics Association, American Medical Association, American Hospital Association, etc.?</td>
<td>99</td>
<td>57</td>
<td>35</td>
<td>20</td>
<td>28</td>
<td>16</td>
</tr>
<tr>
<td>QUESTION</td>
<td>YES</td>
<td>NO</td>
<td>UNDECID</td>
<td>CM ONLY</td>
<td>NO ANS</td>
<td>TOTAL</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>------</td>
<td>------</td>
<td>---------</td>
<td>---------</td>
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<td>--------</td>
</tr>
<tr>
<td></td>
<td>Num</td>
<td>%</td>
<td>Num</td>
<td>%</td>
<td>Num</td>
<td>%</td>
</tr>
<tr>
<td>12. Does the dietitian as an individual need to be concerned with the development of (a) Educational standards in the profession?</td>
<td>158</td>
<td>91</td>
<td>2</td>
<td>1</td>
<td>13</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>156</td>
<td>90</td>
<td>1</td>
<td>1</td>
<td>16</td>
<td>9</td>
</tr>
<tr>
<td>13. Should a dietitian apply for a position without first notifying her present employer?</td>
<td>111</td>
<td>64</td>
<td>41</td>
<td>24</td>
<td>19</td>
<td>11</td>
</tr>
<tr>
<td>14. Should a dietitian accept a position without first notifying her present employer?</td>
<td>44</td>
<td>25</td>
<td>117</td>
<td>68</td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td>15. Is the dietitian justified in using an offer of another position as a lever in obtaining an increase in salary or for other personal interests?</td>
<td>80</td>
<td>46</td>
<td>60</td>
<td>35</td>
<td>28</td>
<td>16</td>
</tr>
<tr>
<td>16. Should the dietitian, upon leaving one position for another voice criticisms of the previous employer?</td>
<td>14</td>
<td>8</td>
<td>148</td>
<td>86</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>17. Should the dietitian feel an obligation to accept opportunities of greater responsibility?</td>
<td>96</td>
<td>55</td>
<td>50</td>
<td>29</td>
<td>22</td>
<td>13</td>
</tr>
<tr>
<td>QUESTION</td>
<td>YES</td>
<td>NO</td>
<td>UNDECID</td>
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<td>19. Should the dietitian decline personal gifts or gratuities</td>
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<td>(b) If the gift is obviously a &quot;token&quot; gift?</td>
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<td>25</td>
<td>107</td>
<td>62</td>
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<td>8</td>
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<td>(c) If her organization has a definite policy of not accepting such</td>
<td>152</td>
<td>88</td>
<td>17</td>
<td>10</td>
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<td>19</td>
<td>125</td>
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<td>173</td>
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<td>21. Should a dietitian make promises or threats as a means of inducing</td>
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<tr>
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<td>21</td>
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<td>135</td>
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<td>22. If such promises or threats are made, should they be fulfilled?</td>
<td>131</td>
<td>76</td>
<td>21</td>
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<td>(a) The American Dietetic Association?</td>
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<td>(b) Other related professions?</td>
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<td>94</td>
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<td>(c) Community organizations where she might render service?</td>
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<td>94</td>
<td>1</td>
<td>7</td>
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<td>#24. Should the dietetic association(s) take an active part in political activities</td>
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<td>27</td>
<td>81</td>
<td>47</td>
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<td>(b) In the city?</td>
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<td>31</td>
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<td>43</td>
<td>41</td>
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<td>#25. Should the dietetic association(s) confine itself to an endorsement of or opposition to a particular issue?</td>
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<td>44</td>
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<td>#26. Should the dietitian speak out against misinformation and/or misrepresentation of food facts</td>
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<td>(a) Whether or not her opinion is asked?</td>
<td>152</td>
<td>88</td>
<td>6</td>
<td>3</td>
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<td>(b) Only when her opinion is asked?</td>
<td>42</td>
<td>24</td>
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<td>59</td>
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<td>50</td>
<td>60</td>
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<td>29. Is the dietitian ever justified in not practicing good personal</td>
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<td>13</td>
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<td>72</td>
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<td>30. In regard to personal information acquired in the performance of</td>
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<td>66</td>
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<td>(d) Her family?</td>
<td>158</td>
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<td>(e) Her friends?</td>
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<td>173</td>
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<td>31. Should the consideration of where the dietitian will be of most</td>
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<td>64</td>
<td>34</td>
<td>19</td>
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<td>service have a bearing upon her decision of where to practice her</td>
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Due to technique of rounding percentage figures to the nearest whole number, row totals vary between 99-101% when individual % columns are added. Because 173 is 100% of the sample group, the final figure in this table is always 100%.
Question 1. The first question on the questionnaire was one of the most controversial. Forty-eight per cent of the respondents indicated that the dietitian was obligated to render service for the common good without regard for personal gain, while a substantial forty-one per cent disagreed. The number of "yes" and "no" answers was close but the number of comments made on the question was relatively small and the comments themselves failed to indicate the reason or reasons for the lack of a majority opinion.

The official code of ethics for members of The American Dietetic Association states: "The first obligation of each member of The American Dietetic Association is to render service for the common good, without regard to personal gain" (see Appendix B).

Question 2. The majority agreed that the dietitian should not independently prescribe dietary treatment. Those who offered comments indicated that orders regarding the mechanical-soft, obesity and prenatal weight control diets should not be subject to prescription by physician only; these could be prescribed by the dietitian.

Some indicated in their comments that the physician is not often particularly qualified in the field of nutrition and may sometimes prescribe "dietary regimes in direct contradiction to sound nutritional and dietary principles." One respondent stated the dietitian "should override" such orders.

