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Abstract

Purpose: Physiotherapy in private practice differs from physiotherapy practised in a public setting in several ways, the most evident of which is the for-profit nature of private physiotherapy clinics; these differences can generate distinct and challenging ethical issues. The objectives of this article are to identify ethical issues encountered by physiotherapists in private practice settings and to identify potential solutions and recommendations to address these issues. **Method:** After a literature search of eight databases, 39 studies addressing ethical issues in a private practice context were analyzed. **Results:** A total of 25 ethical issues emerging from the included studies were classified into three main categories: (1) business and economic issues (e.g., conflicts of interests, inequity in a managed care context, lack of time affecting quality of care); (2) professional issues (e.g., professional autonomy, clinical judgment, treatment effectiveness, professional conduct); and (3) patients' rights and welfare issues (e.g., confidentiality, power asymmetries, paternalism vs. patient autonomy, informed consent). Recommendations as to how physiotherapists could better manage these issues were then identified and categorized. **Conclusions:** The physiotherapy community should reflect on the challenges raised by private practice so that professionals can be supported – through education, research, and good governance – in providing the best possible care for their clients.

Keywords: ethics; physical therapy specialty; private practice; private sector; professional ethics.

Introduction

For Canadian physiotherapists, private practice (PP) is an important site of business interactions and a major employer. In Quebec, “from 1991 to 2006, the number of physiotherapists tripled in private practice,”^{1(p.1)} and in 2011, 43% of all practising physiotherapists across Canada were employed in PP.² This workplace reality creates a host of ethical issues for physiotherapists, and although some of these issues may be common to both public and private settings (e.g., maintaining confidentiality, dealing with scarce resources), others are specific to PP. The most evident difference is the for-profit nature of private physiotherapy (PT) clinics:³ The legitimate profit motive can influence private clinics to promote or even institutionalize certain behaviours that may go against the primary interests of patients, thus creating troubling conflicts of interest for health professionals and managers.⁴⁻⁷ For example, unlike physiotherapists working in the public sector who are paid a salary (based on an hourly rate), those in PP are most often paid according to the number of clients they see per day (i.e., a set amount per client). This payment structure can push physiotherapists in PP to find ways of keeping clients longer (i.e., for more sessions), seeing them more frequently, or treating more clients at the same time so as to ensure more stable revenue for the clinic and, by extension, their own professional income.

Because the volume of patients seen in private PT clinics also depends on referrals from physicians, other health care professionals, and third-party payers, physiotherapists in PP may have an interest in establishing special arrangements with physicians (e.g., priority referral in exchange for financial or non-financial favours), cherry picking (choosing “easy” clients, such as younger people with sports injuries, over those with multiple problems who generally require more treatment time), or aggressive marketing practices to stand out from the competition (e.g., overstating or even misrepresenting professional status or training).⁷⁻⁹ Physiotherapists in PP also have to deal with significant time pressures, often seeing more clients per day and thus working with tighter treatment schedules and less time per client than their colleagues in public settings.¹⁰ As a result, they may feel conflicted between offering the best treatment according to their client’s condition (case history, education, treatment) and respecting their work schedule.

Surprisingly, even though these ethical issues could have an impact on the quality of care for patients, there has been relatively little discussion in the professional PT community, and little

published research, on the ethical issues that arise in PP.¹¹⁻¹³ For example, although publications in the grey literature have identified important ethical issues encountered in PP, these have not been the subject of in-depth exploration in the scientific literature. Furthermore, an examination of the 2014 disciplinary decisions by the Quebec College of Physiotherapists showed that the majority concerned physiotherapists working in the private sector.¹⁴ It seems clear that “the impact of the institutional environment on generating ethical issues and on practitioners’ management of them [has] not [yet] been systematically investigated.”^{12(p.373)} Because PT practice in the private sector differs in some important ways from that in the public sector and the current literature has not specifically highlighted the issues encountered by physiotherapists in the private sector, we decided to explore the ethical issues particular to this workplace setting. We thus sought to answer these questions: “What are the ethical issues encountered by physiotherapists in PP settings?” and “What are the main recommendations proposed in the literature to manage these issues?”

