

Ethics in Physiotherapy

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Essay
2022



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1 INTRODUCTION

I have been working for six years in a state healthcare facility as a physiotherapist. I work in the ambulatory sector. The spectrum of my patients consists of people who suffer mainly from spinal pain (neck, chest and lumbar). Furthermore, my patients are people with cardiovascular disease, for whom we regularly perform cardiorehabilitation. The last large group is made up of people with obesity, who undergo the "Guided Weight Reduction Program" at our clinic.

I see the biggest ethical problem for these patients in the misunderstanding of the necessity of regular physical activity even outside the days when physiotherapy is carried out and especially after the end of physiotherapy. It is explained to the patients that it is necessary to continue the established movement therapy for the prevention of the disease. Unfortunately, some patients do not follow this recommendation. They state that they do not have enough time for exercise or regular physical activity. This decision is against the code of ethics, as all the recommendations of the physiotherapist are part of the treatment and it is necessary to follow these recommendations.

Through the course Ethics in healthcare, I thought about ethics in physiotherapy and its issues in the Czech Republic. I knew there was a physical therapist code of ethics, which I heard about for the first time in college, and dare I say, the last time. In my normal practice, I now do not encounter it at all, even in printed form.

In this essay, I would like to focus on the code of ethics of a physiotherapist. Furthermore, I would like here the results of some foreign studies from professional databases that deal with the issue of ethics in physiotherapy.

2 STUDIES

Physiotherapy is a health profession that assesses, diagnoses, treats and works to prevent disease and disability through physical means. The World Confederation for Physical Therapy defines physiotherapy as a service that is provided to people with the aim of developing, maintaining and restoring the maximum range of motion and functional ability of the population throughout life (Chigbo, 2015).

The health care system and its providers play an important role in maintaining the health of society. Not only health care providers, but also patients come from different moral backgrounds. It follows from this fact that these people value different values and preferences in their life. The authors point to the fact that the healthcare system is a morally charged environment because each of us has different preferences, including decisions about treatment. For some patients, socio-economic reasons may play a role, which puts the patient at a disadvantage when making treatment decisions. There is always a need to weigh the moral wishes of patients against what health care providers feel is right. Both professional knowledge and moral inclinations of health care providers play their role here (Amusat, 2004).

As reported in their study by Setchell et al. (2015), physiotherapists increasingly encounter weight management in their practice. The aim of this therapy is to improve patient outcomes, reduce joint stress, and alleviate chronic pain. If a physiotherapist discusses the issue of body weight with a patient, it may happen that physiotherapists perceive patients negatively. This negative attitude between therapist and patient can result in poorer health outcomes. In this study, the authors found that some patients have a negative perception of weight assessment by the physical therapist and the environment in which the therapy takes place. The authors further draw attention to the fact that physiotherapists must be aware of this fact, as it could lead to worse results in therapy. Patients could then avoid physiotherapy visits. In conclusion, it can be said that it is an appropriate strategy to face weight stigma: modification of the physical environment of the clinic, efforts to improve communication with the patient regarding his body weight (Setchell et al., 2015).

Authors from Denmark (Praestegaard, Gard, 2011) are of the opinion that the profession of physiotherapy has expanded in the last four decades: it has expanded the scope of

responsibility and evidence-based clinical practice. It states that in order to maintain professional autonomy, it is essential that physiotherapy meets the expectations of society, as well as the requirements for professional competence and ethics. In Denmark, it is more popular to work in the private sector, so this study was also carried out in private practice. During physiotherapy in private practice, mainly two people meet: the physiotherapist and the patient. This meeting entails a strong asymmetry between the two partners, which the physiotherapist must deal with. And it is this study that tries to find out whether ethical problems arise during the first meeting between a physiotherapist and a patient in private practice. The results show that the first session in private practice is ethically crucial. Ethical issues arise during the first session, so patient friendliness is a fundamental aspect of understanding. If the physiotherapist does not have a deeper ethical awareness, he may react differently. Only an ethically aware physiotherapist can act ethically. The authors also want to focus on ethics in the public sector (Praestegaard, Gard, 2011).

