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Bioethics for Physical Therapists and Physical Therapist Assistants: A Case Study Approach

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Behavioral Objectives

- Define and discuss the 7 core values and 8 principles that the American Physical Therapy Association established to guide physical therapy practice
- Apply a decision-making model to a given case study as a strategy for resolving ethical issues
- Identify resources available to assist in addressing ethical questions and concerns
- Appreciate rationale for mandated courses in professional ethics

Course Overview

- Rationale for ethics courses
- APTA documents on ethics
 - Code of Ethics for Physical Therapists:
https://www.apta.org/uploadedFiles/APTAorg/About_Us/Policies/Ethics/CodeofEthics.pdf
 - Standards of Practice for Physical Therapist Assistants:
<http://www.ptot.texas.gov/idl/6AE93EF1-F21C-EDE1-9C69-5DB686260B5E>
- REASON: A six-step problem solving model
- Case studies
- Additional resources

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Why do license
boards require
courses on
bioethics?

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HPSO 2011 Claim Survey

- \$44 million in malpractice claims
- Accidents happen
- Not all accidents constitute malpractice
- Education and experience inversely related to malpractice claims
- Practitioners most vulnerable to malpractice claim:
 - Solo practice
 - Lack of risk management training
 - Lack of quality assurance and peer review

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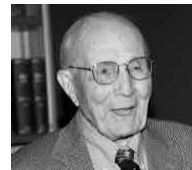
Federation of State Boards of PT

- Managing professional licensing
- State Boards discipline wrong doers
- Protection of patients/clients/public professionals who engage in illegal and unethical behaviors
- Preventing problems of professional misconduct through continuing education – supported by research

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continued™

Dr. Edmund Pellegrino



Profession → from Latin

pro—before

fateri – promise or vow

Relationship between a professional healer and a person in need of healing

Professional promises to act in accordance with the definition described in state practice act

Patient in a vulnerable state of “**wounded humanity**”

Professional healer promising

Authentic knowledge and skills- clinical competency

Compassion – sharing some of the experience of being less than whole

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continued™

Guidance from APTA

- Codes of Ethics for PTs and PTAs
- Guides for Professional Conduct
- Resolving Disputes and Complaints
- Clarification on Principles and Standards
- Additional documents

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APTA's Core Values

- Accountability
- Altruism
- Compassion/caring
- Excellence
- Integrity
- Professional duty
- Social responsibility

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Accountability

- Responsible
- Answerable
- Amenable
- Liable

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continued™

Altruism

- Unselfish regard for or devotion to the welfare of others

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continued™

Compassion/caring

- Sharing some of the experience of being less than whole (Pelligrino)
- Sympathetic awareness of distress in another coupled with the desire to alleviate or lessen the problem
- Concern, kindness, motivated to help, understanding of vulnerable state

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Excellence

- Clinical competency
- Life long learning
- On going improvement
- Pursuit of the best in all aspects of our professional roles

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Integrity

- Honest
- Virtuous
- Trust worthy
- Promise keeper
- Professional –
 - pro – before
 - fateri - avowal

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Professional duty

- Legal and moral obligation to behave according to state practice acts, professional codes of ethics, and standards of practice
- Duty <- -> right

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Social responsibility

- Obligation to Society, community, and others beyond ourselves
- Concern for the welfare and interests of people who have unmet needs, inadequate resources, and unaddressed limitations

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APTA Code of Ethics Principles

- **Principle 1:** Physical therapists shall respect the inherent dignity and rights of all individuals
 - Compassion, Integrity
 - Non-discrimination
- **Principle 2:** Physical therapists shall be trustworthy and compassionate in addressing the rights and needs of patients/clients
 - Informed consent → patient autonomy
 - pt confidentiality

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CoE Principles (cont)

- **Principle 3:** Physical therapists shall be accountable for making sound professional judgments
 - Evidence-based practice
 - Act in best interest of patients/clients/consumers
 - Avoid conflicts of interest
 - PTs use support personnel appropriately

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CoE Principles (cont)

- **Principle 4:** Physical therapists shall demonstrate integrity in their relationships with patients/clients, families, colleagues, students, research participants, other health care providers, and the public.
 - Report child abuse
 - No harassment of any kind

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CoE Principles (cont)

