The College of Physiotherapists of Ontario presents “Understanding Ethics, Chapter 3: Ethical Decision Making Case Scenarios”.

This is the final chapter of the understanding ethics series, designed to assist physiotherapists with the challenges of ethical decision making.

The first chapter introduced background information regarding the biomedical ethical theories on which health care providers base their ethical decisions and touched on the various theories of ethical decision making.

The second chapter introduced the I CARE concept that establishes the values physiotherapists should keep in mind when approaching an ethical situation. The chapter also presented a template for ethical decision making.

This third chapter will use the I CARE values and the decision making model to work through a variety of ethical scenarios to facilitate application into practice.
In this chapter we will review five ethically challenging situations:

- Supervision of Students
- Allocation of Resources
- Referral Relationships
- Collegial Relationships
- Confidentiality

In each scenario we will use the six step model that was introduced in Chapter 2 to demonstrate how a standardized decision making process can enhance the ability to make sound ethical decisions that are in the best interest of patients.

In order to present a variety of ethical situations, this chapter is somewhat longer than the others. You may wish to revisit this chapter a number of times as you work your way through each of the scenarios. Click on the scenario topic displayed on the screen to jump to the scenario you wish to review or click “next” to proceed through the entire chapter.

Before we begin the first scenario, we’ll briefly review the ethical principles, ethical values and decision making models that were introduced in Chapters 1 and 2.
The foundational ethical principles that are generally accepted as applying to all health care providers are on the screen.

Autonomy refers to the patient’s right to self determination and to be empowered to make an informed decision.

Beneficence means ensuring that care is provided in the best interest of the patient and can be summed up by the phrase “do only good”.

Non malfeasance is the principle of doing no harm. Clearly health care providers not only want to do something to help the patient, but certainly do not want to do anything to harm the patient.

The intent of justice is to maximize fairness for all patients by ensuring that resources are equally available and distributed to those in need and are also free from discrimination.

The final principle, veracity, demonstrates truthfulness and respect for all people.
In addition to the foundational ethical principles that apply to all health professionals, there are also ethical values that have been articulated specifically for physiotherapists in Ontario using the acronym I CARE.

I is for integrity and honesty. Each physiotherapist’s commitment to act with integrity and honesty is fundamental to the delivery of high quality, safe and professional services.

C is for communication, collaboration and advocacy. Physiotherapists value the contribution of all individuals involved in the care of a patient. Communication, collaboration and advocacy are essential to achieve the best possible outcomes.

A is for autonomy and well-being. Physiotherapists are at all times guided by a concern for the patient’s well being. Patients have the right to self-determination and are empowered to participate in decisions about their health-related quality of life and physical functioning.

R is for respect. Physiotherapists are respectful of the differing needs of each individual and honour the patient’s right to privacy, confidentiality, dignity and treatment without discrimination.

E is for excellence. Physiotherapists are committed to excellence in professional practice through continued development of knowledge, skills, judgment and attitudes.
In Chapter 2 we also presented a model for ethical decision making. While there are a variety of models available and individuals should adopt the model that is most comfortable for them, this model includes the steps that are generally accepted as being part of the decision making process. Those steps are to:

- Recognize that there is an ethical issue
- Identify the problem and who is involved
- Consider the relevant facts, laws, principles and values that may be involved and have impact
- Establish and analyze the potential options
- Choose a course of action and implement it
- Evaluate the outcome and determine further action

The information that is gathered and analyzed need not necessarily follow this order, but having all of the information helps to make the decision making process easier.

We will now apply the model, values and principles to a variety of scenarios to demonstrate how, together, they can be used to assist in resolving some difficult ethical situations common to physiotherapists.
In this first scenario, Angela is a physiotherapy student about to begin her final clinical placement. This is her first large hospital experience. Lynette is her clinical supervisor and has both clinical and administrative responsibilities. Lynette was not expecting to have a student but the hospital is short staffed and she is pressured into taking a student. She instantly likes Angela, who appears confident and anxious to get as much out of her learning experience as she possibly can.
Lynette shows Angela around the hospital and introduces her to the patients on her case load in the neuro ICU. She tells Angela that she expects she will be able to manage the neuro ICU case load on her own and if she needs help Lynette can be reached on her pager. Lynette explains that she will be treating patients in the out-patient clinic in a different building. If Angela is not comfortable she will have to postpone the placement. Angela is apprehensive but if her placement is delayed, she’ll miss graduation and after all, Lynette is just a phone call away …
The first step in the ethical decision making model is recognizing that there is an ethical issue. Angela and her clinical supervisor, Lynette, are each being confronted with an issue regarding appropriate supervision arrangements.