Before embarking on an empirical study on this topic, we decided to explore these questions through a comprehensive literature review that included articles in both peer-reviewed and professional journals. We aimed, first, to identify and classify the ethical issues encountered by physiotherapists in PP settings and, second, to synthesize recommendations that can stimulate reflection on how physiotherapists can manage these ethical issues. This study therefore constitutes the first step in improving our understanding of private institutional influence on the ethical issues experienced by physiotherapists working in the private sector.

Methods

Our literature search took place between August 5 and August 20, 2013, using eight databases: CINAHL, Medline, PubMed, PsycINFO, SportDiscus, ERIC, EM|Premium, and MANTIS; each was searched from the oldest journal issue available up to August 20, 2013. Keywords – in English and French – were combined in various ways to identify the most pertinent publications related to the subject of our literature review. Because our goal was to retrieve publications related to ethical issues in the PP context, we used three broad keyword categories: (1) ethics and professionalism, (2) PT and rehabilitation, and (3) PP sector (Annexe 1). Articles retrieved from the databases had to meet all of the following criteria to be included in the sample: refereed or

non-refereed publication; published in either English or French; and specifically discussing ethical issues encountered by physiotherapists in PP. All articles that met these criteria were included regardless of year of publication. We included non-refereed publications (e.g., those published in professional journals) because many discussed relevant ethical issues not included in previous literature reviews.^{12,13} We also included all relevant publications that were not identified by our database search but that appeared in the reference lists of articles retrieved by the search, provided that they met our inclusion criteria (i.e., a snowball technique).

The initial sample included 177 scientific articles, editorials, letters to the editor, commentaries, and articles in professional magazines; of these, we retained for analysis 39 publications that specifically addressed ethical issues experienced by physiotherapists in PP.^{7-9,15-50} Books and chapters dedicated to applied ethics in general PT practice were excluded because they did not specifically address ethical issues encountered in PP. We also excluded publications that discussed strictly legal issues (e.g., negligence, corporate law), as well as master's and doctoral theses.

Hermeneutic analysis

Two of the authors (AH, MJD) analyzed the 39 publications in the sample. We first used a broad and descriptive analysis to identify ethical issues explicitly mentioned in the sample (e.g., the text overtly mentioned confidentiality issues concerning patient information disclosed to third parties). For this analysis, we defined an ethical issue as any situation in which an ethical tension was created in the physiotherapist's practice – for example, a conflict of values, beliefs, or norms; uncertainty as to the appropriate ethical action to take; or distress arising from an inability to act in a way that met the professional's (or the profession's) ethical standards.⁵¹ Second, we used a hermeneutic method of semantic analysis,⁵² supported by a reading grid to facilitate classification, to identify issues that were not explicitly described as relating to ethics but that could nonetheless fall into that category (e.g., we classified a mention of physiotherapists' feeling conflicted about which roles to adopt toward an insurer and a patient as a dual-agency issue). Following Triezenberg's¹¹ classification, we grouped the ethical issues we identified into three broad categories: (1) business and economic issues, (2) professional issues, and (3) patients' rights and welfare issues. We chose Triezenberg's classification because it is based on empirical

research in PT and because it well represents the distinction between professional and institutional issues.

To meet the second objective of this study, we also identified and synthesized the recommendations made by the authors of the included publications on how to better manage the ethical issues encountered by physiotherapists working in PP.

Results

Description of the sample

Table 1 shows the types of publications retained for the study. The large majority (32 of 39, or 82%) appeared in professional journals or magazines; only 7 (18%) were peer-reviewed articles in academic journals. All were published between 1987 and 2013; 28 (87; 5%) were published after 2003.

Table 1: Results of literature search

Publication type	No. (%)
Peer-reviewed journal	
Scientific article	7 (18)*
Professional magazine	
Letter to the editor	16 (41)
Case study or educational story	16 (41)
Total	39 (100)

*Includes 5 empirical and 2 theoretical articles.

Of the 39 publications, 34 had U.S. authors, including 2 peer-reviewed theoretical articles. Of the 5 empirical peer-reviewed articles, 3 were written by Danish authors, 1 by a group of Australian researchers, and the other by two Canadian researchers; 4 were qualitative studies using semi-structured interviews with physiotherapists, and the last was a case example of an ethical issue arising in the context of private PT practice.

