




ETHICAL DILEMMAS IN PHYSIOTHERAPY

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ABSTRACT

Objective: aims to show and analyze the ethical issues that involve some ethical dilemmas that the Physical Therapist faces in his daily clinical practice. Alexandre de Carvalho Santos **Methodology:** review or bibliographic survey of the literature, which is a way to get to know the different scientific contributions and to provide elements for the construction of the study. **Results:** some ethical dilemmas that are an integral part of the current routine of Physical Therapists were presented. The lack of resources and materials, the loss or absence of commitment to the privacy and individuality of patients

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admitted to the ICU, and the decision about who can have the chance to live and who will not have this opportunity were themes presented and discussed in this study. Conclusion: ethical dilemmas are on the margins of the Code of Ethics and therefore are difficult to solve, leading professionals to make extreme decisions based on ethical and moral principles for their justification and that they are not prepared for these definitions.

Keywords: Code of Ethics. Life and Death. Covid-19. Dilemmas. Physiotherapy.

INTRODUCTION

Physiotherapy is an area of health that studies, diagnoses, acts in the prevention and promotes the treatment of various disorders as a result of changes in the organs and systems of the human body. It is centered on the study and understanding of biological and health sciences, where proper actions are established to provide care. It studies anatomy, human physiology, pathologies, biochemistry, biophysics, biomechanics, kinesiology, and behavioral and social sciences, aiming at the preservation, maintenance, and restoration of the systems and functions of the human body.

Physiotherapist is the professional who studies the movement and function of the human being in order to rehabilitate, return the lost function, also has the ability to act at the levels of health care, education, in the administrative area and in scientific research in Physiotherapy and related areas. The profession was regulated by Decree-Law No. 938/1969, and this activity comes from a diploma from recognized institutions of higher education.

The work of Physiotherapy has a wide range of activities with various specialties and areas of work. COFFITO recognizes 15 specialties, such as: aquatic physiotherapy, cardiorespiratory, sports, neurofunctional, trauma-orthopedics, among others.

Professional ethics is the study of the specific duties that guide human action in its professional field, studying the rights that the person has when exercising his activities. Therefore, professional ethics becomes intrinsic to human nature, as it is based on the list of rights and duties related to the responsibility that each human being needs to practice in their work environment (Costa, 2012).

In the health area, ethics and professional performance are related to the consequence of what is best for people in a system that really complies with the social commitment of well-being, so ethics and professional practice are not isolated, they walk together in search of the best for all.

Professional ethics is a set of rules of conduct that must be put into practice in the exercise of any profession, especially in the health area (Costa, 2012).

Ethics in health is important in the quality of human conduct, in professional relationships, functioning in practice as an agglomeration of normative ethical principles, seeking the integrity of the group and the satisfaction of professionals.

These principles are united in the form of a Code of Ethics to guide both individual and collective conduct of professionals, all based on social interaction and the specific conceptions of each profession. The Code of Ethics directs to what is allowed to be done and what is not feasible, regulating action, the satisfaction of society, forming a collective conscience and the accepted model of conduct of a profession.

The Code of Ethics and Deontology of Physical Therapy deals with the duties of the Physical Therapist with regard to the ethical control of the exercise of his profession, without prejudice to all the rights and prerogatives guaranteed by the legal system (COFFITO).

In the face of morals, ethics and bioethics, the Physiotherapy professional, in the responsibility of each and every one, is committed to the best of himself and shows society the values that govern his activities (Morais, 2011).

The laws of each profession are created to protect professionals, the category and only those who need it, but there are points that are not foreseen and that constitute a part of professional practice that must also be ethical.

These ethical conflicts are challenges, allowing several paths to a solution, generating disorders of values and duties, requiring discussions and deliberations for a better resolution. Ethical dilemmas permeate the health area, presenting situations that can generate moral or social questions in comparison with the behaviors, values, culture, beliefs and habits customary in society expressed by its members. Professional ethics is anchored by personal values and by the Physical Therapy Code of Ethics, so in some situations it does not respond to the proposed conflicts and ethical dilemmas (Bristot, 2017).

The present study aims to show and analyze the issues that involve some ethical dilemmas that Physical Therapists face in their clinical practice. It is believed that this theme has great relevance in Physical Therapy, as it raises problems and situations that are difficult to solve since they are not part of the professional routine and involve ethical and moral issues that are outside the Code of Ethics of the profession.

METHODOLOGY

This work consists of a literature review of scientific articles, books and journals extracted from different scientific sources, national and international, corroborating this review, which is of great importance in the process of investigating the problem posed.

The literature review article is an observational, retrospective, systematic research methodology, oriented to the selection, analysis, interpretation and discussion of theoretical positions, results and conclusions embodied in scientific articles published in recent years on a topic of choice, in order to obtain relevant information that contributes to the discussion of these problems.

To this end, a broad bibliographic survey was carried out; References that met the inclusion criteria were evaluated. The inclusion criterion for the study was an approach to the theme "ethics of the physiotherapy professional in Intensive Care Units (ICU)". To survey the articles, the main databases were consulted, using the descriptors "ethics in physical therapy in ICUs" and combinations of the descriptors "physical therapy", "ethics/bioethics", "ICU", "privacy" and "COVID". Subsequently, other combinations with the descriptor "physiotherapy" were explored, and as new descriptors were identified in the texts, they began to incorporate the search repertoire. After evaluating the abstracts, the studies that met the inclusion criteria were selected. The corpus generated by the bibliographic survey consisted of the records of productions, which were organized in a database and analyzed in different cuts: by domain and theme, types of dissemination vehicles and their indexing, origin of the authors, regionalization of the work, keywords, descriptors, bibliographic references and content. For these records, the selection criterion was that the texts were about physiotherapy and referred to ICU care under ethical aspects. Therefore, the necessary support for their coverage was sought in the set of reference works, in order to better understand the ethical context of physical therapy care in ICUs.

