

NOAH

NATIONAL ORGANIZATION for
ARTS IN HEALTH

FOR ARTISTS & ARTS ADMINISTRATORS IN
HEALTHCARE AND COMMUNITY SETTINGS

CODE 2023 OF ETHICS

NATIONAL ORGANIZATION FOR ARTS IN HEALTH

WHAT IS NOAH?

MISSION:

To serve and advance the field of Arts in Health.

VISION:

Arts in Health is an integral component to health and well-being. As the National Organization for Arts in Health, we know through research and experience that the arts are an integral component to health, and we are committed to shaping a reality where that fact is accepted fully, and incorporated into medical treatment, medical education, prevention, and public health and wellbeing.

WHAT IS ARTS IN HEALTH?

Arts in health is a field dedicated to using the power of the arts to enhance health and well-being in diverse institutional and community contexts.

Comprised of many subfields and affiliated fields, arts in health supports health as defined by the World Health Organization (WHO), as

“a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.”

— Art, Health, & Well-being in America, NOAH, 2017

EXECUTIVE SUMMARY

More and more artists and arts administrators are entering the field of Arts in Health with the increasing awareness of the arts' transformational impact on human well-being and the need for equitable solutions for community health. However, no documents currently exist to support these individuals in ensuring well-intended work is guided by a clear *Code of Ethics*, *Scope of Practice* and *Standards of Care*, save for a Code of Ethics and Standards published by NOAH in 2018.

As part of this effort to provide such foundational documents to support those in Arts in Health, a subcommittee consisting of NOAH members has worked to update the 2018 Code of Ethics and Standards document. The update intends to ensure current events and important industry standards are incorporated into the ethical standards required in the field.

This 2023 version focuses on the supporting Artists and Arts Administrators (paid and unpaid) who are working in healthcare and community settings. It is important to note that this is a living document and in no way covers all elements or scenarios for the intended audience. This document shall be periodically updated as technology, language, ethical concerns, and circumstances change. It is intended to reflect the current, and evolving environment impacting the Arts in Health field.

The eventual intention of NOAH is to expand the intended audience to include other professionals in the Arts in Health field and to provide additional foundational documents to support ethical decisionmaking and practice.

PREFACE

THE AUDIENCE:

The NOAH Code of Ethics reflects the values that those within the organization recognize as foundational to the practice of arts in healthcare and community settings. It is meant to guide Artists and Arts Administrators (paid and unpaid) who are working in healthcare and community settings, and intend to use the transformational impact of the arts for individuals, environments, and community health and wellness.

THE ETHICAL PRINCIPLES:

The Code's five ethical principles - Respect for Persons, Do No Harm, Integrity, Quality, and Justice & Equity - are designed to inform conduct and ethical decision-making in a responsible, fair manner. [Note: accountability to be addressed at a later date.] The ethical principles work in concert, without hierarchy, and may differ in relevance depending on a given situation and its context.

THE APPLICATION:

The Code defines each ethical principle while providing broad explanatory statements to guide Artists and Arts Administrators' conduct. Artists and Arts Administrators are to align with these ethical principles; however, the Code is not prescriptive. It does not create rules for how Artists and Arts Administrators should act in all situations. The Code helps examine a case and how it may or may not align with the values that those within NOAH recognize as foundational to the practice of arts in healthcare and community settings.

The explanatory statements are not an exhaustive list but a reference for how each principle is enacted in various contexts and roles. They provide a tangible measure by which Artists and Arts Administrators [are held accountable and] assess ethical conduct.

THE CONTEXT:

The NOAH Code of Ethics is the basis upon which two additional prescriptive documents [will be] built: *Scope of Practice* and *Standards of Care*. These documents will move Artists and Arts Administrators working in healthcare and community settings toward the ultimate goal of professionalization.



RESPECT FOR PERSONS

Understand Arts in Health (AIH) practice as a partnership between artists and arts administrators, and individuals and the community. This partnership promotes and maintains respect for individual and community choices, beliefs, and identities, working toward the well-being of individuals and communities.

RESPECT: PERSONAL AUTONOMY

- Ensure that engagements are needed, wanted, and understood with fully-informed consent from the participant, who can elect to opt-in or out at any time.
- Protect and preserve the dignity of personal experiences, cultural knowledge, privacy, and rights.

RESPECT: WELL-BEING

- Ensure that engagements work to benefit individuals and communities as they define and contextualize their own well-being.

RESPECT: COMMUNITIES

- Ensure that the populations that are the intended beneficiaries of AIH engagements are active agents in the design and implementation of research and programs.
- Amplify diverse voices at all levels of decision-making—in participants, teams, and leadership.
- Include goals and activities appropriate to the needs and desires of the population being served.

DO NO HARM

Do no harm - physically, culturally, emotionally, mentally, or spiritually - by weighing all potential benefits against consequences and risks.

