



## **Understanding How the NOAH 2023 Code of Ethics Came to Be**

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*[Contextualizing Narrative: Available to NOAH Membership]*

This document is meant to contextualize the creation of the 2023 version of the NOAH (National Organization for Arts and Health) Code of Ethics for artists and artist administrators who previously had no code. We describe the creation of the working group, the updating of language used in the 2018 Code for a broader audience, and what will be needed to address accountability, ethics challenges, and other ongoing questions as we move forward with a professionalization process.

### **Choosing the individuals to participate in the rewrite**

The first task was to select who was to be on the NOAH committee that would be updating the 2018 Code. Interested applicants were asked about their discipline, why they were interested in being a part of the rewrite, and what organizations, academic institutions, and affiliations they had. Fortunately over a dozen people volunteered, including some individuals who were a part of the original creators of the 2018 Code of Ethics and Standards document. In order to encourage fresh ideas and input, Christina Eskridge, the appointed leader of the committee, made the strategic decision to reserve input from the original committee members for a second-round review of the code. This meant we were initiating the code revision with a group of dedicated, experienced arts in healthcare strangers from many parts of the country, from a wide range of disciplines. For over a year this small but mighty team met once a week for about an hour.

### **Group Editing and Identifying the Gaps**

We began by having everyone on the newly formed committee read the 2018 NOAH document and provide feedback. Because of the nature and volume of comments, in order to move forward effectively we realized we needed to look at other ethical codes to more readily identify gaps in the 2018 document. A smaller subcommittee reviewed nearly 3 dozen codes of ethics in related fields and subsequently was able to make

substantial recommendations as a full group for updating and modifying the 2018 Code. In this revision process, while we acknowledged and celebrated the many personal and professional differences we brought to the field, as we focused on commonalities and the interrelated components of our work, we rather quickly arrived at a basic set of ethical principles.

We systematically revised section by section to incorporate missing components and make sections more robust. We discussed language definitions and framing. We began to add sections based on the identified needs: the lack of considerations regarding Equity and Justice were glaring gaps in the 2018 version, and adding these principles required critical analysis of the document as a whole to infuse this sentiment throughout.

After reviewing the amended document we created a **preamble** to clarify where the code fits into the larger context of professionalization of artists and arts administrators in the NOAH community. As a final step, the team added visuals and modified language in order to make the document digestible despite its length and detail. We added a **glossary** to ensure that any terms that were unfamiliar to a general audience could be easily referenced and contextualized. We found ourselves creating a document that with some modification could serve as an umbrella code for all artists in health.

### **Creating an Umbrella Document vs. a narrowly defined Code of Ethics**

Hindsight is 20/20. Looking back, we initially did not provide frequent enough updates and dialogue with the NOAH Board leadership so that they could weigh in with timely feedback. As a result, even though the Board President and the Chair of the Professionalization Committee had a standing invitation to the subcommittee meetings, they were not fully engaged in the development of the updated Code. When the time came to share a draft with both the Board leadership and some additional reviewers, their response indicated that while they appreciated the care and thought this committee had put into the work, they did not want the inclusion of *all* AIH professionals in the document. While we initially sought to create an umbrella document that would unite all those participating in the arts in health field, our Board President needed to clarify that this project for an updated Code was specifically for only Artists and Arts Administrators working in healthcare and community settings, because no documents existed to support these individuals in ensuring well-intended work that does no harm. Artists and arts administrators needed to be aligned with others working in the healthcare environment, others who most likely already had guidelines for their specific fields. So, in our next revision, we narrowed our focus but left open the possibility of re-expanding the updated code to include the larger NOAH AIH community. When we subsequently presented a revised draft of the Code at the 2022 NOAHCon in Baltimore, we heard additional concerns about ensuring accountability, cultivating equity, and instilling reciprocity within the field, leading to further modifications. Those concerns will no doubt also work their way into the training being developed for the artists and administrators.

## **Language**

Our NOAH membership is highly multidisciplinary: we have people coming from vastly different healthcare traditions: medical doctors, certified music therapists, curators, public health educators, nurses, visual artists, and policymakers, to name just a few. As a result, when we examined codes of the associations working within health settings, we found quite varied definitions and uses of ethical “standards,” “principles,” “values,” and “competencies.” Many organizations used vocabulary in different formats and to varying degrees of specificity and enforceability. For this reason, there were significant linguistic challenges in creating a cohesive arts in healthcare document. Common language to describe arts activities proved unexpectedly complex. Where one might use the word “arts interventions” in one context, the same words come with a clear clinical assumption in another. We had to take time to unravel the tangled associations of words utilized in our different disciplines and contexts, recognizing that there would always be more contexts to consider.

