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Objectives

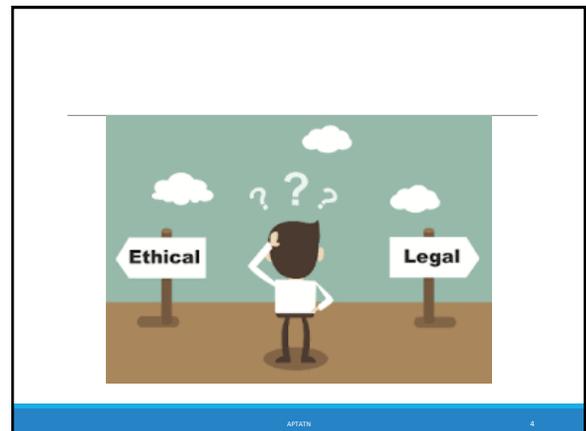
- Recognize the difference between personal and professional values
- Define common bioethical terminology
- Use the Code of Ethics and Guides to Conduct as tools for decision making
- Demonstrate through case analysis the ability to identify ethical conflicts and support a resolution to an ethical dilemma

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Ethical Questions

- What is the "right" thing to do?
- How should I behave?
- What choices do I have?
- How will my decisions impact my patient, my organization, my profession and the community?

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Tools for Ethical Decision Making

- APTA Code of Ethics
- APTA Guide for Professional Conduct
- APTA Standards of Ethical Conduct for the Physical Therapist Assistant
- APTA Guide for Conduct of the Physical Therapist Assistant
- Core Values in Physical Therapy
- RIPS Model of Ethical Decision-Making with Case Analysis

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Code of Ethics



- Defines the values or standards of behavior for an organization
- Framework for making ethical decisions and setting forth professional expectations
- Listing of desirable behaviors - educational tool
- Stamp of professionalism - external symbol
- Analyzing the profession - setting priorities

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APTA Code of Ethics



Eight categories of Principles that define the ethical obligations of the physical therapist

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APTA Guide To Professional Conduct

Developed by the APTA Ethics & Judicial Committee as a companion document to the Code of Ethics to:

- Serve PTs in interpreting the Code of Ethics in matters of professional conduct
- Provide a framework to determine the propriety of conduct
- Guide the professional development of PT students

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APTA Standards of Ethical Conduct for the Physical Therapist Assistant

Eight categories of Standards that define the ethical obligations of PTAs



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APTA Guide for Conduct of the Physical Therapist Assistant

Developed by the APTA Ethics & Judicial Committee as a companion document to the Standards of Ethical Conduct for the PTAs to:

- Serve PTAs in interpreting the Standards of Ethical Conduct for the Physical Therapist Assistant in matters of professional conduct
- Provide a framework to determine the propriety of conduct
- Guide the professional development of PTA students

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Principle 1 & Standard 1

A physical therapist and physical therapist assistant shall respect the inherent dignity and rights of all individuals.

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Principle 1 & Standard 1

Ways we show dignity and respect:

- Recognizing our biases & assuring they do not affect patient/client care
- Acting respectfully regardless of age, gender, race, nationality, religion, ethnicity, social or economic status, sexual orientation, health condition or disability

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Principle 2 & Standard 2

A physical therapist and physical therapist assistant shall be trustworthy and compassionate in addressing the rights and needs of patients/clients.

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Principle 2 & Standard 2

Ways we demonstrate trustworthiness & compassion:

- Providing information in order to make informed decisions
- Collaborating to empower patients/clients
- Providing services that incorporate individual & cultural differences
- Protecting patient confidentiality

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Principle 3 & Standard 3

Principle 3 - Physical therapists shall be accountable for making sound professional judgments.

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

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Principle 3 & Standard 3

Ways we demonstrate accountability:

- Using objective information and evidence (literature & best practice)
- Making judgments based on scope of practice, competency & expertise
- Avoiding conflicts of interest
- Communicating effectively with others

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Principle 4 & Standard 4

A physical therapist and physical therapist assistant shall demonstrate integrity in their relationships with patients and clients, families, colleagues, students, research participants, other healthcare providers, employers, payers, and the public.

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Principle 4 & Standard 4

Ways we demonstrate integrity in relationships:

- Ensure completely truthful information
- Do not exploit individuals over whom you have authority
- Discourage & report misconduct or abuse
- Do not engage in sexual relationships with patients/clients, supervisees or students
- Avoid verbal, physical, emotional or sexual harassment

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Principle 5 & Standard 5

A physical therapist and physical therapist assistant shall fulfill their legal and professional obligations.

