



SHORT COMMUNICATION

Ethical codes and challenges of Physiotherapy for Patients with COVID-19 at Loghman Hakim Educational Hospital

Running Title: Ethical codes and COVID-19

Parisa Arzani^{1*}, Minoos Khalkhali Zavieh², Khosro Khademi-Kalantari², Alireza Akbarzadeh Baghban³

¹ Department of Physiotherapy, School of Rehabilitation, Student Research Committee, Shahid Beheshti University of Medical Sciences, Tehran, Iran.

² Department of Physiotherapy, School of Rehabilitation, Shahid Beheshti University of Medical Sciences, Tehran, Iran.

³ Proteomics Research Center, Department of Basic Science, School of Rehabilitation, Shahid Beheshti University of Medical Sciences, Tehran, Iran.

* Corresponding Author: Parisa Arzani, E-mail: parisa_arzani@yahoo.com

ARTICLE INFO

Article history Received:
Jan 27, 2021
Accepted: Feb 14, 2021
Published: March 16, 2021
Volume: 5
Issue: 4

ABSTRACT

The COVID-19 outbreak has brought very unusual conditions to human societies. These conditions can be discussed from various medical, social, economic, and environmental aspects, etc. Health systems, while under increasing pressure, must carefully identify and apply codes of professional ethics. This article tries to discuss various aspects of physiotherapy professional ethics in the coronavirus crisis.

Key words:

Ethical Codes,
COVID-19,
Physical Therapy

INTRODUCTION

Coronavirus disease (COVID-19) is our novel problem with “human-to-human” transmission, high transmissibility, and rapid global circulation (1). The clinical characteristics of this disease comprise low to mid-grade fever, dry cough, nasal congestion, fatigue, and other signs of upper respiratory tract infections including dyspnea and severe chest symptoms corresponding to pneumonia with normal WBC count, reduced lymphocyte count, and elevated high-sensitivity C-reactive protein level, and, to date, no specific medication has been approved for management of this condition (2).

Currently, the medical team such as physiotherapists who are an important part of managing patients with COVID-19 is facing tremendous challenges due to the novel and contagious form of the Coronavirus (3). The virus has not only altered macro-level social interactions but also altered individual communication skills, such as what happens between a therapist and a patient (4). One of the general recommendations that are repeatedly emphasized by social media and health organizations is social distancing, personal prioritization, and avoiding unnecessary communications (5). The WCPT describes physiotherapy as “providing services to people and patients to develop, maintain, and restore maximum movement and functional ability throughout the lifespan” (6). Physiotherapy services in COVID-19 wards provide a better quality of life by focusing on pulmonary rehabilitation and exercise therapy, therefore patients could

recovery better and faster (7).

as a result, many hospitalized patients in the acute phase of COVID-19 who are admitted to intensive care units, as well as chronic patients who are discharged from the hospital and even though People who are at high risk for disease, benefit from physiotherapy. The World Confederation for Physical Therapy (WCPT) has released an article that explained the recommendations for physical therapy management for COVID-19 in the acute stage of hospitalized patients (7). The field of physiotherapy is full of moral challenges, some of which are specific to this field (8).

Under normal circumstances, the principles of medical ethics are fixed matters that have responded to the challenges of their normal state for many years, but the emergence of COVID, with its critical and pandemic nature, has brought challenges to the medical system that have not been well addressed. What ethical challenges do physiotherapists face and how should this be addressed? We will try to answer the challenges.

Autonomy

The principle of autonomy is one of the four ethical principles of medicine that has been proposed along with usefulness, non-harm, and justice as a practical guide for medical decisions in the rehabilitation field (9).

Increasing attention to individual freedoms in recent decades has led to the introduction of the ethical principle of respect

for patient autonomy and the understanding of the need for patient participation in clinical decision-making (10).

Despite the differences in autonomous interpretation, there are commonalities. The informed patient has the right to accept or reject the proposed treatment. Many researchers believe that there is no limit to a patient's autonomy unless it threatens the health of others (11). Since the physiotherapists are responsible for promoting conditions, In this way, physiotherapists are responsible for providing enough information for the patient to make the right decision.

