

A CODE OF ETHICAL CONDUCT FOR PHYSIOTHERAPISTS

Declaration of Principles



Malta Association of
Physiotherapists

MALTA ASSOCIATION OF PHYSIOTHERAPISTS

A Code of Ethical Conduct for Physiotherapists

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Foreword

Decisions on moral concerns in healthcare are exacted on the principle four ethical doctrines of Autonomy, Beneficence, Non-maleficence and Justice. However, healthcare issues are often multifactorial and justification of decisions taken cannot be solely based on any single supporting theory. Indeed, the application of professional values and traditional beliefs are also used to evaluate these situations and justify the appropriate course of action taken since this would ultimately impact on the quality of life of patients. The reality of the socio-political dimension of healthcare within our pluralistic society must also be taken into context in tandem with the legally established rights and responsibilities that govern the healthcare professional.

The Malta Association of Physiotherapists (MAP) recognizes the importance and relevance of Professional Ethics in view of the challenges facing healthcare delivery in today's fast-paced reality. Advancing technology, longevity and frailty, the complexity of living with co-morbidities, cultural sensitivity, and lifestyle choices are all factors contributing to the increased demand of healthcare services. This also has implications on the Physiotherapist's ability to respond swiftly, appropriately and correctly to situations.

MAP has therefore taken this innovative approach towards developing a Code of Ethical Conduct that takes the form of a handbook that is practical, situational and relevant to the Physiotherapist.

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1.0 INTRODUCTION

This document has been created to help all Physiotherapists appreciate and understand the relevance of ethics to professional and personal behaviour. This affects decision-making, the choices available and the resulting course of action, beyond base legal requirements.

The document focuses on bridging the gap between evidence-based excellence and the vocational role of the Physiotherapist towards the ultimate goal of improving quality of life.

The Malta Association of Physiotherapists (MAP) will provide guidance to MAP members in cases of conflict of ethics, as required.

2.0 PROFESSIONAL ETHICS

Professional autonomy infers a social contract. As a self-regulatory profession, the Physiotherapist enjoys Professional autonomy but is also obliged to adopt appropriate Professional behaviour.

2.1 Professional behaviour implies:

- **Best-practice duty.** A Professional practice that shifts away from obedient, imitative, desire-driven, habitual practice towards a rational ethical approach that considers reciprocity, practicality and usefulness, autonomy, best interest, safety, justice and virtuosity.
- **Purposeful choice to adopt ethical behaviour.**
- **Respect for patients' rights to dignity, autonomy, privacy, information** (see also sections: Physiotherapist -Patient Relationship Ethics, Vulnerable Groups).
- **Honesty and integrity**
- **Accountability to oneself, the patient, state and employer** (see also section: Organisation Ethics). Accountability requires the Physiotherapist to know about and abide by:
 - ✓ Legal regulation by Laws of Malta, Council for the Professions Complementary to Medicine
 - ✓ Ethical guidelines
 - ✓ Code of practice, code of conduct
 - ✓ The Physiotherapist must also:
 - ✓ Be aware of ongoing Professional issues within the socio-political dimension
 - ✓ Be aware of resource allocation issues that impact quality assurance, cost-effective and resource management, at organizational and personal levels.
 - ✓ Be registered with the Council for the Professions Complementary to Medicine
 - ✓ Carry Professional Indemnity Insurance
- **Offer just, equitable access to services** (see also section: Organisation Ethics).
- **Altruism¹**
- **Care, compassion and empathy**
- **Minimize the effect of personal, religious, political, philosophical or other convictions** (see also section: Vulnerable Groups).
- **Clinical competence** (see also section: Colleagues). This involves an evidence-based ethically guided daily practice, accurate and timely record keeping. The Physiotherapists should treat the client according to his own level of competence and evidence based outcome.

¹Going the 'extra mile'

- **Appropriate record keeping and data handling.** Regular, updated, organised and legible record keeping covering clinical assessment, safety precautions, treatment progress notes, relevant communication with patient and colleagues, and reports made.
- **Data stored safely and handled in accordance with the Data Protection Act (2001).** The patient may request a copy through established procedure.
- **Continuous personal and Professional development.** Maintenance and enhancement of competence through reflective practice, Professional self-evaluation, clinical and ethical CPDs and Research.
- **Teamwork** (see also section: Colleagues).
- **Self-care**

Any breach of Professional conduct shall be taken up according to MAP Statute, as required.