Most comments suggested, however, that medical problems would be avoided if the physician were always the one to prescribe. Several indicated the prescription was best made by the physician with the dietitian's cooperation.
Question 3. A definite majority of the sample group seemed to feel that, as a matter of general principle, the dietitian should not allow her name or picture to be used in the advertisement of products. However, if she authored a book her name and picture could be used to advertise the book. A smaller majority indicated that the use of the dietitian's name and picture by her employing firm for legitimate product promotion was permissible.

Question 4. Regarding political activities the majority agreed the dietitian should participate as an individual or as a delegated representative of the profession, but she should not use her professional membership or status in political activities otherwise.

Question 5. A majority seemed to believe that unethical conduct on the part of a fellow dietitian should be reported to the immediate supervisor, but only after approaching the co-worker.

Comments specified that the nature of the offense or situation would be the determining factor in reporting the unethical conduct. Many who commented said they would not report anything if the action were corrected after the initial approach to the co-worker.

Question 6. A large majority favored carrying the matter to a higher authority if the patient's interests were being harmed by the dietitian's actions or attitude.

Question 7. Nearly three-fourths of the respondents indicated that an unfavorable letter of reference should be limited to contents which had been previously discussed with the dietitian. Slightly more
than half did not seem to think it was necessary to allow the staff member to read the referral letter. One-fourth felt that the staff member should be given an opportunity to read the letter.

Question 8. The majority indicated that a "shared" dietitian or one doing consultant work should limit the number of facilities with which she worked to a number for which she could give adequate care. A smaller majority opinion was that she was not justified in accepting more if she could render only a minimal degree of service.

Question 9. Half the group specified that a dietitian should not permit a tacit misunderstanding on the part of the patient regarding his (the patient's) diet or condition, thus giving the patient a wrong impression, even though it seemed to be for the patient's own good.

The number of respondents who were "Undecided" was largest for this question. Those who commented seemed to feel that some situations might justify this type of deceit. They pointed out that it was the physician's responsibility to discuss with the patient his condition and the dietary relationship to any unknown condition.

Question 10. While a majority of respondents were of the opinion that the dietitian was justified in securing necessary information from a patient by asking leading questions, they did not seem to feel that in her efforts to obtain the information she should pretend to have knowledge from another source.
**Question 11.** Nearly all of those replying agreed that the dietitian has a professional responsibility to keep herself informed through the reading of current literature in her field. They also clearly indicated that she should support by active membership both The American Dietetic Association and the California Dietetic Association.

A smaller, but still definite, majority designated that she had a responsibility to continue her professional study in a formal manner. They also indicated her responsibility to actively support other health related professions.

Only slightly over half seemed to feel the dietitian was obligated to contribute to professional publications. Comments pointed out that while this activity might be desirable, it depended upon the individual dietitian's ability and interest in such an endeavor.

A slightly larger number were of the opinion that active membership in other professional organizations associated with The American Dietetic Association should be held. However, the twenty per cent who commented specified that interest, time and finances, rather than professional obligation, should be the deciding factors.

**Question 12.** That the individual dietitian should be concerned with the development of educational and ethical standards within the profession was affirmed with marked unanimity. This was the only question where not one of those who replied checked the "Undecided" column.

**Questions 13 and 14.** Approximately two-thirds of the sample seemed to feel that the dietitian could apply for, but not actually
accept, another position without first notifying her present employer. Several commented that the dietitian need say nothing at the time as long as at least one month's notice of her intent to leave was given.

Question 15. A difference of opinion prevailed as to whether the dietitian was justified in using the offer of another position as a lever in obtaining a salary increase or other personal advantages. While slightly less than half did not seem to think this action was justified there was no majority opinion on this question. Reasons given by those justifying their "Yes" answers tended to indicate that this might be the only method of reconciling salary inadequacies.

Question 16. Opinion definitely disapproved the criticizing of the previous employer after terminating a particular position and taking new employment. Most of those who answered in the affirmative indicated that criticisms should be made to the first employer but not to succeeding employers about the former one.

Question 17. A bare majority seemed to agree that the dietitian should feel obligated to accept opportunities of greater responsibility. This question elicited a relatively large number of comments which specified that the dietitian's qualifications, interest and time available were more important determining factors than a feeling of "professional obligation."

Question 18. Nearly all of those replying endorsed the opinion that the dietitian should not expect or demand special prices, discounts or services over and above accepted business procedures.
Question 19. Answers clearly showed agreement that the dietitian should decline personal gifts or gratuities if she felt she might be obligated to the giver, or if her employing organization had a policy against accepting such gratuities. However, the majority did not seem to feel she need refuse the gift of obvious "token" value.

Question 20. There seemed to be, generally speaking, the feeling that organizational lines of authority should be followed in staff consultations with the dietitian's superiors. The department head should be contacted first rather than skipped in proposed consultations. Some of the comments pointed out that the dietitian should have the privilege of consultation, but probably should not exercise it outside organizational lines unless there was a problem of unethical behavior or in the absence of the department head.

Questions 21 and 22. A large part of the group noted that it was undesirable to make threats or promises to induce employees to conform to departmental policies; but once such threats or promises are made, they should be carried out.

Question 23. All those responding to this question confirmed the idea that the dietitian should understand the aims and ideals of The American Dietetic Association. A slightly smaller number indicated she should also understand the aims and ideals of related professions and any other community organizations where she might render service.

Questions 24 and 25. No majority opinion prevailed as to whether the dietetic association(s) should take an active part in
political activities at any level or whether it should confine itself to endorsement of or opposition to particular issues. Many pointed out in their comments that political activity in which the association(s) does become involved should be directly concerned with health related issues or issues definitely concerning the association(s).

