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Etyka zawodowa fizjoterapeuty: pomiędzy sprawiedliwością a troską

Professional ethics of a physiotherapist: between justice and care

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Streszczenie:

Etyka sprawiedliwości i etyka troski odnoszą się do odmiennych płaszczyzn praktyki fizjoterapeutycznej. Zasady sprawiedliwości przede wszystkim określają granice, po przekroczeniu których fizjoterapeuta może wyrządzić krzywdę innym bądź też sobie samemu. Z kolei zasady etyki troski zachęcają do podejmowania odpowiedzialnych działań na rzecz drugiego człowieka oraz samego fizjoterapeuty. Na podstawie etyki sprawiedliwości sformułowano artykuły Kodeksu etycznego fizjoterapeuty RP, które odnoszą się do poszanowania prawa oraz dystrybucji świadczeń fizjoterapeutycznych. Z kolei etyka troski reguluje te jego fragmenty, które zachęcają fizjoterapeutów do podejmowania często „ponadstandardowych” działań na rzecz drugiego człowieka. Celem artykułu jest dokonanie analizy Kodeksu etycznego fizjoterapeuty RP z perspektywy etyki sprawiedliwości i etyki troski.

Słowa kluczowe:

etyka zawodowa fizjoterapeuty, sprawiedliwość, troska

Abstract

The ethics of justice and the ethics of care are concerned with separate areas of physiotherapeutic treatment. The rules of justice first and foremost set the limits beyond which a physiotherapist can hurt others or himself or herself. On the other hand, the principles of the ethics of care encourage him or her to undertake responsible actions for the sake of another person or the physiotherapist himself or herself. The ethics of justice inspired those articles in Kodeks etyczny fizjoterapeuty RP (The Code of Ethics for a Polish Physiotherapist, from here on referred to as The Code) that pertain to the adherence to law and the distribution of physiotherapeutic services. The ethics of care, in turn, governs those fragments which encourage a physiotherapist to undertake more than standard actions for the sake of another person. The goal of the present article is to analyse The Code from the perspective of the ethics of justice and the ethics of care.

Key words:

professional ethics of a physiotherapist, justice, care

Introduction

The existence of a code of ethics for a physiotherapist seems an obvious and justified fact, as the object of the professional activities of a physiotherapist is physical ability and health, which are rudimentary values for the functioning of man. Without them, no individual is able to develop in an optimal way, realising their own needs (interests) and goals. It can also be admitted that the creation of a code of ethics for a physiotherapist was necessary, as it complemented the moral issues mentioned in codes of ethics for other medical professions. It concerns above all the codes of ethics for doctors and for nurses. Thus, the therapeutic activities taking place in health, rehabilitation and caregiving centres were morally regulated. Since that time, both worker and patients of those institutions have had a holistic view of the relations that are accepted in those places, as well as of particular rights and obligations resulting from those relations. While

analysing the contents of The Code [1], one can come to a conclusion that professional duties described there are defined on the basis of two kinds of ethics: the ethics of justice and the ethics of care.

The principles of the ethics of justice and the ethics of care

The ethics of justice has a long history. Its rules were referred to as early as in the ancient times, by both Plato and Aristotle. They understood justice as a virtue, the practicing of which results in both individuals and the society developing towards happiness. Modern followers of this kind of ethics are communitarians, e.g. Alasdair MacIntyre and Michael Walzer. Nevertheless, in modern times we can also find other definitions of justice. Thus, in the utilitarian theory of, for example, John Stuart Mill or Peter Singer, this is considered just which maximises the happiness of a person or the society. However, in the libertarian theory of, for instance, Robert Nozick or Friedrich A. Hayek, justice is understood as respect towards the free choice of individuals. Free choice as a principle of justice is also assumed by the formal theory of, for example, Immanuel Kant or Richard M. Hare. In turn, in the theory of social consensus of, for instance, Jean Jacques Rousseau or John Rawls, justice is defined as common good, constituted by entering into an impartial agreement, according to which particular goods, chances, freedoms and liberties are distributed among the citizens [2, 3].