A study by Kulju et al. (2013) focused on the identification and discussion of ethical problems of physiotherapists that they encounter in their practice. They also focused on moral sensitivity in ethical situations. They created a questionnaire survey that was answered by physiotherapists who work in public health services. It has been found that most physical therapists encounter ethical issues on a daily basis. They relate to financial considerations, unethical behavior of other physiotherapists, equality and justice and patient self-determination. The authors of this study want to draw attention to the fact that ethical problems occur at the individual level, but also at the organizational and societal level. These limited options make physiotherapists feel inadequate. The authors state that the quality of the provided health care can be improved in cooperation with other health workers.

The principle of respect for autonomy is an expression of the wishes of the patient, the preferences of his family and the opinion of the health professional. The disease affects the patient's life more or less because it takes place during his life. People evaluate the quality of life differently. This is determined by the things they prefer, the cultural and social environment, etc. Based on these facts, it can be concluded that everyone decides for themselves about the quality of their life. Therefore, it is necessary to provide the patient with all the necessary information he needs to be able to make the right decision. This

decision should be based on the values, goals and preferences they value. According to the author, a necessary part of the provision of ethical physiotherapy services is respect for autonomy (Amusat, 2004).

3 PHYSIOTHERAPIST CODE OF ETHICS

"Ethical principles for physiotherapists" were developed in accordance with the "Code of Ethics" of the WCPT and were approved by the executive committee of the Union of Rehabilitation Workers on 12/06/1992, they were revised and approved by the Congress of the Union of Physiotherapists of the Czech Republic on 26/01/2002 as the "Ethical Code of Physiotherapists"

I. General principles

- The physiotherapist's professional duty is to provide a qualified and responsible professional service. The physiotherapist complies with the laws and regulations governing his activities in the Czech Republic. The physiotherapist respects the client's age, nationality, religion, skin colour, political beliefs, social status, gender and sexual orientation. A physiotherapist respects the rights and human dignity of all individuals. The physiotherapist is responsible for his decisions.

II. Performance of the profession

- The physiotherapist is responsible for carrying out physiotherapy procedures and must not endanger the health of the client. Physiotherapists must prevent disability through their professional activities. The physiotherapist contributes to the development of the professional level and ensuring quality care for clients. A physiotherapist is obliged to continuously maintain the highest level of his education and expertise (lifelong education). A physiotherapist has the right to a financial reward for his work.

III. Relationship to the client

- The physiotherapist is bound by confidentiality in relation to all information relating to the client. They do not discuss the client's affairs with anyone other than the person who is jointly responsible for their care. The physiotherapist provides clients with accurate information about the provision of physiotherapy services and is obliged to inform the client of the possible risks of the therapy.

IV. Relations to other health professions

- The physiotherapist works in the client's interest with the attending physician. A physiotherapist collaborates with other healthcare professions either as part of interdisciplinary collaboration or as a member of a multidisciplinary team. The physiotherapist participates in the development of the professional education of other healthcare workers.

V. Final Provision

- A physiotherapist adheres to a standard of professional and personal ethics at all times, which makes his profession credible. In the event that a colleague violates the rules of the code of ethics, the physiotherapist is obliged to inform him; if there is no correction, he is obliged to inform the professional organization (UNIFY 2022).

4 CONCLUSION

The most difficult thing in physical therapy is ensuring a long-term kinesiotherapy plan. This plan includes planning and education in self-therapy for the patient after the end of physiotherapy. The implementation of the long-term plan is already under the direction of the patient himself. If he does not want to continue the started treatment, no one can force him to do so. The qualified physiotherapist then has the burden of responsibility for how to explain to the patient that it is necessary to continue physiotherapy at home.

In their practice, most physiotherapists encounter the traditional model of physiotherapy – a patient has certain problems, visits a rehabilitation doctor, who prescribes physiotherapy. Depending on the equipment of the medical facility, physiotherapy takes place in the form of various physical therapy procedures (baths, electrotherapy, paraffin...) including individual physiotherapy. During individual physiotherapy, the physiotherapist focuses on the patient's problem areas and at the end educates him. However, education is the most important point of all and is often neglected. At the same time, it is the most important from the point of view of the success of the treatment for the patient.

The patient must not only be a passive recipient of therapy from the physiotherapist, but should actively participate in the effort to maintain his own health.

Patient education is the most important pillar of the entire treatment. Interest in the patient from a comprehensive point of view, i.e. in addition to biological and psychosocial, ethical, spiritual and other aspects, will be decisive for a good outcome of the therapeutic relationship in the future.

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