Question 26. Opinion definitely favored the dietitian speaking out against misinformation and misrepresentation of food facts whether or not her opinion was asked. Some did suggest caution and prudence as to timing and one's manner in handling such situations.

Question 28. Half of the respondents seemed to feel that the personal conduct of the dietitian in her private life should influence her professional standing. One-third disagreed. Several stated in their comments that it probably would affect her professional standing whether it should or not. A few mentioned that a criminal record should affect professional status.

Question 29. Approximately three-fourths of the sample group did not seem to feel that the dietitian had any justification for failing to practice good personal nutrition. The remaining twenty-five percent were divided between being undecided and allowing her some justification for her failure to do so.

The criticism most frequently mentioned by those who commented on this question was of the overweight dietitian. It was felt that in this area the dietitian should "practice what she preaches" regarding good nutrition.
Two out of three comments on this question justified the occasional neglect of the dietitian to practice good personal nutrition on the basis that the dietitian, like everyone else, was human and subject to personal failures.

Question 30. A very definite majority indicated that the dietitian's family and friends have no right to any personal information acquired by the dietitian in the performance of her duties. A majority would not feel obligated to keep this information from the medical team. Almost half would feel free to share this information with other dietitians. Three-fourths did not seem to feel free to share this personal information with other hospital personnel. Almost all who commented regarding the sharing of information specified that they would do so only to benefit the patient.

Question 31. It was generally agreed that consideration of where the dietitian would be of most service should have a bearing upon where she decided to practice her profession. Many pointed out that family responsibilities, geographical limits, financial considerations and altruistic inclinations were factors of importance to consider.
SUMMARY AND CONCLUSIONS

Summary. While there has been no textbook written for teaching professional ethics to the dietetics students and interns, the profession has not been silent on the subject. Through the years dietitians and others writing for the *Journal of The American Dietetic Association* have incorporated the ethical philosophy of the profession in their presentation of other topics.

A questionnaire was developed to determine the ethical attitudes and education of a group of California dietitians. Based on a membership of 2,180, a group of 198 randomly selected members composed the sample. One hundred and seventy-three individuals returned their questionnaires and participated in the study.

There was a great diversity in age, type of position held and total years of work experience exhibited within the sample. Eighty-one per cent of the respondents were less than forty-nine years of age. The positions most frequently held by the participants were in hospital therapeutics and administration, teaching and schools, and consultant work. Sixty-three per cent were employed on either a full-time or part-time basis at the time of the study.

Ninety per cent were aware that The American Dietetic Association has a code of ethics. Approximately sixty-seven per cent had received some type of ethical education which they indicated came mainly from classes during internship or college in their major field of study or
in philosophy, psychology or religion.

No relationship as measured by the correlation coefficient ($r$) was found to exist between the age of the respondent and her ethical education or her ethical attitude toward the particular questions submitted.

A majority opinion was found to exist for most of the questions. Controversial questions were concerned with the political activities of the association(s), the dietitian's obligations (1) to "render service for the common good without regard for personal gain," and (2) to accept opportunities for greater responsibility.

There was also no majority opinion on the degree of frankness required in the dietitian-patient relationship, the conduct of the dietitian in her private life and whether or not the dietitian was justified in using the offer of another position as a lever in gaining a salary increase.

A high degree of interest was expressed in the subject and in the study by the participants. One hundred and thirty-three of the 173 respondents made comments on one or more of the ethic-related questions. Several indicated that they had encountered similar situations in their experience. Quite a number added notes to the questionnaire or the envelope indicating interest in the study. A total of 150 indicated their interest in learning the results of the survey.

Conclusions. It cannot be concluded that the opinions expressed by the sample group express those of all dietitians, or even of all members of the California Dietetic Association. However, since the majority opinions paralleled the ethical principles outlined in the official code of ethics of The American Dietetic Association it seems reasonable
to assume that most dietitians agree with the high standards of their profession. If, in practice, they adhere to the expressed attitudes, dietitians appear to belong to a highly ethical professional group.

Examination of comments related to various questions seemed to indicate that there might be stronger agreement in opinions than the mere enumeration of "yes" and "no" answers would indicate. The investigator noted a large number who qualified certain answers with statements indicating factors in individual situations would influence decisions made.

Judging from the high percentage of returned questionnaires and from the many comments by participants expressing interest in the subject, it would seem reasonable to expect that similar studies could be made on a larger scale with probable success.

It also would appear that the degree of interest manifested by the participants would justify the effort on the part of some writer to prepare a textbook similar to those available for other professions discussing the many areas of ethical consideration which are specific to the dietetic profession.

A questionnaire, such as the one developed for this study, could find use in ethical education of dietetic interns. It could function as a diagnostic tool in determining areas of emphasis to stress in ethic training during internship. Such a questionnaire could also serve as a beginning point for discussion of ethic related situations.

Ethical behavior consists of more than rules, regulations or codes. These, to be most effective, must be, fundamentally, a group of principles which guide one in making moral decisions. Every day is a
new day and today's problems can never be the same in every detail as yesterday's. The dietitian must bring to each situation a desire to understand the circumstances and any implications. Sincerity of purpose and an awareness of what is occurring and the possible effects of her decision will characterize the dietitian who is truly an ethical individual.
BIBLIOGRAPHY
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APPENDIXES
APPENDIX A

EARLY ETHICAL CODES

The following three codes are presented as they appeared in the Journal of The American Dietetic Association.

