Revisions to the *Code of Ethics* for Physical Therapists

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The role of physical therapists has evolved and expanded within the last decade which has called for a new *Code of Ethics* to represent this change. In June 2000, the House of Delegates recognized the American Physical Therapy Association’s (APTA) Vision 2020 which advocated that by the year 2020 physical therapy will be provided by physical therapists who are doctors of physical therapy and consumers will have direct access in all environments for patient/client management, prevention, and wellness services (American Physical Therapy Association, 2010). Physical therapists will also be granted all privileges of autonomous practice, be practitioners of choice in client’s health networks, and provide evidence-based service. With the expansion of the physical therapy profession, this analysis paper serves to explore the differences between the current PT and the revised PT *Code of Ethics* while understanding the basis for and process of creating the new core document and, I will also analyze a case study to determine how the revised *Code of Ethics* can be applied to a situation.

The expanding role of the physical therapist as educators, researchers, consultants, and administrators, is part of the reason as to why the Ethics and Judicial Committee (EJC) recommended that the APTA Board of Directors create a new *Code of Ethics* in 2005. According to Swisher, Hiller, & the APTA Task Force to Revise the Core Ethics Documents (2010), in the process of revising the *Code of Ethics*, the EJC conducted a review of the APTA *Code of Ethics* in comparison to other core ethics documents from different health care professions and found the following issues:

1. Focused primarily on the physical therapists’ and physical therapist assistants’ roles in patient/client management, with limited attention to their roles as educators, researchers, consultants, and administrators
2. Did not provide guidance for the expanded responsibilities of the physical therapist related to autonomous practice as described in Vision 2020
3. Did not address the complexities encountered by physical therapists and physical therapist assistants in the contemporary health care environment that includes individual, organizational, and societal obligations
4. Did not capture a contemporary notion of relationships with other health care providers
5. Did not articulate the unique moral self-understanding of the physical therapy professional (p. 7)

Once the APTA *Code of Ethics* was deemed unreflective of the expanding physical therapy profession, the APTA Board of Directors (BOD) created a team of physical therapy leaders, educators, consumers, DPT students, and many other individuals that influence the profession to draft a new *Code of Ethics* in 2007 (Swisher & Hiller, 2010). In the creation of the new *Code of Ethics*, a variety of ethical issues from all aspects of the physical therapy practice were taken into account as well as the multiplicity of roles played by the physical therapist, APTA’s Vision 2020, and the APTA’s Core Values. An online survey was then sent to physical therapy leaders and APTA members in September 2008 which examined their level of agreement to the revisions and asked for individual comments about the changes (Swisher & Hiller, 2010). With the individual comments and concerns, the draft was further revised.

In May 2009, the APTA Board of Directors and House of Delegates amended the *Code of Ethics* and Standards of Ethical Conduct for the Physical Therapy Assistant and will take effect on July 1, 2010 so as to allow for education of physical therapists and professionals to understand the significant revisions.

The significant difference between the current PT *Code of Ethics* and the new PT *Code of Ethics* is that the new codes “extend beyond the former 11 basic principles to clarify intent, meaning and application of foundational principles” (American Physical Therapy Association, 2010). Furthermore, the new *Code of Ethics* is very specific and no longer general which serves to explain and clarify ethical obligations. In one interpretation, the new PT *Code of Ethics*, combines the *Guide for Professional Conduct* with the *Code of Ethics* which is one of the
reasons why it is much longer and detailed. The *Guide for Professional Conduct* serves as a supplement to the *Code of Ethics*; however, the document has been amended and, although the purpose of the document remains the same, physical therapists are now referred to the *Code of Ethics* for assistance in interpreting the ethical principles.

The structure of the revised *Code of Ethics* contains a preamble followed by eight general principles with each principle including specific lettered principles that specify the meaning of each general principle. The current *Code of Ethics* essentially outlines the principles without any further explanation of them and refers to the *Guide for Professional Conduct* for further clarification. The following paragraphs serve as a general comparison of the differences between the preamble and principles in the current and revised APTA *Code of Ethics*.

The current preamble to the *Code of Ethics* is stated as the following:

This *Code of Ethics* of the American Physical Therapy Association sets forth principles for the ethical practice of physical therapy. All physical therapists are responsible for maintaining and promoting ethical practice. To this end, the physical therapist shall act in the best interest of the patient/client. This *Code of Ethics* shall be binding on all physical therapists (American Physical Therapy Association, 2010).

