

## ETHICS - MISSISSIPPI PHYSICAL THERAPY

### GOALS AND OBJECTIVES

#### Course Description

“Ethics – Mississippi Physical Therapy” is a home study continuing education program for MS licensed physical therapists and physical therapist assistants. The course focuses on defining moral, ethical, and legal behavior of physical therapy professionals. The information presented includes the APTA’s Code of Ethics and Guide for Professional Conduct for Physical Therapists and assistants, model for ethical decision making, and hypothetical case analysis.

#### Course Rationale

This course is designed to educate, promote and facilitate ethical and legal behavior by Mississippi licensed physical therapists and physical therapist assistants. It is intended to fulfill the requirements of VII, 7-2(1) of the Mississippi Regulations Governing Licensure of Physical Therapists & Physical Therapist Assistants.

#### Course Goals & Objectives

At the end of this course, the participants will be able to:

1. define the meaning of Ethics and explain the various theories that promote ethical behavior.
2. understand and apply the APTA’s Code of Ethics
3. understand and apply the APTA’s Guide for Conduct of the Physical Therapist
4. understand and apply the APTA’s Standards of Ethical Conduct for the Physical Therapist Assistant
5. understand the ethical decision making model
6. apply the ethical decision making model to clinical situations to determine appropriate professional behavior

**Course Instructor** - Michael Niss, DPT

**Target Audience** - Mississippi licensed physical therapists and physical therapist assistants

**Course Educational Level** - This course is applicable for introductory learners.

**Course Prerequisites** – None

**Criteria for issuance of Continuing Education Credits** - A documented score of 70% or greater on the written post-test.

**Continuing Education Credits** - Two (2) hours of continuing education credit

**Method of Instruction/Availability** – Text-based home study course available continuously via the internet

**Criteria for Issuance of Continuing Education Credits** -  
A documented score of 70% or greater on the written post-test.

#### Determination of Continuing Education Contact Hours

“Ethics – Mississippi Physical Therapy” will require at least 2 hours to complete. This estimate is based on the accepted standard for home study courses of approximately 12 pages of written text (12 pt font) per hour. The complete text of this course is 27 pages (excluding Bibliography and Post Test)

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## Ethics Overview

The word “ethics” is derived from the Greek word *ethos* (character), and from the Latin word *mores* (customs). Together, they combine to define how individuals choose to interact with one another. In philosophy, ethics defines what is good for the individual and for society and establishes the nature of duties that people owe themselves and one another. Ethics is also a field of human inquiry (“science” according to some definitions) that examines the bases of human goals and the foundations of “right” and “wrong” human actions that further or hinder these goals.

### Why Ethics are Important

Ethics are important on several levels.

- People feel better about themselves and their profession when they work in an ethical manner.
- Professions recognize that their credibility rests not only on technical competence, but also on public trust.
- At the organizational level, ethics is good business. Several studies have shown that over the long run ethical businesses perform better than unethical businesses.

### Ethics vs. Morals

Although the terms “ethics” and “morals” are often used interchangeably, they are not identical. Morals usually refer to practices; ethics refers to the rationale that may or may not support such practices. Morals refer to actions, ethics to the reasoning behind such actions. Ethics is an examined and carefully considered structure that includes both practice and theory. Morals include ethically examined practices, but may also include practices that have not been ethically analyzed, such as social customs, emotional responses to breaches of socially accepted practices and social prejudices. Ethics is usually at a higher intellectual level, more universal, and more dispassionate than morals. Some philosophers, however, use the term “morals” to describe a publicly agreed-upon set of rules for responding to ethical problems.

### Ethical Questions

Ethical questions involve 1) responsibilities to the welfare of others or to the human community; or 2) conflicts among loyalties to different persons or groups, among responsibilities associated with one’s role (e.g. as consumer or provider), or among principles. Ethical questions include (or imply) the words “ought” or “should”.

## Ethics Theories

Throughout history, mankind has attempted to determine the philosophical basis from which to define right and wrong. Here are some of the more commonly accepted theories that have been proposed.

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### **Utilitarianism**

This philosophical theory develops from the work of Jeremy Bentham and John Stewart Mill. Simply put, utilitarianism is the theory that right and wrong is determined by the consequences. The basic tool of measurement is pleasure (Bentham) or happiness (Mill). A morally correct rule was the one that provided the greatest good to the greatest number of people.

### **Social Contract Theory**

Social contract theory is attributed to Thomas Hobbes, John Locke, and from the twentieth century, John Rawls. Social contract theories believe that the moral code is created by the people who form societies. These people come together to create society for the purpose of protection and gaining other benefits of social cooperation. These persons agree to regulate and restrict their conduct to achieve this end.

Thomas Hobbes – Hobbes believed that people were by nature self-interested. Prior to the creation of society, these people live in the state of nature which is a state of war. Every person is out for their own purposes and good. There is no morality in the state of nature. Everyone in the state of nature has the right of nature in which nothing is prohibited which promotes your self-interest. Furthermore there is a law of nature which states that all people act to preserve their own lives, therefore, it is acceptable to do whatever is necessary to protect and defend their lives. This is why the first law of nature is to leave the state of nature. The drive for self-preservation dictates that persons need social relationships for the purpose of protection. Rationally self-interested individuals realize that they are more likely to be able to sustain and protect themselves if they have arrangements with other individuals with whom they agree to share goods, as well as cooperate and defend one another. So these people give up their right of nature to establish society. Then they establish a sovereign who establishes the rules governing conduct, making sure everyone abides by their agreements, and enforces the rules and agreements so that everyone is able to live in peace.

John Rawls – Rawls' theory is more of a hypothetical contract than Hobbes' theory. Rawls believes, like Hobbes, that people are rationally, self-interested. Additionally, persons are moral in that they have a sense of justice which is akin to Hume's notion of "fellow-feeling." This sense is like an additional sense to taste, touch, smell, etc. It allows persons to have a capacity of intuition regarding moral principles and the ability to analyze and understand them. It allows people to affirm and maintain relationships of love and friendship, further binding people to duties that arise from social/political relationships. By being rational, the persons have conceptions of their own good; they know what they need for their own life based on their own abilities, interests, and desires. These persons enter the original position which is analogous to Hobbes' state of nature being the situation prior to the creation of society. However, these persons are behind a

veil of ignorance which blinds them to the specific details of their selves, who they are, what their rational plans of life are, what their condition of life is. All the persons in the original position behind the veil of ignorance know is general information about life itself. Not knowing the specifics of their conditions, persons then can deliberate about the principles which will govern their society. Rawls believes that all rational self-interested persons will come to the same two general principles, the principles of justice: (1) that all persons should have the same rights and liberties compatible with the rights and liberties of others; (2) that whatever social and economic inequalities there are should be the advantage of those who may be disadvantaged by them, and that all positions and offices should be available to everyone.

