

Ethical Issues Related to the Physiotherapist Patient Relationship during the First Session - The Perceptions of Danish Physiotherapists

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Abstract

Maintaining and enhancing professional autonomy requires continuous development of one's professional and ethical competences in order to meet society's mutable expectations to physiotherapy practice. As physiotherapy is a relational practice based on professional bodily analysis and touch it seems relevant to explore whether and how ethical issues arise during the first physiotherapy session. It is increasingly popular to choose a carrier in private practice, why understandings from physiotherapists within this context frame the study. Through a qualitative approach it is shown that ethical issues do occur within the first session and that the first session and the clinical context in private practice are essential from an ethical perspective. The consciousness about ethical issues differs in Danish physiotherapy private practice, and reflections and acts are vaguely based on ethical theories, principles and ethical guidelines. Beneficence towards the patient is seen as a fundamental aspect of the physiotherapists' understanding of the first session. However, if the physiotherapist lacks a deeper ethical awareness, the physiotherapist may reason and/or act ethically to a varying extent: only an ethically conscious physiotherapist will know when he or she reflects and acts ethically. Further exploration of ethical issues in private practice is recommendable, and as management policy is deeply embedded within the Danish public sector there are reasons to explore public contexts of physiotherapy as well.

Keywords: Physiotherapy; Private practice; Ethical issues; Phenomenology; Interviews

Introduction

Physiotherapy is a relational practice where the physiotherapist and the patient meet. Every meeting implies both written laws and guidelines that regulate professional practice, unwritten codes of conduct and power asymmetry, all conditions the physiotherapist has to handle. And even carefully planned meetings are never given how they shall go; some aspects of the meetings are given and some are constructed between physiotherapist and patient [1]. In addition, practicing physiotherapy is characterized by a close and often continued relationship between physiotherapist and patient where both are being touched by one another physically and mentally [2,3].

The Ethical Frame of Understanding

Since 1970 several studies on ethical issues related to aspects of physiotherapy have been published [2-7]. These studies revealed a practice with a growing professional consciousness towards its unique ethical issues in the physiotherapist-patient relationship. Normative guidelines for physiotherapy which originate in the belief that physiotherapists place professional fidelity to their patients as their first priority, whatever the context of their employment, have been developed. However, physiotherapists employed in private practice are explicitly asked to balance their professional obligation to fidelity with fiscal accountability.

Relational situations where one needs to weigh alternative actions towards a moral problem [8] are seen as the ethical frame of understanding. Ethical issues are considered to be encased in every

relation between physiotherapist and patient [2-5] and as such a condition the physiotherapists have to handle.

Given that choosing a carrier within private practice has become more and more desirable amount Danish physiotherapists [9] and few researchers have focused their work on ethical issues in the context of physiotherapy private practice [10-15], why we decided on this context to frame the study.

The Aim of the Study

The aim of this study was to explore whether and how ethical issues arise during the first physiotherapy session discussed from the perspective of the physiotherapists in private practice.

The Design and Methods

The study was designed within a qualitative paradigm, using a phenomenological approach [16]. Semi-structured interviews with 21 physiotherapists in private practices from all regions of Denmark were carried out twice and analysed by using Malterud's modification of Giorgi's phenomenological analysis [17-19] which resulted in four descriptive themes.

The Ethical Importance of the First Session

The results show that the first session and the clinical context in private practice are essential from an ethical perspective and a great diversity in understandings of what constitutes ethical issues is seen. Physiotherapists in Danish private practice have a general interest in ethics which is primarily based on personal common sense arguments, intuitive feelings of ethics and vague understandings of professional

duty, and to a lesser extent based on awareness of ethical theories, principles and ethical guidelines.