3.0 PATIENT PHYSIOTHERAPIST RELATIONSHIP

The Patient Physiotherapist relationship is one of mutual expectation requiring collaboration, respect and communication. It is a co-operative, bilateral decision-making, symbiotic partnership with shared responsibilities and duties that assesses possible treatment options to established appropriate goals designed to attain functional outcomes.

3.1 Expectations of patient and physiotherapist

Expectations by patient: The Physiotherapists' respect, excellence, consistency, efficiency, practicality, focus on pain/movement/independence, provision of holistic information and clear communication.

Expectations by Physiotherapist: The client's ability to contribute, compliance and commitment and their rights, balanced by duty/obligation.

3.2 Principles of patient physiotherapist relationship

Throughout the ongoing assessment and treatment cycle, the Physiotherapist leads the relationship, abiding by the principles of:

- Respect for patient autonomy,
- Nonmaleficence,
- Beneficence, and
- Justice.

3.2.1 Respect for **patient autonomy** includes holistic recognition and respect for the patient, and the requirement to take all reasonable steps to preserve the:

- Patient's right to dignity, and sensitive treatment scheduling
- Patient's right to privacy and confidentiality
- Patient's ability to contribute to, or refuse treatment at all stages
- Patient's right to comprehensive, comprehensible and timely information. Information provided to the patient should cover all aspects of treatment, including treatment choice, duration, costs, possible risks and the surroundings.
- Patient's right to informed consent based on the above. Informed consent should be sought at all stages of assessment and treatment by default, respectful both of the patient's right to ask and conversely of the patient's right not to know. Specifically, informed consent should be:
 - ✓ Autonomously provided
 - ✓ Provided initially and throughout treatment (all stages)

- ✓ May be withdrawn at any time without affecting treatment
- ✓ Based on relevant, comprehensive, understandable, clear information.
- When communicating with colleagues, consent is required before disclosure.

3.2.2 Professional beneficence and nonmaleficence implies evidence-based treatment that is:

- **Beneficial.** Beneficial treatment is quality-driven, efficient and effective and satisfies the patient's requirements, professionally assessed from an evidence-based, experienced and locally contextualized perspective.
- **Non-futile.** This concerns the right of the Physiotherapist to refuse to treat if not in best interests of patient.
- **Safe** and does not worsen the patient's condition

3.2.3 Justice within finite organisational resources implies:

- Offering free, equitable and non-discriminatory access to treatment
- Free of influence, conflict of interest, abuse of Professional privilege (including unnecessary referral).
- The obligation to prioritize according to clinical picture and expected outcome.

3.3 Independent Programmes

Whilst the patient has the duty to adhere to a prescribed program, it is the duty of the Physiotherapist to lead the relationship and optimally direct such a programme to ensure maximal compliance. Appropriate programmes should be:

- Clinically efficient, effective and safe, evidence-based
- Developed from a bio-psychosocial perspective i.e. benefit vs. detriment
- Developed in collaboration with patient
- Clearly communicated using all means to ensure the patient understands and is able to undertake independently
- Followed up to tailor program/ensure maximal compliance, as required
- Recognizant of the patient's right to refuse to comply (at all times), ensuring also that the patient is aware of related clinical consequences.

3.4 Gifts

Patients often offer tokens of appreciation. In such cases:

- The influence is unethical if it unduly affects equitable access and just distribution of resources including time/priority.

- It is ethical to accept tokens of appreciation in-so-far as patient treatment is in no way affected and this is clearly explained to the patient.

3.5 Research

Studies devised to produce results that are relevant and beneficial to the patient should be:

- Respectful of patient autonomy, rights and dignity
- Safe
- Maintain confidentiality
- Free of influence, conflict of interest
- Approved by the relevant ethical and administrative bodies

3.6 Family/Relatives/Carers of the Patient

Holistic care may require the consideration and negotiated involvement of family/relatives/carers:

- By prior agreement and consent of the patient
- By prior agreement and consent of the family
- In the case of vulnerable groups and interaction with legal guardians, treatment is to remain in the patient's best interest. The Physiotherapist may exercise the right to refuse to offer questionable/harmful treatment and/or insist on beneficial treatment through institutional proceedings.