While the issue evolves from the same situation, it is different for the student and the supervisor. Angela is at the hospital to gain clinical experience and that experience is based on receiving guidance, supervision and feedback. Angela is concerned not just about the impact on the patients she is seeing now, but also future patients who may be affected by a limited learning experience.

Lynette has a fiduciary responsibility to the patients to ensure that they are being treated competently and a responsibility to Angela to provide her with a worthwhile learning experience.
Step 2 is to identify the problem and who is involved.

As a student Angela needs to be supervised. If her placement is delayed, her graduation will be delayed. On the other hand, if she is not receiving an appropriate learning experience, she could be putting patients at risk. Lynette is not following up on her responsibility to either the patients or Angela.

In addition to Angela and Lynette, current patients may not be getting the care that they should and future patients may be impacted because Angela did not receive the learning needed to adequately prepare her for practice in the future.

The hospital, as Lynette’s employer, has a stake in this issue, given potential legal or liability consequences, as does the university providing Angela’s education.
Step 3 involves considering the relevant facts, laws, principles and values.

The facts are that Angela will not be receiving adequate supervision and patients will not derive the benefit of treatment under the supervision of an experienced therapist they may even be at risk of harm.

The Laws or rules that may provide guidance for Ontario physiotherapists in this area include:
- The Physiotherapy Act
- Standard for Professional Practice: Clinical Education

The Standard requires that students be supervised appropriately and the Act indicates that only registered individuals can practice independently as physiotherapists. The intent of these rules is clearly not met when the student is left to treat a caseload without adequate supervision.

For Angela, the guiding ethical principle is non malfeasance; her inexperience could potentially harm the patient either by something she does to the patient or by something she should be doing, but doesn’t. Lynette is not only concerned with the potential of doing harm, but also with the principle of justice, as every patient on her caseload deserves to be treated by a competent and credentialed individual.

Angela should be guided by the value of Excellence and strive to derive the maximum benefit from this learning opportunity; while Lynette should be guided by integrity and honesty. Both will want to ensure the well-being of the patient.
Step 4 involves establishing and analyzing the potential options. There are a number of options available to Angela.

She can treat the case load she has been given without saying anything. If Angela chooses to continue the placement, she will likely complete it successfully, but will she have learned all that she can? Will she have provided the patients with the optimal care that they are entitled to receive?

Angela could also call the coordinator of clinical education at the university, explain the situation and have the coordinator deal with the situation. While this option is acceptable, Angela would be giving up her responsibility in this decision making process. The outcome will likely be a delayed graduation, but someone else will have made the decision.

Angela could also decide to delay the placement until proper supervision can be obtained. In doing so, Angela will have demonstrated the maturity of her ethical decision making process.

What will Angela do? What would you do?
After carefully considering her options, Angela chooses her course of action and informs Lynette and the school of her decision to delay the placement, thereby ensuring that the patients’ rights are protected.
An important final step is to evaluate the outcome of the decision and determine if further action is needed.

By choosing to delay her placement, Angela will have the collateral damage of delaying her graduation and her career. Angela will also incur additional costs related to supporting herself during the delay. However, as a health professional, Angela has a duty to place the needs of patients before her own. This is known as having a fiduciary duty.

Making good ethical decisions is not always easy, but it is important to make the best possible decision.

Angela may want to follow up with Lynette regarding her decision. While Lynette may have been under undue pressure from her employer, there may be lessons that she can learn about ethical decision making. The hospital too will want to evaluate their staffing and student program to prevent this situation in the future, as there may be both legal and ethical concerns.
Scenario II: Resource Allocation

- Jasmine, a PT, receives a CCAC referral for Mr. Tam who is 3 weeks post CVA. Mr. Tam is 95 and was refused admission to rehab due to slow progress; the family decided to take him home and are receiving CCAC services for nursing, SLP and OT.
- Jasmine completes her assessment. Mr. Tam is bedridden and unable to turn himself but is awake, alert and keen to assist in his care and improve.
- Mr. Tam requires a mechanical lift to wheelchair; the home cannot accommodate a lift; Mr. Tam is carried to a wheelchair by his two sons once a week.

Scenario 2 is related to the allocation of resources.

Jasmine provides home care physiotherapy and receives a referral from the Community Care Access Centre or CCAC for Mr. Tam who had a stroke three weeks ago. Mr. Tam is 95 years old and was refused admission to an inpatient rehabilitation program because he was slow to progress. The family decided to care for him at home and are also receiving CCAC services for nursing, speech-language pathology and occupational therapy.