### **Deontological or Duty Theory**

Under this theory you determine if an act or rule is morally right or wrong if it meets a moral standard. The morally important thing is not consequences but the way choosers think while they make choices. One famous philosopher who developed such a theory was Immanuel Kant (1724-1804).

### **Ethical Intuitionism**

Under this view an act or rule is determined to be right or wrong by appeal to the common intuition of a person. This intuition is sometimes referred to as your conscience. Anyone with a normal conscience will know that it is wrong to kill an innocent person.

### **Ethical Egoism**

This view is based on the theory that each person should do whatever promotes their own best interests; this becomes the basis for moral choices.

### **Natural Law Theory**

This is a moral theory which claims that just as there are physical laws of nature, there are moral laws of nature that are discoverable. This theory is largely associated with Aristotle and Thomas Aquinas, who advocated that each thing has its own inherent nature, i.e. characteristic ways of behavior that belong to all members of its species and are appropriate to it. This nature determines what is good or bad for that thing. In the case of human beings, the moral laws of nature stem from our unique capacity for reason. When we act against our own reason, we are violating our nature, and therefore acting immorally.

### **Virtue Ethics**

This ethics theory proposes that ethical behavior is a result of developed or inherent character traits or virtues. A person will do what is morally right because they are a virtuous person. Aristotle (384-322 B.C.) was a famous exponent of this view. Aristotle felt that virtue ethics was the way to attain true happiness. These are some of the commonly accepted virtues.

**Autonomy:** the duty to maximize the individual's right to make his or her own decisions.

**Beneficence:** the duty to do good.

**Confidentiality:** the duty to respect privacy of information.

**Finality:** the duty to take action that may override the demands of law, religion, and social customs.

**Justice:** the duty to treat all fairly, distributing the risks and benefits equally.

**Nonmaleficence:** the duty to cause no harm.

**Understanding/Tolerance:** the duty to understand and to accept other viewpoints if reason dictates.

**Respect for persons:** the duty to honor others, their rights, and their responsibilities.

**Universality:** the duty to take actions that hold for everyone, regardless of time, place, or people involved.

**Veracity:** the duty to tell the truth.

### **Model for Ethical Decision Making**

The foundation for making proper ethical decisions is rooted in an individual's ability to answer several fundamental questions concerning their actions.

#### **1. Is it legal?**

Weighing the legality of one's actions is a prudent way to begin the decision-making process. The laws of a geographic region are a written code of that region's accepted rules of conduct. This code of conduct usually defines clearly which actions are considered acceptable and which actions are unacceptable. However, a legitimate argument can be made that sometimes what is legal is not always moral, and that sometimes what is moral is not always legal. This idea is easily demonstrated by the following situation.

It is illegal for a pedestrian to cross a busy street anywhere other than at the designated crosswalk (jaywalking). A man is walking down a street and sees someone fall and injure themselves on the other side of the street. He immediately crosses the street outside of the crosswalk to attend to the injured person. Are his actions legal? Are they moral? What if by stepping into the street he causes a car to swerve and to strike another vehicle?

Admittedly, with the exception of policemen and attorneys, most people do not know all of the specific laws that govern their lives. However, it is assumed that most people are familiar with the fundamental virtues from which these laws are based, and that they will live their lives in accordance with these virtues.

**2. Is there an established standard?**

Professional ethical behavior as it is defined in this context relates to actions that are consistent with the normative standards established or practiced by others in the same profession. For physical therapists and physical therapist assistants, these ethical standards are documented in the APTA's Code of Ethics. All PT's and PTA's, even those who are not members of the APTA, are bound to these guidelines. This is because The APTA Code of Ethics is the accepted and de facto standard of practice throughout the profession.

**3. Is it fair?**

I think most people would agree that the concept of fairness is often highly subjective. However, for these purposes, we will define fairness as meaning deserved, equitable and unbiased. Fairness requires the decision-maker to have a complete understanding of benefits and liabilities to all parties affected by the decision. Decisions that result in capricious harm or arbitrary benefit cannot be considered fair. The goal of every decision should be an outcome of relative equity that reflects insightful thought and soundness of intent.

**4. Would you want others to know of your decision?**

This question presents as a true reflection of the other three. Legal, ethical, and fair are defined quite differently by most people when judged in the comfort of anonymity versus when it is examined before the forum of public opinion. Most often it is the incorrect assumption that "no one will ever find out about this" that leads people to commit acts of impropriety. How would your decisions change, if prior to taking any actions, you assumed just the opposite; "other people will definitely know what I have done". One sure sign of a poor decision is debating the possible exposure of an action instead of examining the appropriateness of it.

## **APTA Code of Ethics**

### **Preamble**

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.

**Principle 1**

A physical therapist shall respect the rights and dignity of all individuals and shall provide compassionate care.

**Principle 2**

A physical therapist shall act in a trustworthy manner towards patients/clients, and in all other aspects of physical therapy practice.

**Principle 3**

A physical therapist shall comply with laws and regulations governing physical therapy and shall strive to effect changes that benefit patients/clients.

**Principle 4**

A physical therapist shall exercise sound professional judgment.

**Principle 5**

A physical therapist shall achieve and maintain professional competence.

**Principle 6**

A physical therapist shall maintain and promote high standards for physical therapy practice, education and research.

**Principle 7**

A physical therapist shall seek only such remuneration as is deserved and reasonable for physical therapy services.

**Principle 8**

A physical therapist shall provide and make available accurate and relevant information to patients/clients about their care and to the public about physical therapy services.

**Principle 9**

A physical therapist shall protect the public and the profession from unethical, incompetent, and illegal acts.

**Principle 10**

A physical therapist shall endeavor to address the health needs of society.

**Principle 11**

A physical therapist shall respect the rights, knowledge, and skills of colleagues and other health care professionals.

**The Guide for Professional Conduct**

**Purpose**

This *Guide for Professional Conduct* is intended to serve physical therapists in interpreting the *Code of Ethics* of the American Physical Therapy Association, in matters of professional conduct. The Guide provides guidelines by which physical therapists may determine the propriety of their conduct. It is also intended to guide the professional development of physical therapist students. The Code and the Guide apply to all physical therapists. These guidelines are subject to changes as the dynamics of the profession change and as new

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patterns of health care delivery are developed and accepted by the professional community and the public.

