

Opinion

Ethics and Contextual Framework for Professional Behaviour and Code of Practice for Physiotherapists in Nigeria

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ABSTRACT

Physiotherapists make decisions that involve ethical judgment in the course of practice and are guided by a code of professional behaviour. The purpose of this review is to elucidate decision-making in physiotherapy practice, highlight the dynamic nature of ethics, and discuss some professional behaviour expectations within the context of the Nigerian society.

This paper presents the multidimensional context of ethical questions, and the philosophical and social scientific approaches to ethical decision-making. It highlights the historical evolution of ethics to a synthesis from human values, principles and empiricism, and the code of practice as a dynamic document for professional behaviour, and also offers insights into professional behaviour within the Nigerian national context. It recommends the presentation of core values in the context of national goals and societal priorities in order to give meaningful expression to professional behaviour and as a way to encourage members to strive for ideal behaviour to advance their profession, while also improving their society.

Key words: *Physiotherapists, behaviour, ethics, values, programmes*

INTRODUCTION

‘A 21-year-old undergraduate sustained a right quadriceps muscle contusion during a football game

three days ago and was referred for physiotherapy with a physician’s prescription for passive range of motion exercises and other treatments as deemed necessary. A patient came in to a physiotherapy clinic, transported in a wheelchair with the knee held in 60 degree flexion, with pain rated 6 out of 10 on the front of the thigh. Attempt at active knee-joint extension from flexion increased pain to 9 of 10.’

Physiotherapists make decisions to commence or to cease physiotherapy, on choice of treatment, and often develop intimate relationships with their patients.¹ In the above scenario, the passive range of motion to the knee may be justified from a legal point of view because it was prescribed by a physician. The procedure may also be justified from the therapeutic point of view if it is performed in order to prevent knee joint limitation. It can also be justified from a moral point of view if it is performed so as not to aggravate pain and, therefore cause any harm to the patient.

Medical and health professionals encounter ethical questions in the course of their day-to-day practices.^{2,3,4} The ethical dilemmas faced by physiotherapists are not solely constituted by the decisions they have to make, but also by those that would be made by the patients. Decision-making in physiotherapy is not limited to the point of care alone, it often extends beyond treatment options. While decisions such as in the above scenario are simple and can be taken with relative ease, ethical decisions may not be so simple.

Conflict could arise if a physiotherapist's/ individual's conviction conflicts with his concepts of the requirement of his professional role while some decisions may directly or indirectly be influenced by the web of his/her relationship with other health disciplines or the society.⁵ Dilemmas may arise when the attitude, values, and goals of the profession conflict with those of another, and if the ethos of the profession and that of the society in which the professional functions are in conflict.

Physiotherapists also make decisions and face ethical questions in their non-direct care activities, such as in providing advice and consultation to patients and clients, and in decisions involving payments and access to care. The point of care and non-direct care behaviour of health professionals is the outward expression of their roles as shaped by various factors including the aims of the profession, images intended to be portrayed, and models of behaviour to be cultivated and professional training,⁶⁻⁷ and these can be enshrined in a code of ethics.⁸

A code of ethics summarizes behaviours in the multiple realm of ethical dilemma and should be woven around some core values. The code defines foundational ethical principles, delineates ethical obligations of professionals, provides standards of behaviour and performance, and serves to educate practitioners.^{6,9} Codes of ethics must speak to the ethical principles, reciprocity in the relationship between patient and health professional, and the principle of self-determination.¹⁰

Ethical decision-making involves the skill of discernment of a situation and balancing this against one's moral beliefs or principles,^{6,11} and resolving the dilemma requires the ability to recognize and interpret situations or sensitivity, and ability to make decisions about right or wrong and determining a course of action or judgment.¹² It also requires the ability to place ethical values before other values or motivations, and the discipline or moral courage to persevere against adversity.¹²

It is the general belief that where a written practice code is not informed by distinct core values or presented in the relevant social and cultural context, such a code will only be viewed in abstract and membership adherence could be affected, with

impact on national professional prestige and reputation.

