

Position Paper

Physiotherapy Ethical Guidelines Based on UNESCO's Universal Declaration of Bioethics and Human Rights

Webinar Lead and Chair: Prof Russell D'Souza, Head, Asia Pacific Division
Director of Education, UNESCO Chair in Bioethics, Melbourne, Australia

Webinar Co-Chair & Moderator: Prof Mary Mathew, Head, Indian Program of UNESCO
Chair in Bioethics(Haifa), Kasturba Medical College, Manipal, India
Manipal, India.

Webinar Moderator (Chat Box): Prof (Col) Derek D'Souza, Director, National Bioethics
Curriculum Implementation Centre, MIMER Medical College, Talegaon. Pune. Chair 3T
National Training Course, National Training Faculty Bioethics UNESCO India Programme.

Convening Authority:

Prof. Neelam Mishra, Vice Chancellor, KIMS Allied Health Bioethics program, UNESCO Chair
in Bioethics, India

Dr. Poovishnu Devi, Physiotherapy Bioethics Program, UNESCO Chair in Bioethics
India.

Members of the International Physiotherapy Panel, Department of Education UNESCO Chair in Bioethics:

Mariya Jiandani¹, John Stephens², Walid Kamal Abdelbasset³, Naomi Wanjiru Kingau⁴,
Veerragava Perumal⁵, Surangika Imanthi Wadugodapitya⁶,
Saud F Al Subaie⁷, Muhammad Noh Zulfikri Bin Mohd⁸, Tanya Gilmour⁹

¹Head Bioethics Unit & Associate Professor , Physiotherapy School & Centre, Seth GSMC &
KEMH, Mumbai, India.

²Senior Lecturer, Physiotherapy University of Sunderland, UK

³Associate Professor of Physical Therapy, Kasr Al-Aini Hospital, Cairo University, Egypt

⁴Head of Physical Therapy Dept. of Orthopaedics and Rehabilitation, Moi University, East
Africa

⁵Certified Manual Therapist, University of Alberta hospital, Alberta, Canada

⁶Senior Lecturer, Dept. of Physiotherapy, Faculty of Allied Health Sciences, University of
Peradeniya, Sri Lanka

⁷Vice Dean, Dept of Physical Therapy and Health Rehabilitation, Prince Sattam Bin Abdulaziz
University, Al Kharj, Saudi Arabia

⁸HOP, Dept of Physiotherapy, Faculty of Medicine and Health Sciences, UTAR, Malaysia

⁹Senior Physiotherapist, Monash Health, Melbourne, Australia

The Pandemic of COVID 19 brought to the front many a suffering of mankind and ethical issues at large related to beneficence and harm and equity, equality, justice in terms of resource allocation and patient care. As The entire health care community came together in solidarity to serve to combat and fight the pandemic, Physiotherapist formed an equally important and integral part of the team. The International Leaders of Physiotherapy Community present these guidelines which intend to highlight the ethical dimensions and guide ethical behavior as they apply their knowledge, skills and clinical experience to the care of patients and collaborate with other professional colleagues all over the globe.

These guidelines are based on the principles of the Universal Declaration of Bioethics and Human Rights adopted in United Nations at its 33rd General Assembly in 2005. These principles coupled with the discussions and deliberations held at the international webinar on Bioethics and COVID 19 “Ethical Challenges faced by Physiotherapist around the globe” on 6th and 13th September by Department of Education, UNESCO Chair, HAIFA offers a pragmatic lens to view the global pandemic and guide ethical behavior. Though specific aspects may vary based on socio cultural norms, Regulations and law of the land, the core ethical principles need to be largely adhered to while the physiotherapist strive to uphold the standard of care

The following Core Ethical Principles must be considered:

1. **Nonmaleficence:** “First Do No Harm”. Physiotherapists ought to promote and protect decisions and/or actions that will minimize, mitigate, or prevent harm. In absence of a skilled competency as in treating patients the physiotherapist should undergo training to acquire the needed knowledge and skill. ‘Do no harm’ is the key responsibility of the Physiotherapist in all settings and needs to balance rights and duties to protect those in marginalized positions. They should provide appropriate direction and support for less experienced colleagues and support- staff and incorporate safety and risk management strategies within physiotherapy practice to ensure the safety of patient and staff
2. **Beneficence:** “Do Good Always”: It is the intent of striving for net benefit for individual involved. This bond must be founded on professional competency and ethical foundations. The moral choice is what will maximize the chances of effecting the greatest good for the greatest number. Physiotherapist at all times will promote decisions and actions that will help in maximizing the individual’s potential towards improved quality of life and good health and minimize disability. Where need be the greater benefit of community needs to be considered over an individual and health needs of the community should be advocated. Physiotherapists should be able to define scope of practice and maintain professional boundaries while administering care to the patient except in life saving situations.
3. **Human Respect and Dignity:** Physiotherapists ought to promote and protect an individual’s right to dignity at all times. People have a right to life that they can enjoy in best of health and when ill to be treated with care and compassion by the physiotherapist. They have right to access information regarding their treatment and best practices available and the right to make informed decisions. The privacy and confidentiality of patient ought to be protected at all times. The physiotherapist respects the patient’s bodily integrity and mental well being and conducts themselves respectfully towards the patient and family or caregivers
4. **Autonomy:** Intents respect for independence of thought, intention, satisfying the criteria of full disclosure of information, comprehension of the information, and a voluntary decision that is made without undue influence or coercion. Physiotherapist ought to respect and support a person’s right to their own decision making process and choices. Upholding the principle of do no harm if the patients decision is leading to harm, a full disclosure with respect to benefit and harm should be done to the level of understanding of the patient or caregiver to make a final choice. Physiotherapist practices with due care and respect to patient beliefs, family values, culture without imposing their own values and beliefs. A respectful partnership for shared decision-making involving assessment, treatment plan and revisiting goals needs to be established. Where the patient is not in the capacity to make decisions, past wishes if any of the patient should be adhered to. Autonomous decision making may be achieved by an individual alone or by an individual with legal guardians, including community members. The patient holds the ultimate decision regarding their willingness to be engaged in therapeutic modality. Notwithstanding that autonomy, public health priorities and goals must be made clear to the patient in order to preserve the health of the community. Furthermore, there may be occasions where the patient is unresponsive and under the supervision of a caregiver.

5. **Justice:** Justice includes issues of appropriate allocation of the resources at the right time to patients who need care, Health inequities needs to be addressed to avoid unjust and unfair health outcomes. Burdens and benefits must be distributed equally and equitably. Physiotherapists need to seek knowledge about how socio-cultural disparities, economic health, racial discrimination can lead to poor health outcomes. They need to identify the factors that can cause social injustice to marginalized and vulnerable population. They need to be aware of the social determinants of health and promote fairness through the equal and/or equitable distribution of health burdens and benefits. There is a need to deploy the right therapist-patient ratio, with the right qualification and experience to protect and promote patient safety. Equality and equity in all aspects from assessments to therapeutics to ensure fairness should be promoted using a coherent, robust and transparent rationale for resource allocation. They should advocate support of the government bodies, policy makers and health care providers for fair allocation, reduce health disparities and inequalities, and improve access to services
6. **Truthfulness or Veracity:** Intents commitment to openness and honesty. Patient care by the physiotherapist should be based on scientific knowledge and must be conveyed to the patient accurate and relevant information truthfully. Each patient nevertheless must be approached individually, and at a level that addresses appropriately his or her needs and interests. If there are any conflict of interest they should be appropriately declared or minimized. They should be open and honest in case any wrong done during care and treatment and take appropriate steps to correct it.
7. **Solidarity:** It is intents working toward a common social objective to keep people healthy and safe. Physiotherapist acts in solidarity with other professionals to promote health of community or society at large. They should advocate patient and public understanding of the role of physiotherapy. They would collaborate in unison for research, production and accessibility of appropriate therapeutic treatments for the good and safety of all. Relevant data, knowledge and findings should be promptly shared with others in order to prevent and/or reduce harm.

A CALL TO ACTION

Members of the global physiotherapy panel had opportunities to participate in International Webinar on Bioethics and COVID 19 through acts of solidarity and cooperation, by coming together as a community of Physiotherapy practice for the webinar series and through ongoing collaborative work to produce a publication. The Panel discussed challenges, including the inequitable allocation of PPE, Safety, economics, mental health ,governance, education and research

The panel of global physiotherapists, which represents 10 individuals and 10 nations around the world, calls on governments, health care organizations, and other stakeholders to renew their commitments to more fully support Physiotherapist and their essential work with multi-disciplinary teams and an inter professional collaboration across diverse health care practice settings.

The Physiotherapist have been recognized as an essential health care provider and key stakeholder in global health, both during crisis and beyond during this coronavirus/COVID-19 pandemic.

This document presents a call to action and proposes international health care ethics guideline recommendations in response to the COVID-19 pandemic from a global Physiotherapy perspective, in the context of UNESCO's Declaration

The panel members recommend the following "Call to Action" to be implemented and to continue in an ongoing basis:

"Call to Action" Areas of Consideration

1. Protect and Promote Physical and Psychological health & Safety of Physiotherapist working in various areas/environments around the world. Assessment, management, and mitigation of risk in various health care settings