3.7 Disputes& Sexual Harassment

It is ethically prudent to:

- Avoid situations that may lead to disputes or sexual harassment
- Aim for prompt, transparent and fair settlement to the satisfaction of all involved parties.
- Attempt to first clarify in/directly with the patient, prior to resorting to resolution/mediation according to relevant policies/regulations/laws.

3.8 Cross Infection

In cases of cross-infection by the patient or the Physiotherapist:

- Patient safety remains the priority.
- Adherence to relevant safety policies and to take necessary precautions that also include the Physiotherapists' own safety.
- It is the Physiotherapist's responsibility to adopt clinical practices that limit/avoid cross-infection.

4.0 COLLEAGUES²

4.1 Cooperative information sharing, decision making

The Physiotherapist often shares information and decision making with multi-disciplinary team colleagues, both within institutions (whether local or foreign) and across the private sector, throughout the assessment-treatment cycle. Such cooperation should be guided according to:

- Aforementioned ethical principles of respect for patient autonomy, nonmaleficence, beneficence and justice.
- Specifically acquiring the patient's informed consent as previously described, in respect of patient privacy and confidentiality.
- Disclosing the minimum amount necessary
- Keeping appropriate records of disclosure

4.2 Mentoring and guiding of peers and subordinates

Physiotherapists with advanced clinical knowledge and experience are encouraged to assist with the CPD of peers and subordinates, including students. In situations when patients are directly involved, or their personal identifiable information is evident mentoring/guiding should:

- Be in accordance with the aforementioned ethical principles of respect for patient autonomy, nonmaleficence, beneficence and justice.
- Require the patient's informed consent as previously described.
- Require the applicable consent of ethical/administrative bodies.

4.3 Intra/Inter-professional referral

Referrals within the profession or to other members of the MDT team should be made:

- In accordance with the aforementioned ethical principles of respect for patient autonomy, nonmaleficence, beneficence and justice.
- If the Physiotherapist cannot offer optimum treatment within his/her own clinical ability.
- Within the shortest time frame possible
- Avoiding wilful retention of the patient's custom for personal gain.

²Where the term 'colleagues' refers to members of the same or other allied healthcare and medical professions.

4.4 Intra/Inter-professional encroachment

It is not ethical to:

- Criticize colleagues from a clinical and/or personal perspective in the presence of patients or otherwise
- Commodify the profession, attracting a patient's custom for personal gain, to the detriment of a colleague's practice.

4.5 Disputes& Sexual Harassment

It is ethically prudent to:

- Avoid situations that may lead to disputes or sexual harassment
- Aim for prompt, transparent and fair settlement to the satisfaction of all involved parties.
- Attempt to first clarify in/directly with the colleague, prior to resorting to resolution/mediation according to relevant policies/regulations/laws.

5.0 ORGANISATION

The Physiotherapist deals with dual loyalty, which requires the balancing of aspects such as prioritization, access and duration of treatment, with finite organisational resources.

5.1 Organisational Resources

Ethical service requires updated knowledge of the availability of relevant organisational resources to ensure sustainable, quality driven allocation. These resources comprise:

- Spatial
- Financial (including equipment, wages)
- Human
- Time

The Physiotherapist should strive to provide just prioritization in waiting lists, from a clinical and chronological perspective.

In determining the intensity of treatment in terms of frequency, timing and duration, the Physiotherapist should aim for:

- Equitable, non-discriminatory access to treatment, taking into consideration mobility and social limitations of the patient.³
- Timely access to treatment, avoiding 'excessive or undue delay'
- Fair financial access

³Mobility limitations are physical in nature concerning community and transport issues. Social limitations involve core family obligations, and workplace (job) restrictions limiting the possibility of session frequency, timing and duration.

6.0 VULNERABLE GROUPS

As with other patients, ethics requires the Physiotherapist to respect the patient's rights, autonomy and dignity, to seek informed consent/refusal, to maintain confidentiality, to offer just access, seek active participation, to aim for maximal independence and social integration, and to avoid Professional conflict of interest.