I. ETHICS FOR STUDENT DIETITIANS

The student dietitian, accustomed to the informal atmosphere of the university campus, often finds considerable difficulty in orienting herself in the atmosphere which greets her on her entrance into a hospital. Her unconscious infringements of hospital custom embarrass her and often give the dietary department an undeserved reputation for unprofessional or even unethical standards. If the chief dietitian, to avoid this, tries to give each new student the information which she needs, it is often difficult for her to make such instructions impersonal enough to avoid offending the student. We have therefore outlined the material in typewritten pages which we give to the student on her arrival. We hold her responsible for observing the regulations printed on the sheets.

We present this material in the hope that it may provoke discussion as to the possibility and advisability of the standardization and further development of such a scheme, and trusting that the suggestion may prove useful in other hospitals, as we have found it here.

For the Student Dietitian

When the student dietitian enters the hospital, she finds herself in an environment new and strange to her, in which she must make many adjustments of attitude and point of view. She must remember that she ceases to be Miss Smith or Miss Jones the moment when she puts on her white uniform, for she is then simply "the dietitian"--a necessary cog in a machine--as long as she is on duty, and often after she is off duty. If that cog slips out of place through the lack of a sense of responsibility, or assumes undue prominence because the dietitian reverts to being Miss Jones, not only the wheel which is the dietary department, but often the whole machine which is the hospital, may be jarred out of its smooth running routine. A dietitian must hold
her personal feelings entirely removed from her professional contacts.

Since the status of the dietitian and her profession is still uncertain, it is natural that there should be much misunderstanding by the public, by the various branches of the hospital staff, and by hospital authorities, of the position which she should occupy. Fortunate, indeed, is the dietitian who is herself always quite certain as to where she "fits in." It is therefore particularly important that each one remember that the profession will be as big as the people who go into it, and to regulate her conduct accordingly. The student is building for the future morale and standing of the department and of the profession. The following suggestions may be helpful in this connection:

(1) A neat and professional appearance demands that uniforms shall be well-fitting and in good condition.
(2) Hairnets should be worn over neat hair.
(3) Footwear should be suitable, neat, and in good condition.
(4) The wearing of jewelry with uniforms is neither suitable nor in good taste.
(5) A reserved and business-like attitude must be maintained at all times on duty. Social conversations are out of place.
(6) Quiet must be observed in a hospital for the comfort of the patients. Loud voices and laughter are disturbing and undignified.
(7) The use of the given name on duty is not customary even in addressing an intimate friend.
(8) Criticism should be accepted graciously and impersonally.
(9) The uniform, even though it may be covered by a coat, is never worn on the street.

The hospital is a military organization whose primary object is the care of the patient, an end which experience has shown to be better served if considerable formality and a strict system of rank are observed. The following rules are consequently customary:

(1) Always rise when your superior of any department approaches or addresses you.
(2) Always give a superior precedence in elevators, doorways, etc. In this connection your white uniform will probably give you precedence over all persons wearing colored uniforms, but the fact that you rank as a student, even though a graduate student, makes it advisable that you yield precedence to all persons wearing white.
(3) Be prompt in meeting all appointments and in carrying out orders, as well as give strict adherence to time schedules in your work.

Since the dietitian is a newcomer in the hospital field, she is sometimes considered an intruder, and she will consequently often find jealousy and resentment directed against her. If the primary purpose of the hospital, service to the patient, is to be successfully achieved, cooperation is necessary among all the departments involved in his care. Since the foundations of cooperation are consideration and courtesy, we must be particularly careful not to forget to regard the rights and point of view of the people with whom we deal, even when it seems necessary to defend our own opinion against theirs. Firmness may be necessary--discrepancy never is, and is inexcusable. In this connection it may be well to mention that it is always customary to ask the permission of the nurse in charge of a ward before going on the ward for any purpose, and that it is never permissible to hold a conversation with anyone else on the ward without her consent. Remember that the dietitian is an outsider in her domain, and that she is therefore entitled to know who you are and why you have come. She is the best judge as to the advisability of your seeing a given patient, etc. If you see something which needs attention or correction in another department, report the matter to your own department head.

There are certain points of hospital ethics which are so rudimentary and simple that it seems hardly necessary to mention them, and yet which must be so firmly a part of our every reaction, that it may be well to fix them in our minds:

(1) Never discuss the affairs of patients or their condition with anyone outside the hospital, nor with anyone in the hospital except the professional staff.
(2) Never mention the affairs of this department to anyone in another department or outside the hospital. A hospital is like any other small community in spreading gossip, and a wise dietitian will be as little involved in it as possible.
(3) Loyalty to the hospital is implied in your acceptance of training here or of a subsequent position elsewhere.
(4) Common honesty in the use of hospital property means economy, and avoiding scrupulously all waste or misappropriation.
(5) Scientific honesty and accuracy is expected in all work and all records. When in doubt about anything, ask the person to whom you are responsible. Taking a chance may cost the welfare of a patient.

We have three purposes toward the accomplishment of which we plan everything that we do:
To serve the welfare and happiness of the patients, and of all other persons for whose food we are responsible.

To win and hold the respect of our associates. For this we must depend on the accuracy and efficiency of our work, and the professional appearance, intelligence, and good ethics of each one of us.

To teach as much as possible in the time available to student dietitians, nurses, and as often as opportunity presents itself, to the patients and their families.

All of these things the hospital expects of the student. What should a student dietitian expect her hospital training to give her? We assume that she has a thorough previous theoretical training on which to base her work, and a knowledge of the principles on which kitchen administration is based. The hospital course, then, should add to this, practical experience in applying the principles of dietetics and dietotherapy to individual cases, as well as a knowledge of hospital ethics and etiquette, and a clear conception of hospital organization and hospital routine.

