Patient Vulnerability: **Ethical Considerations for Physical Therapists**

By Susan W Sisola PT, PhD

Recommending and Providing Clinical Products for Patients

Physical therapists in all practice settings frequently are in a position to recommend, and perhaps sell, clinical equipment to their patients. Because of their expertise in movement dysfunction, PTs are uniquely qualified and positioned to recommend to patients/clients the "best" equipment to prevent further injury and enhance patient function and recovery. Failure to provide this valuable service certainly could be argued as not acting in the best interest of patients. The myriad business arrangements surrounding the practice of providing or selling equipment, however, can lead to many ethical questions. A physical therapist recently posed the following scenario:

A physical therapist working in the area of ergonomics recommended certain products for improving work sites for patients. While he recommended products from various vendors from time to time, he tended to suggest products from one particular vendor, as this company had the most complete line of products and seemed to meet the needs of normally rely on the physical his patients/clients. The physical therapist had not received therapist's advice, their best interests compensation of any sort from any of the vendors. The vendor of the product line the physical therapist recommended most frequently then contacted him, suggesting the possibility of paying him a financial "reward" that would be tied to the number of orders placed by patients/clients. The physical therapist asked, "Is it unethical to accept incentives from this company for suggesting that my patients utilize this particular company's products? Could this arrangement be considered make full disclosure of their interest "good business" for all the parties involved?"

Recommending products for patients requires a physical therapist to attend to the patient's "physical, psychological, and socioeconomic welfare" (GPC 1.1.B.). A physical therapist's recommendation of any device or product always must be based on the PT's sound professional judgment that use of this product will be beneficial to the health of the patient. Thus, PTs must assess the efficacy and effectiveness of a new product before incorporating it in their practice. In addition, PTs must promote only those products that they consider to be a good value (promoting

interests when recommending a clinically useful product that was extremely overpriced (eg, in comparison with competitive products).

of said products or services. socioeconomic welfare of patients). A physical therapist would not be acting in the patient's

Sections 7.2.A and 7.2.B of the **Guide for Professional** Conduct⁴ provide a basis for considerations of a physical therapist's ethical obligations when endorsing products.

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 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 production, sale or distribution of products/services, they must act in accordance with law and 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

Physical therapists frequently find that the most efficient and effective way to ensure that patients/clients have access to devices that will be beneficial to their health and function is to actively assist them in selecting and purchasing the equipment. It certainly could be argued that a physical therapist satisfies an ethical duty to act in the best interests of patients when he or she recommends an appropriate product and then facilitates the patient/client's access to that device. Making necessary equipment readily available to patients with impaired mobility or limited access to transportation is an important component of service offered by physical therapists.

When the physical therapist has a financial interest in the product he or she recommends, however, additional ethical obligations arise. The Code and GPC clearly caution against any financial exploitation of the patient/client-physical therapist relationship. Although recommending or selling products offered by a third party is not unethical for the physical therapist, receiving compensation or other forms of incentive raises serious questions regarding the professional's ethical obligations, given the vulnerability of patients/clients. First, when a physical therapist recommends a product, the decision behind the recommendation must be based on the therapist's professional judgment that the product will be in the patient's best interest-not that it is in the physical therapist's financial self-interest.

In addition, a physical therapist who recommends a product must disclose to the patient any financial interest in having the patient follow his or her recommendation and purchase the product. Further, a PT who makes a recommendation for which he or she is compensated must respect and promote the patient's freedom of choice with respect to that product.

Despite what must be assumed to be reasonable intentions of the PT when recommending or selling products to patients, the presence of a financial interest must be considered a potential influential factor in the decision-making of any physical therapist, even if only at the subconscious level. Therefore, the PT's behavior in the absence of a financial interest cannot be a sure guide to how he or she might behave under a compensated arrangement. For this reason, physical therapists promoting products for patient/client use must be particularly attentive to the possibility that the financial interest might distort their professional judgment.

The disclosure obligation for a PT who recommends or sells products to patients also incorporates the ethical obligation of trustworthiness, because a financially interested physical therapist who fails to reveal her or his interest might mislead the patient into believing that the recommendation was purely disinterested. An informed, competent patient may well choose to follow a physical therapist's recommendation while fully understanding that doing so would benefit the PT financially, and that patient would have no reason to feel that he was deceived about the PT's financial benefit. On the other hand, a patient who was unaware of the physical therapist's financial interest well might feel that she had been misled by the PT's failure to disclose that arrangement. Gaining and maintaining the patient's trust is at the heart of the physical therapist-patient/client relationship. Actions that undermine that trust threaten not only that particular interaction, but also societal perceptions of the trustworthiness of physical therapists as a whole.¹

Respecting a patient's freedom of choice also involves the degree of influence the PT actually holds with a particular patient. As noted previously, patients must be considered to be vulnerable within the relationship due to their level of trust in the PT and the power differential inherent in such relationships.5-7 Under certain circumstances, a physical therapist might have such influence over a patient that his or her recommendation of a particular product would have the effect of negating the patient's freedom to choose another product. This reality requires that the PT be particularly zealous in making sure that the recommendation of a product in which he or she has a financial interest is motivated primarily by concern for the patient's best interests. Although disclosure of a financial interest must be considered mandatory, the vulnerability of particular patients could render that disclosure to be, in fact, meaningless. Thoughtfully considering the level of vulnerability of patients receiving care at a particular physical therapy clinic is an important step in determining an ethical process for recommending or providing clinical products for patients at that site.

The privileges inherent with professional stature require a heightened level of diligence and insight for all physical therapists. The potential for knowledge and expertise to strongly influence and create or exploit vulnerability in patients must be balanced by full acceptance of our ethical obligations to patients and clients, and to society.

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REFERENCES

- 1. Purtilo RB. Thirty-First Mary McMillan Lecture: A time to harvest, a time to sow: ethics for a shifting landscape. *Phys Ther.* 2000;80:1112-1119.
- 2. Magistro CM. Clinical decision-making in physical therapy: a practitioner's perspective. *Phys Ther.* 1989; 69: 525-534.
- 3. Swisher LL. A retrospective analysis of ethics knowledge in physical therapy (1970 2000). *Phys Ther.* 2002;82:692-706.
- 4. American Physical Therapy Association. *Code of Ethics and Guide to Professional Practice*. Adopted by APTA House of Delegates, June 1991; amended June 1999.
- 5. Scott R. Professional Ethics: A Guide for Rehabilitation Professionals. St. Louis, MO: Mosby; 1998.
- 6. Purtillo R, Haddad A. *Health Professional and Patient Interaction*, 5th ed. Philadelphia PA: WB Saunders; 1996.
- 7. Scott R. Habits of thought: sexual misconduct. *PT--Magazine of Physical Therapy*. 1993;1(10):78-79.
- 8. Council of Ethical and Judicial Affairs, American Medical Association. Sexual misconduct in the practice of medicine. *JAMA*. 1991;266:2741-2745.
- 9. Oregon Physical Therapist Licensing Board. Available at http://www.ptboard.state.or.us/pdf/bdpres.pdf. Accessed April 17, 2003.

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