On a general level the physiotherapists' practices seem ethically grounded. The clinical environment, understood as the material décor, seems to influence ethical aspects of the first session as the physiotherapists strive to arrange the clinic in order for the patient to get the impression of friendliness, trustworthiness and professionalism. This means that what is said and done in the first session will influence what happens further on and how the involved parties interpret the situation and attach importance to things and events in physiotherapy private practice and thereby giving it an ethical dimension. The first session of physiotherapy is seen pivotal for establishing a good and trustful physiotherapy-patient relationship for the further process. Beneficence towards the patient is regarded as a fundamental ethical issue to be aware about in order to respect the patients entering the practices.

Awareness about 'who I am' as a person and professional is understood as a prerequisite for being beneficent towards the patient. Beneficence towards the patient is stressed as the ideal of physiotherapeutic practice and many examples are given about how physiotherapists strive to have an ethical practice. However, if the physiotherapists have lesser awareness of ethical theories, principles and ethical guidelines it becomes difficult to claim that physiotherapists can avoid unintentionally acting unethically. Further, it can be discussed whether private practicing physiotherapists' ethical reflections seem wakening when practice situations are not frictionless as these situations require consciousness about respecting the patient and keeping the patient as a paying customer.

The study shows that further exploration of ethical issues in private practice and conscious focus on the acquisition of knowledge about how to identify, analyse and solve ethical issues are recommendable in order to adhere to society's expectations and demands of physiotherapists' professional competence as well as ethical competence. As management policy is deeply embedded within the Danish public sector there are reasons to explore public contexts of physiotherapy as well.

References

1. Thornquist E (2011) *Klinik, kommunikation, information* København (2nd edn.) Hans Reitzels Forlag.
2. Poulis I (2007) Bioethics and physiotherapy. *Journal of Medical Ethics* 33: 435-436.
3. Poulis I (2007) The end of physiotherapy. *The Australian Journal of Physiotherapy* 53: 71-72.
4. Praestegaard J (2001) *Etik i fysioterapi*. Master thesis. Lund Lunds University.
5. Purtillo R (1999) *Ethical Dimensions In The Health Professions*. WB Saunders, Philadelphia, Pennsylvania.
6. Swisher LL (2002) A retrospective Analysis of Ethics Knowledge in Physical Therapy (1970-2000). *Physical Therapy* 82: 692-706.
7. Carpenter C, Richardson B (2008) Ethics knowledge in physical therapy: A narrative review of the literature since 2000. *Physical Therapy Review* 13: 366-374.
8. Beauchamp TL, Childress JF (2009) *Principles of biomedical ethics*. Oxford University Press, New York, p. 6.
9. The Association of Danish Physiotherapists (2008) *The department of member information*.
10. Potter M, Gordon S, Hamer P (2003) Identifying physiotherapist and patient expectations in private practice physiotherapy. *Physiotherapy Canada* 55: 195-202.
11. Potter M, Gordon S, Hamer P (2003) The physiotherapy experience in private practice: The patients perspective. *Australian Journal of Physiotherapy* 49: 195-202.
12. Potter M, Gordan S, Hamer P (2003) The difficult patient in private practice physiotherapy: A qualitative study. *Australian Journal of Physiotherapy* 49: 53-61.
13. Cross S, Sim J (2000) Confidentiality within physiotherapy: Perceptions and attitudes of clinical practioners. *Journal of Medical Ethics* 26: 447-453.
14. Greenfield BH (2005) The meaning of caring in five experienced physical therapists. *Physiotherapy Theory and Practice* 21: 147-162.
15. Delaney CM (2005) Respecting patient autonomy and obtaining their informed consent: Ethical theory - missing in action. *Physiotherapy* 91: 197-203.
16. Dahlberg K, Drew N, Nyström M (2001) *Reflective Lifeworld Research* Lund, Studentlitteratur.
17. Malterud K (2001) The art and science of clinical knowledge: Evidence beyond measures and numbers. *The Lancet* 358: 397-400.
18. Malterud K (2001) Qualitative Research: Standards, Challenges, and guidelines. *The Lancet* 358: 483-488.
19. Malterud K (2003) *Kvalitative metoder I medisinsk forskning - en innføring* (3utgave.) Universitetsforlaget.