II. CODE OF ETHICS FOR ADMINISTRATIVE STUDENT DIETITIANS

The purpose of this code is to help students make their training as interesting and productive as possible. Rules of ethics are primarily rules of behavior in society and are established on what may be assumed to be of the greatest benefit to the greatest number. In recognition of present and future responsibilities in the furtherance of public welfare, the following principles are laid down:

Section I. To Her Superiors

1. A student dietitian should show respect for her superiors and directors and refrain from destructively criticizing them to employees, fellow students or anyone outside of the organization.

2. It is the duty of every student dietitian to assume any responsibility given to her and to carry out the wishes of her superiors in letter and in spirit.

3. She should accept graciously and impersonally any suggestion or criticism, and should profit by it.

Section II. To Employees

1. A student dietitian should conduct herself in such a manner as to gain the respect of the employees with whom she comes in contact.
2. She should use tact and diplomacy in all her dealings with employees.
3. Students should keep in mind that many employees have had years of experience in their work and much may be learned from them.
4. She should treat all employees with the same degree of fairness.
5. A student should avoid conversation with employees which involves personal problems or a discussion of employer or other employees.

Section III. To the Organization

1. A student should strive to maintain the standards set up by the organization in which she is working.
2. A student should be loyal to the organization by keeping its affairs private.

Section IV. To Fellow Students

1. Students should show a spirit of mutual helpfulness towards one another in all kinds of endeavor.
2. Sincerity, loyalty and a true spirit of friendliness should characterize all dealings with fellow students.

Section V. To Her Profession

1. A student dietitian should uphold the standards of her profession to the best of her ability.
2. She should have a personal interest in the local dietetic association and its activities.
3. She should interpret her experiences as a student dietitian in order that they will be of benefit to her in future responsibilities.
4. She should make an effort to keep informed concerning new developments in her field.

Section VI. To the Public

1. A student dietitian should show a deep concern for all that pertains to the welfare of the community and should contribute as much as possible in her field.
2. She should keep informed concerning laws relating to labor, food and sanitation.

Section VII. To Herself

1. A student dietitian should maintain her self respect and her reputation.
2. She should strive to attain the characteristics of an ideal dietitian.
3. She owes it to herself as well as to her profession to
keep physically fit and mentally alert.

4. A student dietitian should keep all appointments and be prompt at all times.

III. CODE OF ETHICS FOR HOSPITAL STUDENT DIETITIANS

The student dietitian in a hospital has a difficult position to fill. From the first day of her training she must assume all the dignity that belongs to a professional person. To the dietary staff she is a student, but to the patients and the personnel of the hospital she is a dietitian. For the purpose of simplifying the student's position in the hospital, the following code has been adopted.

1. We shall so conduct ourselves that we shall advance our profession and the hospital which is training us.
2. We shall recognize the obligations which we have incurred in accepting hospital appointments and honestly endeavor to fulfill those obligations.
3. We shall do any task asked of us, cheerfully, and to the best of our ability.
4. We shall pass on to others the benefits of our experience by helping our colleges to strengthen their courses in our field.
5. We shall not discuss the department or the hospital with those not belonging to the hospital. Criticisms of the nutrition department or of any other department will be made only to the staff members of our department.
6. We shall avoid unnecessary discussions of our work while off duty.
7. We shall not discuss our patients with anyone except the professional staffs of the hospital.
8. We shall not make any comment that may be detrimental to the department, the hospital or any employee.
9. Our appearance will be that of neat, attractive and unassuming individuals:
   a. We shall wear uniforms that are of the type adopted by the hospital. We shall see that they are well-fitting, in good condition and always neat
   b. Our footwear will be appropriate to the service
   c. Our hair and fingernails will be well-cared for
   d. We shall be judicious in the use of make-up

To add to the comfort of the patient and to comply with accepted hospital etiquette:

1. We shall endeavor to develop well-modulated voices and quiet habits of work. We shall instill similar ideals
of quiet in the employees we supervise.
2. We shall be reserved and business-like in all our contacts with the professional staff and the employees.
3. We shall not use the given name when addressing any professional member of the organization.
4. We shall hold no social conversations while on duty.
5. We shall rise when our superiors approach or address us.
6. We shall give precedence to our superiors in elevators, doorways, etc. We shall not use our white uniforms as means of gaining rank which does not belong to us.
7. We shall follow all rules of the hospital or the department in:
   a. uniforms
   b. habits of living
   c. hospital routine
   d. interdepartmental relationship

In our relationship with the hospital we shall realize that everything we obtain from the hospital during our training belongs to the hospital.

1. We shall realize that all forms and records are the property of the hospital and are to be used as guides and not as our personal belongings.
2. We shall not discuss nor use the results of any studies or reports without the approval of the proper authorities.
3. We shall promote economy in the use of hospital time and property by conscientious consideration on our part and by supervision of the employees for whom we are responsible.

As student dietians:

1. We shall realize our responsibility to give the best possible service to our patients and to the personnel of the hospital.
2. We shall maintain just relations with our superiors, our patients and our employees.
3. We shall merge ourselves in the purpose of our profession and shall not use our position for self-aggrandizement.
4. We shall maintain an open-minded attitude concerning the organization. We shall not criticize other departments until we have studied all phases of the situation and then we shall discuss it only with our department superiors.
5. We shall always follow the best business methods in all our contacts.
6. We shall realize our responsibility for the health, happiness and general welfare of the employees of our department:
a. We shall direct their work so that the best service and standards may result with a minimum of waste and friction
b. We shall train our employees so that they will understand what they are doing and will want to give the best that is in them to the job. We shall show them their responsibility and the results of their work
c. We shall consider the happiness of our employees by censuring in private and praising before our superiors. We shall consult with our superiors before censuring
d. We shall discuss with our superiors the personal affairs of our employees only in a professional manner
e. We shall be open-minded and shall accept any adverse criticism or constructive suggestions as means of improving ourselves or our work

As student dietitians we are being trained for professional life. We shall strive to possess the honesty, accuracy and open-mindedness of the scientist, the progressiveness and initiative of the teacher, the efficiency and enthusiasm of the administrator, the zest for life of the leader, the appreciation and sympathy of the social worker, and the poise and charm of a gentlewoman. We shall give freely of our knowledge, energy and time; and gain, in return, the satisfaction of a worthwhile work well done.
APPENDIX B

CODE OF ETHICS OF MEMBERS OF

THE AMERICAN DIETETIC ASSOCIATION

The profession of dietetics is dedicated to the service of humanity through application of knowledge of the science of nutrition.