Jasmine completes her assessment and considers the therapy options for Mr. Tam. He is currently bedridden and unable to turn himself but he is awake, alert and is keen to assist in his care and improve physically.

Mr. Tam requires a mechanical lift to transfer him into a wheelchair but the home cannot accommodate a lift and Mr. Tam must be carried to the wheelchair by his two sons. The sons are only able to visit once a week.
Jasmine believes that with physiotherapy treatment Mr. Tam will be able to turn independently and sit at the edge of the bed with a bedrail. Jasmine contacts the case manager and negotiates for eight visits. She sees Mr. Tam 2x/wk, instructing his family on how to assist with transfers and provides a written exercise routine which they follow diligently. Mr. Tam achieves his goals after six of the eight visits. The family prefers to keep him at home rather than re-apply for rehab. Jasmine reassesses Mr. Tam and feels that with six more visits, he could transfer to a wheelchair with the assistance of his daughter alone.

Jasmine believes that with physiotherapy treatment Mr. Tam will be able to turn himself independently in the bed to be able to assist with his care and be able to sit at the edge of the bed using a bedrail to aid with feeding, dressing and bathing.

Jasmine contacts the CCAC case manager and negotiates for eight visits to accomplish these goals. The case manager approves. Jasmine sees Mr. Tam twice a week. She instructs his family on how to assist with transfers from lying to sitting and provides a written exercise routine. Mr. Tam and his family are diligent with his routine and after six of the eight visits Mr. Tam has achieved the goals originally set. The family is pleased and although it may now be possible to re-apply for an inpatient rehabilitation program, the family prefers to keep him at home.

Jasmine reassesses Mr. Tam and feels that with another six visits, Mr. Tam could progress to be able to pivot transfer into a wheelchair with the assistance of his daughter who is his primary caregiver.
Being able to transfer with the assistance of one person would allow Mr. Tam to be up in the wheelchair daily and greatly ease the care burden on the daughter.

Jasmine contacts the CCAC case manager with her request for an additional four visits. The case manager informs Jasmine that there just isn't the budget to be able to provide the additional visits as Mr. Tam is already receiving maximum support from the CCAC. This means that Jasmine will be able to provide the remaining two visits only before discharging Mr. Tam.

Jasmine believes Mr. Tam would benefit from the additional therapy and that it would reduce the burden on his family who already do so much. She also knows that the family has no additional resources to pay for private therapy. How will Jasmine explain to the family that she cannot provide the therapy that is so obviously needed?
Step 1: Recognize that there is an ethical issue.

Jasmine is aware that the limitations on resources are impacting Mr. Tam's care and the outcome of his care may be compromised because of the limitations. This makes her uncomfortable as she is restricted from doing what she knows is in the best interest of the patient.
Step 2: Identify the problem and who is involved

- **The problem**
  - Optimal care is restricted by limitations on the availability of resources (ethical distress).

- **Who is involved in addition to Jasmine and Mr. Tam?**
  - The family

Step 2: Identify the problem and the persons involved.

In this case, the problem is that optimal patient care is being restricted by limitations on the availability of resources. This is an example of ethical distress. Jasmine recognizes what she wants to do as a physiotherapist, but is limited by organizational restrictions.

In addition to the patient and the physiotherapist, the family is very much involved in the care and progress that Mr. Tam is making.
Step 3: Consider the facts, laws, principles and values

The Facts:
- Financial constraints limit the care and the outcome

The Laws:
- Is there any applicable law?

The Principles:
- Justice
- Non malfeasance

The Values:
- Autonomy and well-being

Step 3: Consider the facts, laws, principles and values

The facts are clear that financial constraints are limiting the care and therefore the outcome of Mr. Tam’s rehabilitation.

While there is no applicable law, regulation or standard preventing physiotherapists from performing pro bono services, the employer may have restrictions in this regard.

The primary ethical principles in this scenario are justice (the allocation of resources) and non malfeasance (Jasmine not only wants to see Mr. Tam achieve his maximum potential, but does not want him to come to any harm).

The most appropriate I CARE value guiding Jasmine’s behaviour is Autonomy and well being. Jasmine is very concerned about Mr. Tam’s desire to receive therapy and continue to improve so he will become less of a burden on his family.
Step 4: Jasmine considers her options.

She can use the remaining two visits to teach Mr. Tam and his family how to progress his therapy should Mr. Tam continue to show improvement.

