Summary:
Ethics and ethical reasoning are embedded in everyday clinical practice in physical therapy. This course will examine the evidence for how expert physical therapists and students reason through the ethical dimensions of clinical practice. The importance of reasoning from principles, including the APTA Code of Ethics, narrative reasoning, and the context of the situation are discussed. Participants will apply an evidence-based model of ethical reasoning to ethical situations they encounter in their everyday clinical practice.

Objectives:
At the conclusion of the presentation, the participation will be able to:

1. Describe the way in which physical therapists reason when encountering ethical problems in practice as presented in the literature.
2. Apply a model of ethical reasoning to an ethical problem encountered in clinical practice.
3. Develop a reasonable solution to an ethical problem encountered in clinical practice.
4. Justify the solution arrived at to a colleague.

Agreement for all participants:
During this session participants will share ethical issues they have confronted in practice. As humans, we do not always act or think perfectly or even optimally. We have the capacity to learn from our mistakes. In order to learn from past action, it is possible that people will share times in which they did act in an optimal way. In order to achieve an environment of optimal learning and to establish trust, we agree that what we will be honest and what each participant hears in this session will not be shared outside of this room.

Exercise Instructions:
Form a group of 2 or 3
Share a case
What principles, values, virtues are important?
Who are the people and what was their story (narrative)?
what do you know?
what is missing and how would you get this information if you had the chance?
What similar cases from your past help you here?
What role did your biases & assumptions play?
What, if anything, would you change? Why?
What did you learn? Reflection
References:
Poulis I. Bioethics and physiotherapy. Journal of Medical Ethics. 2007;33;435-436.

NOTE: The following slides are not a complete set of slides used during the presentation. They provide the key concepts addressed during the presentation.
Moral Agency

The person has a capacity to act morally and for change in a situation.

Someone who is capable of deliberating, thinking, deciding and acting in accordance with personal and professional moral standards and principles.

Gabbard & Martin, 2003; Edwards, Delany, Townsend, Swisher, 2011

Four Components

Determining Moral Behavior

- Moral sensitivity- perceive & interpret the situation
- Moral judgment- judging which action is right/wrong
- Moral motivation- prioritizing moral values in relation to other values
- Moral character- courage, persistence, overcome distractions, take action

Rest and Narvaez, 1994
...and a 5th

- Moral Reflection
- What did I learn?
- What would I do or not do again?

Realms of Ethics

A model that provides a context for ethical reasoning.

Broadens our thinking beyond the patient-practitioner interaction.

How we, as members of a collective profession, have a responsibility to address health disparities and social injustice.

Edwards, Delany, Townsend, Swisher, 2011

Parallels Between Clinical Reasoning & Ethical Reasoning

- Clinical reasoning
- Hypothetico-deductive reasoning
- Reasoning about the particulars of the case
- Ethical reasoning
- Principle-based and value-based reasoning
- Narrative reasoning

Edwards, Jones, et al, 2004
Ethical Reasoning in PT

• Non-linear, Fluid and Contextual
  • Moral orientation towards caring and deep understanding of the patients’ situation
  • Blend ethical decisions with clinical decisions
    Greenfield, 2003; 2006

• Clinically focused
  • Biomedical model
  • Procedural
  • Reduce uncertainty and emotion by making decisions quickly
    Barnitt & Partridge, 1997

Ethical Reasoning in PT

A model of ethical reasoning in expert physical therapists
• Embedded in clinical practice
• Reasoning based on “universal” principles, duties, values, virtues
• Reasoning based on the particular patient’s story (narrative)


“The Ethical Reasoning Bridge”

Principles, Values, Virtues
Nationally known
Universal
‘Measurable’
Predictive
‘What one ought…’

Narrative
Socially constructed
Context dependent
Multiple Realities
Historically related
Power laden
‘How one might…’

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Principles ask...

- What should I do?
- What principles are important in this situation and to whom?
- What guidance does Code of Ethics give?
- What should one do?