Identification and classification of ethical issues

Our analysis identified 25 different ethical issues, which we have classified into Triezenberg's three categories:¹¹ (1) business and economic issues, (2) professional issues, and (3) patients' rights and welfare issues (Table 2).

Table 2: Ethical issues Encountered by physiotherapists in private practice

Classification	No. of studies
Business and economic issues	
Conflicts of interest ^{7-9,16,17,24,31,35-39,41-43,46,47,49,50}	20
Self-referral and autonomy of choice for patients in the context of clinics owned by physicians ^{7,28-34,39-42,44,45,47-50}	18
Cherry-picking and inequity of care ^{8,35,36,38,50}	5
Care provision in a managed care environment ^{20,37,38}	3
Misuse of resources ^{20,24,38}	3
Lack of time affecting quality of PT services ^{35,36}	2
Dual agency (between patients and third-party payers) ^{16,36}	2
Lack of competencies regarding issues related to third-party payers ³⁷	1
Product sales ⁴⁶	1
Return of profits from private clinics to physiotherapists ⁴⁹	1
Professional issues	
Advocacy for the autonomy of the profession ^{28,32,33,39,41,49,50}	7
Professional judgment versus authority ^{17,20,26}	3
Professional uncertainty about treatment effectiveness ^{37,38,46}	3
Breach of professional conduct (whistleblowing) ^{18,23}	2
Professional integrity issues ^{9,25}	2
Rights and duties of physiotherapists versus PT assistants ^{25,36}	2
PT care provided by non-physiotherapists ^{29,40}	2
Competition between colleagues ³⁶	1
Patients' rights and welfare issues	
Confidentiality of patients' information ^{16,19,21,22,35,37}	6
Power asymmetries between physiotherapists and patients ^{9,35,36,46}	4
Cultural issues (values and beliefs conflicts) ³⁵⁻³⁷	3

Patient advocacy in a context of scarce resources ^{16,37,38}	3
Paternalism vs. patient autonomy ^{15,36}	2
Patients' informed consent ^{15,35}	2
Intimate or business relations with patients ^{27,37}	2

PT = physiotherapy.

Almost half of the ethical issues we identified (10 of 25 issues) fell into the category of business and economic issues; the professional issues category accounted for 8 issues, and the patients' rights and welfare issues category for the remaining 7.

The business and economic issues category (10 of 25 issues) encompasses the ethical issues most frequently discussed in our sample: conflicts of interest (20 publications) and self-referral and autonomy of choice for patients (18 publications). In the situations discussed in our sample, conflicts of interest usually pitted the financial interests of the clinic owners against the best or most appropriate care for clients; however, physiotherapists also experienced conflicts of interest when a third party tried to restrain the costs of treatment and physiotherapists did not know whose side to take. Self-referral in PT clinics owned by physicians was also identified as an ethical issue dividing professionals, some of whom agreed that these practices could harm patient autonomy and others of whom considered it the way to keep generating business. How to behave and practice in the context of a managed care environment when resources are limited was also identified as a source of ethical concern. Other significant ethical issues in this category were lack of time (affecting treatments and charting); dual-agency issues (i.e., role conflicts involving duties toward employer, third-party payer, and client); product sales (e.g., what to sell and how to sell it); and cherry picking for the nicer, easier, and richer patients. Notably, 8 of 39 publications (20%) mentioned third-party payers in care management.^{8,16,17,20,35-38}

The professional issues category consists of issues related to how to act as a professional physiotherapist and the ethical tensions experienced in this context (8 of 25 issues). Examples included the autonomy of the PT profession (e.g., should only physiotherapists be entitled to own PT clinics? Should direct access in PT be available in all contexts, especially when physicians and third-party interests are involved?), professional judgment versus authority (e.g., should physiotherapists listen to their own clinical judgment or to the advice of their employer?),

uncertainty about treatment effectiveness and the best approach to care, integrity at work, and whistleblowing. Some issues in this category were also related to inter-professional interactions, including challenges such as rights and duties of PT assistants versus physiotherapists, PT care provided by non-physiotherapists, and competition between colleagues.