She can provide the additional visits pro bono or free of charge until she is comfortable with Mr. Tam’s skills.

Or she can try to negotiate a minimal payment plan for the family to pay her privately for additional services.

Jasmine is concerned because no matter what she chooses to do, her optimal plan of care is compromised. Providing care free of charge, if permitted by the CCAC, may be a solution for this particular patient but Jasmine will not be able to extend this service to all her needy patients. Providing additional care privately even at a reduced fee, raises concerns about conflict of interest.

What will Jasmine do? What would you do?
Step 5: As difficult as it is for her, Jasmine chooses to follow the service limitations imposed by the CCAC and provides the last two visits with as much home instruction for the family as she can manage. Jasmine also discusses the process to re-apply for homecare physiotherapy, in-patient rehab or other services, should the need arise.
Step 6: In evaluating her decision, Jasmine acknowledges that while she is well aware of her fiduciary responsibilities to provide the best possible care for Mr. Tam, there are limits, imposed from an external source, on what she can provide. This poses an ethical distress.

Jasmine is aware that she is not completely free to resolve the situation the way she may want to.

Jasmine may want to consider if there is an opportunity to advocate for the needs of people like Mr. Tam.
Scenario III describes a situation involving referral relationships.

After 15 years working in a hospital setting, Jody proudly opened her own private physiotherapy clinic. Jody is well known in her community and before she opened, she spoke to various community groups and sent flyers to the doctors in her area. She also spoke with the doctors at the hospital asking them to keep her in mind for patients needing physiotherapy.

When the clinic opened, Jody did not receive referrals from the doctors with whom she was most friendly. Jody called for an appointment at one of the largest physician practices in town. The office manager did not seem surprised, stating, “I assume you want a lunch meeting?”.

After several months, Jody called to make an appointment to see the doctors in one of the largest practices in town. When she explained why she wanted to speak to the group, the office manager did not seem surprised stating, “I assume you want a lunch meeting?”.
Jody arrived at the appointed hour and the staff seemed surprised that she came only with her business cards and brochures. If the doctors were surprised they did not mention it, but shortly into her talk, the doctors asked her how she was planning to set up their referral arrangement. Jody realized that the lack of referrals was not coincidental; she saw what she was being asked to do…
Jody recognizes that the lack of referrals is not a coincidence and that if she expects to get referrals from this group, she will have to consider providing some incentives to them.
The problem in this case is that there is an expectation of some type of reward for referring patients. Jody knows that this is wrong but she also knows that for her business to survive, she needs to receive referrals from this group.

The people involved include not only the doctors and Jody, but also their patients as well as other therapists who are in referral relationships.
While the doctors have made it clear that they were waiting to establish a reward for referral system, the College’s Professional Misconduct Regulation is quite definite that it is misconduct for physiotherapists to give or receive a benefit for a referral. This expectation is further defined in the Standard for Professional Practice: Conflict of Interest.

The ethical principles applying to this scenario are primarily beneficence (the requirement to do only good and refer patients to other providers solely because of the need for service and not related to any type of reward) and veracity (the need to be truthful and honest with patients).

It seems obvious that the I CARE value that Jody can use to drive her decision making is integrity and honesty.
Jody is conflicted when deciding what to do. She knows what is correct, both legally and ethically, but she is also realistic, realizing that her dream of a viable private practice is at risk.

Jody could choose to go along with what the doctors are asking and what she suspects some of her colleagues are doing and enter into a referral relationship… or

* She could uphold her moral, ethical and legal responsibilities and refuse any type of referral arrangement.

What will Jody do? What would you do?
While Jody had to decide between two courses of action, there was only one which obeyed the rules. Jody did not agree to the referral arrangement.
By not yielding to the pressure to be in a referral relationship, Jody is in compliance with the expectations for practice.

Jody must now decide whether she will take further action and report the situation to the College now that she knows that these referral relationships exist. Further action on her part may impact referrals from others as well as her relationships with colleagues. However, there are also benefits to raising an issue and contributing to it being dealt with on a broader level.
Scenario IV

Ted is a physiotherapist just beginning a rotation in the head injury unit. His first love has always been in-patient rehabilitation and he is happy to be back in a multidisciplinary setting. Ted begins treating Josh who has a head injury. Josh is in the early stages of recovery. Ted sees that the SLP has recently upgraded Josh’s diet to thin liquids.