Principles

- Nonmaleficence
- Beneficence
- Autonomy
- Justice
- Veracity
- Fidelity

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- Privacy and confidentiality
  (“rights” protected in law)

Beauchamp & Childress, 2001
Praestegard & Gard 2010

Professional Values in PT

- Altruism
- Accountability
- Compassion/Caring
- Excellence
- Integrity
- Professional Duty
- Social Responsibility
Nature of Codes of Ethics

• One of hallmarks of a profession
• Balance principles (more static) with application (more dynamic)
• The code must be dynamic enough to help the public & the profession understand the ethical responsibilities of the profession
• Code must adapt to the times

Key Areas in The Code

• Respect rights & dignity of people
• Trustworthy & compassionate
• Accountable for making sound judgments
• Integrity in relations with all people involved in practice, education & research
• Fulfill legal & ethical obligations
• Dedication to lifelong learning
• Promote business practices that benefits patients/clients & society
• Act to meet health needs of people locally, nationally & globally

Summary- Principles

One side of the ethical reasoning bridge... the systematic ethical decision-making process ... is based on commonly agreed upon ways in which a PT and PTA should act on behalf of patients and the public.

Principles
Values
Code of Ethics
Narrative Reasoning

As part of clinical reasoning:
“...involves the apprehension and understanding of patients’ ‘stories,’ illness experiences, meaning perspectives, contexts, beliefs and cultures.”
...and is “diagnostic” in nature


Narrative Reasoning in Ethics

- Morals and morality involves interactions among people.
- Implying that we must have the intention to achieve mutual understanding of what the moral action is among those people
- Recognize there will be differences and disagreements

Narrative reasoning is a means to collaboratively arrive at mutual understanding and negotiation among people about their responsibilities for action that involves caring and responses to one another

Brody, 2003

Narrative Reasoning...

... in ethics seeks to apprehend and understand the person’s...
- Experience
- Stories
- Beliefs
- Culture

... the person’s story

Brody, 2003; Charon 2006
How Does Narrative Reasoning Occur?

We come to understand the lived experience of the other person through...

Story
Discussion
Consensus

Brody, 2003; Charon 2006

3 Moral Narratives to Discover

- Relationship
  - History of relationship with others
  - “how have we got here”
  - Expectations, trust, possibility for continuing
- Identity
  - Who am I?
  - What do I care about? respond to? take care of?
  - Choices and priorities
- Moral Values
  - What is important to me?
  - What do I believe “should” happen?

Brody, 2003

What is the Outcome of Narrative Reasoning?

- Understanding of the person’s beliefs, feelings, and behaviors
  - motivations
  - causality
- Understanding of the importance of time over which the illness or situation occurs

Charon, 2006
Summary- Narrative

One side of the ethical reasoning bridge...

*the systematic ethical decision-making process*

... is based on how we come to know the person’s story.

What is important to me? choices
What do I believe is right? ought
What is behind my beliefs and action? motivation
Who is important to me? relationship

Greenfield & Jensen 2010; Delany et al 2010

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Case-based Reasoning

- Engage with patients, families and caregivers
- Case comparison to identify the themes and rules that emerge in which the case can create or become a paradigm for resolution of other cases (Beauchamp & Childress, p 392)
- What is familiar about the case?
- Is there a generally accepted way the problem has been dealt with in the past?
- If unfamiliar, what makes it different?
- Is re-examination of past resolutions called for here?


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Bias: A Dimension of Ethics

- Ethnicity
- Language
- HIV
- Unlikable patients
- Patients who are unwilling to participate in PT
- Patients with complicated problems

Geddes, Wessel & Williams, 2004; Magee & Ogger 2000; Mostrom 2005; Nordstrom 2008

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Addressing Bias

- What are your biases?
- How would you discover what biases were influencing your thoughts or actions?
- How would you work through them?

Residuals in Ethical Decision-Making

- Dilemmas are not settled without “residue”
  - May choose one course of action but does not remove obligations that arose from path not chosen.
- Prospect of residues and the emotional discomfort of ethical problems motivate us to plan to avoid such dilemmas
- There is a place for explanations, excuses and apologies

Barcan-Marcus, 1980

Concluding Thoughts

- Do not talk about/have language for ethics in PT practice (Barnitt & Partridge 1997)
- Ethical context of PT practice is unique in health care (Poulis, 2007)
- What is our “stance” towards patients: detached concern or empathy? (Halpern, 2001)
- PT’s strong moral orientation toward beneficence can be thwarted by external factors (organizational and social). (Praestegard & Gard, 2010)
- Does PT practice allow adequate exploration of the narrative elements of practice? What do we lose if we don’t fully explore the particulars?
- Do these residuals, the context of practice create moral distress? (Carpenter 2010)
Preamble
The Code of Ethics for the Physical Therapist (Code of Ethics) delineates the ethical obligations of all physical therapists as determined by the House of Delegates of the American Physical Therapy Association (APTA). The purposes of this Code of Ethics are to:

1. Define the ethical principles that form the foundation of physical therapist practice in patient/client management, consultation, education, research, and administration.
2. Provide standards of behavior and performance that form the basis of professional accountability to the public.
3. Provide guidance for physical therapists facing ethical challenges, regardless of their professional roles and responsibilities.
4. Educate physical therapists, students, other health care professionals, regulators, and the public regarding the core values, ethical principles, and standards that guide the professional conduct of the physical therapist.
5. Establish the standards by which the American Physical Therapy Association can determine if a physical therapist has engaged in unethical conduct.

No code of ethics is exhaustive nor can it address every situation. Physical therapists are encouraged to seek additional advice or consultation in instances where the guidance of the Code of Ethics may not be definitive.

This Code of Ethics is built upon the five roles of the physical therapist (management of patients/clients, consultation, education, research, and administration), the core values of the profession, and the multiple realms of ethical action (individual, organizational, and societal). Physical therapist practice is guided by a set of seven core values: accountability, altruism, compassion/caring, excellence, integrity, professional duty, and social responsibility. Throughout the document the primary core values that support specific principles are indicated in parentheses. Unless a specific role is indicated in the principle, the duties and obligations being delineated pertain to the five roles of the professional duty, and social responsibility. Throughout the document the primary core values that support specific principles are indicated in parentheses. Unless a specific role is indicated in the principle, the duties and obligations being delineated pertain to the five roles of the professional.

Principles

Principle #1: Physical therapists shall respect the inherent dignity and rights of all individuals.
(Core Values: Compassion, Integrity)

1A. Physical therapists shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.
1B. Physical therapists shall recognize their personal biases and shall not discriminate against others in physical therapist practice, consultation, education, research, and administration.

Principle #2: Physical therapists shall be trustworthy and compassionate in addressing the rights and needs of patients/clients.
(Core Values: Altruism, Compassion, Professional Duty)

2A. Physical therapists shall adhere to the core values of the profession and shall act in the best interests of patients/clients over the interests of the physical therapist.
2B. Physical therapists shall provide physical therapy services with compassionate and caring behaviors that incorporate the individual and cultural differences of patients/clients.
2C. Physical therapists shall provide the information necessary to allow patients or their surrogates to make informed decisions about physical therapy care or participation in clinical research.

Principle #3: Physical therapists shall be accountable for making sound professional judgments.
(Core Values: Excellence, Integrity)

3A. Physical therapists shall demonstrate independent and objective professional judgment in the patient's/client's best interest in all practice settings.
3B. Physical therapists shall demonstrate professional judgment informed by professional standards, evidence (including current literature and established best practice), practitioner experience, and patient/client values.
3C. Physical therapists shall make judgments within their scope of practice and level of expertise and shall communicate with, collaborate with, or refer to peers or other health care professionals when necessary.
3D. Physical therapists shall not engage in conflicts of interest that interfere with professional judgment.
3E. Physical therapists shall provide appropriate direction of and communication with physical therapist assistants and support personnel.

2D. Physical therapists shall collaborate with patients/clients to empower them in decisions about their health care.
2E. Physical therapists shall protect confidential patient/client information and may disclose confidential information to appropriate authorities only when allowed or as required by law.
Principle #4: Physical therapists shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, research participants, other health care providers, employers, payers, and the public.
(Core Value: Integrity)

4A. Physical therapists shall provide truthful, accurate, and relevant information and shall not make misleading representations.
4B. Physical therapists shall not exploit persons over whom they have supervisory, evaluative or other authority (e.g., patients/clients, students, supervisees, research participants, or employees).
4C. Physical therapists shall discourage misconduct by health care professionals and report illegal or unethical acts to the relevant authority, when appropriate.
4D. Physical therapists shall report suspected cases of abuse involving children or vulnerable adults to the appropriate authority, subject to law.
4E. Physical therapists shall not engage in any sexual relationship with any of their patients/clients, supervisees, or students.
4F. Physical therapists shall not harass anyone verbally, physically, emotionally, or sexually.

