The College of Physiotherapists of Ontario presents:
Understanding Ethics: Chapter 1 - Evolution, Foundations and Principles

This is the first of three chapters to assist physiotherapists with the challenge of ethical decision making.

The first chapter will present the background of the biomedical ethical theory on which health care providers base their ethical decisions.

The second chapter will introduce the values of physiotherapists in Ontario and the ethical decision making process.

The third chapter will work through a variety of ethical scenarios using the values and applying the decision making model.
At the conclusion of this chapter, you will have reviewed basic biomedical ethics and will be able to differentiate between four generally accepted ethical principles. The opportunity to review hypothetical situations and apply the ethical principles to the scenarios will clarify the use of the principles and prepare you for the next chapter that discusses ethical decision making.
In this chapter we will review how biomedical ethics have evolved; the classical ethical theories that support decision making; the foundations of ethical behavior (including an opportunity to reflect on the ethical behavior that you are most comfortable with); and finally, the ethical principles that form the basis of ethical decision making.
Bioethics

An old new field

- Origin is in the Hippocratic tradition
- New technology and changes in how health care is delivered to individuals increased the need for ethical guidance

Biomedical ethics is both an old field - having it’s origin in the oath of Hippocrates - and a new field just evolving and responding to the challenges we experience now in health care, as we attempt to provide care for all who seek our services. Advances in medical technology permit us to save lives that might have otherwise been lost, and the challenges of paying for and rationing of care, provide us with many situations where good ethical conduct and guidance is required.
While there are a variety of ethical theories or foundational constructs, most centre around either teleological, or deontological theory. Each practitioner, knowingly or unknowingly, chooses one of these theoretical constructs that is most comfortable for them. This forms the basis for their own personal style in ethical decision making. We will briefly discuss each in turn.
Teleological theory focuses on the effect, the consequences or the end result. A teleological approach would attempt to minimize adverse consequences while bringing about the greatest good. This is the old saying “the end justifies the means”.

Teleological Ethics

- Consequentialism
  - Focus on the effects:
    - Telos = Greek for “end” or “goal”
    - Tailoring of one’s conduct to bring about the greatest good with a minimum of adverse consequences

“The end justifies the means”
Deontological ethical theory is rule or duty focused and concentrates on the rules without particular concern for the consequences. Deontological theory forms the basis for religious commandments and edicts, professional codes of conduct and societal laws.
Every physiotherapist has a decision making set that is most comfortable for them and helps them to establish a framework for decision making.

Which is more important to you: following the rules or achieving the best outcome?

Are you driven more by duty or by goals?

How comfortable are you with the consequences of your actions?

Do the ends justify the means or are the rules more important?
Take a moment and consider the statements on the screen.
Click on the statement that best applies to you.
Although the previous example serves to highlight the difference between teleological and deontological approaches, most individuals do not subscribe wholly to one or other of the ethical theories but rather use a combination of the two.

Deonutility ethics combines a respect for the rules with a concern for the consequences and is represented by the phrase, “Good principles and guidance bring good results”.

Like most things, ethics continues to evolve and modern ethics has moved from the theoretical to the practical. We have evolved to use principles to help us analyze situations and guide our thinking, recognizing that both the means and the ends are important ethical foundations.
Morality too is a foundation of ethical behaviour. Morality is what we expect people to do so that we can live together in peace and harmony.
Morality is something we develop personally; it is something that we share as a society, and it is part of our professional being. Personal morality is the values and duties you adopt for yourself. Societal morality represents the beliefs that we share with others in the society in which we live. Group morality is the values we adopt as part of self-selected sub-groups.
Take a moment to consider your personal morality and what forms your own moral value system. What are your personal values? For example, what are your attitudes towards life and death, your personal relationships and your independence? What are your religious beliefs?

Consider also societal morality and what we, as a nation, value as important. For example, what do Canadians consider to be important regarding access to health care services? To end of life care?

