

A new code of ethics: reflecting professional concerns

Physiotherapists in New Zealand now have a new code of ethics as of the end of 2011. The new code, initiated by Physiotherapy New Zealand (PNZ, previously the New Zealand Society of Physiotherapists) and the New Zealand Physiotherapy Board, now means there is one ethical standard for all physiotherapists. The new code of ethics developed out of a desire of these two organisations to develop a code of ethics that reflected the actual ethical concerns experienced by physiotherapists in order for it to provide effective guidance for physiotherapy practice, and a code that sets standards that can be used as a yardstick against which to measure a physiotherapist's actions.

On review, the previous code contained confusing terminology which created uncertainty for physiotherapists who were unsure of their obligations. There were also inconsistencies regarding the level of detail, with some areas approached broadly and other areas containing very specific detail. There was also a lack of attention to a number of areas which, through anecdote, were the source of ethical concern for many practitioners in everyday clinical practice. The nature of the practice of physical therapy had also significantly changed, meaning that current ethical concerns were not being adequately addressed in the previous code.

While it might be argued that codes can be self-serving, a code of ethics serves a number of important purposes. A code can effectively promote the norms and values of the profession; it sets out expectations; it can shield practitioners against the pressure to act in an unprofessional manner; and it can help to facilitate professional communities. (Anderson 2009, Pellegrino 2001, Swisher and Hiller 2010). To meet these aims a code must be clear and accessible, easily interpreted, and compatible with existing codes and laws governing the practice of physiotherapy in New Zealand.

The process of writing a new code of ethics provided an opportunity to examine similar codes written for other health professions in NZ (including medicine, nursing and occupational therapy), as well as existing codes for physiotherapists internationally. In order to be relevant and gain widespread acceptance by practitioners the new code of ethics must also resonate with contemporary practice and the ethical concerns of physiotherapy practitioners. In taking on the task of writing a new code an appropriate methodology was needed to ascertain practitioner's views.

As physiotherapy practice has become increasingly specialised, experiences across the range of areas of clinical practice will differ. In order to gather information from the diverse range of physiotherapy practice, 17 focus groups were formed. Most of these were recruited via PNZ Special Interest Groups (SIGs), but other focus groups included, Tae Ora Tinana, Heads of Schools, Physiotherapy Board members and senior undergraduate physiotherapy students. Focus groups were considered to be a good method for people to share their experiences and to hear the views of others, which stimulates further discussion and reflection (Krueger 2000). Ethics approval for the process was obtained from the *University of Otago Human Ethics Committee* in 2010.

Once the research work with the focus groups was completed, it was essential that the ethical concerns raised were effectively

expressed in the new code. To this end, discussions were transcribed and analyses for themes. Some of the key themes identified included: resource issues; clinical relationships; safety/competency and accountability; support for physiotherapists; and student specific issues (Anderson and Bowyer 2012).

Each of these concerns was incorporated into statements within the code. Legal advice was then sought from Professor Nicola Peart of the Law Faculty of the University of Otago. Professor Peart and I wrote a commentary to go alongside the code, allowing for ease of interpretation by practitioners.

Once the draft code (and commentary) was written it was submitted to and agreed upon by the PNZ Ethics Committee and the Physiotherapy Board. The code was then sent out to all registered physiotherapists and other key stakeholders in order to gather input from the wider community. Stakeholders were identified as groups that had an interest in the practice of physiotherapy in NZ such as DHBs, the Health and Disability Commission, other government departments and regulatory authorities. Patient input was directly sought by asking for comment and feedback from a number of patient interest groups (e.g. the Arthritis Foundation). Detailed feedback was provided from physiotherapists and stakeholders and many changes to the draft were made. The final code (and commentary) was approved by the Board and PNZ, and adopted at the end of 2011.

There are some significant additions to the new code. These changes include: acknowledgement of the wider public health role of the physiotherapist; the need for high standards and integrity when dealing with patients, funders, referrers and others; the responsibility to establish professional boundaries, and maintain personal wellbeing to safeguard both the patient and the physiotherapist.

A code that is based on the shared concerns of the professional group is more likely to embody concepts that are compatible with the group ethos. This is likely to result in wider acceptance and use of the final document. Because physiotherapy practice is constantly evolving and embedded in a dynamic health care context the new code should be subject to regular review.

Dr Lynley Anderson
Senior Lecturer
Bioethics Centre/Te Pokapū Matatika Koiora
Division of Health Sciences, University of Otago

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