Due to the length and detail of the new PT *Code of Ethics*, the revised preamble will be summarized. The preamble in the revised version of the *Code of Ethics* defines the purpose of the *Code of Ethics* with the same sentiment but emphasizes that the principles apply to all roles of a physical therapist in patient/client management, consultation, education, research, and administration (American Physical Therapy Association, 2010). Furthermore, the purpose of the *Code of Ethics* is also to provide behavioral standards, guidance for ethical issues, and support education (American Physical Therapy Association, 2010). The *Code of Ethics* will also be used to charge whether or not a physical therapists is culpable of unethical conduct. The preamble explicitly states that the code cannot address every situation and encourages physical therapists
to seek additional help for further clarification. The next change to the preamble is that it states that the *Code of Ethics* is based on the multiple roles of a physical therapist, core values of the profession, and the realms of ethical action. Lastly, “fundamental to the *Code of Ethics*, is the special obligation of physical therapists to empower, educate, and enable those with impairments, activity limitations, participation restrictions, and disabilities to facilitate greater independence, health, wellness, and enhanced quality of life” (American Physical Therapy Association, 2010).

The enhanced detail in the revised preamble as compared to the current preamble provides a lot more clarity and explicitly addresses the multiplicity of roles a physical therapist plays from day to day. Additionally, the inclusion of the well-defined purposes of the *Code of Ethics*, core values of the profession, and obligations to society indicates the maturation of this profession and the will to support better relationships with other health professionals, clients, and the public.

Principle 1 reflects the core values of compassion and integrity. Old Principle 1 states that “a physical therapist shall respect the rights and dignity of all individuals and shall provide compassionate care” (American Physical Therapy Association, 2010). The *Guide for Professional Conduct* states the following which aims to supplement the old *Code of Ethics*: “a physical therapist shall recognize, respect, and respond to individual and cultural differences…. a physical therapist shall be guided at all times by concern for the physical, psychological, and socioeconomic welfare of patients/clients,” and, lastly, “a physical therapist shall not harass, abuse, or discriminate against others” (American Physical Therapy Association, 2009).

However, the new Principle 1 declares the same attitude but with more guidance. According to the American Physical Therapy Association (2010), the new Principle 1 states that
“physical therapists shall respect the inherent dignity and rights of all individuals” and, also,
“shall act in a respectful manner toward each person regardless of age, gender, race, nationality,
religion, ethnicity, social or economic status, sexual orientation, health condition, or disability.”
Additionally, “physical therapists shall recognize their personal biases and shall not discriminate
against others in physical therapist practice, consultation, education, research, and
administration” (American Physical Therapy Association, 2010). The added detail provides
clarity to the physical therapist on the grounds of discrimination and requires them to not let their
personal biases affect their judgments.

Principle 8 represents the core value of social responsibility. Old Principle 10 is reflected
through new Principle 8 and states that “a physical therapist shall endeavor to address the health
Conduct supplements this principle by emphasizing that “a physical therapist shall render pro
bono public (reduced or no fee) services to patients lacking the ability to pay for services as each
therapist’s practice permits” (American Physical Therapy Association, 2010). Additionally, “a
physical therapist shall be aware of the patient’s health-related needs and act in a manner that
facilitates meeting those needs” and “shall endeavor to support activities that benefit the health
status of the community” (American Physical Therapy Association, 2010).

Principle 8 proposes that “physical therapists shall participate in efforts to meet the health
needs of people locally, nationally, or globally” (American Physical Therapy Association, 2010).
New Principle 8 of the Code of Ethics adds that Physical Therapists shall:

• Provide pro bono physical therapy services or support organizations that meet the health
  needs of people who are economically disadvantaged, uninsured, and underinsured
• Advocate to reduce health disparities and health care inequities, improve access to health
care services, and address the health, wellness, and preventive health care needs of people
• Be responsible stewards of health care resources and shall avoid overutilization or
  underutilization of physical therapy services.
• Educate members of the public about the benefits of physical therapy and the unique role of the physical therapist

The new Principle 8 requires physical therapists to give access to those of low social economical status, advocate for the well-being of society, avoid “short changing” or “giving away” services, and educate people about the profession. By clarifying the duties a physical therapist has to society, professionals will be able to further understand how to benefit their community.

