

## Chapter 1. Part 3. Ethical and Legal Aspects

### Chapter 1 • Introduction to Physiotherapy

#### Part 3 • Ethical and Legal Aspects

(Professional ethics ■ Legal responsibilities ■ Patient rights)

#### 1 Why Ethics & Law Matter in Physiotherapy

Physiotherapists work hands-on with vulnerable people, make autonomous clinical decisions, and increasingly practise as first-contact providers. Ethical lapses or legal ignorance can therefore harm patients **and** jeopardise professional licensure. A sound grasp of ethical principles and statutory duties is as fundamental as anatomy or biomechanics.

### 2 Professional Ethics in Physiotherapy

Layer	Content	Illustrative Examples
<b>Core Principles</b> (adapted from World Physiotherapy & Bioethics)	<b>Autonomy</b> – respect the patient’s right to choose. <b>Beneficence</b> – act in the patient’s best interest. <b>Non-maleficence</b> – do no harm. <b>Justice</b> – provide fair, equitable care. <b>Veracity &amp; Fidelity</b> – honesty and faithfulness to commitments.	Gaining <i>informed consent</i> before joint mobilisation (Autonomy). Choosing safest gait-training device (Beneficence + Non-maleficence). Equal appointment slots for insured & uninsured clients (Justice).
<b>World Physiotherapy Code of Ethics</b> (2023 revision)	<ul style="list-style-type: none"> <li>Put the patient first.</li> <li>Practise evidence-based care.</li> <li>Maintain confidentiality.</li> <li>Seek informed consent.</li> <li>Undertake CPD.</li> <li>Uphold professional honour.</li> </ul>	Using validated outcome measures instead of anecdotal methods; encrypting digital notes; attending mandatory CME.
<b>Indian Association of Physiotherapists (IAP) Code</b>	Adds cultural sensitivity, community-health obligations, and prohibition on “miracle” advertising.	Avoid portraying electrotherapy as a “cure-all” in social-media ads.
<b>Ethical Decision Frameworks</b>	<i>RIPS</i> model (Realm-Individual-Process-Situation), <i>PLUS</i> filters (Policies, Legal, Universal, Self).	Analysing a conflict-of-interest when a clinic owner also sells orthotics.
<b>Common Ethical Dilemmas</b>	<ul style="list-style-type: none"> <li>Treating friend/family – boundary issues.</li> <li>Accepting gifts – conflict of interest.</li> <li>Social-media posting – confidentiality risk.</li> <li>Productivity targets vs. patient-centred dosing.</li> </ul>	Declining a costly gift from an implant vendor; anonymising case photos before online sharing.

### 3 Legal Responsibilities of a Physiotherapist

#### 3.1 Licensure & Scope of Practice

Aspect	Global Norm	India (Allied & Healthcare Professions Act 2021)
Minimum qualification	Accredited Bachelor/Master’s degree + internship	4½-yr BPT + 6-mo internship; registry with State Council/National Commission
Title protection	“Physiotherapist/Physical Therapist” legally protected	Use of title without registration subject to fine/imprisonment
Scope statement	Evaluation, diagnosis, planning, manual therapy, electro- modalities, exercise prescription	Independent assessment allowed; invasive techniques (e.g., dry needling) subject to state guidelines

### 3.2 Duty of Care & Negligence

- **Duty of care** arises once the physio-patient relationship is established.
- **Breach** = failing to meet the *reasonable physiotherapist* standard (e.g., unsupervised treadmill test in high-risk cardiac patient).
- **Causation & Harm** must be proven for malpractice.
- **Vicarious liability:** Clinics/hospitals are liable for employees' acts within scope.

### 3.3 Informed Consent

Component	Meaning	Tips
Disclosure	Explain diagnosis, proposed treatment, risks, benefits, alternatives, cost.	Use plain language; supplement verbal with written handouts.
Competence	Patient must understand & decide voluntarily.	Assess cognition; involve caregiver when required.
Documentation	Signed form + chart note.	Time-stamp, store securely (digital or paper).

### 3.4 Confidentiality & Data Protection

- **HIPAA (USA) / GDPR (EU) / DPDP Act 2023 (India)** govern digital records.
- Share data only with patient consent or when legally mandated (e.g., notifiable diseases, court order).
- Use encrypted EMR, unique log-ins, two-factor authentication.

### 3.5 Record-Keeping

- SOAP-format or WHO-ICF-based notes; retention 7-10 years (or as per state law).
- Alterations must be traceable; never delete original entries.

### 3.6 Advertising & Tele-Rehabilitation

Area	Legal Caution
Advertising	No false claims or guarantees ("100 % cure"); indicate credentials clearly; follow IAP/ASCI guidelines.
Tele-physio	Confirm patient identity, location, and emergency contact; obtain e-consent; follow jurisdiction's tele-health rules; maintain secure video platforms.

## 4 Patient Rights Relevant to Physiotherapy

Right	Practical Implications in the PT Setting
<b>Right to Information</b>	Provide treatment plan, expected outcomes, cost estimate.
<b>Right to Participation (Autonomy)</b>	Shared decision-making; goal-setting meetings.
<b>Right to Dignity &amp; Privacy</b>	Curtains during exposure; same-gender chaperone when requested.
<b>Right to Confidentiality</b>	Discuss progress in a private area; secure EMR access.
<b>Right to Second Opinion / Referral</b>	Facilitate records transfer without prejudice.
<b>Right to Refuse or Withdraw</b>	Honour refusal unless life-saving; document discussion.
<b>Right to Safe &amp; Quality Care</b>	Use calibrated equipment; adhere to infection-control; maintain CPD.
<b>Right to Redressal</b>	Provide grievance mechanism; respond to complaints within statutory timeline.

## 5 Case Snapshots for Classroom Debate

Scenario	Key Issues	Guiding Questions
A sports physio posts a celebrity client's rehab video on Instagram (with the client's verbal OK).	Privacy, veracity of consent, professional boundaries.	Was consent fully informed and documented? Could the post be perceived as endorsement?



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Scenario	Key Issues	Guiding Questions
Home-health PT notices bedsores and caregiver neglect. Clinic manager mandates treating 4 patients/hour to increase revenue.	Duty of care vs. confidentiality; mandatory reporting. Beneficence vs. productivity; risk of negligence.	Must the PT report elder abuse? How to balance patient privacy with safety? How to address unsafe caseload without job loss?

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## 6 Ethico-Legal Decision Checklist (Mnemonic: “CLEAR PATH”)

Consent → Legal scope → Evidence-base → Autonomy → Risk/benefit  
Privacy → Accountability → Team consult → Honesty in records

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## 7 Conclusion

Professional ethics and legal literacy are **non-negotiable competencies** for physiotherapists. They safeguard patient welfare, uphold public trust, and protect practitioners from litigation. Mastery involves:

1. Internalising universal bioethical principles.
2. Knowing national statutes, council rules, and institutional policies.
3. Reflecting critically on one’s decisions through structured frameworks.

*“Good physiotherapy is ethical physiotherapy; the two are inseparable.”*

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## Suggested Learning Activity

Conduct a **mock disciplinary hearing**: assign roles (ethics board, complainant patient, physiotherapist, legal counsel). Examine a case of alleged treatment without informed consent, apply the CLEAR PATH checklist, and decide the outcome.