The Dilemma of Competing Ethical Obligations
By Mary Ann Wharton, PT, MS
Chair, PPTA Ethics Committee

Patients, families, caregivers, supervisors, employers, institutional policies, insurance plans, co-pays, approved number of visits, CPT Codes, RUGS, Accountable Care Organizations, Patient-Centered Medical Homes, narrow networks, bundling of services. This laundry list is just a sample of considerations that influence the daily decisions made by physical therapists and physical therapist assistants and that are factored into patient care. One word that is often overlooked or missing, but that is essential, is “ethics.” Doing the right thing, abiding by the Code of Ethics for the Physical Therapist and Standards of Ethical Conduct for the Physical Therapist Assistant 1-2 is the obligation of every therapist and is vital to clinical practice. In essence, every decision made by a PT or PTA has an ethical component, and yet, this is often forgotten as therapists struggle with the competing obligations that influence choices regarding patient care. Additionally, ethical considerations become even more complex when conflicts arise between the science of what we do as therapists to benefit our patients, and the reality of institutional mandates and policies and societal directives that constrain our decisions.

Traditional bioethics directs practitioners to focus primarily on the needs of the patient. Today, clinical practice demands that we consider 3 realms of ethical responsibility: the patient, the institution, and society. As a result, the traditional patient-focused bioethical principles: beneficence, nonmaleficence, and autonomy often compete with the principle of justice, which looks at fair and equitable use of societal resources. Contemporary ethical theories: virtue and care ethics, phenomenology, case and narrative ethics, are also patient focused. However, they may be more applicable in rehab because they direct the practitioner to reflect not only on the patient’s story, but also to take into account institutional and societal factors. The dilemma that therapists often face is that they can’t always do what is best for the patient from the perspective of the patient or family or even from the science that informs decisions based on professional judgment. The right decision from the patient and science perspective is often constrained by such institutional policies as productivity standards or pressures to provide excessive services to maximize reimbursement, or by societal constraints including high co-pays, limited insurance approved visits, or restricted access based on narrow networks and Accountable Care Organizations.

When therapists look to the Code of Ethics and Standards of Ethical Conduct for guidance, they will discern that these documents address obligations in all 3 realms – the patient, institution, and society. As a result, viewing the Code and Standards in their totality may not provide clear direction in situations where conflicts exist between obligations to the patient and obligations to the institution or society. The Principles/Standards that address ethical obligations to the patient/client care may be viewed as competing with Principles/Standards that address ethical obligations to organizations and society. Therapists not used to considering ethical dilemmas may view these Principles/Standards as conflicting and may not see them as useful.

Patient focused ethical guidance can be found in Principle/Standards 1, 2, and 3 of the Code of Ethics and Standards of Ethical Conduct. Principle/Standard 1 directs therapists to respect the inherent dignity and rights of all individuals and Principle/Standard 2 obligates trust and compassion when addressing
the rights and needs of patients/clients. Principle/Standard 3 directs therapists to be accountable for sound professional judgments that are independent and objective, in the patient’s best interest, and informed by professional standards and current evidence.\textsuperscript{1,2}

Principle/Standard 7 addresses institutional concerns. This Principle/Standard mandates that therapists promote organizational behaviors and business practices that benefit patients/clients and society. Specifically, therapists are directed to promote practice environments that support autonomous and accountable professional judgments; seek reasonable and deserved remuneration for services, be aware of charges and ensure that documentation and coding accurately reflect the services provided. This Principle/Standard further obligates therapists to refrain from employment arrangements that prevent the therapist from fulfilling ethical obligations.\textsuperscript{1,2} As stated, the difficulty encountered by therapists often occurs when a patient situation is complicated by organizational policies. At the institutional or organizational level, factors such as productivity standards, supervisor mandates to up-code in order to maximize reimbursement, or directives to provide therapy that in the therapist’s judgment does not warrant skilled intervention may be determined as conflicting with the therapist’s ethical obligation of beneficence toward the patient, and, in fact, may be judged as blatantly unethical. So, the first question that the therapist must ask in any situation is whether the institutional mandate is fair, equitable, and considerate of the therapist’s ethical obligations to the patient, institution, and society. If the answer is “no” and the request is unethical, the therapist is bound to adhere to the ethical standards. If the answer is “yes” the therapist must consider how to incorporate the organizational requirements into daily patient care without compromising ethical obligations to either the patient or the organization. This takes moral courage.