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Principle 5 & Standard 5

Ways we fulfill legal & professional obligations:

- Comply with laws and regulations
- Appropriate supervision
- Protect research participants
- Report colleagues who are unable to perform responsibilities skillfully & safely
- Do not abandon patients; provide information about alternatives prior to discharge

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Principle 6 & Standard 6

Principle 6 - Physical therapists shall enhance their expertise through lifelong and refinement of knowledge, skills, and professional behaviors.

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

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Principle 6 & Standard 6

Ways we demonstrate excellence:

- Maintain competence
- PT shall engage in critical self assessment & reflection on changes in PT practice
- Engage in lifelong learning
- Cultivate and support practice environments that foster professional development

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Principle 7 & Standard 7

Physical therapists and physical therapist assistants shall promote organizational behaviors and business practices that benefit patients/clients and society.

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Principle 7 & Standard 7

Ways we promote beneficial organizational behaviors/business practices:

- Promote & support practice environments that encourage autonomous & accountable professional judgments
- Seek deserved & reasonable remuneration
- Do not accept gifts that appear to influence professional judgment

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Principle 7 & Standard 7

Ways we promote beneficial organizational behaviors/business practices (continued):

- Fully disclose any financial interests in products of services recommended to clients
- Accurate & reflective documentation, coding and charges
- Refrain from employment arrangements that prevent fulfilling professional obligations

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Principle 8 & Standard 8

A physical therapist and physical therapist assistant shall participate in efforts to meet the health needs of people locally, nationally, or globally.

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Principle 8 & Standard 8

Ways we demonstrate participation:

- Support provision of *pro bono* services
- Advocate to reduce health disparities and improve access to care
- Avoid over-utilization or under-utilization of physical therapy services
- Provide public education about the value of physical therapy

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Core Values in Physical Therapy

Accountability	Duty
Altruism	Excellence
Collaboration	Integrity
Compassion/Caring	Social Responsibility

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Core Values Self-Assessment

This may be accessed on the APTA website:

Self-Assessment: Core Values for the Physical Therapist and the Physical Therapist Assistant (2024)

<https://www.apta.org/your-practice/ethics-and-professionalism/professionalism-in-physical-therapy-core-values-self-assessment>

Core Values Self-Assessment for PTs
Values-Based Behaviors for PTA

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Communication Tips for Touchy Issues

Differences in opinion do not necessarily mean you are facing an ethical dilemma

Keep an open mind

Accept & understand differences

When in doubt, check it out

Create an environment where people feel safe sharing ideas/opinions

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The Realm-Individual Process-Situation (RIPS) Model of Ethical Decision-Making

Laura Lee (Dolly) Swisher, PT, PhD;
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Carol M. Davis, PT, EdD, FAPTA

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Realm	Individual Process	Ethical Situation
Individual (relationship between individuals)	Moral Sensitivity (recognize situation)	Conflict (values are challenged)
Organizational/Institutional (good of the organization)	Moral Judgment (deciding right or wrong actions)	Dilemma (right vs. right situation)
Societal (common good)	Moral Motivation (moral values above other values)	Distress (right course of action blocked by a barrier)
	Moral Courage (implement action)	Temptation (right vs. wrong situation)
		Silence (values are challenged but no one is addressing it)

The RIPS Model of Ethical Decision-Making

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RIPS - Realm

The individual, organizational/institutional, and societal realms are interdependent.

The complexity of issues increases as one moves out from the individual realm into the others.

Although one realm is typically the most important, every situation has implications for the other realms.

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RIPS – Individual Process

Moral Sensitivity – recognizing, interpreting, and framing ethical situations

Moral Judgment – deciding on right versus wrong actions

Moral Motivation – placing a priority on ethical values over other values

Moral Courage – implementing the chosen ethical action in spite of barriers

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RIPS – Ethical Conflict

When values, goals or duties conflict or are challenged

When you aren't sure which action to take

When it isn't clear what is the best thing to do

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RIPS – Ethical Dilemma

When two or more clear principles or values apply but they support mutually inconsistent courses of action

When choosing one "good" clearly violates another principle or allows a negative consequence

When you cannot avoid the conflict of two competing principles

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RIPS – Ethical Distress

When one knows the right thing to do, but organizational constraints make it nearly impossible to pursue the right course of action

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RIPS – Ethical Temptation

Involves a choice between a “right” and a “wrong.”

You may stand to benefit from doing the wrong thing.

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RIPS - Silence

Ethical values are challenged, but no one is speaking about this challenge.

This may be the course taken by an individual who is experiencing moral distress.

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RIPS Case Discussion

Cases are on the next two slides.

1. Decide which **realm**, which **individual process**, and which **situation** apply to each case.
2. Discuss the rationale for your choices.