Principle #5: Physical therapists shall fulfill their legal and professional obligations.
(Core Values: Professional Duty, Accountability)

5A. Physical therapists shall comply with applicable local, state, and federal laws and regulations.
5B. Physical therapists shall have primary responsibility for supervision of physical therapist assistants and support personnel.
5C. Physical therapists involved in research shall abide by accepted standards governing protection of research participants.
5D. Physical therapists shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.
5E. Physical therapists who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.
5F. Physical therapists shall provide notice and information about alternatives for obtaining care in the event the physical therapist terminates the provider relationship while the patient/client continues to need physical therapy services.

Principle #6: Physical therapists shall enhance their expertise through the lifelong acquisition and refinement of knowledge, skills, abilities, and professional behaviors.
(Core Value: Excellence)

6A. Physical therapists shall achieve and maintain professional competence.

6B. Physical therapists shall take responsibility for their professional development based on critical self-assessment and reflection on changes in physical therapist practice, education, health care delivery, and technology.
6C. Physical therapists shall evaluate the strength of evidence and applicability of content presented during professional development activities before integrating the content or techniques into practice.
6D. Physical therapists shall cultivate practice environments that support professional development, lifelong learning, and excellence.

Principle #7: Physical therapists shall promote organizational behaviors and business practices that benefit patients/clients and society.
(Core Values: Integrity, Accountability)

7A. Physical therapists shall promote practice environments that support autonomous and accountable professional judgments.
7B. Physical therapists shall seek remuneration as is deserved and reasonable for physical therapist services.
7C. Physical therapists shall not accept gifts or other considerations that influence or give an appearance of influencing their professional judgment.
7D. Physical therapists shall fully disclose any financial interest they have in products or services that they recommend to patients/clients.
7E. Physical therapists shall be aware of charges and shall ensure that documentation and coding for physical therapy services accurately reflect the nature and extent of the services provided.
7F. Physical therapists shall refrain from employment arrangements, or other arrangements, that prevent physical therapists from fulfilling professional obligations to patients/clients.

Principle #8: Physical therapists shall participate in efforts to meet the health needs of people locally, nationally, or globally.
(Core Value: Social Responsibility)

8A. Physical therapists shall provide pro bono physical therapy services or support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.
8B. Physical therapists shall advocate to reduce health disparities and health care inequities, improve access to health care services, and address the health, wellness, and preventive health care needs of people.
8C. Physical therapists shall be responsible stewards of health care resources and shall avoid overutilization or underutilization of physical therapy services.
8D. Physical therapists shall educate members of the public about the benefits of physical therapy and the unique role of the physical therapist.
Standards of Ethical Conduct for the Physical Therapist Assistant
HOD S06-09-20-18 [Amended HOD S06-00-13-24; HOD 06-91-06-07; Initial HOD 06-82-04-08] [Standard]

Preamble
The Standards of Ethical Conduct for the Physical Therapist Assistant (Standards of Ethical Conduct) delineate the ethical obligations of all physical therapist assistants as determined by the House of Delegates of the American Physical Therapy Association (APTA). The Standards of Ethical Conduct provide a foundation for conduct to which all physical therapist assistants shall adhere. Fundamental to the Standards of Ethical Conduct is the special obligation of physical therapist assistants to enable patients/clients to achieve greater independence, health and wellness, and enhanced quality of life.

No document that delineates ethical standards can address every situation. Physical therapist assistants are encouraged to seek additional advice or consultation in instances where the guidance of the Standards of Ethical Conduct may not be definitive.

Standards

Standard #1: Physical therapist assistants shall respect the inherent dignity, and rights, of all individuals.

1A. Physical therapist assistants shall act in a respectful manner toward each person regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.

1B. Physical therapist assistants shall recognize their personal biases and shall not discriminate against others in the provision of physical therapy services.

Standard #2: Physical therapist assistants shall be trustworthy and compassionate in addressing the rights and needs of patients/clients.

2A. Physical therapist assistants shall act in the best interests of patients/clients over the interests of the physical therapist assistant.

2B. Physical therapist assistants shall provide physical therapy interventions with compassionate and caring behaviors that incorporate the individual and cultural differences of patients/clients.