- **Principle 5:** Physical therapists shall fulfill their legal and professional obligations
 - Compliance with laws and regulations
 - Appropriate supervision of support personnel
 - Protection of research subjects
 - Actions with impaired colleagues
 - Alternatives if cannot provide services

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CoE Principles (cont)

- **Principle 6:** Physical therapists shall enhance their expertise through lifelong acquisition and refinement of knowledge, skills, abilities, and professional behaviors.
 - Individually responsible for growth
 - Consumers of literature and learning
 - Promote growth in workplace

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CoE Principles (cont)

- **Principle 7:** Physical therapists shall promote organizational behaviors and business practices that benefit patients/clients and society
 - Integrity, accountability
- **Principle 8:** Physical therapists shall participate in efforts to meet the health needs of people locally, nationally, and globally.
 - Social responsibility, pro bono work

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REASON: A Six Step Problem-Solving Model

1. **R**eview facts of the case
2. **E**thical issues, core values, and concerns-
Do you see conflicts? dilemmas?
3. **A**ll possible solutions
4. **S**elect solutions on legal and moral grounds
5. **O**ne best solution and implement
6. **N**ew questions and review of outcome:
Satisfied with results? If not, reapply model

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Ready to
apply what
you learned to
some case
studies?

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Disclaimer: All case studies represent fictionalized individuals. Identifiers have been changed to protect identities. Case studies were developed for educational purposes and do not represent real people, either living or deceased.

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Case Study 1: Case of the angry patient

- Ms A is a 36 y o female s/p breast cancer treated with left mastectomy and 36 lymph nodes surgically removed from left chest and axilla. Subsequent to surgery, pt had courses of chemo- and radiation therapies. She developed Stage 2 lymphedema in her left chest, LUE and left hand. She verbally expressed fury at never been told about lymphedema. She said that she was self-employed as a medical transcriber but the swelling and the pain made work very difficult. She said that the compression garments were too uncomfortable, the lymphedema therapy sessions were too time-consuming and too-costly, and the home exercise program was too demanding. She maintained that the lymphedema should have been prevented and that she should have been spared this side effect of cancer treatment.

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Step 1: **R**eview the facts

- 36 y o single female with Stage 2 lymphedema
2° tx for breast CA
- Self-employed as a medical transcriber
- Purchased health insurance from ACA
- Pt had felt the lump in her breast but delayed
seeking treatment for 6 months
- Irregular attendance at PT sessions
- Verbally abusive to PT personnel
- Refused to let anyone into her home

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continued™

Step 2: **E**thical issues and concerns

- Conflict in patient autonomy vs medical paternalism
- Core values:
 - Compassion/caring
 - Excellence
 - Integrity
 - Professional duty

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Step 3: **All** possible solutions

- Discharge pt or refer to another PT
- Engage services of MSW
- Promote optimum team communication
- Optimize patient autonomy
- Optimize compassion/care

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Step 4: **Selecting** possible solutions

- Patient autonomy vs medical paternalism
- Moral abandonment
- Core values:
 - Compassion/caring
 - Excellence
 - Integrity
 - Professional duty

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Step 5: **O**ne best a solution

- Many possible “right” answers-
 - Some examples
- Wrong solutions
 - Against laws, regulations, standards
 - Against ethical principles of profession

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Step 6: **N**ew questions and review

- Defensible on legal and ethical grounds?
- Reasonable, logical?
- What new issues arise?
- Medical paternalism vs. patient autonomy in care of the person with lymphedema
- Handling moral abandonment

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Case Study 2: Cross-cultural care

- Ms. B 67 y o female in a coma, 3rd degree burns, swelling BLE, severe dehydration, member of Tohono O'odham, left by family in ER in IHS hospital southern Arizona, speaks no English, subscribes to traditional Tohono O'odham healing practices, multiple chronic health problems, including HTN, NIDDM, obesity, OA

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Step 1: **R**review facts of case

- Ms. B 67 y o female with multiple chronic and acute health problems
- Cultural differences: pt <-> IHS staff
- Language of Tohono O'odham does not have words for many modern medical/health care terms
- Need for cultural translator

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Step 2: **E**thical issues and concerns

- What is informed consent in a cross-cultural context?
- Issues of providing care with differing definitions of health and healing
 - CoE Principle 1, 2, 3
 - Core values of altruism, compassion, professional duty, excellence, integrity
- Argument for medical paternalism

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Step 3: **A**ll possible solutions