In whatsoever branch of the profession I may serve, I shall be bound by the Dietitian's Oath and by rules of professional conduct and ethics.

RULES OF PROFESSIONAL CONDUCT AND ETHICS

Responsibility to the Profession and the Association

To serve the common good without regard for personal advantage.
To continue to read, study, and apply the principles of nutrition in the service of humanity.
To be enthusiastic about the profession and to give full loyalty and support to its ideals.
To deport myself in accordance with the principles and goals of the profession.
To refuse personal identification or tacit approval in commercial advertising or promotion except under certain conditions indicated by Association policy.
To promote good nutrition, but never to prescribe dietary treatment except under direction of a physician.

Responsibility to Employer or Organization

To serve loyally the organization by whom employed.
To strive to fulfill the objectives of the organization, cooperating fully with all associates and other departments.
To refuse compensation or gifts, directly or indirectly, from suppliers or others dealing with employer, or organization by whom employed.
To use personal talents, time, and efforts for those tasks which cannot be assigned to others, delegating responsibility where it can be capably assumed.
To maintain free communication with employer, employees, and associates.
To respond positively to opportunities to accept greater responsibility.

Responsibility to Related Professional Groups
To understand the aims and ideals of related professions.
To cooperate with related professional groups in working toward common goals.

Responsibility to the Community
To try to protect the public against fraud, misrepresentation, misinformation, or unethical practices in matters concerned with food, nutrition, and diet therapy.
To use specialized knowledge in service to the community and to assist other professions in meeting health needs everywhere.
To be interested in the welfare of the people of the community and to participate in community activities.
To recognize and perform the duties of citizenship.

Responsibility for Personal Ethics
To observe the golden rule.
To practice personal good nutrition and be a worthy example.
To hold in confidence all personal information acquired in the performance of professional duties.
To be frank in acknowledgment of errors, omissions, and limitations in knowledge.
To be honest and honorable in word, thought, and deed.
APPENDIX C

ARTICLE ON ETHICS AND PUBLICITY

The following article was printed in the Journal of The American Dietetic Association. The Association endorsed these principles for dietitians.

Recently the New York Academy of Medicine and the Medical Society of the County of New York went on record in setting forth the principles governing the conduct of physicians with the public through the press, lecture platform, lay periodicals and the radio. Activated by a desire to be in accordance with medical traditions and that code of ethics, protecting the public as well as the physician, a working set of principles has been prepared. In view of the demands now being made on members of the dietetic profession to send out cheering food news over the ether and through other channels, a summary of these principles, many of which are applicable to allied professions, seems timely:

Publicity. The use of a physician's name should be confined to public notice of events which constitute legitimate news, rather than featuring the comings and goings, the connections, achievements and honors of an individual.

Propaganda has for its main objective the arousing of public interest in supporting and acting on health matters. Emphasis is placed on some matter of public health interest and only incidentally upon the physician connected with it.

Public Health Education. Statements concerning this subject are given impressiveness and authoritativeness when emanating from a representative physician or an official medical body. The speaker serves merely as a mouth piece, through which is expressed a fact universally agreed upon by physicians.

Radio Broadcasting. Anonymity on the radio is incongruous. This problem may be met without violence to good taste or ethical procedure. The speaker may be announced as "Dr. John Jones, Clinical Professor of Medicine at X.Y.Z. University" not necessarily as an "internationally famous authority, etc." The radio speaker brings to the public the fruits of many men's labors. His personal interests and individual convictions should be introduced through other channels provided for the advancement of a physician's medical ideas. It is desirable
that radio talks should be given under the auspices of designated committees of the authoritative professional groups. Provided that commercial organizations are in good standing, there is no objection to physicians broadcasting health information for them on their time, taking care not to make the address an endorsement or testimonial for the product of the organization on whose time the broadcast is given. When such employment is offered, a physician should confer with the Medical Information Bureau, both as to the standing of the commercial organization and the contents of the paper he proposes to broadcast.

Magazines and Periodicals. Articles written by physicians on medical topics affecting the profession should be subject to preview by the local medical organization.
APPENDIX D

SURVEY MATERIALS

The cover letter presented in this section is identical to those sent to the sample.

The instruction sheet was stapled to the front of the questionnaire.

Because of inadequate margins the original questionnaire could not be included in its actual form. The questionnaire presented does not show the space allowed for comments. An area, approximately two and one-fourth inches wide, headed by COMMENTS, IF ANY, was available in the original.
You have been selected to participate in a research study to determine the attitudes of a sample group of professional dietitians from California toward certain ethical questions related to the dietetic profession.

This study is being done as part of a thesis project on the Master's level at the School of Nutrition and Dietetics, Loma Linda University, Loma Linda, California.

Your participation in this study will be completely anonymous so that you may answer all questions exactly as you feel about them.

It is vitally important to the accuracy of the study report that each questionnaire be returned. Would you please have your questionnaire completed and in the return mail by March 30, 1967?