### **Interpreting Ethical Principles**

The interpretations expressed in this Guide reflect the opinions, decisions, and advice of the Ethics and Judicial Committee of the APTA. These interpretations are intended to assist a physical therapist in applying general ethical principles to specific situations. They should not be considered inclusive of all situations that could evolve.

## **Guide for Conduct of the Physical Therapist**

### **Principle 1**

A physical therapist shall respect the rights and dignity of all individuals and shall provide compassionate care.

#### **1.1 Attitudes of a Physical Therapist**

- A. A physical therapist shall recognize individual differences and shall respect and be responsive to those differences.
- B. A physical therapist shall be guided by concern for the physical, psychological, and socioeconomic welfare of patients/clients.
- C. A physical therapist shall not harass, abuse, or discriminate against others.
- D. A physical therapist shall be aware of the patient's health-related needs and act in a manner that facilitates meeting those needs.

### **Principle 2**

A physical therapist shall act in a trustworthy manner towards patients/clients, and in all other aspects of physical therapy practice.

#### **2.1 Patient/Physical Therapist Relationship**

- A. To act in a trustworthy manner the physical therapist shall act in the patient/client's best interest. Working in the patient/client's best interest requires knowledge of the patient/client's needs from the patient/client's perspective. Patients/clients often come to the physical therapist in a vulnerable state and normally will rely on the physical therapist's advice, which they perceive to be based on superior knowledge, skill, and experience. The trustworthy physical therapist acts to ameliorate the patient's/client's vulnerability, not to exploit it.
- B. A physical therapist shall not exploit any aspect of the physical therapist/patient relationship.
- C. A physical therapist shall not engage in any sexual relationship or activity, whether consensual or nonconsensual, with any patient while a physical therapist/patient relationship exists.

- D. The physical therapist shall create an environment that encourages an open dialogue with the patient/client.
- E. In the event the physical therapist or patient terminates the physical therapist/patient relationship while the patient continues to need physical therapy services, the physical therapist should take steps to transfer the care of the patient to another provider.

## **2.2 Truthfulness**

A physical therapist shall not make statements that he/she knows or should know are false, deceptive, fraudulent, or unfair. See Section 8.2.D.

## **2.3 Confidential Information**

- A. Information relating to the physical therapist/patient relationship is confidential and may not be communicated to a third party not involved in that patient's care without the prior consent of the patient, subject to applicable law.
- B. Information derived from peer review shall be held confidential by the reviewer unless the physical therapist who was reviewed consents to the release of the information.
- C. A physical therapist may disclose information to appropriate authorities when it is necessary to protect the welfare of an individual or the community or when required by law. Such disclosure shall be in accordance with applicable law.

## **2.4 Patient Autonomy and Consent**

- A. A physical therapist shall not restrict patients' freedom to select their provider of physical therapy.
- B. A physical therapist shall communicate to the patient/client the findings of his/her examination, evaluation, diagnosis, and prognosis.
- C. A physical therapist shall collaborate with the patient/client to establish the goals of treatment and the plan of care.
- D. A physical therapist shall inform the patient/client of the benefits, costs, and substantial risks (if any) of the recommended intervention and treatment alternatives.
- E. A physical therapist shall respect the patient's/client's right to make decisions regarding the recommended plan of care, including consent, modification, or refusal.

## **Principle 3**

A physical therapist shall comply with laws and regulations governing physical therapy and shall strive to effect changes that benefit patients/clients.

### **3.1 Professional Practice**

A physical therapist shall provide examination, evaluation, diagnosis, prognosis, and intervention. A physical therapist shall not engage in any unlawful activity that substantially relates to the qualifications, functions, or duties of a physical therapist.

### **3.2 Just Laws and Regulations**

A physical therapist shall advocate the adoption of laws, regulations, and policies by providers, employers, third party payers, legislatures, and regulatory agencies to provide and improve access to necessary health care services for all individuals.

### **3.3 Unjust Laws and Regulations**

A physical therapist shall endeavor to change unjust laws, regulations, and policies that govern the practice of physical therapy. See Section 10.2.

## **Principle 4**

A physical therapist shall exercise sound professional judgment.

### **4.1 Professional Responsibility**

A. A physical therapist shall make professional judgments that are in the patient/client's best interests.

B. Regardless of practice setting, a physical therapist has primary responsibility for the physical therapy care of a patient and shall make independent judgments regarding that care consistent with accepted professional standards. See Section 2.4.

C. A physical therapist shall not provide physical therapy services to a patient/client while his/her ability to do so safely is impaired.

D. A physical therapist shall exercise sound professional judgment based upon his/her knowledge, skill, education, training, and experience.

E. Upon accepting a patient/client for physical therapy services, a physical therapist shall be responsible for: the examination, evaluation, and diagnosis of that individual; the prognosis and intervention; re-examination and modification of the plan of care; and the maintenance of adequate records, including progress reports. A physical therapist shall establish the plan of care and shall provide and/or supervise and direct the appropriate interventions. See Section 2.4.

F. If the diagnostic process reveals findings that are outside the scope of the physical therapist's knowledge, experience, or expertise, the physical therapist shall so inform the patient/client and refer to an appropriate practitioner.

G. When the patient has been referred from another practitioner, the physical therapist shall communicate the findings of the examination and evaluation, the diagnosis, the proposed intervention, and re-examination findings (as indicated) to the referring practitioner.

H. A physical therapist shall determine when a patient/client will no longer benefit from physical therapy services.

#### **4.2 Direction and Supervision**

A. The supervising physical therapist has primary responsibility for the physical therapy care rendered to a patient/client.

B. A physical therapist shall not delegate to a less qualified person any activity that requires the unique skill, knowledge, and judgment of the physical therapist.

#### **4.3 Practice Arrangements**

A. Participation in a business, partnership, corporation, or other entity does not exempt physical therapists, whether employers, partners, or stockholders, either individually or collectively, from the obligation to promote, maintain and comply with the ethical principles of the Association.

B. A physical therapist shall advise his/her employer(s) of any employer practice that causes a physical therapist to be in conflict with the ethical principles of the Association. A physical therapist shall seek to eliminate aspects of his/her employment that are in conflict with the ethical principles of the Association.

#### **4.4 Gifts and Other Consideration**

A physical therapist shall not accept or offer gifts or other considerations that affect or give an appearance of affecting his/her professional judgment.

### **Principle 5**

A physical therapist shall achieve and maintain professional competence.