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Mandy visited the office of a local orthopedic surgeon. She hoped to illustrate her quality outcomes in order to encourage referrals. Midway through the visit, it became clear that the physician was unenthusiastic about her positive outcomes. Instead, it was clear that the MD expected some kind of gift. In fact, he stated bluntly that he would need tee times at the local country club to consider her request for more referrals from his office. Mandy wonders if she is just being naïve or if perhaps she should just “play the game.”

- Edited from Swisher, Arslanian, & Davis

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After a lengthy period of extensive rehabilitation in the skilled nursing setting, a very grateful patient wishes to give his physical therapist a gift.

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Implementing the RIPS Model of Ethical Decision-Making



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Step One – Recognize and Define the Ethical Issue

1. Gather all the facts available
2. Determine who has an interest in the issue
3. Use this information to help define the issues by analyzing the realm, individual process, and situation

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Step One – Recognize and Define the Ethical Issue

Realm?

- Individual
- Organizational / Institutional
- Societal

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Step One – Recognize and Define the Ethical Issue

Individual Process? – What does this ethical situation most involve?

- Moral sensitivity
- Moral judgment
- Moral motivation
- Moral courage

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Step One – Recognize and Define the Ethical Issue

Situation?

Ethical conflict (issue or problem)
Ethical dilemma – right vs. right
Ethical distress
Ethical temptation – right vs. wrong
Ethical silence

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Step 2 – Reflect

1. What are the relevant laws, duties, & obligations?
2. What professional resources (Code of Ethics, Guide for Professional Conduct, Core Values) speak to the situation?

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Step 2 – Alternatives

What are various alternatives for action?

Changing one's own behavior

Attempt to change another's behavior

Attempt to effect a change in organizational policies or practices

Advocate to change an unjust law

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Step 2 – Consequences

What are the possible consequences of these actions?

Legal

Monetary

Professional

Personal

Community

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Step 2 – Test for Right vs. Wrong Issues

Legal test – Is something illegal? If so, it is probably not a true dilemma but a “hard choice.”

Stench test – Does it “feel” wrong? Such as, gut reaction?

Front-page test – How would you like this on the front-page?

Mom test – If I were my mother - would I do this?

Professional Ethics Test – Do any of our core ethics documents prohibit or discourage the action?

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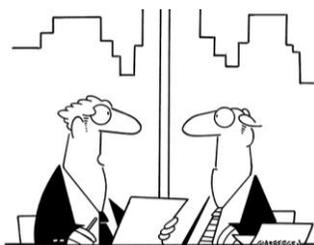
Step 2 – Test for Right vs. Wrong Issues

If any of these 5 tests are “positive,” you may be dealing with an issue of right versus wrong and not an ethical dilemma.

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“The way I see it, unethical ethics are better than no ethics at all.”

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Step 2 – Test for Right vs. Right Paradigm

Can you classify the dilemma into one of the four main right vs. right paradigms?

- Truth vs. loyalty
- Self vs. community
- Short term vs. long term
- Justice vs. mercy

Classifying into a paradigm may help you relate to similar dilemmas & choose a course of action.

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Step 3 – Make a Decision

Three Approaches:

Rule-based – follow the rules, duties, obligations, or ethical principles in place

Ends-based – determine the consequences of alternative actions and the good or harm that will result for all involved

Care-based – resolve dilemmas according to relations and concern for others

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Step 3 – Step Back Before You Act

Investigate “Trilemma” Options

Is there a third option that addresses the questions and supports both sides in the “right vs. right” dilemma?

Can I create a “Win-Win” in this situation?

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Step 4 – Implement and Evaluate

- ❖ Implement the plan
- ❖ Evaluate the outcomes of the action
- ❖ Honestly assess and learn for the future

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Review of Ethical Analysis

- Gather all the facts
- Define the situation
- Who has an interest
- Identify values and obligations
- Review alternatives
- Consider the consequences
- Make a decision
- Carry out the plan
- Evaluate the process
- Learn for the future

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Discussion of Ethical Situations PTs and PTAs May Face



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Case Discussions

Realm(s) – individual, organizational, or societal – that are involved?

- Which type of ethical situation is involved – conflict, dilemma, distress, temptation, silence
- Which PT Principle(s) and/or PTA Standard(s) relates to or assists with options for the case
- Core values and bioethical principles relevant to the case
- Offer several options or resolutions to the case

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Case Discussions

Appoint a spokesperson to give a short summary of the case on the items discussed

After reviewing the assigned case, move on to the next one as time permits

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Case 1

Nathan is a PTA student in his 3rd week of a clinical affiliation. He enjoyed the first few weeks but speaks to his CI, Emily (a PT), about a continuing problem with an older patient named Lisa. Lisa is outspoken woman, who keeps trying to set him up with her granddaughter. He has told Lisa repeatedly that he's "not looking right now," but she is not deterred.