And finally, consider group morality and what physiotherapists consider to be important regarding our professional morality, our individual responsibility to patients, our loyalty and responsibility to our employers and colleagues and our societal responsibility.

Take some time to reflect on these and other questions. There are no wrong answers. The intent is to consider what you, as an individual, value. Click on the next button to continue with the module.
On occasion the values of an individual come into conflict with the morality of a sub-group to which they belong. Some of the conflicts that health care providers are faced with evolve when personal values are in conflict with the values of employers, administrators or funders. The individual is challenged to make an ethical decision based on their own morality. Ultimately, we make decisions based on our ethical foundation - teleological, deontological or deonutility.

Now let's put the theory into action and review a few scenarios.
Consider the following moral conflict:

You are paid a lump sum to provide services to the residents of a nursing home. You are told by your supervisor not to worry about treating Mr. X if you are short on time, as he is seldom lucid and won’t remember if you came to see him or not.

How does this statement make you feel?

Do you believe that this is a legitimate way to ration your time, or do you feel that Mr. X is just as entitled to any and all services that he needs and his cognitive state should not determine if he gets services or not.

What will you do?
Ethics in health care are more demanding than ethics in general because health care providers deal with a vulnerable population. Patients are often seen on an emergency basis, are injured and in pain and may be restricted in their ability to make their own decisions. In addition, poor decisions can result in life threatening circumstances. The uniqueness of health care ethics demands more from the practitioner.
The way in which we make ethical decisions is based on some key ethical principles that have evolved to form the basis of biomedical ethics. They include, autonomy, beneficence, non malfeasance, justice and sometimes veracity. While the first four principles are generally accepted as applying to all health care providers, not all bioethicists agree that veracity is a foundational principle. Most health care providers would agree that veracity applies to them.

Let's review each of these principles in turn.
Autonomy

- To be autonomous means to have self-governance or to function independently
  - Auto = Greek word for “self”
  - In health care this is the right of the patient or research subject to have self determination

Autonomy is the basis of patients’ rights and the right of the patient to have self determination and to function independently. Autonomy requires that the patient is given enough information to make an informed decision.
Respect for autonomy requires that patients are provided with the truth about their condition, are informed about risks and benefits of treatment, and are permitted to refuse interventions that they do not feel are in their best interest. Physiotherapists must also understand that their patients may make decisions based on evidence, instinct or some other criteria. Regardless of how the decision is made, patients have the right to make decisions that are different from those of the physiotherapist. The patient’s right to make their own decision must be respected.
Health care professionals have not always been strongly aligned for autonomy. We have evolved from paternalistic providers, whom patients trusted implicitly, to providers who encourage patients to be involved in their care, to a generation of patients with unprecedented access to information and an interest in understanding and controlling decisions regarding their healthcare.
The second principle, beneficence, means ensuring that care is provided in the best interest of the patient. Beneficence can be summed up by the phrase “do only good”. It is the concern for the patient that is manifested by a provider’s duty to his/her patients. The characteristics that make people beneficent are often the same ones that influence their choice to go into a health care field.
Let’s try a case and see how it relates to the principles we just discussed. Mr. Smith is a 68 year old male who had a total knee replacement yesterday. Carole, the physiotherapist, went to his room to get him up; he told her he was in too much pain and could not possibly participate in PT now. Carole took a great deal of time to explain to Mr. Smith the importance of his participating in PT at that moment as it would prevent many complications. She took the time to explain the difficulty that he would experience if he did not have PT at that time.
Let’s take a moment to consider autonomy and beneficence.