I am enclosing an instruction sheet to explain the method of returning the questionnaire to assure your anonymity. If you are interested in learning the results of this study, please note instruction #5 on the instruction sheet.

Thank you for your time and cooperation.

Sincerely,

Sharon L. Culpepper
Graduate Student
School of Nutrition and Dietetics
Loma Linda University
Loma Linda, California 92354

SLC/dmy

Encl.: Questionnaire, Instruction Sheet,
Unmarked envelope, Stamped addressed envelope.
INSTRUCTION SHEET

1. Answer the questions as rapidly as possible, marking your first reaction as you read the question.

2. If you wish to make any comments, feel free to do so either in the margin or on the back of the questionnaire. Please number the question your comment is about.

3. When completed, the questionnaire should be folded and placed first in the unmarked envelope. This envelope should then be put in the stamped, addressed envelope.

4. PLEASE SIGN YOUR NAME ON THE LINE INDICATED ON THIS OUTER ENVELOPE. This signature will facilitate determining which questionnaires are still out. The questionnaire itself is not coded in any way.

5. If you are interested in learning the results of this survey, please check the box at the end of your signature line on the envelope.

6. Please try to have your questionnaire completed and in the return mail by March 30, 1967.

THANK YOU.
1. Should the dietitian be obligated to render service for the common good without regard for personal gain?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Undecided</th>
</tr>
</thead>
</table>

2. Should the dietitian prescribe dietary treatment without the direction of a physician?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Undecided</th>
</tr>
</thead>
</table>

3. Should the dietitian allow her name or picture to be used in the advertisement of products  
   (a) As a matter of general principle?  
   (b) When the dietitian is employed by the firm for the specific purpose of promoting the product?  
   (c) When the dietitian is an author and her name or picture is used in the advertisement of her book?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Undecided</th>
</tr>
</thead>
</table>

4. Should a dietitian actively engage in political issues, either local or national  
   (a) As an individual without making known her professional connection?  
   (b) As a member of the profession or organization, although not definitely designated to represent the group?  
   (c) As a delegated representative of the profession or organization?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Undecided</th>
</tr>
</thead>
</table>

5. Should a dietitian report to her immediate superior unethical or unprofessional conduct on the part of a co-worker (dietitian)?  
   (a) Before approaching the co-worker?  
   (b) Only after approaching the co-worker?  
   (c) Not report anything at all?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Undecided</th>
</tr>
</thead>
</table>

6. Should a dietitian carry the matter to a higher authority if she feels that a patient's interests are being harmed by the attitude or actions of another dietitian?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Undecided</th>
</tr>
</thead>
</table>

7. Should a dietitian in sending an unfavorable letter of reference concerning a staff member  
   (a) Limit the contents of the letter to estimates previously discussed with the staff member?  
   (b) Give the letter to the staff member to be read before sending?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Undecided</th>
</tr>
</thead>
</table>
8. Should a consultant or shared dietitian, in order to maintain a definite standard of work?
   (a) Limit her acceptance of facilities to such a number as can be cared for adequately?
   (b) Accept more facilities in order to render some degree of service even if minimal?

9. Should a dietitian permit a tacit misunderstanding on the part of a patient regarding the patients' diet or condition, thus giving the patient a wrong impression, when it seems to be for the patient's own good?

10. In the treatment of a patient is a dietitian justified in securing information from a patient?
    (a) By asking leading questions?
    (b) By pretending knowledge of the information from another source?

11. Should a dietitian have any professional responsibility to
    (a) Continue professional study in universities and/or other schools?
    (b) Keep informed through the reading of current literature in the field?
    (c) Contribute to professional publications?
    (d) Support actively health related professions?
    (e) Support by active membership
        (1) The American Dietetic Association?
        (2) The California Dietetic Association?
        (3) Other professional organizations associated with the ADA such as American Heart Association, American Home Economics Association, American Medical Association, American Hospital Association, etc.?

12. Does the dietitian as an individual need to be concerned with the development of
    (a) Educational standards in the profession?
    (b) Ethical standards in the profession?

13. Should a dietitian apply for a position without first notifying her present employer?

14. Should a dietitian accept a position without first notifying her present employer?
15. Is the dietitian justified in using an offer of another position as a lever in obtaining an increase in salary or for other personal interests?

   Yes  No  Undecided

16. Should the dietitian, upon leaving one position for another voice criticisms of the previous employer?

   Yes  No  Undecided

17. Should the dietitian feel an obligation to accept opportunities of greater responsibility?

   Yes  No  Undecided

18. Should the dietitian expect or demand privileged services, prices or discounts over and above accepted business procedure?

   Yes  No  Undecided

19. Should the dietitian decline personal gifts or gratuities
   (a) If she feels she might be obligated to the giver?
   (b) If the gift is obviously a "token" gift?
   (c) If her organization has a definite policy of not accepting such gratuities?
   (d) Whether or not her organization has a definite policy regarding such gratuities?

   Yes  No  Undecided

20. Should a dietitian have the privilege of consulting her department head's superiors without first consulting her department head?

   Yes  No  Undecided

21. Should a dietitian make promises or threats as a means of inducing an employee to cooperate or conform to departmental policies?

   Yes  No  Undecided

22. If such promises or threats are made, should they be fulfilled?

   Yes  No  Undecided

23. Should the dietitian understand the aims and ideals of
   (a) The American Dietetic Association?
   (b) Other related professions?
   (c) Community organizations where she might render service?

   Yes  No  Undecided
24. Should the dietetic association(s) take an active part in political activities
   (a) In the local precincts?  
   (b) In the city?  
   (c) Of the state and national scope?  