- Best practices for patient in a coma
- Team approach with good communication
- Work in tandem with a traditional healer
- Gather as much information as possible about culturally appropriate approaches
 - Ethnographies
 - Experts on Tohono O'odham healing
 - Temper with knowledge of acculturation

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Step 4: **S**electing possible solutions

- PTA from Tohono O'odham Nation
 - Native speaker
 - Familiarity with traditional culture
- Started care with patient in a coma
- Requested informed consent when patient regained consciousness
- Saving graces

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Step 5: **O**ne best solution

- Healing the patient with ballast, balloons, and bicycles

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Step 6: **New** Questions and Review

- Challenges of cross-cultural care
 - Cultural translators
 - Examining assumptions
- Pelligrino's act of profession
- Accepting the highest calling for excellence

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Case Study 3: Confidentiality and the Electronic Medical Record

- Mr. C a 45 y o male with a dx of left adhesive capsulitis was referred for physical therapy treatment. After the initial evaluation, a prior authorization request was submitted to his insurance company. The request was denied with a note saying that complete rotator cuff tears need surgical intervention. After investigation, the physical therapist discovered that an incorrect ICD 10 code had been entered into the electronic medical record (M75.12 instead of M75.02). Mr. C's had a to wait 4 weeks before receiving therapy while the record error got corrected and insurance approval got received.

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Step 1: **R**eview facts of case

- Patients have little control over information entered into the EMR
- Errors in the EMR can be difficult to correct
- Some insurance companies demand considerable documentation before authorizing physical therapy care
- EMR errors and lengthy documentation requests put considerable time demands on clinicians

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Step 2: **E**thical issues and concerns

- Issues of confidentiality
- Core values of: compassion, excellence, integrity and professional duty
- CoE Principles: 2, 3, 8

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Step 3: **All** Possible solutions

- Do not treat patient - How much time should we devote to obtaining services for our patients?
- Treat patient pro bono?
- Engage services of a medical social worker for insurance issues
- Who bares the cost of care for underinsured patients?
- What is the clinician's professional duty here?

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Step 4: **Selecting** possible solutions

- Pro bono care until insurance authorizations get obtained
- Provide patient with extensive home program with telephone and email support
- Leverage for correcting the EMR?
- Free group exercise program at a neighborhood community center

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Step 5: **O**ne best solution

- Combination of supportive HEP and a pro bono session
- Administrative support between the orthopedist's office and the PT clinic to correct EMR
- Request for expedited appeal of denial

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Step 6: **N**ew Questions and Review

- Data breaches and mistakes in EMR represent real challenges to provision of care
- Multitude of individuals have access to records → challenge to confidentiality
- Problem still in its infancy

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Case Study 4: Health care rationing

- Mr D is a 79 y o male who tripped on a rug in his bedroom and sprained his left ankle. Patient had an initial physical therapy evaluation and documentation was sent to the patient's insurance company for authorizations physical therapy treatments. The request was denied because patient had used all his authorized therapy benefits earlier in the year.

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Step 1: **R**review facts of case

- Mr. D had bilateral TKA's in the beginning of the calendar year necessitating rehab, home care and OPD therapy
- Never achieved full AROM or strength
- Lived alone with meals on wheels
- Patient has multiple chronic conditions
- Does not want to move to a nursing home

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Step 2: **E**thical issues and concerns

- Issues of social justice and fairness
- Core values of: compassion, excellence, integrity and professional duty
- CoE Principles: 1, 2, 3, 8

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Step 3: **A**ll possible solutions

- Wait for authorization
- What resources are available in community? VA?
- Pro bono
- Home therapy program with support
- Community health representatives
- Student-run clinical services
- Tele-therapy services

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continued™

Step 4: **S**electing possible solutions

continued™

Step 5: **O**ne best solution

- Potential conflict in quality of care offered by licensed clinicians vs. students, CHRs or other non-licensed personnel
- Concern for our frail elderly with limited resources
- Insurance coverage inequities

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Step 6: **N**ew Questions and Review

- On-going challenge to meet the therapy needs of the economically disadvantaged, uninsured or underinsured
- Challenge to health care professionals to develop strategies to meet these needs

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Case Study 5: Can you ever justifiably break the law to treat your patient?