- requires access to up-to-date, comprehensive, and timely information that is delivered via multiple modalities for communication.
2. Rehabilitation providers in all settings should be ensured personal protective equipment and training to use it effectively. Reasonable expectations for health protection and promotion of the many must be measured against legal and human rights of individuals, and through a lens of equity.
 3. Assistance and training in Triaging of various services offered by Physiotherapist involved in different work settings should be encouraged,
 4. Respect and recognize physiotherapist as Key stake holders and support Issues with respect to willingness and consent from Physiotherapist to provide their services
 5. Support and availability of special allowances for special duty, Compensations, leaves and access to protective equipment as for other medical doctors.
 6. Support Leadership opportunities and offer formally designated leadership positions during legislations, public health and health policy development.
 7. Help formulate policies at government and non -government organizations to protect the right of physiotherapist and physiotherapy as profession globally, Physiotherapists must be included in all levels of planning and protocol development, including stewardship and allocation of resources with equality in various health care domains
 8. Ethical decision making can be promoted and enhanced through activities that support physiotherapist as professionals and their personal moral values as individuals and community members. Ethical issues in practice can be addressed with appropriate knowledge sharing and regularly, engaged dialogue with stakeholders who represent diverse perspectives.
 9. National organizations, associations and councils should have an engaged role in supporting research contributions and for the uptake and utilization of evidence-informed findings, engaging all members across all health care sectors to respond in solidarity and cooperation. Such actions recognize and value the importance of global efforts of physiotherapist as community of practice and enhance much needed access to quality information to inform decision making, strengthen human resource skills.
 10. Essentiality of Rehabilitation services needs to be recognized for covid 19 and non covid 19 patients to optimize functioning and reduce disability. Remote delivery of care and virtual rehabilitation needs to be optimised with financial, infrastructure, resource and training. The global barriers to telemedicine which include lack of technical knowledge, resistance to change, cost, and a lack of reimbursement for services provided should be addressed.

REFERENCES

1. <https://unesdoc.unesco.org/ark:/48223/pf0000142825.page=80>
2. Australia: Aotearoa New Zealand Physiotherapy Code of Ethics and Professional Conduct.
3. <https://www.physioboard.org.nz/standards/aotearoa-new-zealand-physiotherapy-code-of-ethics-and-professional-conduct>[last accessed 3 rd March 2021]
4. <https://www.entirelyhealth.com.au/wp-content/uploads/2014/02/APACodeOfConduct.pdf>
5. Canada: Code of ethical Conduct Canada. <https://physiotherapy.ca/cpa-code-ethics>
6. American Physical Therapy Association :Code of ethics for physical therapist. <https://www.apta.org/apta-and-you/leadership-and-governance/policies/code-of-ethics-for-the-physical-therapist>
7. India: Ethical Rules and Guidelines. <https://nimsuniversity.org/wp-content/uploads/2018/05/Code-Physitherapy.pdf>
8. Chartered Society of Physiotherapist: Professional values code. https://www.csp.org.uk/system/files/csp_code_of_professional_values_behaviour_full.pdf

9. World Consideration of Physiotherapy: Ethical Responsibilities of Physiotherapist. https://www.ipcb.pt/sites/default/files/upload/rh/files/concursos/WCPT%20-%20Ethical%20responsibilities%20of%20physical%20therapists_0.pdf
10. Kenya: <https://eacc.go.ke/default/document/code-of-conduct-and-ethics-for-kenya-society-of-physiotherapists/>
11. Srilanka: https://www.med.or.jp/english/pdf/2007_03/255_258.pdf
12. Support for Physiotherapists Needed Now in COVID-19 Response Plan. <https://physiotherapy.ca/call-action-support-physiotherapists-needed-now-covid-19-response-plan>
13. The Pocket Project. (n.d.). Global social witnessing. https://pocketproject.org/global-socialwitnessing/?inf_contact_key=0a2a694a2ad63780e8c38c999156cb5acc0558ed5d4c28cbfab114022b1ec50d
14. United Nations Educational Scientific and Cultural Organization (UNESCO). (2005). Universal declaration of bioethics and human rights. <https://unesdoc.unesco.org/ark:/48223/pf0000142825.page=80>
15. The Impact Of Covid-19 On Fragile Health Systems And Vulnerable Communities, And The Role Of Physiotherapists In The Delivery Of Rehabilitation
16. https://world.physio/sites/default/files/2020-09/COVID-19_Briefing_Paper-5.pdf
17. Physiotherapy services in the face of a pandemic. *Rev. Assoc. Med. Bras* 2020;66(4).
18. Lazzeri, M. How Italian respiratory physiotherapists have faced and are facing the coronavirus disease 2019 pandemic. *Arch Physiother* 2020;10:15.
19. Prvu Bettger J, Thoumi A, Marquovich V, et al COVID-19: maintaining essential rehabilitation services across the care continuum. *BMJ Global Health* 2020;5:e002670
20. <https://physiotherapy.ca/cross-canada-checkup-session-6-ethics-and-equity-and-covid-19-considerations-physiotherapy-april-14>

Acknowledgements: Nil

Funding: Nil

Conflict of interest: Nil