6.1 Specific Groups

The Physiotherapist should consider additional ethical situations when interacting with the following specific groups:

6.1.1 Children:

In terms of optimum psychosocial and physical development, the best interest of the child and protection of the child, balancing these issues with increasing autonomy.

6.1.2 Elderly:

In terms of maximal retention of physical and intellectual capabilities, positive socio-economic participation, self-fulfilment, injury prevention and empowerment, in line with the tenants of Active Aging.

6.1.3 Disability:

In terms of possible issues of access and discrimination, the ability to optimize interaction with surrounding environment and empowerment.

6.1.4 Chronically ill:

Maximal empowerment, and education for independence.

6.1.5 Mental health:

In terms of attaining maximal empowerment and avoidance of stigma.

6.1.6 Socio-religious:

In terms of the impact of religious and cultural practices on treatment, or communication issues posed by language difficulties.

6.1.7 Financially challenged:

In terms of ensuring the provision of equitable, timely and just access to treatment.

6.1.8 Abuse cases:

In terms of social implications and the requirement for legal direction in domestic abuse and similar situations where the law may be breached.

7.0 PUBLIC ETHICS

Public Relations: Although not routinely concerned with established public relations, the Physiotherapist should be aware of how to ethically support the Profession's public identity.

7.1 Public and Professional Ethics

On a day-to-day basis the Physiotherapist is entrusted with fostering the trust and confidence of the public in the profession through Professional ethics (see section: Professional Ethics), in particular:

- Ensuring that the patient physiotherapist model is based on patient dignity, integrity and autonomy.
- Prioritizing Professional beneficence by placing patient welfare above personal and organisational interests, striving for just and equitable access (preference), avoiding conflict of interest and avoiding undue influence
- Supporting public initiatives.

8.0 MEDIA

Promotional communication⁴ and the public expression of one's Professional opinion may occur through a variety of media including traditional and social media⁵, for discussion and for public correspondence. In all such occasions, the overriding need to protect the dignity and image of the profession requires the Physiotherapist to:

- Be responsible for one's own online activity.
- Be aware that online means intractable, irrespective of privacy settings.
- Safeguard standards of Professional conduct and behaviour.
- Adopt appropriate personal and work-related use and expression, maintaining appropriate professional boundaries.
- Ensure privacy and confidentiality of others, including patients.
- Offer accurate, honest, transparent, accountable, Professional and restrained opinion.
- Avoid public criticism of clients, colleagues, and employer.
- Avoid being fraudulent, defamatory, misleading ,deceptive, self-laudatory, unfair, aggressive, sensational, offensive, denigrating, harassing, in breach of conflict of interest with respect to the employer, colleagues, patients or any other individual.
- Avoid misleading patients in terms of patient-Physiotherapist relationship, and what constitutes appropriate and necessary care.
- Strive to resolve all conflicts amicably and in the shortest time possible.
- Be in line with employer codes of conduct, laws, directives and policies.
- Be in line with regulator's legal, Professional and ethical standards.
- Be in line with the expectations' of the Professional body and other relevant organisations.

⁴Promotional communication is any communication that may exert a direct or indirect personal promotional effect.

⁵ Social Media is a web-based communication tool that enables individuals and organisations to interact, exchanging information that includes knowledge and opinions.

9.0 E-HEALTH

The Physiotherapist may use modern information and communication technologies (ICT) to assist the patient with rehabilitation. These include health information networks and systems, online services, databases and portals, telemedicine systems and specialized devices.

9.1 Professional Communication

Professional communication, such as via e-mail and online messaging, in relation to, or with a patient:

- Must be for the patient's benefit.
- Requires patient consent as previously described.
- Respect and protect patient autonomy, privacy and confidentiality.

9.2 PC Programs and health apps

IT programs, such as PC programs and Smartphone health apps may be used:

- In a clinically personalized and professionally appropriate manner.
- In accordance with the aforementioned ethical principles of respect for patient autonomy (including consent), nonmaleficence, beneficence and justice. Specifically to:
 - ✓ Empower patients
 - ✓ Offer greater access to health data
 - ✓ Increase sustainability and efficiency of the health system
 - ✓ Support and enhance patients access to health care
- Without replacing physical examination/manually applied treatment when required.

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