#### **5.1 Scope of Competence**

A physical therapist shall practice within the scope of his/her competence and commensurate with his/her level of education, training and experience.

#### **5.2 Self-assessment**

A physical therapist shall engage in self-assessment, which is a lifelong professional responsibility for maintaining competence.

### **5.3 Professional Development**

A physical therapist shall participate in educational activities that enhance his/her basic knowledge and skills.

### **Principle 6**

A physical therapist shall maintain and promote high standards for physical therapy practice, education and research.

#### **6.1 Professional Standards**

A physical therapist shall know the accepted professional standards when engaging in physical therapy practice, education and/or research. A physical therapist shall continuously engage in assessment activities to determine compliance with these standards. If a physical therapist is not in compliance with these standards, he/she shall engage in activities designed to reach compliance with the standards. When a physical therapist is in compliance with these standards, he/she shall engage in activities designed to maintain such compliance.

#### **6.2 Practice**

- A. A physical therapist shall achieve and maintain professional competence. See Section 5.
- B. A physical therapist shall demonstrate his/her commitment to quality improvement by engaging in peer and utilization review and other self-assessment activities.

#### **6.3 Professional Education**

- A. A physical therapist shall support high-quality education in academic and clinical settings.
- B. A physical therapist participating in the educational process is responsible to the students, the academic institutions, and the clinical settings for promoting ethical conduct. A physical therapist shall model ethical behavior and provide the student with information about the Code of Ethics, opportunities to discuss ethical conflicts, and procedures for reporting unresolved ethical conflicts. See Section 9.

#### **6.4 Continuing Education**

- A. A physical therapist providing continuing education must be competent in the content area.
- B. When a physical therapist provides continuing education, he/she shall ensure that course content, objectives, faculty credentials, and responsibilities of the instructional staff are accurately stated in the promotional and instructional course materials.

C. A physical therapist shall evaluate the efficacy and effectiveness of information and techniques presented in continuing education programs before integrating them into his or her practice.

### **6.5 Research**

A. A physical therapist shall support research activities that contribute knowledge for improved patient care.

B. A physical therapist shall report to appropriate authorities any acts in the conduct or presentation of research that appear unethical or illegal. See Section 9.

### **Principle 7**

A physical therapist shall seek only such remuneration as is deserved and reasonable for physical therapy services.

### **7.1 Business and Employment Practices**

A. A physical therapist's business/employment practices shall be consistent with the ethical principles of the Association.

B. A physical therapist shall never place her/his own financial interest above the welfare of individuals under his/her care.

C. A physical therapist shall recognize that third-party payer contracts may limit, in one form or another, the provision of physical therapy services. Third-party limitations do not absolve the physical therapist from making sound professional judgments that are in the patient's best interest. A physical therapist shall avoid underutilization of physical therapy services.

D. When a physical therapist's judgment is that a patient will receive negligible benefit from physical therapy services, the physical therapist shall not provide or continue to provide such services if the primary reason for doing so is to further the financial self-interest of the physical therapist or his/her employer. A physical therapist shall avoid overutilization of physical therapy services.

E. Fees for physical therapy services should be reasonable for the service performed, considering the setting in which it is provided, practice costs in the geographic area, judgment of other organizations, and other relevant factors.

F. A physical therapist shall not directly or indirectly request, receive, or participate in the dividing, transferring, assigning, or rebating of an unearned fee.

G. A physical therapist shall not profit by means of a credit or other valuable consideration, such as an unearned commission, discount, or gratuity, in connection with the furnishing of physical therapy services.

H. Unless laws impose restrictions to the contrary, physical therapists who provide physical therapy services within a business entity may pool fees and monies received. Physical therapists may

divide or apportion these fees and monies in accordance with the business agreement.

I. A physical therapist may enter into agreements with organizations to provide physical therapy services if such agreements do not violate the ethical principles of the Association or applicable laws.

## **7.2 Endorsement of Products or Services**

A. A physical therapist shall not exert influence on individuals under his/her care or their families to use products or services based on the direct or indirect financial interest of the physical therapist in such products or services. Realizing that these individuals will normally rely on the physical therapist's advice, their best interest must always be maintained, as must their right of free choice relating to the use of any product or service. Although it cannot be considered unethical for physical therapists to own or have a financial interest in the production, sale, or distribution of products/services, they must act in accordance with law and make full disclosure of their interest whenever individuals under their care use such products/services.

B. A physical therapist may receive remuneration for endorsement or advertisement of products or services to the public, physical therapists, or other health professionals provided he/she discloses any financial interest in the production, sale, or distribution of said products or services.

C. When endorsing or advertising products or services, a physical therapist shall use sound professional judgment and shall not give the appearance of Association endorsement unless the Association has formally endorsed the products or services.

## **7.3 Disclosure**

A physical therapist shall disclose to the patient if the referring practitioner derives compensation from the provision of physical therapy.

## **Principle 8**

A physical therapist shall provide and make available accurate and relevant information to patients/clients about their care and to the public about physical therapy services.

### **8.1 Accurate and Relevant Information to the Patient**

A. A physical therapist shall provide the patient/client information about his/her condition and plan of care. See Section 2.4.

B. Upon the request of the patient, the physical therapist shall provide, or make available, the medical record to the patient or a patient-designated third party.

C. A physical therapist shall inform patients of any known financial limitations that may affect their care.

D. A physical therapist shall inform the patient when, in his/her judgment, the patient will receive negligible benefit from further care. See Section 7.1.C.

### **8.2 Accurate and Relevant Information to the Public**

A. A physical therapist shall inform the public about the societal benefits of the profession and who is qualified to provide physical therapy services.

B. Information given to the public shall emphasize that individual problems cannot be treated without individualized examination and plans/programs of care.

C. A physical therapist may advertise his/her services to the public.

D. A physical therapist shall not use, or participate in the use of, any form of communication containing a false, plagiarized, fraudulent, deceptive, unfair, or sensational statement or claim.

E. A physical therapist who places a paid advertisement shall identify it as such unless it is apparent from the context that it is a paid advertisement.

### **Principle 9**

A physical therapist shall protect the public and the profession from unethical, incompetent, and illegal acts.

### **9.1 Consumer Protection**

A. A physical therapist shall provide care that is within the scope of practice as defined by the state practice act.

B. A physical therapist shall not engage in any conduct that is unethical, incompetent or illegal.

C. A physical therapist shall report any conduct that appears to be unethical, incompetent, or illegal.

D. A physical therapist may not participate in any arrangements in which patients are exploited due to the referring sources' enhancing their personal incomes as a result of referring for, prescribing, or recommending physical therapy.