Respect for autonomy leads to respect for patients. Accordingly, the principle of respect for the individual is divided into two moral obligations: one is that every individual is free (this must be observed in conscious patients), and the other is that the person has not full authority (such as an unconscious, unaware, elderly, disabled, child, and cognitive impairment) patients should be supported. In real practice physiotherapists respect for the decision-making capacity of competent adults. We sometimes suspend autonomy for second group patients in favor of other ethical principles – beneficence, non-maleficence, and justice. Our clinical experience in hospital has shown that in the case of these patients, independence does not mean that the patient can refuse all treatments, but rather that the patient can adjust the timing and conditions of receiving physiotherapy.

Beneficence

this principle refers to the moral obligation to maximize benefits and to enhance patients' well-being (12). One of the main pillars of the usefulness of physiotherapy services is its provision by experienced and qualified specialists in this field. The COVID Crisis is an emerging crisis that requires updating and following the latest information from scientific authorities (7). The physiotherapy services should be by the specific needs of each patient, the degree of patient independence before the disease as well as the underlying disease of the individual.

One of the most important points in following the instructions of the physiotherapy team is to have a good mood by the patient. Being in an isolated environment, the inability to communicate directly with caregivers, and fear and anxiety in intensive care units are the challenges that must be addressed. One of these ways is to advise patients to use cell-phones. The physiotherapist should encourage the patient to make audiovisual communication with others and, if necessary, help them recover by creating groups of patients in social networks and encouraging them to continue treatment.

Justice

Physiotherapists should treat the patients without any bias or prejudice (9). This involves equal and unbiased care, respect for autonomy, and the duty to provide the correct information to the best of her knowledge. In such cases, we do not discriminate in services due to differences in the patient's property, position, or race, or nationality. One of the solutions to overcome the small number of beds in intensive care units and to establish justice in access to health facilities is to create new wards with volunteer experienced personnel.

Offering free, equitable, and non-discriminatory access to treatment Free of influence, conflict of interest, abuse of Professional privilege (including unnecessary referral). Numerous patients admitted with the lack of qualified human resources due to old age, having the potential risk of physiotherapists was a challenge to the principle of justice. As a result, physiotherapists in this department use the capacity of telerehabilitation, provide a written exercise therapy program, and seek help from other medical staff to remind interventions. On the other hand, early mobilization of patients who were in relatively good condition as soon as possible would allow the physiotherapist to save more time for other patients

Nonmaleficence

this principle prohibits the intentional imposition of harm on patients (9). Some physiotherapy interventions, such as exercise therapy and pulmonary rehabilitation, may lead to complications or risks for patients, such as cardiovascular injury or fatigue if performed unscientific, unsupervised, and clumsy. It is generally accepted in physiotherapy that to benefit the patient and increase the patient's level of independence and tolerance to exercise, it is sometimes necessary for the patient to be exposed to certain risks, but as a general rule, the potential risk must be controlled and less than the expected benefits and such interventions should be accompanied by close supervision by a physiotherapist.

It is important to note that with the introduction of new rehabilitation technologies such as telerehabilitation and virtual education, educational centers such as the Medical council, universities, and scientific associations should hold regular training courses to properly introduce new technologies and treatment measures so that physiotherapists can get informed with the latest published guidelines and pay more attention to the possible advantages and disadvantages of interventions in the treatment process.

Confidentiality

although physiotherapist are responsible to protect patient confidentiality, this responsibility can be superseded by a duty to protect other members of society who are at risk. In this case, the physiotherapist should ensure that the discussion does not involve anyone who cannot contribute to the enhanced care of your patient. Moreover, statements are just what's important for the patient itself. Since in some cases the family members, relatives, and friends of the patient are also admitted to the same ward, the description of the patient status should include only the necessary items and in such cases, consult with the chief physician, psychiatrist, and forensic specialist.

The physiotherapist should refrain from disclosing the patient's private information, including images, videos, test results, and the patient's treatment process, without his or her permission. The use of such information in clinical trials should be by the relevant ethical principles.

CONCLUSION

This study addresses only some part of the challenges and

ethical needs of a physiotherapist as a member of the treatment team and not all the ethical needs that sometimes go back to the physiotherapist himself. Other studies on the professional ethics of team participation are also needed. By conducting further studies, the difficult conditions of the COVID Crisis could turn from a challenge to a health ethics system into an opportunity.

ACKNOWLEDGMENTS

All the authors contributed equally

CONFLICT OF INTERESTS

The authors wish to extend their gratitude to Shahid Beheshti University of Medical Science for financial support and sponsorship.

Conflict Of Interests

The authors declare that they have no competing interests.

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