



ethicsinaction

by Nancy R Kirsch, PT, DPT, PhD

Ethical Decision Making: Terminology and Context

Use these tools to look at ethical situations in a systematic way.

When a physical therapy practitioner is confronted with a new clinical situation, he or she recognizes the need to gather all pertinent information about the patient before rendering a clinical judgment. The same thorough assessment is necessary when clinicians are faced with an ethical situation. In both cases there are steps to take and decision paths to follow in order to reach problem-solving objectives.

In last month's initial Ethics in Action,¹ I summarized the history of

our profession's ethical commitment to patients and clients, as well as the goals set for this column by APTA's Ethics and Judicial Committee: namely, to promote "development of the sort of mature and thoughtful ethical decision-making skills that PTs and PTAs must have in order to provide optimal patient care in the environment of autonomous practice foreseen in Vision 2020." This month's column establishes the ethics terminology we'll be using and the context that will be common to all the case

scenarios we'll be discussing in future months.

The RIPS Model

Ethical decision-making has become more and more complex as the relationship between physical therapists (PTs) and physical therapist assistants (PTAs) and their patients and clients increasingly has been affected by such outside influences as the institution in which care is rendered and the source of third-party reimbursement. A variety of methods might be employed to analyze the ethical issues posed by these factors and come to ethical decisions. In this column we will be using the Realm-Individual Process-Situation (RIPS) model of ethical decision-making.²

In the RIPS model, the context or *realm*³ is where the decision is made. The elements of ethical behavior, including ethical decision making, constitute the *individual process*.⁴ The *ethical situation*,^{5,6} finally, is the specific scenario that demands moral action.

Realm. Historically the focus of bioethics was the individual; issues involved the individual practitioner and the individual patient.⁷ Health care has undergone extensive changes since the 1970s, however, that have had a significant impact on the patient-PT relationship and have brought new pressures to bear on the PT. The work of Jack Glaser³ provides the context within which PTs and PTAs now find themselves when confronted with ethical issues. Glaser has defined three realms within which we currently practice: the individual, the organizational/institutional, and the societal.

The *individual realm* is concerned with the good of the patient/client and focuses on rights, duties, relationships, and behavior.



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Components of the RIPS Model

Realm	Individual Process	Ethical Situation
Individual	Moral Sensitivity	Problem or Issue
Institutional/ Organizational	Moral Judgment	Temptation
Societal	Moral Motivation	Distress
	Moral Courage	Dilemma
		Silence

iors between individuals. It deals with the least complex problems. The *institutional/organizational realm* is concerned with the good of the organization and focuses on structures and systems that will facilitate organizational or institutional goals. The *societal realm* is concerned with the common good and is the most complex realm. PTs find themselves faced with increasingly difficult ethical issues that touch on all three realms.

Individual process. The work of James Rest⁸ holds that ethical decision making is only one component of ethical behavior. He defines the concept of what he calls moral behavior as containing four components:

- ❖ *Moral sensitivity:* Recognizing, interpreting, and framing ethical situations.
- ❖ *Moral judgment:* Deciding between right and wrong actions. Considering the ethical principles of autonomy, beneficence, non-maleficence, and

justice, then selecting and applying them. Autonomy, in health care, is the patient or research subject's right to self-determination. Beneficence is care carried out by a health care provider that is in the patient's best interest. Non-maleficence is doing no harm, by acts of omission or commission. Justice is equity, or fair treatment. (Distributive justice asks, "How equitable is the distribution of justice at the societal level? Comparative justice asks, "How is health care delivered at the individual level?"⁹ Veracity, or truth-telling, may be considered another form of justice, although not all bio-ethicists deem it so.¹⁰)

- ❖ *Moral motivation:* Prioritizing ethical values over financial gain or self interest.



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❖ **Moral courage:** Implementing the chosen ethical action even though doing so causes adversity.

So, first the PT or PTA faces an ethical situation in which moral sensitivity is required. In order to demonstrate moral judgment, that individual must determine which ethical principle—or principles—is/are involved. Professionalism drives moral motivation. Moral courage, finally, may be required of the individual.

Ethical situation. The writings of Ruth Purtilo, PT, PhD, FAPTA, and Rushworth Kidder provide guidance on the types of ethical situations a PT or PTA may encounter.^{5,6}

Purtilo describes a *problem or issue* as a situation in which important moral values are being challenged.

Kidder describes a *temptation* as a situation in which a choice must be made between a right action and a wrong one.

The decision-maker may benefit in some way from doing the wrong thing; conversely, choosing the right course of action may mean relinquishing personal gain.

Purtilo describes *distress* as a situation in which the practitioner knows the right course of action but encounters a structural barrier to implementing it. Type A barriers are institutional or financial in nature—the practitioner is not empowered to make the decision; it's the purview of another agent. A Type B barrier is when the practitioner knows something is wrong but is unable to identify that "something."

Purtilo describes a *dilemma* as a problem that involves two or more principles that both are correct courses of action but cannot both be followed. For example, the PT desires to do what is best for the patient (beneficence), but the patient refuses treatment (autonomy).

Silence also can present an ethical situation, the RIPS model recognizes. In this case, all the key parties realize that ethical values are being challenged, but nobody is talking about that challenge or how to address it.

A Caveat

The RIPS model offers practitioners a way to "walk all the way around" an ethical situation. It has the virtue of being broader in scope than are most other ethical decision-making models, but it comes with its own limitations. Its rational, linear approach to resolving ethical situations does not easily factor in the emotional aspects of decision making or encourage moral dialogue within its framework. Still, it's a useful tool for beginning to analyze ethical situations in an organized manner.

Next month I'll present a case scenario to which to apply the RIPS model. See you then. **PT**

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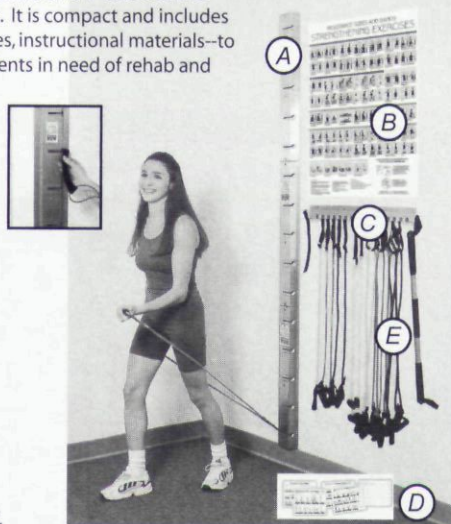
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