

On the Interpretation of the Controlled Act of Communicating a Diagnosis

POSITION STATEMENT

College of Occupational Therapists of Ontario

March 1996



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Communicating a diagnosis is a controlled act not authorized to members of the College of Occupational Therapists of Ontario. However, occupational therapists often play an important role in collecting and interpreting data that contributes to and in some cases confirms a diagnosis.

Despite definition from Colleges authorized to perform this act, there has been considerable confusion regarding how to differentiate “communicating a diagnosis”, from the process of communicating the results of an occupational therapy assessment. In addition, therapists have expressed concern regarding their need to discuss and/or educate the client about his/her diagnosis during the assessment and treatment process. In order to provide guidance to its members, the College of Occupational Therapists of Ontario developed the following position statement.

Background Information

The controlled act of communicating a diagnosis in the Regulated Health Professions Act is the act of “communicating to the individual or his or her personal representative a diagnosis identifying a disease or disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual or his or her personal representative will rely on the diagnosis”.

Representatives of professions authorized to perform this controlled act*, have met and discussed the interpretation of this controlled act. Guidelines subsequently developed by the Special Procedures Committee of the College of Physicians and Surgeons of Ontario state that one would be considered to be communicating a diagnosis when a disease or disorder has been identified from signs or symptoms, based on investigation or analysis, which uses scientific knowledge, skill, and judgement, and culminates in a statement or conclusion that will be relied upon by the individual or his or her representative.

After careful consideration of these guidelines, the College of Occupational Therapists of Ontario has derived the following assumptions regarding the parameters of “communicating a diagnosis” as they apply to the practice of occupational therapy in Ontario.

* These professions are: Medicine, Dentistry, Psychology, Chiropractic, Optometry and Podiatry.

Position

1. Communicating Assessment Findings

Occupational therapists must assess their clients' abilities to perform personally important life occupations, draw conclusions about the barriers to occupational performance, and recommend appropriate intervention from these results. In this process it is essential that the therapist provide the client with an explanation of the nature of the problem that includes providing a label or name for the identified dysfunction (eg. dressing apraxia, left neglect, developmental coordination dysfunction). This is considered by the College to be communicating a dysfunction, not a disease or disorder, and does not require delegation. If the identified dysfunction suggest the presence of a disease or disorder that has not already been identified by a diagnosing practitioner, the therapist, with the client's consent, should communicate this assessment finding to the practitioner. If the appropriate diagnosing practitioner is the referral source, permission of the client is not required before communicating findings. If the client has no relationship with a diagnosing practitioner, the therapist will seek the client's willingness and consent for referral to an appropriate practitioner.

2. Explanation of the Diagnosis

In the process of assessment and intervention occupational therapists must often explain how the client's diagnosis may be influencing his or her occupational performance. In addition, clients often ask occupational therapists to provide them with information about the disease. Communication about a disease or disorder, when that disease or disorder has already been communicated to the client by the diagnosing practitioner, does not, in the opinion of the College, fall within the controlled act of "communicating a diagnosis".

3. Determining A Provisional Diagnosis

Occupational therapists in the course of their assessment may be alerted to signs or symptoms which are indicative of a disease or disorder of which the client is unaware. In some instances occupational therapists are uniquely qualified to assess signs or symptoms and provide data that is essential for the diagnosing practitioner to arrive at a definitive diagnosis. In this case it is the occupational therapist's ethical responsibility to make the client aware of the significance of the signs or symptoms and to suggest the appropriate action. This suggestion must include referral to an appropriate diagnosing professional for definitive diagnosis. This communication should occur in a manner that will not result in the client relying upon the information as a definitive diagnosis and thus, is not considered the controlled act of "communicating a diagnosis which identifies a disease or disorder".



Conclusion

Clarification on the controlled act related to communicating a diagnosis has been repeatedly requested by occupational therapists since the inception of the College in 1994. After lengthy study by a task force of Council, and in specific consultation with the College of Physicians and Surgeons of Ontario, this position statement has been put forward to address concerns related to occupational therapists communicating findings secured during an occupational therapy assessment process; occupational therapists responding to client requests for explanations related to the diagnosis; and finally defining the occupational therapist's role in providing provisional vs. definitive diagnostic information. Practice settings vary as do the relationships between clients, occupational therapists and other health care providers. Where continued uncertainty exists, College registrants should always feel free to contact the office for further information.

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