- Physical therapist ran a pro bono Foot Clinic in a shelter for men who had no permanent housing
- Foot Clinic operated on same night as a med student-run free medical clinic supervised by family practice resident
- Residents rotate and do not always understand that they must also write referrals for Foot Clinic patients
- One night resident left without signing referrals for Foot Clinic patients
- Patients seen in Foot Clinic received evaluation and treatment without MD referral in conflict with state's practice act

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Step 1: **R**eview facts of case

- State's practice act requires MD/OD/DDS referral before evaluation and treatment
- PT came from a state with direct access and had also worked for the US military and IHS who view PTs as neuromusculoskeletal evaluators
- PT has advanced academic background in foot and ankle anatomy, biomechanics of gait, orthotics, and pedal pathologies

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Step 2: **E**thical issues and concerns

- Differences between legal and ethical issues: What should we do with unethical laws?
- Sets up conflicts between clinicians' moral and legal responsibilities
- Core values: accountability, altruism, compassion, professional duty, and social responsibility
- CoE Principles: 1, 2, 5, and 8

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Step 3: **A**ll Possible Solutions

- Do not run pro bono clinics in states without direct access
- Do not tell anyone that the patients did not have appropriate referrals
- Get supervising Family Practice MD to sign referrals
- Use this case study as an argument for universal direct access

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Step 4: **S**electing Possible Solutions

- Better education of MDs and residents about need for appropriate patient referrals
- Use as a case study for universal direct access

continued™

Step 5: **O**ne best solution

- Civil disobedience – refusing to comply with laws that we find morally wrong
- Henry David Thoreau – Mexican War
- Martin Luther King, Jr- “Letter from Birmingham Jail”
- Mahatma Gandhi – Indian Independence
- What price to be paid to change unjust laws?

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continued™

Step 6: **N**ew Questions and Review

- Leaves the matter up to each individual practitioner
- Open questions for ongoing debate and discussion
- How do we develop the moral courage necessary to support our profession?

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continued™

Case Study 6: Sexuality and the patient-healer relationship

- Mr. E is a 27 y o male s/p vascular and plastic surgery for a right femoral aneurysm. Patient bed-bound and receiving home care for wound care and physical therapy. Patient had been gainfully employed as a carpenter when he developed a drop foot, numbness and paresthesia in his RLE, and began falling. Surgery revealed a tennisball-sized aneurysm wrapped around the right femoral nerve and the right inguinal lymph nodes. Surgery removed the aneurysm and stabilized the region.

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continued™

Step 1: **R**review facts of case

- Patient has a female physical therapist who finds herself increasingly attracted to Mr. E
- The physical therapy plan requires the PT to do active assistive range of motion, manual lymphatic drainage and other activities that put her in close physical contact with Mr. E
- Mr. E seems genuinely attracted to his PT

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continued™

Step 2: **E**thical issues and concerns

- Sexually behavior between a clinician and a patient is illegal in all states
- APTA CoE Principle 4E: “Physical therapists shall not engage in any sexually relationships with any of their patients/clients, supervisees, or students.”
- On a practical level- cannot regulate people’s feelings
- McComas et al 1993: inappropriate sexually behavior very common, esp for new grads and students

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continued™

Step 3: **A**ll possible solutions

- PT can give patient to another PT then date him
- PT can wait until she discharges Mr. E then date him
- Ignore legal and ethical dictates – what are the risks?
- PT can attempt to ignore her feelings for Mr. E

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continued™

Step 4: **S**electing possible solutions

- PT can give patient to another PT then date him
- PT can wait until she discharges Mr. E then date him
- PT can attempt to ignore her feelings for Mr. E

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continued™

Step 5: **O**ne best solution

- Any solution that avoids a sexual relationship between clinicians and their patients/clients, supervisees, and students

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continued™

Step 6: **N**ew questions and review

- Cannot avoid having feelings but can avoid acting on them
- Education can help clinicians do the right thing
 - Workshops for addressing sexual harassment and inappropriate sexual behavior
 - Policies and procedures for managing difficult situations

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continued™

Case Study 7: Suspected child abuse

- Ms. F is a 3 month old female with spastic cerebral palsy. She has black and blue marks circumferentially around both upper arms. Her mother said that road was very bumpy and marks come from her car seat. When baby's clothes are removed as therapy treatment begins multiple bruises in various stages of healing are seen. Mom waits outside during treatment.