DO NO HARM: CONFIDENTIALITY

- Strictly follow the confidentiality policies of the field (i.e., HIPAA) and institutions.
- Use secure storage to protect records, photos, participant artwork, videos, recordings, interviews, research, and other personally identifiable information.
- Share to social media only with the explicit consent of the individual or community and in alignment with institutional policies.
- Respect the dignity and worth of all people and the rights of individuals to privacy, confidentiality, and self-determination.

DO NO HARM: CULTURALLY

- Seek out appropriate cultural, social, and any other contextual training on factors influencing the lived experience of participants.
- Prevent and counter cultural appropriation, harm, and colonization.
- Recognize the power dynamics that condition any interaction, and actively counter inequities.

DO NO HARM: SAFETY

- Provide AIH engagements that are safe and effective.
- If unable to provide a safe engagement, terminate or transfer the facilitation to the appropriate qualified professional.
- Avoid causing harm to health and well-being, intentionally or unintentionally, including but not limited to removing or preventing conditions that may cause harm.
- Prioritize safety and security, recognizing that there may be differences in how these terms are defined and considered by individuals and communities.
- Ensure participant safety by considering the environment, programming, and safe use and maintenance of materials.

INTEGRITY

Maintain accountability for actions, decisions, and consequences through a commitment to honesty, humility, honor, and humor within AIH practice.

INTEGRITY: REPRESENTATION

- Keep commitments made to all partners, collaborators, individuals, and communities involved.
- Exhibit honesty in the efficacy of AIH engagements.
- Accurately represent AIH programs, including their potential benefits, risks, and limitations.
- Consistently honor one's own AIH practice and mission within the field.

INTEGRITY: PROFESSIONAL PRACTICE

- Adhere to ethical practices of certifications, institutions, communities, and affiliated organizations.
- Remain within professional scope of practice based upon AIH training, certifications, experience, and personal well-being.
- Initiate the resolution of conflicts hindering one's work and perpetuating harm.
- Recognize the complex identities of individuals and communities, and one's own limitations in addressing all complexities. (See "cultural humility," Tervalon & Murray-García, 1998 and "narrative humility," DasGupta, 2008.)
- Seek collaborations with other professionals or organizations that complement your efforts to ensure the best outcome for participants.

INTEGRITY: CONFLICTS OF INTEREST

- Identify a potential personal, financial, or institutional interests that could result in compromising judgment, decisions, or actions.
- If potential conflict is identified, seek outside advice on ethical dilemmas, transferring engagements to another professional if needed.

INTEGRITY: RESOURCES

- Use material resources and supplies efficiently, being mindful of limited resources and any reasonable conservation efforts that can be made.
- Use culturally appropriate resources and practices where applicable, honoring community principles of rightful use.
- Support, clarify, and optimize collaborators' and stakeholders' skills.
- Use technology professionally and according to institutional and/or organizational standards.
- Protect participants' creative work using secure devices and applications with reasonable cybersecurity.
- Use institutional or community technology for the well-being of individuals or communities and not for personal use or gain.

QUALITY

Secure the appropriate skills, credentials, or qualifications in the context of the community served to optimize the AIH engagement. Commit to improving professional practice through continuous learning.

QUALITY: TEAMWORK

- Use one's experience, training, and education to contribute to the professional development of AIH colleagues and interdisciplinary collaborators.
- Develop, model, and share best practices with interdisciplinary collaborators and contribute to the knowledge base of AIH.
- Identify and collaborate with key stakeholders.
- Document engagements with integrity and attention to detail, understanding the importance of shared, accurate knowledge.

QUALITY: RESEARCH AND EVALUATION

- Create and utilize contextually and culturally relevant assessment tools and frameworks.
- Share and make accessible AIH research and best practices through presentations, publications, or consultation.
- Participate in research collaborations to advance the field of AIH, as appropriate.
- Promote research in AIH fields where gaps exist.
- Ensure participants are fully informed of the risks and purposes of the research or evaluation.

QUALITY: COMPETENCE

- Strive to increase one's professional knowledge and skills while applying them to practice.
- Utilize culturally, socially, and economically informed practice in context.
- Preserve, respect, and elevate multiple forms of knowing, bringing once marginalized knowledge into the field of AIH.
- Practice cultural humility (Tervalon & Murray-García, 1998) and narrative humility (DasGupta, 2008).
- Center the perspectives, values, and experiences of the individual or community served.
- Consider one's own fluency and limitations—and benefits or risks—when employing technology, technique, or skill.
- Integrate research findings into AIH practice.

QUALITY: ACCOUNTABILITY

- Engage in ongoing self-evaluation to identify areas of strength and needed improvement.
- Utilize contextualized research and knowledge for evidence-informed practice.
- Adapt and alter practice as new information is available.

JUSTICE & EQUITY

Intentionally and proactively create equitable, diverse, accessible, and inclusive spaces and engagements that promote fair and just action, so all persons feel and are valued, heard, and safe.

JUSTICE & EQUITY: ALL PERSONS

- Treat all persons with respect and maintain an understanding of individual differences.
- Embrace the whole person and celebrate the unique identity of all persons in an atmosphere of safety and mutual respect.