It is not hard to notice that the principles of the ethics of justice emerged as a consequence of studies on social relations which result in individuals accepting a certain order. This order makes it precise in what way goods establishing social status of individuals should be distributed, and how duties towards themselves, others and the society should be imposed on individuals. As John Rawls claims, the rules of social justice “provide a way of assigning rights and duties in the basic institutions of society and they define the appropriate distribution of the benefits and burdens of social cooperation” [4]. In the institutions that were set up individuals should discern mutual benefits, for the sake of which they decide to adhere to the rules, both formal and informal, functioning in these institutions. The acceptance of those rules thus becomes an impartial criterion of evaluating the attitudes of individuals cooperating within a given institution, such as a family, a school, a hospital, a state.

The ethics of justice ignores interpersonal relationships as a rule, because they manifest subjective feelings which are changeable and thus unimportant in creating objective relations and dependencies in society. Hence the values dominating this kind of ethics are responsibility, tolerance, dignity, respect, etc. Those values are also dominant while defining the notion of a person. Namely, a person is a competent individual, i.e. a rational, self-aware and autonomous individual [5, 6]. Only persons that can be thus defined can be endowed with certain rights and freedoms, the

respecting of which enables their optimal development. However, when the rights and freedoms are not respected, we face the situation of intolerance, lack of respect, discrimination and even extermination.

Modern studies on the ethics of care, in turn, started in the 70s of the twentieth century due to an American psychologist Carol Gilligan [7, 8, 9]. However, no consistent theory of the ethics of care has been worked out until today, as a consequence of which some of the researchers prefer to use the term of “the perspective of care” [9]. The goal of the present article is not the analysis of particular concepts inscribed in this ethics; hence I can pass immediately to its main principles. In the literature concerning this subject three or four stages of the ethics of care are usually mentioned. Gilligan thinks that the first stage is self-care, the second stage is the care for others, and the third stage is the balance between self-care and care for others [7, 8, 9, 11, 12, 13]. Joan Tronto, in turn, in her concept enumerates four stages of the ethics of care, which are: 1) caring as disposition; 2) caring as accepting responsibility; 3) caring as real action; 4) accepting care from others [9, 10].

In the ethics of care it is assumed that moral stances are based first and foremost on interpersonal bonds. Hence they should be shaped by such values as trust, understanding, empathy, care or altruism. Basing on these values, the notion of a person is also defined in a different way than in the ethics of justice. In this definition, the basic notions are the relations with other individuals and the dependence on a spatiotemporal context. All needs of persons result from those relations and dependencies, just like the possibilities of the realisation of those needs. Hence an important role in the ethics of care is played by trust. Namely, persons with different needs are forced to cooperate in concrete place and time, in which they were placed, sometimes against their own will. It can be a family, a school, a company, but also a hospital or a prison. To make this cooperation possible, nevertheless, a trust must exist between persons. Without this value it would be hard to speak about cooperation, because then we would deal with enforcement or subjection. We must remind that the propagators of the ethics of justice in their analyses as a rule ignore trust, as one of subjective factors devoid of a significant influence on the shape of objective social relations. It should also be pointed out that a person in the ethics of care does not need to be rational, self-aware or autonomous, as it is necessary in the ethics of justice. According to the fourth stage of this ethics each individual is capable of accepting the care of other persons and does not need to be aware of this fact. In such situations those needs are described mostly in biomedical context and hence they often are expressed as the capability to feel physical pleasure or minimise pain and suffering, e.g. in patients in the state of permanent loss of consciousness.

Modern researchers stress that the ethics of care does not only regulate interpersonal relationships but also transcends them, regulating relations and dependencies between institutions, as well as between institutions and individuals [13]. Consequently, it constitutes a good basis for formulating codes of ethics for different professions.