### **Principle 10**

A physical therapist shall endeavor to address the health needs of society.

### **10.1 Pro Bono Service**

A physical therapist shall render pro bono publico (reduced or no fee) services to patients lacking the ability to pay for services, as each physical therapist's practice permits.

## **10.2 Community Health**

A physical therapist shall endeavor to support activities that benefit the health status of the community. See Section 3.

## **Principle 11**

A physical therapist shall respect the rights, knowledge, and skills of colleagues and other healthcare professionals.

### **11.1 Consultation**

A physical therapist shall seek consultation whenever the welfare of the patient will be safeguarded or advanced by consulting those who have special skills, knowledge, and experience.

### **11.2 Patient/Provider Relationships**

A physical therapist shall not undermine the relationship(s) between his/her patient and other healthcare professionals.

### **11.3 Disparagement**

Physical therapists shall not disparage colleagues and other health care professionals. See Section 9 and Section 2.4.A.

## **Standards of Ethical Conduct for the Physical Therapist Assistant**

### **Standard 1**

A physical therapist assistant shall respect the rights and dignity of all individuals and shall provide compassionate care.

#### **1.1 Attitude of a physical therapist assistant**

A. A physical therapist assistant shall demonstrate sensitivity to individual and cultural differences.

B. A physical therapist assistant shall be guided at all times by concern for the physical and psychological welfare of patients/clients.

C. A physical therapist assistant shall not harass, abuse, or discriminate against others.

### **Standard 2**

A physical therapist assistant shall act in a trustworthy manner towards patients/clients.

#### **2.1 Trustworthiness**

A. To act in a trustworthy manner a physical therapist assistant shall act in the patient's/client's best interest. Working in the patient's/client's best interest requires sensitivity to the

- patient's/client's vulnerability and an effective working relationship between the physical therapist and the physical therapist assistant.
- B. A physical therapist assistant shall act to ameliorate the patient's/client's vulnerability, not to exploit it.
  - C. A physical therapist assistant shall clearly identify him/herself as a physical therapist assistant to patients/clients.
  - D. A physical therapist assistant shall conduct him/herself in a manner that supports the physical therapist/patient relationship.
  - E. A physical therapist assistant shall not engage in any sexual relationship or activity, whether consensual or nonconsensual, with any patient entrusted to his/her care.
  - F. A physical therapist assistant shall not invite, accept, or offer gifts or other considerations that affect or give an appearance of affecting his/her provision of physical therapy interventions.

## **2.2 Exploitation of Patients**

A physical therapist assistant shall not participate in any arrangements in which patients/clients are exploited. Such arrangements include situations where referring sources enhance their personal incomes as a result of referring for, delegating, prescribing, or recommending physical therapy services.

## **2.3 Truthfulness**

- A. A physical therapist assistant shall not make statements that he/she knows or should know are false, deceptive, fraudulent, or unfair.
- B. Although it cannot be considered unethical for a physical therapist assistant to own or have a financial interest in the production, sale, or distribution of products/services, he/she must act in accordance with law and make full disclosure of his/her interest to patients/clients.

## **2.4 Confidential Information**

- A. Information relating to the patient/client is confidential and may not be communicated to a third party not involved in that patient's care without the prior consent of the patient, subject to applicable law.
- B. A physical therapist assistant shall refer all requests for release of confidential information to the supervising physical therapist.

## **Standard 3**

A physical therapist assistant shall provide selected physical therapy interventions only under the supervision and direction of a physical therapist.

### **3.1 Supervisory Relationship**

A. A physical therapist assistant shall provide services only under the supervision and direction of a physical therapist.

B. A physical therapist assistant shall provide only those physical therapy interventions that have been selected by the physical therapist.

C. A physical therapist assistant shall not carry out any selected physical therapy interventions that are outside his/her education, training, experience, or skill and shall notify the physical therapist.

D. A physical therapist assistant may adjust specific interventions within the plan of care established by the physical therapist in response to changes in the patient's/client's status.

E. A physical therapist assistant shall not perform examinations or evaluations, interpret data, determine diagnosis or prognosis, or establish or alter a plan of care.

F. Consistent with the physical therapist assistant's education, training, knowledge, and experience, he/she may respond to the patient's/client's inquiries regarding interventions that are within the established plan of care.

G. A physical therapist assistant shall have regular and ongoing communication with the physical therapist regarding the patient's/client's status.

### **Standard 4**

A physical therapist assistant shall comply with laws and regulations governing physical therapy.

#### **4.1 Supervision**

A physical therapist assistant shall know and comply with applicable law. Regardless of the content of any law, a physical therapist assistant shall provide services only under the supervision and direction of a physical therapist.

#### **4.2 Representation**

A physical therapist assistant shall not hold him/herself out as a physical therapist.

### **Standard 5**

A physical therapist assistant shall achieve and maintain competence in the provision of selected physical therapy interventions.

#### **5.1 Competence**

A physical therapist assistant shall provide interventions consistent with his/her level of education, training, experience, and skill.

### **5.2 Self-assessment**

A physical therapist assistant shall engage in self-assessment in order to maintain competence.

### **5.3 Development**

A physical therapist assistant shall participate in educational activities that enhance his/her basic knowledge and skills.

## **Standard 6**

A physical therapist assistant shall make judgments that are commensurate with their educational and legal qualifications as a physical therapist assistant.

### **6.1 Patient Safety**

A. A physical therapist assistant shall discontinue immediately any components of interventions that, in his/her judgment, appear to be harmful to the patient and shall discuss his/her concerns with the physical therapist.

B. A physical therapist assistant shall not carry out any selected physical therapy interventions that are outside his/her education, training, experience, or skill and shall notify the physical therapist.

C. A physical therapist assistant shall not perform interventions while his/her ability to do so safely is impaired.

### **6.2 Patient Status Judgments**

A physical therapist assistant participates in patient status judgments by reporting changes to the physical therapist and requesting patient re-examination or revision of the plan of care. See Section 3.1.

### **6.3 Gifts and Other Considerations**

A physical therapist assistant shall not invite, accept, or offer gifts or other considerations that affect or give the appearance of affecting his/her provision of physical therapy interventions or that exploit the patient in any way. See Section 2.1(B).

## **Standard 7**

**A physical therapist assistant shall protect the public and the profession from unethical, incompetent, and illegal acts.**

### **7.1 Consumer Protection**

A physical therapist assistant shall report any conduct that appears to be unethical or illegal.