2C. Physical therapist assistants shall provide patients/clients with information regarding the interventions they provide.

2D. Physical therapist assistants shall protect confidential patient/client information and, in collaboration with the physical therapist, may disclose confidential information to appropriate authorities only when allowed or as required by law.

Standard #3: Physical therapist assistants shall make sound decisions in collaboration with the physical therapist and within the boundaries established by laws and regulations.

3A. Physical therapist assistants shall make objective decisions in the patient’s/client’s best interest in all practice settings.

3B. Physical therapist assistants shall be guided by information about best practice regarding physical therapy interventions.

3C. Physical therapist assistants shall make decisions based upon their level of competence and consistent with patient/client values.

3D. Physical therapist assistants shall not engage in conflicts of interest that interfere with making sound decisions.

3E. Physical therapist assistants shall provide physical therapy services under the direction and supervision of a physical therapist and shall communicate with the physical therapist when patient/client status requires modifications to the established plan of care.

Standard #4: Physical therapist assistants shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, other health care providers, employers, payers, and the public.

4A. Physical therapist assistants shall provide truthful, accurate, and relevant information and shall not make misleading representations.

4B. Physical therapist assistants shall not exploit persons over whom they have supervisory, evaluative or other authority (eg, patients/clients, students, supervisees, research participants, or employees).

4C. Physical therapist assistants shall discourage misconduct by health care professionals and report illegal or unethical acts to the relevant authority, when appropriate.
4D. Physical therapist assistants shall report suspected cases of abuse involving children or vulnerable adults to the supervising physical therapist and the appropriate authority, subject to law.

4E. Physical therapist assistants shall not engage in any sexual relationship with any of their patients/clients, supervisees, or students.

4F. Physical therapist assistants shall not harass anyone verbally, physically, emotionally, or sexually.

**Standard #5:** Physical therapist assistants shall fulfill their legal and ethical obligations.

5A. Physical therapist assistants shall comply with applicable local, state, and federal laws and regulations.

5B. Physical therapist assistants shall support the supervisory role of the physical therapist to ensure quality care and promote patient/client safety.

5C. Physical therapist assistants involved in research shall abide by accepted standards governing protection of research participants.

5D. Physical therapist assistants shall encourage colleagues with physical, psychological, or substance-related impairments that may adversely impact their professional responsibilities to seek assistance or counsel.

5E. Physical therapist assistants who have knowledge that a colleague is unable to perform their professional responsibilities with reasonable skill and safety shall report this information to the appropriate authority.

**Standard #6:** Physical therapist assistants shall enhance their competence through the lifelong acquisition and refinement of knowledge, skills, and abilities.

6A. Physical therapist assistants shall achieve and maintain clinical competence.

6B. Physical therapist assistants shall engage in lifelong learning consistent with changes in their roles and responsibilities and advances in the practice of physical therapy.

6C. Physical therapist assistants shall support practice environments that support career development and lifelong learning.

**Standard #7:** Physical therapist assistants shall support organizational behaviors and business practices that benefit patients/clients and society.

7A. Physical therapist assistants shall promote work environments that support ethical and accountable decision-making.

7B. Physical therapist assistants shall not accept gifts or other considerations that influence or give an appearance of influencing their decisions.

7C. Physical therapist assistants shall fully disclose any financial interest they have in products or services that they recommend to patients/clients.

7D. Physical therapist assistants shall ensure that documentation for their interventions accurately reflects the nature and extent of the services provided.

7E. Physical therapist assistants shall refrain from employment arrangements, or other arrangements, that prevent physical therapist assistants from fulfilling ethical obligations to patients/clients.

**Standard #8:** Physical therapist assistants shall participate in efforts to meet the health needs of people locally, nationally, or globally.

8A. Physical therapist assistants shall support organizations that meet the health needs of people who are economically disadvantaged, uninsured, and underinsured.

8B. Physical therapist assistants shall advocate for people with impairments, activity limitations, participation restrictions, and disabilities in order to promote their participation in community and society.

8C. Physical therapist assistants shall be responsible stewards of health care resources by collaborating with physical therapists in order to avoid overutilization or underutilization of physical therapy services.

8D. Physical therapist assistants shall educate members of the public about the benefits of physical therapy.