Finally, the patients’ rights and welfare issues category addressed patients’ vulnerability and their right to be treated with care and respect (7 of 25 issues). Examples are confidentiality of patient information, power asymmetries between physiotherapists and their patients, difficulty dealing with differences and conflicts in cultural values and beliefs (e.g., a patient who does not want to be treated by a female physiotherapist for religious reasons), the dilemma of advocating or not for patients in the context of scarce resources, the decision to behave in paternalistic versus collaborative ways with patients, the issue of informed consent in a context in which time is lacking, and intimate and business relationships with patients.

Identification and classification of recommendations

We identified numerous recommendations on ways for physiotherapists in PP to manage potential ethical issues. Two authors (AH, MJD) grouped these recommendations into three broad categories (in order of decreasing frequency): (1) education and research and training, (2) clinical practice, and (3) legal and governance (Table 3, page 48).

Table 3: 12 Recommendations concerning ethical issues in physiotherapy private practice

Recommendations	No. of studies
Education and research and training	
Improve physiotherapists’ training about ethical issues ^{7,20,35,43,50}	5
Implement mentorship activities between senior and junior physiotherapists ^{36,37,43,49}	4
Implement continuous postgraduate ethics training ^{36,49}	2
Gain more empirical knowledge about physician-owned physical therapy	1

services³⁴

Expand the ethical debate beyond the legality or deontology of the ethical issues presented¹⁵ 1

Clinical practice

Diminish paternalism toward patients and explore other possibilities (informed consent, patient-centred approaches, etc.)^{7,15,35} 3

Improve physiotherapists' patient advocacy (especially with third-party payers) and secure patients' access to PT services^{7,16,38} 3

Establish collaboration between private clinics to share expertise and improve care for complex patients^{36,37} 2

Discuss product sales in clinics; do not allow physiotherapists to profit from sales⁴⁶ 1

Legal and governance

Implement obligatory supervision modalities by external firms to facilitate respect of codes of ethics^{16,37} 2

Strengthen laws dealing with self-referral^{7,50} 2

Create a code of ethics specific to private practice¹⁶ 1

Twelve broad recommendations were proposed by the authors in our sample. About one-quarter of the publications (10 of 39) made five recommendations pertaining to education and research and training. Authors recommended that training programs better educate future physiotherapists on conflicts of interest and ethical issues in PP and on the various impacts that these can have on future practice.^{7,20,35,43,50} Some authors suggested offering more continuing education courses to physiotherapists to facilitate learning after completion of undergraduate or graduate professional curricula,^{36,49} and others proposed a mentoring approach between experienced and novice physiotherapists.^{36,37,43,49} Osterhues³⁴ recommended more empirical research to evaluate the impact of physician-owned PT clinics on quality of care and patient autonomy. Delany¹⁵ advised that discussions in PT ethics expand beyond the all-too-common legal and deontological analysis of issues to include the more conceptual and theoretical foundations of ethics as applied to the challenges arising in PT education.

One-fifth of the publications in our sample (8 of 39) also discussed four clinical practice recommendations. This category includes recommendations targeting specific ethical issues encountered in PP settings. For example, 3 publications mentioned the importance of improving physiotherapists' capacity for advocating for patients when third-party payers or financial constraints place patients at risk of having restrained access to PT services or to good-quality treatment.^{7,16,38} Also, to lessen the cherry-picking effect of PP and to facilitate the uptake of more complex patients in the private setting, Praestegaard and Gard³⁷ proposed that private clinics share their expertise and create networks of practice dedicated to treating more complex patients. Finally, Tumolo⁴⁶ recommended that the sale of products in PT clinics be better regulated and that physiotherapists not be able to profit from such sales.

The third category consists of legal and governance recommendations to decrease the occurrence of ethical issues in PP (4 of 39 publications). Kaiser and Brown¹⁶ argued for a specific code of ethics for rehabilitation professionals working in PP and for better external oversight of PT clinics. Others recommended strengthening legislation regarding self-referrals in private PT clinics in Canada and the United States.^{7,50}