During treatment, Ted offers Josh some water; Josh appears to choke. Ted discusses his concerns with a more experienced PT on the unit who knows Josh; they wonder if Josh was just tired from the session.
The following day during the treatment session, Ted tries the water again but Josh’s response is the same. Ted approaches Susan, the SLP, with his concerns. Susan tells him, “Josh is fine, don’t worry about it.” Ted cannot dismiss his concerns that Josh may be at risk of developing aspiration pneumonia.

Ted again approaches Susan to reconsider or at least re-evaluate. Susan is upset that her professional judgment is in question.

Ted is conflicted between his concern for Josh’s well being and not wanting to antagonize his colleague.

Ted approaches Susan again, requesting that she reconsider the move to thin liquids or least reassess Josh. Susan makes it clear that she does not appreciate her professional judgment being questioned and insists she is quite sure of her decision to upgrade Josh’s diet. Ted recognizes that he is new on the unit and is conflicted between his concern for Josh’s well-being and not wanting to antagonize his colleague.
Step 1:
Recognize that there is an ethical issue

- Ted is uncomfortable with the decision made by a colleague and he is concerned about the safety of his patient.

Ted recognizes that he is uncomfortable with the situation. He does not want to see Josh in a potentially dangerous situation, nor does he want to be in a position where it appears that he is doubting the expertise of a colleague, particularly in a discipline different than his own.
Ted easily determines the problem - he is uncomfortable with the decision made by a colleague, but he is also concerned about the safety of his patient. The course of action is not so easy to determine. Ted knows he must approach Susan first, which he did, however both on the initial query and in subsequent attempts to discuss the problem, Ted was rebuffed. He is now left with a more complex ethical dilemma because he has to determine how to deal with his colleague Susan in a manner that serves the best interests of his patient Josh.

In addition to Ted, Josh and Susan, Ted’s PT colleague and the rest of the multidisciplinary team are also involved.
While there isn’t a specific law or regulation guiding how to behave with colleagues, there is a Standard for Professional Practice: Managing Challenging Relationships. This Standard indicates that physiotherapists should identify and proactively manage behaviours in situations involving patient care that may interfere with safe, quality care. The Guide to this Standard offers more guidance in this area.

The ethical principle of non malfeasance or concern for harm of the patient is at issue in this scenario and Ted will use the I CARE value of communication, collaboration and advocacy to guide his actions.
Ted has several options:

He can accept Susan’s professional judgment and concentrate on his physiotherapy contribution to Josh’s care. If Ted chooses this option he is still morally obligated to monitor Josh closely and intervene if he believes Josh is in danger.

He can avoid giving Josh water during his physiotherapy treatment sessions.

He can bring the issue up at a team meeting or during patient care rounds to alert other team members to his concerns, learn their opinion and gain their support.

Ted could also choose to approach Susan’s supervisor to discuss his concerns.

The first two options are low risk to his relationship with Susan, but are potentially high risk to Josh. The last two options are high risk to his collegial relationship but lower the risk to Josh.
Step 5:
Choose a course of action and implement it

- Ted shares his concerns with the team when Josh’s case is discussed at rounds taking care to be professional and focus on Josh’s safety.

Ted chooses to share his concerns with the team when Josh’s case is discussed at rounds. Ted takes care to raise the issue in a very professional manner and ensures that his objective of ensuring Josh’s safety is seen as the priority.
By raising the issue with the team, Ted ensures that the issue is about Josh’s safety rather than Susan’s judgment.

Whether or not the plan of care is changed in response to Ted’s concerns, further discussion of team communication will be needed for the future to maximize the ability of the team to function.

Team members should feel comfortable sharing their expertise and observations in the interest of patient care.
This final scenario deals with the issue of confidentiality.

Patricia provides physiotherapy services for a large private company. On Thursday she saw a new patient who had a severe ankle sprain. John had a very engaging personality and was an accurate historian of his medical information. He indicated on his intake form that in addition to mild hypertension he was also HIV positive.

Patricia completed John’s evaluation and taught him a home exercise program. During the session John shared that he just started a new relationship but that she did not yet know about his HIV status as it was not impacting their relationship at this point.

Patricia expressed her concerns to John. He assured her that if the relationship progressed, he would disclose his status to the woman but that it was not necessary at this point.
The next evening Patricia and her husband Dan met up with her friend Cheryl and her new boyfriend. Patricia had heard about this new beau who might finally be “the one” but had not yet met him.

The four met at a local restaurant and Patricia was more than a little surprised when she met Cheryl’s new boyfriend John…her new patient from the day before. She realized that she was going to have a lot more to think about when she answered Cheryl’s question…”so what do you think of John?”.