The analysis of The Code from the point of view of the ethics of justice

Some of the rules in The Code have been formulated in the spirit of the ethics of justice. These are those that concern, among others, adhering to the legal system in society and distributing services by physiotherapists. Thus, as early as in The Pledge, the authors of The Code enumerate adhering to the law, respecting dignity, and performing services in an honest, i.e. just and responsible way, as values defining ethical framework of the profession of a physiotherapist and moral stances adopted by physiotherapists [14, 15, 16]. It should be pointed out that those values do not exist autonomously, but constitute and complement each other. One cannot act honestly and fairly while not being at the same time responsible [6]. Responsible behaviour, on the other hand, would not be possible without respectful treatment, i.e. treatment taking into account the needs and goals of individuals. Nevertheless, the limits of responsibility are set by justice, both formal and informal, as it is justice that dictates the duties accepted as a responsibility by a physiotherapist [14, 15, 16]. Disregarding those duties is connected with the possibility of being held responsible by colleagues, superiors or law. Thus those values build a network of mutual relations and dependencies which continually complement their content and meaning.

Fair distribution of physiotherapeutic services should be conducted impartially, as is stated in article 10. It means physiotherapists should not take into account any criteria not connected with health and medicine, as taking into account such criteria could lead to intolerance or discrimination. The only thing that should count in the distribution of services is medical diagnosis and the state of health, as is said in article 4. It should, however, be remembered that the state of health is defined not only as the psychophysical condition of the patient, but also his or her social and spiritual state [17].

Another important issue considered by the authors of The Code are the rules of just distribution of information to both patients and society. As far as patients are concerned, the therapy should be conducted in the conditions of full privacy, so that no information about it could become known to people from outside the group concerned with physiotherapy. At the same time patients, if they only demand so, should have unlimited access to information, as only in such a way they could fully partake of the offered therapeutic opportunities, in accordance with articles 13, 14, 15, and 17. Physiotherapists have also a duty to distribute trustworthy information to

society, as stated in article 8. Such attitude seems proper, as thanks to that physiotherapists have an opportunity to work for common good. They share their knowledge and experience, among others, with the workers of institutions responsible for shaping health policy of the society, e.g. such institutions as a government, a local government, or a non-governmental organizations [14]. Naturally they should also engage into building pro-health programs and take part in the realisation of those programs. In return they can count on social respect and support in performing their job in the best possible way, as it is said in articles 19 to 23.

Just and responsible therapeutic treatment should be a result of scientific knowledge and duties imposed on a physiotherapist, in conformity with articles 25, 29 and 30. It means that when a therapy goes beyond such knowledge or duties, the physiotherapist should stop it and direct the patient to an appropriate specialist. A physiotherapist has a right to refuse to undertake a therapy in a situation when he deems it dangerous for health or discordant with accepted ethical norms, as stated in article 31. This rule concerns standard therapies as well as scientific research and experimental therapies, which is said in article 32.

A just and responsible physiotherapist has a duty to adhere to the regulations of the employment legislation and try to achieve a high standard of work. Hence, as a worker, he should have an opportunity of professional development, as well as of deepening his knowledge and raising his qualifications [14]. As an employer, on the other hand, he should ensure such conditions to his employees, which is claimed in articles 36, 47, 70. In the case of any conflicts of interests, physiotherapists should always place at the top the good of man, which is stated in article 3, and the good of the profession of a therapist, in precedence over other activities, e.g. commercial, political or administrative ones, as is said in articles 9, and 48 to 53. They should be also resilient to all pressure from outside therapeutic milieu, which could aim to influence the just and responsible distribution of services.

While running a scientific research and publicising its results, just and responsible physiotherapists should follow ethical and legal rules regulating such activities, such as the ethics of scientific research, or copyright law, in accordance with articles 54 to 64. As far as the relationships among physiotherapists are concerned, they should be based first and foremost on mutual trust, respect, loyalty and solidarity towards the milieu, in conformity with articles 65, 66, 71, and 72 to 74.