Discussion

Through an analysis of the literature on the ethics of PT in PP, our study aimed to identify the ethical issues encountered and to highlight recommendations for addressing these issues. Many ethical challenges encountered in PP and presented in Table 2 also likely exist in public settings: Power asymmetries, patient autonomy, treatment effectiveness, whistleblowing, and intimate or business relations with patients, for example, have all previously been described in the PT literature, independent of institutional setting.^{12,53} However, our analysis identified other interesting and noteworthy ethical issues relating to the profession that are likely to arise in both public and private settings: the rights and duties of physiotherapists versus PT assistants, PT care provided by non-physiotherapists, and competition between colleagues for patients. These issues are of particular interest for the profession and point to a different vision of ethics from the traditional therapist–patient relationship. Relations between professionals working within the same profession – in this case, physiotherapists, rehabilitation therapists (only in Québec), and PT assistants – can be a source of substantial ethical tension and can disturb the ethical climate of

the workplace.⁵⁴ These ethical issues have not yet been extensively investigated in the literature and should receive more attention because they compromise the quality of the PT services offered to patients. To help the PT field better understand such issues, future research could investigate the relations between members of the same profession (e.g., work relations among PT assistants, rehabilitation therapists, and physiotherapists) in different working environments (e.g., public vs. private settings) and their impact on working climate and patient care.

Moreover, given that business and economic issues were those most widely represented in our literature review, it is reasonable to assert that the institutional environment makes a significant difference in the types of ethical issues that physiotherapists encounter in practice.¹² In a recent article on ethics in PT, Dawson and Sim⁵⁵ advocated for physiotherapists to take a broader focus than the traditional micro-level perspective of the therapist–patient relationship (e.g., confidentiality, informed consent). We agree with their perspective and recommend that the profession continue exploring the organizational issues – institutional, political, economic, business, and social – that can have a major impact on the work of physiotherapists. The prevalence of concerns about institutional, economic, and business ethics issues in the publications we reviewed shows that researchers and professionals are starting to pay attention to these meso- and macro-level ethical challenges in PT.

Our findings demonstrate that institutional and economic ethical issues exist in the PP context that can pose serious challenges to physiotherapists; as such, these challenges should be more thoroughly investigated. Conflicts of interest, self-referral and cherry-picking practices, lack of time affecting quality of care, dual agency, and product sales are all weighty and substantial ethical issues that can have a major impact on the quality of PT service and on the profession's image and public trust. These issues are more salient in the private sector and should be acknowledged and discussed by PT professionals employed and involved in PP. For example, PT researchers could deepen their exploration of issues of conflicts of interest and self-referral practices in PP by trying to measure their prevalence, severity, and potential impact on PT services and care. Furthermore, the economic incentives unique to PP should be more closely examined in relation to quality of care for different patient populations. Situations involving

managed care and dual agency, such as when a third-party payer is involved (e.g., automobile insurance or workers' compensation), should also be more thoroughly explored.⁵

The recommendations related to fostering a better understanding of ethical issues in PP and in PT in general (e.g., improving university ethics curricula, creating postgraduate continuing education courses, and facilitating mentorship between professionals) support previous findings in PT publications.^{56,57} Some studies have demonstrated that ethics training can help PT students and novice professionals to improve their ethical reasoning and decision-making skills in practice.^{58–60} Canadian PT programs could and should incorporate new knowledge about particular issues encountered in PP settings to help students better recognize, evaluate, and deal with these issues. For example, the first step toward avoiding conflicts of interest is to be able to recognize them; then, with support and reflection, a professional can evaluate the risk and determine an appropriate management strategy.

Knowledge of ethical theories could also help professionals better recognize and evaluate ethical issues encountered in their practice,⁶¹ but theoretical ethics knowledge is rarely mobilized in scientific and professional publications discussing ethical issues in PP.⁶² We believe that increasing teaching about ethical theories and frameworks in university programs could facilitate PT students' and professionals' understanding of what is an ethical issue and how such issues can be resolved or dealt with. Teaching PT students and professionals different ways of approaching ethical issues using the lenses of deontology, utilitarianism, and virtues ethics (normative approaches), for example, as well as considering the values of the different stakeholders involved in any situation, could improve their ethical reasoning when faced with new ethical challenges.⁶² However, current ethics teaching in Canadian PT programs has certain limitations,⁶³ notably an all-too-common reduction of ethics to law or professional deontology, and the same is true of continuing education for practising physiotherapists. In addition to improving ethics education for both PT students and practitioners, we need to evaluate the impact of students' and professionals' theoretical backgrounds on the recognition and resolution of ethical issues in the field. Continuous training programs, whether within institutions or provided by professional organizations, could also incorporate reflection on and discussion of theoretical ethics knowledge and PP issues in their curricula.