### **7.2 Organizational Employment**

A. A physical therapist assistant shall inform his/her employer(s) and/or appropriate physical therapist of any employer practice that

causes him or her to be in conflict with the Standards of Ethical Conduct for the Physical Therapist Assistant.

B. A physical therapist assistant shall not engage in any activity that puts him or her in conflict with the Standards of Ethical Conduct for the Physical Therapist Assistant, regardless of directives from a physical therapist or employer.

## Ethics Case Analysis

### Case Study #1 - Confidentiality

*John Jones PT, Sue Brown (therapy receptionist), and Mary Smith (managed care contracting), are in a private PT office discussing the fact that they are treating Biff Simpson, a star NFL quarterback. John says, "I can't believe that I'm actually treating Biff Simpson." Mary asks, "How bad do you think his injury is?" John replies, "I saw his MRI report, it looks like he is going to need surgery."*

*Is this a breach in confidentiality?*

The information contained in each patient's medical record must be safeguarded against disclosure or exposure to nonproprietary individuals. The right to know any medical information about another is always predicated on a sound demonstration of need. Frequently, many individuals require access to information contained in a patient's medical record. Their right to access this information is limited to only that information which is deemed necessary for them perform their job in a safe, effective, and responsible manner.

The first questions we must ask are "What information is being disclosed and do the three individuals engaged in the conversation have a need to know this information?"

John's first statement discloses the name of person receiving care, and his second statement reveals private patient medical information. Certainly, as the primary therapist, John would need to know the patient's name and therapy related diagnosis in order to provide care. Sue, the receptionist, may also need this information to schedule appointments and perform other essential clerical tasks. Mary, whose job it is to contract with managed care organizations, most likely has no compelling reason to know either the patient's identity or any of his medical information. Therefore, the disclosure to Mary of the patient's identity and medical information is a breach of patient confidentiality. (APTA's Guide for Professional Conduct, Principle 2.3)

## Case Study #2 – Qualifications of Practice

*You work in very busy outpatient rehab clinic. One of your coworkers is a physical therapy aide who has worked in rehabilitation for more than 20 years. Frequently, she is called upon to perform treatments that should be done by a PT or PTA. The patients always give her compliments, and frequently request her to treat them. She demonstrates exceptional skills and achieves outstanding outcomes.*

*Is the clinic providing ethical care to its patients?*

The practice of physical therapy is closely regulated throughout the United States. Each state, through legislation, establishes minimal licensure and practice standards. This is done to protect the general public against fraud and substandard care by under-qualified practitioners. It is each physical therapist's responsibility to adhere to the standards of care and licensure requirements specific to the state in which they practice. The therapist must also ensure that all care provided not directly by them, but under their supervision, also meets these standards.

In this situation, the aide's abilities and outcomes are considered irrelevant. The key sentence in the paragraph is: "perform treatments that should be done by a PT or PTA.". The "should" in this case must not be interpreted as merely a casual suggestion but rather a legal definition regulated by the state's Physical Therapy Practice Act. Any treatment or procedure that **should** be performed by a licensed professional **must** be performed by a licensed professional. (*APTA's Guide for Professional Conduct, Principle 4.2.B*)

## Case Study #3 – Informed Consent

*Sam is a PT who has just received orders to begin ambulation with a 75-year-old woman who is s/p right hip ORIF. He goes to her hospital room to evaluate her and begin ambulation. She says she does not want therapy today because she is in too much pain. Sam explains to her that the doctor has left orders for her to begin walking. The patient refuses. Sam leaves and returns the next day to try again. Again, she declines treatment and he leaves.*

*Under the guidelines of informed consent, were the therapist's actions adequate?*

Informed consent is the process by which a fully informed patient can participate in choices about their health care. It originates from the legal and ethical right the patient has to direct what happens to their body and

from the ethical duty of the therapist to involve the patient in her health care.

The most important goal of informed consent is that the patient has an opportunity to be an informed participant in their health care decisions. It is generally accepted that complete informed consent includes a discussion of the following elements:

- the nature of the decision/procedure
- reasonable alternatives to the proposed intervention
- the relevant risks, benefits, and uncertainties related to each alternative
- the consequences on non-treatment
- the goals of treatment
- the prognosis for achieving the goals
- assessment of patient understanding
- the acceptance of the intervention by the patient

In order for the patient's consent to be valid, they must be considered competent to make the decision at hand and their consent must be voluntary. It is easy for coercive situations to arise in medicine. Patients often feel powerless and vulnerable. The therapist should make clear to the patient that they are participating in a decision, not merely signing a form. With this understanding, the informed consent process should be seen as an invitation for them to participate in their health care decisions. The therapist is also generally obligated to provide a recommendation and share their reasoning process with the patient. Comprehension on the part of the patient is equally as important as the information provided. Consequently, the discussion should be carried on in layperson's terms and the patient's understanding should be assessed along the way.

In this situation, the therapist's actions were not sufficient. None of the required information was offered to the patient. The most important thing the therapist failed to explain to the patient was the consequences of non-treatment. The patient cannot make an informed decision regarding therapy without this information. It could be argued that her decision to refuse therapy may have changed had she known that one of the consequences of this decision could be the development of secondary complications. (i.e. increased risk of morbidity or mortality). (*APTA's Guide for Professional Conduct, Principle 2.4*)

#### **Case Study #4- Medical Necessity**

*Steve is a physical therapist and owns his own therapy clinic. He recently signed a contract with an HMO to provide physical therapy services. The contract stipulates that Steve will be compensated on a case rate basis. (A fixed amount of money per patient, based on diagnosis) Steve has*

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*performed a thorough cost analysis on this contract and has determined that the financial “breakeven” point (revenue equals expenses) on each of these patients is 5 visits. He informs his staff that all patients covered by this insurance must be discharged by their fourth visit.*

*Is limiting care in this manner ethical?*

Therapists are obligated to propose and provide care that is based on sound medical rationale, patient medical necessity, and treatment efficacy and efficiency. It is unethical to either alter or withhold care based on other extraneous factors without the patient’s knowledge and consent.