APPROACHES AND EVOLUTION OF ETHICS

Philosophical ethics is a body of knowledge which concerns itself with what people ought to do and how to conduct themselves.¹³ The traditional ethical principles that guide the professional in evaluating situations and making decisions are respect for autonomy, beneficence, non-maleficence and justice. In general, however, ethical questions are not always resolved using these principles, and a social scientific approach which concerns itself with the exploration of human ethical behaviour rather than prescribing behaviour as in principlism, may be more applicable.¹⁴

The multidimensional nature of many ethical questions makes either a philosophical or social scientific approach alone inadequate. Moral dilemmas often involve psychological, economic, sociological, legal, cultural, religious and organizational factors. It has been hypothesized that it is only by paying attention to the interactions of philosophical ethics, human values and social and behavioural science that ethical dilemma can be best understood and analysed, and a relevant code of practice can best be developed and understood.¹⁵

Ethics is dynamic and three distinct evolutionary stages have been described. In Pellegrino's first ethical stage of proto-bioethics, the language of human value such as valour, loyalty and meekness, guided the behaviour of healers. In the next era of philosophical bioethics, the traditional ethical principles emerged, while in the third era of global bioethics the language of social and behavioural science predominates. While Pellegrino focussed on language and methods used in each period during the evolution of bioethics, Purtilo¹⁶ focussed on commitment (care), and the duties and responsibilities (accountability) inherent in professional relationships in analysing the evolution of ethics in physiotherapy.

In the era of self-identity according to Purtilo, ethics focussed on establishing commitment and accountability to other health professionals. Later in the era of patient-focussed identity, ethics was geared to establishing a firm partnership with patients as

persons. Purtilo hypothesized an era of professionals partnering with the larger community of citizens and institutions, where professional self-identity and patient-focussed identity are nested in national goals and societal priorities, as a natural evolution from an era of patient-focussed identity.

Although the evolution of ethics as described by Pellegrino and Purtilo is based on the American society, it has implications for other parts of the world for two reasons. It can be argued that the USA is the world's dominant country today and this country continues to play a leadership role in world economy and politics, and leads others in advanced training in health disciplines and technology education. Through its global dominance in the areas of communication and information technology, events in the country tend to be replicated, and the values represented by this country tend to be propagated more than those of any other country in the world.

From the foregoing, it can be deduced that ethical dilemmas in physical therapy can be best viewed and resolved using a blended approach that draws from knowledge on human values, philosophical ethics and social and behavioural sciences. To be able to resolve dilemmas, physiotherapists must listen actively, think reflectively and reason critically.¹⁴ It is only an ethics synthesized from previous approaches that is capable of solving ethical problems which are inherently multidimensional.^{15,16} A comprehensive curriculum content on ethics must therefore include didactic and experiential learning on human values, traditional ethical principles, and contextual or empirical approaches.

The code of practice as written in the Medical Rehabilitation Therapists Board of Nigeria's (MRTB) core standard of proficiency for registrants of medical rehabilitation therapists stipulate appropriate conduct and behaviour expectation for professionals in medical rehabilitation (MRTB 2007).¹⁷ This code is general, is not specific to physiotherapists, and the core principles upon which it is based are not specified.

DISCUSSION

Ethics is a moral compass in a turbulent time,¹⁸ and adherence to higher ethics is a tall order. A recent

study showed that many Nigerian physiotherapists did not show a satisfactory ethical disposition (defined as the degree to which a person identifies with or conforms to the accepted principle of right or wrong) when it comes to providing care to patients living with AIDS.¹⁹ Unlike a caregiver with a positive ethical disposition, according to this study, many Nigerian physiotherapists were unwilling to subordinate self-interest and personal preferences to the ethical duty and obligation to provide care for patients living with AIDS.

A professional body must articulate a code of ethics based on values, principles and the national historical and socio-political and economic context of the country. The aims of such a code must be well articulated, boundaries must be delineated, and images of an ideal practitioner intended for portrayal must be clear. In physiotherapy, seven core values have been identified and include accountability, altruism, compassion, excellence, integrity, professional duty and social responsibility.^{8,20}

There is a consensus on the preference for the democratic mode of political administration in Nigeria. It is widely recognized that only in a political arrangement where the constituent parts of the nation are freely joined in a federation will democracy endure. Nigeria is presumed to be an emerging democracy and many citizens have not fully imbibed the democratic culture. In a society where resources may not be adequate and where patients may not be fully aware of their rights, there is the risk of inadvertent violations of patients' rights and dignity or abuse by physiotherapists.