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Step 1: **R**eview facts of case

- Clinicians are mandated to report signs of child abuse
- Reports can be confidential
- Unexplained injuries may be one sign of child abuse
- Ms. F's bruises need logical explanations
- Therapy clinicians often see their pediatric patients without clothes so physical signs of abuse may be more apparent in therapy than in other venues

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Step 2: **E**thical issues and concerns

- Pediatric patients may more some of our most vulnerable people receiving our care
- Legal and ethical mandate to report
- APTA CoE Principle 4D "Physical therapists shall report suspected cases of abuse involving children or vulnerable adults to the appropriate authority, subject to law."
- Core values: compassion, integrity, excellence, professional duty, social responsibility

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Step 3: **All** possible solutions

- Report concerns to toll-free phone number of state's child abuse office
- Discuss concerns with professional colleague, clinic superior, or raise issue at up-coming team meeting
- Discuss concerns with child's parents
- Discuss concerns with spouse
- Discuss concerns with closest friend

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Step 4: **Selecting** possible solutions

- Seeking advise and input from colleagues and team members
 - Confirm observations by multiple people
 - Group decision for action
- Issues of confidentiality
- Mandated reporter of abuse
- Issues of patient safety
- Parents have right not to be wrongly accused

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Step 5: **O**ne best solution

- Mandated reporter of abuse
- Appropriate in some settings to have a team approach
- Maximize patient confidentiality
- Leave investigation up to appropriate authorities
- Institutional policies and procedures

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Step 6: **N**ew questions and review

- Was the solution satisfactory?
- Do the reporting policies and procedures need revision?
- Were Ms. F's needs met?
- What were the repercussions?
- Is there any way that the situation could have been handled better?

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Case Study 8: The double agent dilemma

- Mr. G is a 16 y o male with a dx of minor tear in left biceps at tenoperiosteal junction s/p injury while wrestling on high school team. Mr. G has a chance for a state championship and has been the star of a school pep rally and a story in the local newspaper. Mr. G has been using performance enhancing drugs purchased from a classmate. Susan, a physical therapist contracted by the school system, received a referral by Mr. G's pediatrician to evaluate and treat.

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Step 1: **R**review facts of case

- Susan in private practice and would like to build up her client base, especially contract with school system
- Wrestling coach known for his aggressiveness and winning record
- Mr. G under considerable pressure
- When told about the side effects of the drugs, Mr. G said, "I want to win the championship. I don't care if I die before I'm thirty."

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Step 2: **E**thical issues and concerns

- Concept of “moral agent” – person capable of thinking reasonably, deciding and acting on ethical basis
- Is Mr. G a moral agent?
- Susan as a moral agent
- Susan as a double agent – divided loyalties between patient and school system
- CoE Principles 3, 5, 7
- Core values: accountability, compassion, integrity, professional duty

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Step 3: **A**ll possible solutions

- Treat Mr. G’s biceps tear, keep his illegal drug use secret to win his trust
- Acknowledge Mr. G as a moral agent, provide information on detrimental effects of using the drugs
- Deny Mr. G’s moral agency and report his drug use
- Moral courage to act in Mr. G’s interest against his expressed wishes

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continued™

Step 4: **S**elect possible solutions

- Discuss situation with colleagues
- Narrow focus on biceps injury
- Susan's interest to maintain contract with school system vs coach's desire to maintain his winning record
- Moral courage to report Mr. G

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continued™

Step 5: **O**ne best solution

- Moral courage to do the right thing

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Step 6: **N**ew Questions & Review

- How can a situation like this be prevented in the future?
- Drug testing protocols? Better enforcement of drug dealing? Drug prevention programs?
- How much must clinicians risk to maintain our highest professional standards?

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Case Study 9: Treatment Team Dynamics

- Ms. H is a 32 y o female with a dx of spina bifida with physical impairments and assessed cognitive abilities at the level of a “normal” 12 y o child. Ms. H has lived in group homes and institutional settings since she was born. Ms. H has a colostomy for her bladder function but finds managing bags full of urine “disgusting”. She had taken to hiding colostomy bags under her bed which got exposed during a routine inspection. Multiple strategies for managing the colostomy problem failed until the psychologist on the team instituted his own plan. The male psychologist fostered a love dependency in which he gave Ms. H attention in return for her managing her colostomy.