In this instance, the decision to limit care is not ethical. The quantity of care is not being determined by the medical necessity of the patient. A therapist must be able to justify all of their professional decisions (such as the discharging of a patient from clinical care) based on sound clinical rationale and practices. (APTA’s Guide for Professional Conduct, Principles 7.1.C and 8.1.C)

### **Case Study #5 – Billing and Coding**

*A Physician / Physical Therapy office began offering free massages. Everyday the facility was overflowing with patients. Everyone enjoyed the free massages and visited frequently. The therapists were able to provide this service to all of the patients for “free” because they waived the massage recipient’s mandatory co-pay and deductible, and then billed the patient’s insurance.*

*Is it legal to waive a patient’s co-pay/deductible and bill only the insurance company?*

All co-payments and deductibles must be collected. In most instances, the decision on whether or not to collect this money cannot be made by the provider. The reason for this is quite simple. When a patient purchases a health insurance policy, (either as an individual or through a group plan), they are signing a legal contract that contains specific terms and stipulations. Typically, the cost of the policyholder’s monthly premiums is based on the amount of coverage they have purchased and also the amount of the co-payment and deductible. A high co-payment / deductible results in a lower monthly premium. Conversely, a low co-payment / deductible will result in a higher monthly premium. By not collecting the co-payment / deductible, the therapist is effectively committing a crime by conspiring with the patient to defraud their insurance company. The question frequently asked by providers is “Why should the insurance company care, I’m the one who is not getting paid?” That is true; however, ultimately, the insurance company ends up paying

out more because patients, who have no financial responsibility associated with their healthcare, are more likely to utilize a greater number of services (and subsequently have higher total bills) than those who must contribute directly for their care.

Billing accuracy is another important area of ethical conduct relating to billing and coding for rehab services. It is crucial that therapists take great care to ensure that the following billing criteria is met: What was performed = What was documented = What was billed. All three components of this equation must always be identical. A clinician must be sure never to perform one service, and then document it or bill it as something different. To do so, represents a fraud and it subjects the therapist to possible prosecution. (*APTA's Guide for Professional Conduct, Principle 9.1.C*)

### **Case Study #6 – Conflicts of Interest**

*Debi Jones PT works in an acute care hospital. She is meeting with a vendor whose company is introducing a new brace onto the market. He offers her 3 free braces to “try out” on patients. The vendor states that if Debi continues to order more braces, she will qualify to receive compensation from his company by automatically becoming a member of its National Clinical Assessment Panel.*

*Does this represent a conflict of interest?*

Yes, there exists a conflict of interest in this situation. Debi has two primary obligations to fulfill. The first is to her patient. It is her professional duty to recommend to her patient a brace that, in her judgment, will benefit them the most. The second obligation is to her employer, the hospital. As an employee of the hospital it is her responsibility to manage expenses by thoroughly and objectively seeking effective products that also demonstrate economic efficiency. The conflict of interest occurs when she begins to accept compensation from the vendor in direct or indirect response for her brace orders. Even if she truly believes it is the best brace for her patient, and it is the most cost effective brace the hospital could purchase, by accepting the money she has established at least an apparent conflict of interest. Under this situation she is obligated to disclose to all parties her financial interest in ordering the braces. This disclosure is necessitated because the potential for personal gain would make others rightfully question whether her objectivity was being influenced.

A conflict of interest is a situation in which a person has a private or personal interest that influences the objective exercise of his or her professional duties. As a professional you take on certain responsibilities

and obligations to patients, employers, and others. These obligations must take precedence over a therapist's private or personal interests.

In addition to avoiding all real instances of conflict of interest, therapists must also avoid any apparent or potential conflicts as well.

An apparent conflict of interest is one in which a reasonable person would think that the professional's judgment is likely to be compromised, and a potential conflict of interest involves a situation that may develop into an actual conflict of interest.

How do you determine if you are in a conflict of interest, whether actual, apparent, or potential? The key is to determine whether the situation you are in interferes or is likely to interfere with your independent judgment. A good test is the 'trust test': Would relevant others (my employer, my patients, professional colleagues, or the general public) trust my judgment if they knew I was in this situation. Trust is at the ethical heart or core of this issue. Conflicts of interest involve the abuse, actual or potential, of the trust people have placed in professionals. This is why conflicts of interest not only injure particular patients and employers, but they also damage the whole profession by reducing the trust people generally have in therapists. (*APTA's Guide for Professional Conduct, Principles 7.2.A 7.2.B*)

### **Case Study #7 – Relationships with Referral Sources**

*Larry Jones PT owns a private practice. Business has been poor. He decides to sublease half of his space to an orthopedic surgeon. Larry's current lease is at \$20/sq ft. The doctor wants to pay \$15/sq ft. They come to a compromise of \$17/sq ft. Larry also agrees that if the doctor is his top referral source after 3 months, he'll make him the Medical Director of the facility and pay him a salary of \$500/month.*

*Is this an ethical arrangement?*

No, this agreement is not ethical. The most notable infraction involves offering to designate the physician as Medical Director contingent upon the number of referrals he sends. This is undeniably a direct offer of cash for patients. Another area of concern is the rent. At first glance, the rent amount of \$17/sq ft seems fair because it was a compromise between the two parties. However, closer scrutiny reveals this to be unethical. The fair market value for rent has been established as \$20/ft. (Larry's current rental agreement with his landlord) By discounting the doctor \$3/sq ft on his rent, Larry is giving a referral source something of value.

It is unethical for a physical therapist to offer **anything of value** to physicians or any other referral source **in direct response for the referral of patients or services**. This includes cash, rebates, gifts,

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discounts, reduced rent, services, equipment, employees, or marketing. Many mistakenly believe that it is a normal acceptable business practice to offer these things to referral sources. It is not. In most states, the practice is not only unethical, but it is also illegal. Exchanges of valued items or services between therapists and referral sources **must never have any relationship to the referral of patients**. Goodwill gifts of nominal value are acceptable provided that no correlation can be made between the magnitude or frequency of the gift giving and referral patterns. All business agreements and transactions should always be well documented and most importantly, **reflect fair market value**. (*APTA's Guide for Professional Conduct, Principle 9.1.D*)