Patricia realized that she was going to have a lot more to think about when she answered Cheryl’s question…”so what do you think of John?”.
Step 1:
Recognize that there is an ethical issue

- John has shared confidential information with Patricia that may impact another person. Patricia is conflicted about what to do.

John has shared confidential health information with Patricia that has the potential to impact another person. In this case the other person is John’s significant other, Cheryl, who also happens to be Patricia’s friend. Patricia has reason to feel that the information should be shared to protect a personal acquaintance and is experiencing an ethical conflict.
Patricia is concerned about the potential impact of not sharing the information with Cheryl, but is also aware that there are restrictions as to what information she is permitted to share under patient confidentiality provisions. Patricia must determine if she can share the information with Cheryl.

Step 2: Identify the problem and who is involved

- The Problem:
  - Patricia has to determine if she can share the information with another individual who she feels should have access to the information.
  - Is anyone else is involved in addition to Patricia, John and Cheryl?
In Ontario, the Personal Health Information Protection Act (also known as PHIPA) governs the collection, use and disclosure of personal health information. PHIPA recognizes that health information is one of the most sensitive types of personal information that is often shared with others for a variety of purposes, and balances an individual’s right to privacy with the legitimate need of others to access and share this information.

Section 40 of PHIPA includes a provision that could permit Patricia to disclose a patient’s personal health information if she had reasonable grounds to believe that the disclosure would prevent a significant risk of harm to another person. This is also known as a duty to warn.

In this scenario, the principle of autonomy applies to both Cheryl and John. While John has a right to make his own decisions whether or not to reveal information about his health status, Cheryl also has a right to make an informed choice about her relationship with John. She is prevented from doing so because she is not privileged to all the information necessary to make that decision.

The principle of non malfeasance also applies as Patricia does not want to harm either John or his significant other Cheryl who is also her friend.

Patricia wants to respect John’s needs and honour his right to privacy, confidentiality and treatment without discrimination, but also wants to ensure the autonomy and well being of her friend.
Patricia could protect John’s right to confidentiality and not disclose the information to Cheryl, or she could determine that she has a duty to warn Cheryl and should disclose the information. Whatever Patricia decides, she must make sure that she would make the same decision if the individual she is disclosing the information to was not a close personal friend. The decision making process should not be influenced by her friendship. The duty to warn provision in PHIPA only applies if an identifiable person or group is at substantial risk of serious harm or death from another person. Patricia must have reasonable grounds for making this kind of disclosure. The report can be made to either the person or group at risk and/or the authorities.
In this final case, we have not provided the course of action taken by Patricia. We would like you to determine what your course of action would be in this situation. Take a moment to consider what you would do. Will you be able to justify your decision?
What did you decide?

If you decided that you would tell Cheryl about John’s HIV status, you should also be prepared to supply Cheryl with information about HIV and what his status may mean to her. You should also be prepared to defend your decision and to justify that there was a legitimate risk of harm. Given that their relationship is still in the early stages, are you sure that a risk of harm truly exists? In situations such as these where one is required to interpret the law, it is often wise to seek legal counsel.

If you chose to respect John’s position to not tell Cheryl or you chose to speak to John about disclosing the information to Cheryl, you must be aware that with either course of action, the potential exists for collateral damage, either immediately - as a problem with the relationship between Cheryl and John, or in the future if there are medical consequences.

Patricia should also question whether her relationship with Cheryl will impact her ability to treat John.
There are a variety of clinical situations that can result in an ethical problem, ethical distress or ethical dilemma for physiotherapists. While resolving these situations and making good ethical decisions isn’t always easy, it is important to remember there will always be a solution. Even though at first, the solution may not be very clear, working through the situation using the ethical principles and the I CARE values, in conjunction with a stepwise decision making model for best results, will assist in achieving the most appropriate response.

But remember, although the process that is followed can be the same in every instance, the decision or outcome can vary and it is not expected that there will be complete agreement amongst the people involved in making an ethical decision. Every proposed action will have both those who are in favour and those who are opposed to the decision.

To determine an equitable ethical position, one must consider whether a group of people, with a similar background (i.e. physiotherapists), would come to a similar conclusion.
Congratulations on completing this chapter of the understanding ethics online learning module.

Select references and resources for this chapter are on the screen. A complete list of references is available upon request.

The College of Physiotherapists of Ontario would like to extend our most sincere thanks and gratitude to Dr. Nancy Kirsch for the development of the content for this module.
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