The sample analyzed in our study consisted mostly of publications in professional magazines (32 of 39). This is an interesting finding because it shows that physiotherapists are involved with and participate in debates relating to important ethical issues in their practice. We believe that ethical questions should be discussed outside the context of scientific publications and so incorporate the voice of practising physiotherapists. Fostering discussion about ethical issues in national or provincial professional journals, and encouraging practising physiotherapists to contribute to these public forums, could help to advance knowledge and understanding of these issues. This study constitutes an opportunity to acknowledge that some clinicians are already taking part in ethical dialogue.

However, there are still few peer-reviewed articles specifically addressing ethical issues experienced by physiotherapists in PP (only 7 of 39 publications). New studies on professional ethics should more specifically target those ethical issues that are most closely related to this particular setting and that can have severe consequences for patients and for the profession if not addressed appropriately. As noted in our results, most peer-reviewed articles were written by U.S. authors, and only one had Canadian authors. The PT context in the United States differs from those of many other countries in that it is mostly based on managed care services and is almost entirely privatized. Given the particularities of the Canadian system and the fact that almost half of all physiotherapists work in a private setting,² Canadian physiotherapists and researchers should participate more actively in advancing research about the specific ethical issues encountered in the PP sector in Canada. Policymakers should promote up-to-date PT research aimed at exploring the nature, prevalence, and impact of ethical issues encountered by physiotherapists in PP to find new strategies and solutions to better support practitioners.

Limitations

Although our study sheds light on important issues for physiotherapists working in PP, it also has several limitations. Because of the complex and variable nature of publications dealing with ethical issues in PT, it is possible that we missed some in our literature search. Also, we are aware that other publications have explored ethical issues in PT in general and that some of these incorporate issues for physiotherapists in public as well as PP settings; we did not include such

general publications in our sample, however, because of the difficulty of separating out those issues specifically related to the institutional setting (public vs. private). Moreover, many of the publications appeared in U.S. PT professional magazines, and although they constitute important sources of ethical issues encountered in PP, their inclusion creates two limitations. First, because these publications are not consistently available in journal databases, our database searches may have failed to retrieve some professional publications targeting ethical issues. However, because our study was not intended as a scoping review of the evidence, this limitation is less significant. Perhaps more important, professional magazines from Canada and other countries (e.g., Australia, Denmark) are not indexed at all in the databases searched and therefore were not included in our study. It would be interesting for future work to analyze publications from professional magazines in Canada and elsewhere to see whether other ethical issues were raised besides those identified in our study.

Conclusion

This study demonstrated that physiotherapists working in PP settings encounter numerous ethical issues. Business and economic issues were found to create diverse and serious ethical challenges for physiotherapists working in the private sector. Almost half of physiotherapists work in this sector in Canada; the authors of the publications in our sample thus argue for a more comprehensive ethics teaching curriculum in PT, and using more specific examples related to the PT profession in the PP sector, to better prepare students for their future work environments. The Canadian and international PT community should further reflect on the specific challenges related to working in PP if they are to ensure that physiotherapists can continue to provide the best and most professional care possible for their patients.

Key Messages

What is already known on this topic

In 2011, 43% of all working physiotherapists in Canada were employed in PP settings. This workplace reality creates a host of ethical issues for physiotherapists, and although some of these issues may be common to both public and private settings (e.g., maintaining confidentiality, dealing with scarce resources), others might be specific to PP. There has been relatively little

discussion in the professional PT community on the ethical issues that arise in PP, nor has the scientific literature explored these issues in any depth.

What this study adds

This study showed that the institutional environment has a significant impact on generating ethical issues in the PT profession. Almost half of the ethical issues found in the publications analyzed in this literature review (10 of 25) are listed in the business and economic issues category that can be linked to the PP sector. Conflicts of interest and self-referral were the two most frequent issues identified in the publications analyzed, along with cherry-picking practices, lack of time affecting quality of care, dual agency, and product sales. These are all weighty and substantial ethical issues that can have a major impact on the quality of PT service and on the profession's image and public trust. These issues are more salient in the private sector and should be acknowledged and discussed by PT professionals employed and involved in PP. Only one peer-reviewed article discussing ethical issues in PP was written by Canadian authors.

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