When Nathan speaks candidly with Emily about it, she suggests he simply "brush it off" and keep working. Nathan is not satisfied with the discussion and is frustrated that Emily does not feel that the situation is important. Nathan doesn't know what to do next as he wants Lisa to focus on her rehab, not matchmaking.

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Case 2

Claire, a home health PT, gets stuck in traffic heading to her last patient's house for the day and she must have her child to baseball practice by 5:00.

She finally decides to just skip the patient visit and go the next morning. Claire picks up her child and writes up the visit to save time because she is going to do it tomorrow anyway.

The next day when Claire arrives at the patient's house, the patient is not home. Claire is uncertain what to do about this situation.

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Case 3

Katie, the new PT with a national outpatient company, is very excited to finally land her dream job. She takes a patient outside to work on gait training. While there Katie takes a selfie with the patient.

Being sure not to name the patient on social media, Katie posts the picture with a little comment, "Dream Job, Life as a PT". Katie also sends the photo to Anna, another new PT hire, because Katie thinks that she will be encouraged by it. Anna is uncertain what to do about this situation.

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Case 4

David, a PTA who works for a national contract therapy company, is currently working in a SNF in a rural area. He really likes the patient population.

The facility assigns an entire wing to palliative care patients and the rooms are the ones David always has on his list.

David tells his PT supervisor that he wants to be switched to another wing because he "likes to see patients make progress." The PT supervisor is uncertain what to do about this situation.

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Case 5

Susie, a PT, is diligent to clean the equipment used and the mat and change pillowcases after each patient. She mask over her nose and mouth when needed and uses hand sanitizer or soap and water after every patient.

Mike, a PT, always uses a particular mat and never wipes it down. He told Susie one day that the hand sanitizer dries his hands out so he uses soap and water but she never sees Mike at the sink.

Mike wears a mask for the staff meetings when the PT Director is present. Susie is unsure what to do about this situation.

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Case 6

Arthur, a morbidly obese disabled veteran, arrived at an outpatient clinic, requesting PT services. His doctor referred him to this clinic because of their great reputation.

Mary, a PT working in the gym, overheard Arthur using expletives in every sentence when talking to the receptionist. She called the front desk and requested that they not assign her this patient. The patient was scheduled two days later for another PT. Ellen, a PTA who works with Mary, overheard the conversation requesting that the patient not be assigned to her.

Ellen knows that Mary is extremely sensitive to cursing and has heard her make judgmental comments about people who use loud bad language. Ellen feels very uncomfortable about this situation and wonders if she should do anything.

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Case 7

Yolanda works in a private practice in which there her pay is based on the number of billable units she completes. Her monthly insurance premium is totally covered by the practice. At the weekly meetings, all staff are reminded about the minimum number of units to be billed per visit and the minimum number of minutes per visit.

The practice owner has been heard to say that they should treat patients to the maximum of their benefits stating that "After all, you can always change the goals so there is more therapy to do – it just requires being a little creative."

The owner has also been heard to encourage therapists to use the higher reimbursed codes when filling out the patient note. Yolanda is uncomfortable with this situation but really needs the income and insurance benefits for her family.

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Case 8

Jose, a PT, works with a large outpatient company that has a number of clinics throughout the region. The company has a centralized management structure.

One of the top managers calls Jose and asks him to always check the payor source before setting the patient schedule so the patients who self-pay or have good insurance reimbursement get first choice of visit times. He reminds Jose that it is just good customer service.

Some patients have to wait or are given inconvenient time schedules because of this. Jose is uncomfortable with this company policy.

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Case 9

Ben starts his own cash-based PT business. He decides to treat himself to 2 weeks at the beach because he had worked so hard.

Ben lets his patients know he is taking a little time off and tells them that if they need anything to call Rebecca who also has a cash-based PT business across town.

Ben went to PT school with Rebecca and had asked her in passing if she would cover for him some time.

Rebecca gets a call from one of Ben's patients but she did not realize that Ben was out of town. Rebecca is uncertain what to do about this situation.

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Case 10

The PT Director of an outpatient clinic notices that a patient, Joey, is attracted to a staff PTA on his team who often treats his patients. The PTA is married.

Joey is observed in the clinic whispering, flirting, and touching the PTA's arm at various times throughout the visit. The PT overhears Joey asking the PTA if they could meet for coffee on Saturday.

The PT could not hear the PTA's response but Mark, another senior staff therapist, has been watching as well and has been silent about the situation so far.

The discontent and concern of the staff is increasing and the PT Director wonders if he should do something.

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Post-test

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