The analysis of The Code from the perspective of the ethics of care

In the following part of the article those parts of the Code will be analysed that were formulated on the basis of principles resulting from the ethics of care. Above all it is true about the rule of the self-care, which was described by Gilligan as the first stage of ethical care [11]. Namely, a physiotherapist has a right to have his personal dignity respected and to perform his services in safe conditions, which is stated in articles 23, 24 and 38. Although those issues are addressed in a further part of The Code, they seem vital to perform the job, as they define the limits of responsibility, beyond which a physiotherapist has a right to give up the therapy because he or she is afraid for his own safety, health, life, or the quality of performed services. Nevertheless, only in these three articles the authors directly tell physiotherapists to take care of themselves. In other places of The Code, the main focus is basically on the care for others, which according to Gilligan constitutes the second stage ethical care [11]. Thus a physiotherapist is obliged to put in the first place the good of man, in accordance with article 3. In order for this to be possible, however, this good should first be recognised and researched, in conformity with article 26. In therapeutic context it is done on the basis of medical diagnosis and the state of health of patients. However, as it has been stated above, the concept of health exceeds significantly biomedical criteria, which means that social and cultural factors should also be taken into account. The authors of The Code count as such criteria first and foremost personal dignity, privacy and intimacy, as is stated article 11. It means that if a competent patient decides to give up the therapy, as it infringes on his or her personal dignity, then although from biomedical perspective this decision seems hasty, a caring physiotherapist will respect this decision and will find other ways to work for the patient's good, in accordance with article 16. However, full trust is necessary in this case, as stated in article 11, because it guarantees responsible cooperation directed at realising their own needs by both patients and physiotherapists [14]. It is concerned with proposed by Tronto stages II, III and IV of ethical care [10]. In this context a physiotherapist should also be provided with the best possible working conditions which will enable him to offer good care to his patients, in accordance with article 34. A caring physiotherapist informs his or her patients of the course of the therapy on an ongoing basis, and in the situation when it exceeds his knowledge or competence, helps to access other specialists, in conformity with article 28.

The above mentioned rules resulting from the ethics of care concern also scientific research. Also in this case physiotherapists should have in mind the good of a patient in the first place, and only in further places the good of scientists and their research, as is stated in articles 55 to 60.

Nevertheless, care for the others embraces not only the patients, but also the representatives of the milieu and physiotherapy as profession. A caring physiotherapist looks after his less

experienced or senior colleagues, offering them both professional and organisational support, in accordance with articles 68, 69, and 72. A physiotherapist should also represent his profession in a dignified way, so as to evoke trust and respect in society, in conformity with article 37. For that purpose, he should take care of his or her own health and lifestyle, in order to set an example of appropriate attitudes, which is stated in article 38 (14).

Conclusion

The analysis of The Code conducted in this article shows that the vital core of The Code is constituted by rules resulting from the ethics of justice and the ethics of care. On the basis of the ethics of justice were formulated those articles which concern the adherence to law and the distribution of physiotherapeutic services. The code of ethics should regulate similar issues, as in social practice they are still often ignored. Alicja Przyłuska-Fischer, among others, pointed that out saying that „although in the declarative sphere the dignity of the disabled people is deemed a basic value, in practice still not enough is done to enable them to live in a dignified way. Giving the disabled various rights is not always followed by necessary actions in social policy, which would enable practical realisation of those rights” [17]. However, it should be remembered that the principles of justice regulate not only the situation of the disabled by also the conditions of doing particular jobs. Thus, rights conferred on physiotherapists at the same time impose on them certain duties for which they are responsible to society. A code of ethics defines precisely those rights and duties, enabling physiotherapists to distribute their services in a just way.

The ethics of care, on the other hand, regulates those fragments of The Code which enable physiotherapists to undertake sometimes even „above-standard” actions for the sake of another person. Hence, ethics require that the physiotherapists open to the needs of other people, approach them with sympathy and understanding, as well as stress relational character of the contacts between them. Kazimierz Szewczyk postulates that the therapists should “walk in their patient’s shoes” as only then they will be able to take good care of them [18].

It could be claimed that the ethics of justice and the ethics of care concern different spheres of physiotherapeutic practice. That is why both types of ethics are individually important in physiotherapeutic activity. Nevertheless, they demand that the physiotherapists have specific wisdom which allows them each time to try to answer the question: in what way to approach a patient with maximum care, remaining within boundaries of justice. However, sometimes the answer to this question is impossible because no ethical theory can address all moral dilemmas which physiotherapists can face in their professional practice. For this reason each ethical theory should be treated critically and reasonably, and not as a universal categorical imperative.

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