ETHICAL DILEMMAS IN PHYSIOTHERAPY

ETHICAL DILEMMA

Ethical dilemmas are situations in which two approaches are possible and technically defensible, with doubts as to the moral adequacy of each choice (Goldim, 2022).

To deal with these ethical dilemmas, avoiding professional and workplace problems, the constant recovery of ethical precepts to act correctly must be carried out and added to this, scientific technical knowledge must always be up to date, supporting the best decisions.

ABSENCE OF RECOURSE AND LIFE AND DEATH

Covid-19 showed that in all countries, the hospital network was not able to serve the population that needed treatment. In hospitals, the number of people who needed support in ICUs with the use of mechanical ventilators exceeded the number of beds, equipment and professionals, so this led to loss of life due to lack of this assistance.

The decision of who will occupy the ICU bed, which increases the chances of survival and those who will not have this opportunity and reducing the capacity for cure, and may die, generated an ethical dilemma never experienced by this generation. This difficult decision is in the hands of the multidisciplinary team and with the Physiotherapist with great responsibility and voice in this deliberation.

This ethical dilemma in the decision of life or death of patients violates the Code of Ethics. the Physiotherapy professional has the cure as his goal and being in front of this disentanglement is very difficult, because he has the understanding of the natural process of death as seen, discussed and analyzed in the undergraduate course, but he does not have the preparation to decide who lives and who dies.

The resolution of this ethical dilemma was carried out by the multidisciplinary team based on objective and transparent criteria, seeking ethics as its justification. Several were created and placed in guides that helped health professionals in this difficult task.

The Physiotherapist and the multidisciplinary health team who worked on the front line, in ICUs, against Covid-19 suffered serious impacts, traumas and psychological disorders in relation to the ethical dilemmas presented in the Pandemic, such as the absence of care materials for all patients, lack of personal protective equipment, long work schedules, living with death on a daily basis and the fear of being a vector in the contamination of relatives and other professionals, which led to social isolation, and deciding who can have the chance to live and who will not, among other points. Stress, depression, anxiety, lack of sleep are some of the problems experienced in the Pandemic and to this day, the so-called post-traumatic stress. Few places were able to provide psychological support for the work team during the peak of the Pandemic, this would mean a strategic follow-up measure in order to reduce the psychological martyrdom presented. However, many sequelae are still presented by these professionals, even after the peak of the Pandemic. This is due to decisions made

that in a way violated the Codes of Ethics, leading to solutions that deviate from the morality worked until then in the health area.

ETHICAL DILEMMA IN ICU

The hospital routine is quite complex, involving family members, patients, stress, a network of technologies that constantly analyze ethical and technical behaviors in this environment. Everyone seeks humanization in care, especially for patients, but it requires individual and collective efforts in the search for respect for the individuality, dignity and privacy of the hospitalized and not infringing the ethical precepts.

Privacy is a right and necessity of man, as it is part of the maintenance of his dignity. Human beings seek to preserve their intimacy, as the naked is uncomfortable and unpleasant, in addition to weakening the psychological and relationships in the face of care in the hospital routine.

Hospitalization in the ICU environment has different characteristics from other places in a hospital, which generate in the patient the absence of privacy, loss of autonomy, impersonality and discomfort. Due to the loss of the ability to choose and decide, autonomy and identity are absent, preventing the patient's freedom of choice, reflecting in various situations such as personal hygiene that is performed by nursing technicians even though the patient is capable of this function; in physiological needs that cannot be performed in the appropriate place, but in diapers for later cleaning, among others.

Being without clothes generates stress and suffering to the patient that can lead to a difficult adaptation to the hospital environment, but a reflection that being naked is part of the rehabilitation process can help overcome the loss of privacy and individuality.

Privacy is part of the meaning of what it is to live well, allowing the expression of autonomy, the freedom to make choices, to have personal control. On the other hand, the loss of privacy with exposure of the body can generate the loss of identity as well as its individuality.

The health professional, where the Physiotherapist is inserted, works not thinking about the patient's privacy and intimacy and the appearance of him being undressed, but with the intention of caring. However, this can become mechanical and lead to committing ethical crimes by not respecting their space, examining them, touching

them, invading their privacy and intimacy. So there is a duality between the professional who has the obligation to care and the patient who has his physical privacy invaded.

In this way, ethical principles show us that patient care must be personalized and individualized, taking into account their values and culture, respecting the concepts of bioethics. This care must be implicit in the commitment to respect and dignity so as not to invade the privacy of patients. In the execution of care, privacy can offer a conflict and challenge for the health team, as several procedures invade freedom, placing the individual in situations of passivity in relation to the action.

The violation of privacy is an attack on the patient's dignity, not because of the acts themselves, but because of the way it is processed, leading the individual, even with altered consciousness, to feel embarrassed, humiliated, invaded (Bettinelli, 2010).

When caring for a patient in the ICU, respect for the individual's right must have everyone's attention, seeking non-embarrassment in their hospitalization. For this, a reflection on what care is in its fullness, allowing the emergence of ethical sensitivity as an important principle in the practice of caring.

FINAL CONSIDERATIONS

At the end of the study, the difficulties of Physical Therapy professionals in facing the ethical dilemmas that occur in the daily routine of their functions were made explicit, as these are not routinely in the course of the work, leading to a difficulty in making decisions that often escape the Code of Professional Ethics and that are extremely important in the care of patients. Always proposing a better experience on the subject, we will not leave here an end, but an idea of analysis for a continuity of research, certain that the theme will not be exhausted.



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