25. Should the dietetic association(s) confine itself to an endorsement of or opposition to a particular issue?

26. Should the dietitian speak out against misinformation and/or misrepresentation of food facts
   (a) Whether or not her opinion is asked?  
   (b) Only when her opinion is asked?  

27. In the case of conflict between the temporary interest of a client and the interest of a community, should the dietitian's first responsibility be to
   (a) The client?  
   (b) The community?  

28. Should a dietitian's personal conduct in private life influence her professional standing?

29. Is the dietitian ever justified in not practicing good personal nutrition?

30. In regard to personal information acquired in the performance of professional duties should the dietitian keep information in confidence from
   (a) The medical team?  
   (b) Other dietitians?  
   (c) Other hospital personnel?  
   (d) Her family?  
   (e) Her friends?  

31. Should the consideration of where the dietitian will be of most service have a bearing upon her decision of where to practice her profession?

32. Does the American Dietetic Association have a code of ethics?
   (a) _____ Yes  
   (b) _____ No  
   (c) _____ Don't Know
33. Have you ever received any formal (organized, definite, or specific) instruction (education) in:

- General ethics? (a) __Yes (b) __No (c) __Don't Know
- Professional ethics? (d) __Yes (e) __No (f) __Don't Know
- Ethics for the dietitian or the dietetic profession? (g) __Yes (h) __No (i) __Don't Know

A. If you answered "yes" to any part of the previous question, was this instruction (education) received:
   (More than one answer may be checked if applicable.)

   (a) __in a class in general ethics?
   (b) __in a class in professional ethics?
   (c) __in a class of philosophy, psychology or religion?
   (d) __in a class of dietetics, nutrition, or home economics?
   (e) __in a seminar type of situation?
   (f) __in a lecture or series of lectures?
   (g) __using a textbook source?
   (h) __other? Please specify:_________________________________

B. Again, if your answer was "yes," at what point in your experience was this instruction (education) received?
   (More than one answer may be checked if applicable.)

   (a) __in a college class?
   (b) __in an internship class?
   (c) __in a graduate class?
   (d) __in pre-internship work experience?
   (e) __in post-internship experience?
   (f) __in internship work experience?
   (g) __in the 3-year work experience program (if this was the method of obtaining ADA membership)?
   (h) __other? Please specify:_________________________________

34. Do you think that a dietitian should have received some formal (organized, definite, specific) instruction (education) in professional ethics by the time she becomes a member of The American Dietetic Association?

   (a) __Yes (b) __No (c) __Don't Know

35. Please classify yourself in one of the following age categories:

   a. __20-24  e. __40-44  i. __60-64
   b. __25-29  f. __45-49  j. __65-69
   c. __30-34  g. __50-54  k. __70-74
   d. __35-39  h. __55-59  l. __75 and over
36. Are you presently employed?
   a. ____ Yes, full time.  b. ____ Yes, part time.  c. ____ Not presently employed.

37. What is your present position, if employed?
   a. ____ Hospital Administration  b. ____ Hospital therapeutic  c. ____ Hospital teaching
   d. ____ Commercial  e. ____ Consultant dietitian  f. ____ Shared dietitian
   g. ____ Teaching  h. ____ Clinic  i. ____ Public Health
   j. ____ School  k. ____ Research  l. ____ Other, please specify:

38. What is the total length of your work experience as a professional dietitian?

Full time:
   a. ____ Less than 2 years  b. ____ 2-5 years  c. ____ 6-10 years  d. ____ 11-15 years
   e. ____ 16-20 years  f. ____ 21-25 years  g. ____ 26-30 years  h. ____ 31 or more years

Part time:
   a. ____ Less than 2 years  b. ____ 2-5 years  c. ____ 6-10 years  d. ____ 11-15 years
   e. ____ 16-20 years  f. ____ 21-25 years  g. ____ 26-30 years  h. ____ 31 or more years
ETHICAL ATTITUDES AND EDUCATION OF
A GROUP OF CALIFORNIA DIETITIANS

by
Sharon L. Culpepper

An Abstract of a Thesis
in Partial Fulfillment of the Requirements
for the Degree Master of Science
in the Field of Dietetics

August 1967
A questionnaire was developed to determine the ethical attitudes and education of a group of California dietitians. A group of 198 randomly selected individuals from the California Dietetic Association membership of 2,180 participated in the study.

Great diversity was exhibited in age, type of position held and total years of work experience in the sample group. Eighty-one per cent of the respondents were less than forty-nine years of age. The positions most frequently held by the participants were in hospital therapeutics and administration, teaching and schools, and consultant work. Sixty-three per cent were employed on either a full-time or part-time basis at the time of the study.

Ninety per cent were aware that The American Dietetic Association has a code of ethics. Approximately sixty-seven per cent had received some type of ethical education during internship or college in their major field of study or in philosophy, psychology or religion.

No correlation was found to exist between the age of the respondent and her ethical education or her ethical attitude toward the questions submitted.

A majority opinion was found to exist for most of the questions; and this majority opinion seemed to parallel the ethical principles outlined in the official code of ethics of The American Dietetic Association.

Controversial questions were concerned with the political activities of the association(s), the dietitian's obligations (1) to "render service for the common good without regard for personal gain," and (2) to accept opportunities for greater responsibility.
There was also no majority opinion on the degree of frankness required in the dietitian-patient relationship, the conduct of the dietitian in her private life and whether or not the dietitian was justified in using the offer of another position as a lever in gaining a salary increase.

Judging from the high percentage of returned questionnaires and from the expressed interest of the participants in the subject, it would seem reasonable to expect that similar studies could be made with probable success.

Use of a similar questionnaire could be made in determining the ethical education needs of dietetic interns. Preparation of some type of textbook on ethical considerations specific to the dietetic profession seems justified.