Question 1: In this scenario, which of these two ethical principles (autonomy or beneficence) is Mr. Smith demonstrating and Carole is therefore respecting? Please click on the appropriate answer.
Question 2: Which ethical principle is Carole demonstrating by her actions, A – autonomy or B – beneficence? Please click on the appropriate answer.
Non malfeasance is the principle of “doing no harm”. Clearly health care providers want to help the patient without doing anything to harm them, either by omission (what we don’t do) or commission (what we do). It is the idea that we will do the right thing if we avoid bad consequences.
Let’s take a moment to look at a case that examines autonomy and non-malfeasance. A 26 year old patient, George, is under the influence of alcohol when he arrives for his treatment. Although he insists he is fine and wants to drive home, the physiotherapist arranges a ride for him and will not let him drive. Please answer the following questions by clicking on the most appropriate answer.

Question 1: Which principle is George demonstrating? A- autonomy or B – non-malfeasance
Question 2: Which principle is the physiotherapist demonstrating? A- autonomy or B- non-malfeasance?

Please click on the most appropriate response.
Non malfeasance is not the opposite of beneficence, but rather there is a continuum that ranges from doing no harm to bringing about good.
The third principle, Justice, describes basic fairness. The intent of justice is to maximize fairness for all patients and potential patients. When there is justice in the health care environment, resources are equally available to anyone who may need the services and are equally distributed. There are two types of justice – distributive justice and comparative justice.
Distributive justice looks at how health care resources are distributed among the whole of society. Are resources equally available to people? Are certain diseases such as cancer, heart disease, arthritis and others likely to get more attention? Is there an unequal distribution of resources at either the end or the beginning of life?
Comparative Justice

- How health care is delivered at the individual level
- Issues of comparative justice
  - Reimbursement and denial of care involving individual patients
  - Disparate treatment of patients on the basis of age, disability, gender, race and ethnicity or religion

Comparative justice looks at the distribution of health care services at the level of the individual. Are there disparities in treatment on the basis of any group an individual may be a part of that may be based on income, age, gender, ethnicity, disability or another factor?
Justice means that resources must be shared. The manner in which they are shared determines how “just” the system is. In the following scenario, patient care is determined by issues of justice. For example, a physiotherapy clinic is overcrowded and not every patient can be treated everyday. The selection of patients to be treated is left to the manager of the clinic who attempts to fairly select the patients based on need and response to interventions.
Take a moment and consider what you would do. Imagine you are the manager of the physiotherapy clinic. You can schedule only one additional patient. Who will you choose?

A - Mr. Jones is 29 years old with a spinal cord injury. He is working on fine motor skills in preparation to return to work.

OR

B - Mr. Smith is 72 years old and is recovering from an ankle injury he sustained during a recent marathon run.

The PT, as a health care provider, has a special position of trust in relation to the patient.

As health care providers, physiotherapists have a special position of trust in relation to the patient.

There is no correct response to this question. The idea is to consider what you as an individual would do. Determining care for patients based on their needs and how they benefit from physical therapy is an example of justice.
The final principle is veracity, although it is not universally accepted that veracity is a foundational ethical principle. Veracity demonstrates respect for people and is the opposite of medical paternalism. Attitudes about veracity have been changing. In particular, as more information is given to patients to enable them to make informed decisions about their care, this assists patients to express their autonomy.
While not a foundational ethical value, fiduciary duty is an overarching concept that speaks to the special relationship of trust that exists between the patient and the physiotherapist. Patients have the right to expect that their health care provider will keep their needs in mind and above all other conflicting needs which may influence the provider. This includes the financial interests of the provider.
In addition to foundational ethical theories and generally accepted ethical principles, many professional groups have developed a set of ethical values to guide decision making. The ethical values for physiotherapists in Ontario are on the screen and spell out the words ‘I care’. Chapter 2 of the Understanding Ethics Module will describe each of these values and an ethical decision making model that can assist in making difficult ethical decisions. Chapter 3 will review a variety of case scenarios demonstrating how the decision making model and the ICARE values can be used together to resolve some difficult ethical situations.
References and Resources
We are very interested to hear your feedback on this chapter of the Ethics Learning Module. Please use the link on the screen to complete a very short online survey.

Thank you