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continued™

Step 1: **R**eview facts of case

- Psychologist implemented love dependency plan on his own then informed the treatment team
- Ms. H responded well to psychologist's attentions and began managing her colostomy
- Psychologist left the agency for another job and Ms. H went into a clinical depression

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continued™

Step 2: **E**thical issues and concerns

- Psychologist did not behave in an ethical manner but how best can such a situation be handled in the present case and to prevent future problems?
- CoE Principles: 1, 3, 4, 5, 6
- Core values: compassion, excellence, professional duty

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continued™

Step 3: **All** possible solutions

- Report psychologist to his local disciplinary board
- Provide supportive services to Ms. H
- Discuss policies and procedures governing team decisions with agency administration
- Alternative strategies for bladder management – PT to the rescue!

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continued™

Step 4: **Select** possible solutions

- Review agency policies and procedures on team decision-making
- Support for Ms. H
- Explore alternative bladder management strategies that may prove more acceptable to Ms. H

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continued™

Step 5: **O**ne best solution

- Better living with technology
- Ms. H's depression – one more incident in a life of abuse, disappointments, and dreams unmet

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continued™

Step 6: **N**ew Questions and Review

- New technologies can offer new hope and new opportunities
- Moral imperative – do not abandon our patients
- Adequate policies and procedures for team management of people in their care
- Adequate sanctions for wrong behavior

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Case Study 10: Concept of Just Culture

- Peter, a physical therapist who just passed his license exam, accepted a position in a practice run by orthopedic surgeons. He now has the opportunity to work with array of orthopedic problems and 15 other therapists and therapy assistants. The therapists have journal clubs, a step ladder for professional advancement, chances to observe the latest in orthopedic surgeries. Peter's biggest concern is that he must oversee 5 patients at a time. Peter has concerns if he can safely care for his patients in this situation.

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Step 1: **R**review the facts

- Peter, a recent graduate, questions his ability to provide adequate care while treating 5 patients at a time
- Peter works with 15 other PTs and PTAs so he has the benefit of their support.
- Set protocols for post-op rehab may assist Peter in this situation

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Step 2: **E**thical issues and concerns

- Concept of a Just Culture
 - Organizational approach
 - All clinicians share mutual accountability
 - Proactive approach to pt safety
 - Foster innovation, communication
 - Develop pt safety profile
- CoE Principles: 3, 5, 6, 7
- Core values: accountability, compassion, excellence, integrity, professional duty

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Step 3: **A**ll Possible Solutions

- Peter can request assistance from supervisor in managing caseload
- Appropriate utilization of PTAs
- Demands of position may be too stressful- seek other employment
- Pretend to manage autonomously and risk patient or own safety

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Step 4: **S**elect Possible Solutions

- Just Culture – we work together
- “I know what I’m doing. Leave me alone.”
- I need another, less stressful job
- How hard is it to ask for help?
- Delegation of duties between PTs and PTAs

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Step 5: **O**ne best solution

- Accept assistance from supervisor, other PTs and PTAs
- Arrange for patients with more complicated problems to be treated by colleagues until Peter is ready to accept the challenge

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Step 6: **N**ew Questions and Review

- Why should any of us not operate within the confines of a Just Culture?
- How should we promote the development of a Just Culture in our clinical settings?
- Expanded view: Just culture in
 - Research
 - Academia
 - Social responsibility and society

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21st Century: Finding a Way Forward

- EMR, new technologies, new practice arrangements posing new ethical challenges for clinicians
- Options for professional dialogue, debate, and discussion
- Uncertainty with insurance, clinical settings, research funding
- Just Culture as a professional virtue

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Resources for Further Study

- APTA documents on ethics and professional behavior
<https://www.apta.org/EthicsProfessionalism/>
 - Codes of Ethics
 - Standards of Practice
 - Strategies for resolving complaints
 - Other resources
- Federation of State Boards of PT

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Resources (cont)

- Federation of State Boards of PT
 - <https://www.fsbpt.org/Licensees/EthicalConduct.aspx>
 - Jurisprudence Assessment Module (JAM)
 - 10 easy ways to lose your license
 - Article on Just Culture
 - Articles on ethical decision- making, remediation, promoting ethical professional behavior
- PubMed
- Web resources on bioethics

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continued™



Last Words

Dr. Edmund Pellegrino

“To reconstruct the ideal of a profession we do not need legal sanction. Rather we need to reconstruct the moral authenticity of our act of profession. As always the battle to be won is an internal one between the pull of self-interest and the obligation to serve.”

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continued™



Much thanks

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