JUSTICE & EQUITY: ACCESS

- Make AIH accessible to all interested individuals regardless of race, ethnicity, national origin, language, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status, ability, body type, or socioeconomic status.
- Leverage universal design in every aspect of program planning and implementation.
- Design and implement programs that interrupt systems of privilege and dismantle systemic biases and racism.

JUSTICE & EQUITY: INCLUSION

- Ensure that relevant voices are represented in the design and implementation of programs, and establish forums for feedback.
- Curate and promote welcoming and safe environments for all individuals, ensuring that all persons are acknowledged and valued.
- Seek out multiple ways of knowing and knowledge production, valuing cultural, ancestral, and bodily ways of knowing.
- Use and promote inclusive language and communication practices among all participants.

JUSTICE & EQUITY: RACE

- Understand that race is a social construct. (Chadha, Lim, Kane, & Rowland, 2020).
- Counter biases and racial essentialism at the personal, communal, and structural levels.
- Value and cite multiple forms of knowledge production and research practices within relevant contexts.
- Include historically silenced, minoritized, and marginalized artists, participants, communities, and professionals.
- Recognize that racism intersects with multiple forms of oppression, and proactively disrupt bias. (Crenshaw, 1990).
- Transform systems that disproportionately harm minoritized and marginalized communities.

JUSTICE & EQUITY: RESPONSIBILITY

- Examine one's own behaviors and unlearn biases and harmful practices.
- Utilize equity, diversity, inclusion, and access strategies in one's own practice and design and implementation of engagements.
- Recognize intersectional identities (Crenshaw, 1990; Collective, 1983), respect individual lived experiences, and take a posture of cultural humility (Tervalon & Murray-Garcia, 1998).

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GLOSSARY OF TERMS

Arts in Health Administrators

Arts in Health Administrators provide expertise to design, assess, manage, and guide all the arts in health programs and staff they supervise, (NOAH Core Curriculum, pg. 114).

Communication Practices

Considering written, spoken, nonverbal and other ways we communicate language.

Cultural Humility

Tervalon & Murray-Garcia (1998) coined the term “cultural humility.” Cultural humility is used as opposed to cultural competence because competence suggests a certain mastery, while humility suggests continual learning and selfcritique. Cultural humility is personal, self-evaluative, and non-paternalist.

Equity

The quality of being just, fair, or impartial. Social equity takes into account systemic inequalities to ensure everyone in a community has access to the same opportunities, treatments and outcomes.

Ethics

Ethics is the study of moral reasoning. Ethics is an applied philosophy, concerned with what is and what ought to be (Feinberg & Klugman, 2016). A code of ethics is used as a guide to proper conduct and dealing with ethical dilemmas.

Evidence-Based

Decision-making that integrates individual expertise with peer-reviewed, scientific evidence.

Explicit Consent

Voluntary, non-coerced, unambiguous agreement to participate in a specific way.

Inclusion

The impartial, fair treatment, and elimination of disparities for all people, optimizing access to resources.

Interdisciplinary Collaboration

To work alongside, multiplying and creating new collaborations by combining expertise across multiple disciplines and professions (artists, social workers, counselors, therapists, nurses, chaplains, families, etc.).

Language Practices

Being mindful of how our words are received and produce meaning (i.e. not assuming pronouns, asking how participants prefer to be named, and taking time to learn the correct pronunciation of names).

Narrative Humility

DasGupta (2008) builds upon cultural humility and describes the need for “narrative humility,” a posture in which the care provider recognizes how a patient’s story belongs fully to the patient, not the provider, and cannot be entirely understood by any other person than the individual.

Principles

The theoretical framework from which our ethical standards work out of. They are the basic, underlying values that inform why and how we professionally conduct ourselves.

Race as Social Construct

Rejecting the notion of biological race, and recognizing the social, political, and structural history of racializing people (Chadha, et al., 2020).

Racial Essentialism

The false conflation of race with inherent biological or genetic traits (AMA, 2020), often resulting in bias and inadequate health treatment.

Research

Quantitative, qualitative, and/or mixed methods to the careful study of a particular concern, producing new knowledge.

Scope of Practice

Activities that a health professional is permitted to perform, as determined by statutes enacted by state legislatures and by rules adopted by the profession’s governing/certifying/licensing entity.

Stakeholders

Stakeholders are those who are members of the community in which arts in health is taking place. Charlton’s (2000) call for “nothing about us without us” underscores the importance of including members of the community in discussions and decision-making. For the purposes of this Code, “Stakeholders” is used in the most expansive of meanings to include all individuals and community participants in AIH engagements.

Standards

The practical applications of our principles, standards are where theory meets praxis. They are the ways in which our principles are applied to our work.

Standards of Care

A legal term that refers to the manner in which the average health professional would provide care under the same or similar circumstances.

Universal Design

Designing programs for all individuals, making considerations for vision needs, mobility, language, etc. (National Disability Authority, 2020)

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