## **Accountability**

We were looking for suggestions on a number of related enforceability issues: Who resolves conflicts? Who sees that guidelines are followed? What processes can be put in place to assess if a practice is in alignment with the code of ethics and, in turn, to revise the field’s ethical understanding in relation to the nuances of situations as they arise? As we asked these questions we found that the lack of enforceability of our Code of Ethics became increasingly apparent. Larger organizations such as the American Music Therapy Association have an ethics committee and an independent board to review complaints and ethics violations. These organizations have the ability to enforce adherence to their code of ethics by removing privileges, licenses, and/or membership to their organization. NOAH, however, is currently in the position of holding many disciplines, licenses, and experiences under one umbrella while not yet having a mechanism to enforce our newly created code of ethics. These issues will need to be resolved as NOAH grows and develops.

Developing a code of ethics propels our organization to ask more complex questions about its own identity. As an organization, we need to continue to ask, who/what do we want NOAH to become? The existence of the new code prompts NOAH to further the development of professionalized arts in health by creating standards, professional practice and scope of practice, a credentialing process, and an independent ethics board.

## Training

We recognize that understanding the most recent version of the code of ethics involves an essential change in the artist mindset from a focus on product (performance, artwork) to a focus on both the healing-oriented process and the interaction between the artist and their designated audience. The additional skills and the differences in preparation, resources, knowledge, materials, and experience needed for AIH activities clearly require new training specifically for this work. An obvious next step is designing that curriculum. We anticipate that examination of elements of the code will be one part of the skills development and training that is being created for artists who want to work in healthcare and community environments. Artists will then be more aligned with other professionals working in those environments.

## Ongoing questions

As we were developing and revising the code, we noticed some characteristics familiar to many organizations, such as differences in the priorities of those working in AIH: the funders, researchers, and multidisciplinary practitioners may have conflicting ideas about goals for the sessions. Are sessions experiential, or data driven? This leads to additional questions: is the emphasis on process rather than product? Is there a pressure to achieve short-term goals vs. long-term goals? Is there pressure to serve greater numbers of people at the expense of quality?

How are organizations addressing these questions?

Concerning a larger question of **budget allocations and values**, do institutions have different ideas regarding what equity is and how to get there? Is equity similarly valued across various institutions? Do the budget allocations align with the organization's stated ethical values? Are there differences across institutions regarding vision, mission, priorities, and ethical considerations?

Regarding **teamwork and communication**, do other healthcare workers have difficulty working as a unified team with AIH members? Are there interdepartmental disagreements, or breakdowns of communication? Is there a problem with defining boundaries, scope of practice, or parameters?

Regarding **standards and quality**: what is good enough? Who decides? These questions will need to be addressed in later phases of the professionalization process.

## **The Code of Ethics as an evolving document**

Because the revised Code is a living document, intended to reflect the current and ever-evolving environment for arts in healthcare and community settings, it must be periodically updated as technology, language, ethical concerns, and circumstances change. We continue to encourage ongoing input from additional voices so that the Code can continue to be of value and relevant as technology evolves and new concerns emerge.

## **Conclusion**

The committee members had quite varied motivations for wanting to work on a revised code of ethics, derived from quite different individual experiences. Some committee members witnessed the harm that results from inexperienced artists and product-centered practices. Others experienced the harm of institutional barriers that failed to recognize diverse and complex forms of knowledge in curating health and wellness. Cultivating a community where members wove their strengths and weaknesses together was essential to moving forward as a committee. We had to study our collective knowledge, pulling out common goals, principles, and frameworks from our own vocational and personal experiences. We recognized and appreciated the organic nature of our process that led to the current Code. We patiently pushed and pulled at strings until we found common threads. Those common threads were over time thoughtfully woven together into the ever-evolving document you see today. We look forward to the next steps in the professionalization process for NOAH, as the organization defines and outlines Standards of Care, Scope of Practice and Professional Practice, and further Professionalization.