In summary, the major differences between the old and new Code of Ethics is the number of principles, the specificity of the principles, the inclusion of core values, expansion of the physical therapists’ role, moral obligation, inclusion of Vision 2020, realms of ethical obligation, and support for evidence-based practiced. The revised Code of Ethics contains a total of 46 principles in comparison to the eleven principles of the old Code; this is ultimately due to the specificity of the new code which entails eight general principles and 38 specific lettered principles. Additionally, the revised core document includes the core values by indicating under each principle what core value pertains to it. The new Code also addressed the multiple roles of a physical therapist from management, consultant, educator, researcher, and administrator. The moral obligation of physical therapists is now addressed in the preamble and the individual, organizational, and societal realms of ethical obligation are addressed throughout the document. The APTA Vision 2020 is now fully integrated in the revised Code of Ethics and it emphasizes the use of evidence-based practice. With the new Code of Ethics in effect on July 1, 2010, the change will reflect the maturation of the physical therapy profession.

The revised Code of Ethics can be used by practitioners, professors, and students of physical therapy for guidance and further clarity on making optimal decisions to ensure the best outcome for their patients, employers, colleagues, and other health care professionals. However,
thus far, the weaknesses of the revised *Code of Ethics* have not been mentioned. One of the flaws of this core ethical document is that it does not consider situations where professionals need to use intuition, virtue, caring, and moral courage; the document largely focuses on principles, duties, and rules for behavior. Another flaw is the overall role of the *Guide for Professional Conduct* and what purpose it serves if all relative information needed for clarifying the Code of Ethic principles is no longer included in the document.

After looking at the difference in the *Code of Ethics*’ principles, it is important to understand the difference in how the principles apply to specific situations. The following is a case study created by third-year students at Pacific University’s School of Physical Therapy:

Patient was referred to a clinic by a Physician’s Assistant (PA) with a medical dx of LBP after an on the job injury. On evaluation, the patient had textbook signs/symptoms of L5 lumbar disc herniation. Over the course of the next 2 weeks, the patient became progressively worse, including beginning foot drop. He returned to the PA multiple times during those two weeks to request imaging, and was refused. The PA told the patient he was malingering, even though the patient was still working on light duty and wanted to return to full duty.

After 4 weeks of PT, during which the patient was improving, the PA finally ordered an MRI and scheduled an appointment 9 days later to discuss the results with the patient. The patient brought in the MRI report to PT for an explanation before the appointment with the PA. The MRI report states disc bulges at levels T9-L4 and disc herniation at L5, and the PT student explained to the patient how these MRI results related to his symptoms.

The PA was irate that a student had “fed information” to the patient, calling the owner of the clinic and complaining about the student overstepping professional boundaries and making a medical diagnosis. In addition, the PA told the clinic owner that the student had been suggesting PT patients would be better off seeing chiropractors instead.

When analyzing this case study, only two principles from the current *Code of Ethics* can be applied, Principle 4 and Principle 11. Principle 4 states that “a physical therapist shall exercise sound professional judgment” and Principle 11 states, “a physical therapist shall respect the rights, knowledge, and skills of colleagues and other health care professionals” (American Physical Therapy Association, 2010).
However, when analyzing the same case study with the revised *Code of Ethics*, a lot more principles can be applied:

- **Principle 2A**
  - Physical therapists shall adhere to the core values of the profession and shall act in the best interests of patients/clients over the interests of the physical therapist.

- **Principle 3B**
  - Physical therapists shall demonstrate professional judgment informed by professional standards, evidence (including current literature and established best practice), practitioner experience, and patient/client values.

- **Principle 3C**
  - Physical therapists shall make judgments within their scope of practice and level of expertise and shall communicate with, collaborate with, or refer to peers or other health care professionals when necessary.

- **Principle 4A**
  - Physical therapists shall provide truthful, accurate, and relevant information and shall not make misleading representations.

- **Principle 7A**
  - Physical therapists shall promote practice environments that support autonomous and accountable professional judgment.

- **Principle 7F**
  - Physical therapists shall refrain from employment arrangements, or other arrangements, that prevent physical therapists from fulfilling professional obligations to patients/clients.

The ability to use apply more principles to the situation is a demonstration of the increased clarity and the fact that the new code considers all aspects of the physical therapy profession. This also serves as a guide to ensure that a physical therapist can make optimal decisions to benefit those who will be affected by the outcome such as the patient, physical therapy assistant, other health care providers, etc.

The journey to create the new *Code of Ethics* has been long and well-thought out despite the flaws mentioned. The new Code is unique due to the fact that the opinions of many professionals and individuals involved inside and outside the realm of physical therapy were considered to develop “rules of thumb” for facing various ethical issues. Furthermore, the new *Code of Ethics* reflects a multitude of real-world situations throughout the field of physical
therapy. Overall, the revised *Code of Ethics* will echo the maturation of physical therapy and, hopefully, benefit the physical therapy profession.
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