Nonetheless, physiotherapists must respect the inherent dignity and rights of all individuals and should render care to all without discrimination. As an example, any delay, denial or hesitation to provide treatment to a patient living with AIDS or any contagious diseases is an abuse. Wearing gloves to casually handle these patients is unwarranted and denial of resuscitation to these patients is an ethical violation and makes physiotherapists culpable even in the court of justice.

On the current national stage any assumption that patients are autonomous consumers of physiotherapy

services and are capable of making good decisions and choices even when equipped with necessary information could be erroneous. Physiotherapists as individuals, and in their organization, bear the responsibility of equipping and empowering patients to make decisions. Physiotherapists must be trustworthy and compassionate in addressing the rights and needs of patients and clients. As an example, they can facilitate patients' empowerment through advocacy for universal literacy and education, and service access.

Nigerians are not reputed to be incorruptible and government officials are not believed to be facilitators of an enabling environment for growth and economic innovations. Government programmes and economic initiatives are usually half-hearted, bedevilled by selfish motives and are characterized by inefficiencies believed to be responsible for the country's relative underdevelopment. There is a general presumption that the Nigerian society celebrates individuals with ill-gotten wealth, few of its political leaders are imbued with virtuous character, and many wealthy Nigerians may not pass any rigorous test of moral scrutiny.

Physiotherapists must demonstrate integrity in their relationship with patients, clients, families, colleagues, students, research participants, other health care providers, employers, payers and the public. They must avoid inappropriate bodily contact and relationship with patients and clients, and must recognize and keep to professional boundaries. They must facilitate the active participation of patients in care by utilizing appropriate methods in informing or performing care, and in ensuring an appropriate model of shared decision-making.

It is the responsibility of physiotherapists to ensure that a department is well-equipped with all the necessary instrumentations. Physiotherapists must fulfill their legal and professional obligations, obey the law, and encourage colleagues to seek help in meeting professional standards. They have the duty to discourage misconduct by colleagues and to encourage colleagues who have the need to seek help. Physiotherapists must cultivate perseverance, and the discipline to defer gratification and recognize and avoid situations of conflict of interests.

Our training programmes must be equipped to produce quality graduates with ethical decision-making capabilities. Necessary for the ability to make good judgment are logical and analytical thinking skills that are acquired through rounded education that includes courses in the social sciences and the arts. Physiotherapists must be accountable for making sound professional decisions and must be equipped through training and self-development activities. Physiotherapists must take responsibility for their professional development, use evidence in practice, and imbibe the culture of lifelong learning.

Nigeria aims to become one of the 20 leading economies of the world in the year 2020. In order to deliver on this vision, the workforce must be prepared. Achieving this ranking among nations in the world is contingent upon the support of patriotic technocrats, bureaucrats in the civil service and the professionals in the service industry. An economy of the size envisioned needs some level of intrinsic technological development, and as citizens, physiotherapists have duties beyond their professional obligations that include community activism.

Physiotherapists shall promote organizational behaviour and business practices that benefit patients, clients and the society. They must seek just remuneration for their services and avoid conflict of interests. Except for a few disease-specific chronic care facilities such as leprosariums, there are no designated subacute or long-term care facilities in Nigeria. It can, therefore, be argued that the full benefits of physiotherapy and rehabilitation are yet to be made available to all who need them. Physiotherapists must participate in an effort to meet the needs of the people locally, nationally and globally and are also expected to provide pro bono services to indigent patients.

One priority of the nation is national unity and an important policy is the principle of federal character. Physiotherapists must support such national goals and priorities that encourage programme spread and service availability across the country. The Nigeria Society of Physiotherapy should initiate and support policies that promote the development of programmes in disadvantaged areas of the country. Furthermore, identified minority groups must be targeted for

recruitment into the profession. Programmes for mentorship to students and young practitioners from disadvantaged backgrounds should be encouraged.

Presenting ethics within the context of the Nigerian situation could give a deeper meaning to professional behaviour. It could also enhance the relevance of a code of practice, promote adherence to good professional behaviour and ensure focus in resolving dilemmas. Presenting behaviour standards in the light of national goals and societal priorities aligns professionals to such goals and priorities and, could, therefore enhance the prestige, reputation and advancement of the profession while also contributing to national development.

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