**REFERENCES**

- Bailey DM. Schwartzberg SL. (2003) Ethical and legal dilemmas in occupational therapy. F.A. Davis Company (Philadelphia, Pennsylvania) 2003; 2 ed 224 p.
- Barman, C. R. (1980). Four values education approaches for science teaching. *American Biology Teacher*, 42(3), 152-156.
- Boylan, M. (2000). *Basic Ethics*. Englewood Cliffs, NJ: Prentice-Hall
- Brandt, Richard B. (1959) *Ethical Theory*. Englewood Cliffs, NJ: Prentice Hall
- Dunstan, G. R. (1987). The authority of a moral claim – Ramsey and the practice of medicine. *Journal of Medical Ethics*, 13(4), 189-194.
- Edwards I. Braunack-Mayer A. Jones M. (2005) Ethical reasoning as a clinical-reasoning strategy in physiotherapy. *Physiotherapy*. 2005 Dec; 91(4): 229-36. (45 ref)
- Falikowski, A. (1998). *Moral Philosophy for Modern Life*. Englewood Cliffs, NJ: Prentice-Hall
- Feldman, R. (1978) *Introductory Ethics*. Englewood Cliffs, NJ: Prentice-Hall
- Garcia JG. Winston SM. Borzuchowska B. McGuire-Kuletz M. (2004) Evaluating the integrative model of ethical decision-making. *Rehabilitation Education*. 2004; 18(3): 147-64.
- Geddes EL. Finch E. Graham K. (2005) Ethical choices: a moral and legal template for health care practice... including commentary by Weinacht K. *Physiotherapy Canada*. 2005 Spring; 57(2): 113-22. (30 ref)
- Glover Takahashi S. (2004) *Stepping out of the shadows: The learning of ethical conduct through the "I" and "eye" of physiotherapists*. (University of Toronto (Canada)) 2004; Ph.D. 351 p.
- Greenfield BH. (2006) The meaning of caring in five experienced physical therapists. *Physiotherapy Theory & Practice*. 22(4):175-87, 2006 Sep.
- Horowitz BP. (2002) Ethical decision-making challenges in clinical practice. *Occupational Therapy in Health Care*. 2002; 16(4): 1-14.
- Kashman S. Savage TA. (2003) Ethics in practice. *Rehabilitation health care executives and ethical issues*. *Topics in Stroke Rehabilitation*. 2003 Summer; 10(2): 130-3.
- Kirsch NR. (2007) Ethics in action. Improper conduct: case two. *PT--Magazine of Physical Therapy*. 2007 Jun; 15(6): 34-7
- Kirsch NR. (2007) Ethics in action. Issues of professional integrity: analysis. *PT--Magazine of Physical Therapy*. 2006 Jul; 14(7): 38-42.
- Kuczewski MG. Fiedler I. (2005) Ethical issues in physical medicine and rehabilitation: treatment decision making with adult patients. *Critical Reviews in Physical and Rehabilitation Medicine*. 2005; 17(1): 31-52.
- McCormick-Gendzel M. Jurchak M. (2006) A pathway for moral reasoning in home healthcare. *Home Healthcare Nurse*. 2006 Nov-Dec; 24(10): 654-61, 670-1. (14 ref 9 bib)
- Metzger ED. Gillick MR. (2003) Ethics corner: cases from the Hebrew Rehabilitation Center for Aged -- friends. *Journal of the American Medical Directors Association*. 2003 Mar-Apr; 4(2): 109-11. (14 ref)
- Nalette E. (2001) Physical therapy: ethics and the geriatric patient. *Journal of Geriatric Physical Therapy*. 2001; 24(3): 3-7.
- Slater DY. (2006) The ethics of productivity: occupational therapy practitioners have a legal and ethical responsibility to their clients, regardless of facility policies. *OT Practice*. 2006 Oct 23; 11(19): 17-20.
- Swisher LL. (2002) A retrospective analysis of ethics knowledge in physical therapy (1970-2000). [Review] [123 refs] *Physical Therapy*. 82(7):692-706, 2002 Jul.
- White, T. (1988) *Right and Wrong: A Brief Guide to Understanding Ethics*. Englewood Cliffs, NJ: Prentice-Hall
- [www.apta.org/PT\\_Practice/ethics\\_pt/pro\\_conduct](http://www.apta.org/PT_Practice/ethics_pt/pro_conduct)
- [www.apta.org/PT\\_Practice/ethics\\_pt/code\\_ethics](http://www.apta.org/PT_Practice/ethics_pt/code_ethics)
- [www.hhs.gov/news/press/2002pres/privacy.html](http://www.hhs.gov/news/press/2002pres/privacy.html)

**ETHICS – MISSISSIPPI PHYSICAL THERAPY  
POST-TEST**

1. The ethics theory that proposes that ethical behavior is based on character traits is known as \_\_\_\_\_.
  - A. Utilitarianism
  - B. Social Contract Theory
  - C. Ethical Intuitionism
  - D. Virtue Ethics
  
2. Which of the following statements is TRUE:
  - A. Actions that are legal are always morally right.
  - B. Actions that are morally right are always legal.
  - C. Neither A nor B is TRUE
  - D. Both A and B are TRUE
  
3. The principles of ethical practice set forth in the APTA Code of Ethics are binding on which of the following?
  - A. Only those physical therapists who are current paid members of the APTA
  - B. Only physical therapists engaged in active clinical practice
  - C. Only physical therapists with masters degrees or higher
  - D. All physical therapists
  
4. Which principle of the APTA's Guide for Conduct of the Physical Therapist prohibits consensual sexual activity between a therapist and a patient?
  - A. Principle 8.2(D)
  - B. Principle 2.1(C)
  - C. Principle 7.1(B)
  - D. Principle 4.2(A)
  
5. Which of the following principles in the APTA's Guide for Conduct of the Physical Therapist does NOT relate to the concept of veracity?
  - A. Principle 6.5(A)
  - B. Principle 7.3
  - C. Principle 8.2(D)
  - D. Principle 2.2
  
6. Which principle of the APTA's Guide of Professional Conduct addresses the patient's right to select their physical therapy provider?
  - A. Principle 2.1 (B)
  - B. Principle 2.4 (E)
  - C. Principle 4.1 (H)
  - D. Principle 8.2 (A)

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7. A physical therapist assistant is directed by their supervising physical therapist to perform a treatment on a patient that is medically contraindicated and potentially dangerous. Which of the following standards found in the APTA's Standards of Ethical Conduct for the Physical Therapist Assistant, is applicable to this situation?
- A. 1.1(A)
  - B. 5.3
  - C. 6.1(A)
  - D. 6.3
8. According to the APTA's Standards of Ethical conduct for the Physical Therapist Assistant, a PTA may perform which one of the following actions?
- A. Process requests for confidential patient information
  - B. Alter a patient's physical therapy plan of care
  - C. Select physical therapy interventions
  - D. Respond to a patient's inquiry regarding therapeutic interventions
9. The "Trust Test" is used to determine
- A. Informed Consent
  - B. Conflict of Interest
  - C. Medical Necessity
  - D. Fair Market Value
10. Which of the following is unethical?
- A. Giving concert tickets to the doctor who refers the most patients each month
  - B. Having a referring physician as your facility's Medical Director
  - C. Sending holiday cookies to all local case managers
  - D. Subleasing office space to a physician