Similar ethical concerns and potential conflicts occur at the societal level. Currently, therapists are grappling with implementation of the Affordable Care Act. This legislation introduced new delivery mechanisms and regulations that may be seen by some therapists as unethical at worst and constraining patient affordability and access and provider rights at best. Principle/Standard 8, while not directly focused on aspects of the Affordable Care Act, does address societal obligations. This Principle/Standard directs therapists to participate in health needs of people locally, nationally, and globally. Explicitly, Principle/Standard 8 directs therapists to advocate to reduce health disparities and inequities and work to improve access to health care services while being responsible stewards of health care resources.\textsuperscript{1,2} This is a big order that may be overlooked in the context of daily patient care and may lead therapists to question the applicability of ethical principles to concepts legalized through the Affordable Care Act. They may view this legislation as creating a whole new set of dilemmas that frankly are not well addressed in current ethical literature. One example is the concept of narrow networks. Theoretically, narrow networks were endorsed as a vehicle to conserve resources and assure continuity and quality of care, yet there is little or no data to determine their efficacy. When viewed from the patient and provider perspective, narrow networks may be seen as limiting access to care. Other examples are Accountable Care Organizations, Patient Centered Medical Homes, and bundled payment mechanisms, all of which were also created to reduce cost and assure continuity and quality of care. However, without supporting data, patients may see them as limiting choice and while providers may view them as constraining their practice. Additionally, the mandate that all citizens be covered by insurance plans is often thwarted by the high premiums, deductibles and may be viewed as further limiting patient access to care and adversely affecting the ability of providers to allow fair access to services. Each of these societal organizations has a profound impact on the way therapists practice and provide daily patient care. While the Code and Standards may not provide a definitive answer to
address conflicts created between the individual patient/client level, and the societal level, it is clear that Principle/Standard 8 mandates that therapists consider societal aspects, including the Affordable Care Act directives, when providing patient care.

Even though the Code and Standards may not offer advice to resolve every situation encountered in daily practice, these documents do contain guidance to support therapists in decision-making. Clearly, the primary focus of ethical care is on the patient. However, the needs of the patient must be balanced by the needs of the institution and society. In order to deal with daily ethical concerns, therapists must develop strategies to analyze each situation and deal with competing obligations and conflicts. The following are offered for consideration:

- At the individual level, determine whether the patient’s goals are reasonable.
- Compare your plan of care to the patient’s goals and adhere to your professional judgment to finalize an effective and ethical plan.
- Use patient education and informed consent when developing the plan of care and goals.
- Determine whether institutional pressures or societal mandates are ethical and reasonable in light of a patient situation. Look for equitable solutions when they are not.
- When institutional constraints are based solely on profit and are clearly unethical, have the moral courage to address the ethical concerns and attempt to change those policies.
- Acknowledge competing obligations to patients, institutions, and society.
- Ask yourself if there is any way that you can avoid an ethical conflict between the 3 levels of ethical obligations.
- At the institutional and societal levels, advocate for fair and just policies and reimbursement that allow therapists to use the science that supports our care.
- Collect data to show adverse outcomes when policies constrain the ability to provide adequate or effective care. Examples of outcome data may be calculating the cost of additional, expensive care and surgeries because of delayed care or aborted care related to high co-pays and deductibles: information related to patient inability to return to gainful employment when limited care precludes attaining long term goals: and patient admission to nursing homes/long term care facilities when access to care is limited and functional outcomes allowing these patients to remain in their communities are not achieved. These adverse outcomes directly relate to excessive burden and societal cost.

In conclusion, I challenge every PT and PTA to keep the word, “ethics” in his or her professional vocabulary and to make it a “habit of thought” to consider the ethical implications in every clinical decision.

Members of the PPTA Ethics Committee encourage therapists to take advantage of our services and resources. We are available to provide consultation and guidance on ethical situations. We encourage you to visit the Ethics Committee page on the PPTA website. This page provides links to core ethics documents and to past newsletter articles that offer information on ethical concerns in practice. Consider attending one of our Ethics Committee Continuing Education seminars to fulfill your 2 hour ethics requirement for PT license and PTA certification renewal in PA. These seminars are provided at low or no cost to members at District meetings. A list of approved CE courses will be posted on the web page as dates and locations are confirmed. Finally, we welcome comments on our publications and
presentations, and encourage individuals to make recommendations for topics they would like to see addressed in the future.

**PPTA Ethics Committee:**
Mary Ann Wharton, PT, MS, Chair
Geraldine Grzybek, PT, GCS
Michael Fine, PT, DPT, GCS
Pamela Pologruto, PT
Ann Lowrey, PTA

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