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Ethical reasoning as a clinical-reasoning strategy in physiotherapy

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Abstract

The ethics literature in physiotherapy has long recognised the need to better understand the relationship between ethical reasoning and clinical decision-making in clinical practice. This paper proposes a model of clinical reasoning which demonstrates how ethical reasoning can be considered in a wider clinical-reasoning framework without reducing the complex, moral dimensions of ethical reasoning to merely logical and rational processes of clinical decision-making.

Keywords: Ethical reasoning; Principles; Pattern recognition; Narrative ethics; Values

Introduction

A decade ago, Clawson [1] suggested the importance of the relationship between clinical decision-making and ethical decision-making in the clinical practice of physiotherapists. This was essentially a call for clinicians to conceptualise certain clinical issues (e.g. informed consent and resource allocation) as ethical issues rather than purely matters of clinical judgement and, furthermore, to deal with these consistently with the approaches to ethical problems as identified in bio-ethical literature. More recently, Swisher [2], in a review of the ethical-reasoning literature in physiotherapy/physical therapy, reiterated this need for a better understanding of the relationship between ethical reasoning and the wider clinical decision-making processes in clinical practice.

In this paper, we describe a model for integrating ethical reasoning into a wider clinical-reasoning framework; one that, in our view, does not reduce the complex and moral dimensions of ethical reasoning to mere processes of logical or rational decision-making. We explain how assumptions concerning the nature of reality and knowledge generation that underlie different clinical-reasoning processes also have their parallels in ethical reasoning. We describe these parallel processes of reasoning between clinical reasoning and ethical reasoning as those: between the recognition and definition of clinical knowledge in pattern recognition and the recognition and definition of moral dimensions in case-based ethical reasoning (or casuistry); between hypothetico-deductive reasoning and principles-oriented approaches to ethics; between narrative reasoning and the place of story and narrative in ethics; and between the role of critical reflection in the validation of clinical decision-making and the role of critical reflection in the development of moral virtue. When faced with ethical problems or scenarios in clinical practice, the alternatives to ethical reasoning are, in one direction, that we merely follow rules or codes of behaviour without being able or willing to apply them to patients' specific or extraordinary circumstances, while in the other, we primarily go by our own personal beliefs or values which, if unreflected upon or unchallenged, could at times also be our prejudices. The purpose of integrating ethical reasoning into a broader clinical-reasoning framework is that it allows clinicians (albeit with different terminology) to use similar principles of inquiry, decision-making and validation in understanding and making decisions regarding ethical problems. In doing so, it is proposed that ethical reasoning can be reflected on in a similar manner to other areas of reasoning and decision-making in physiotherapy practice, and remain as comprehensive and rigorous as possible.

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Current understandings of the relationship between ethical reasoning and clinical reasoning

Some researchers have suggested, in line with Clawson [1], that physiotherapists frame ethical problems and associated problem solving through a biomedical clinical judgement framework similar to the medical model [3,4]. Others have suggested that physiotherapists, when perceiving the ethical dimensions of a problem, use a mixture of principle-based ethics found in various professional codes of ethics and personal knowledge from past life and clinical experiences [2,5–7]. However, research into the processes which physiotherapists use in ethical reasoning remains scant [2].

Several theoretical models of ethical problem solving in physiotherapy, however, are proposed in the literature [1,8–11]. These models generally draw on traditional theories or philosophies of ethics (e.g. deontology, utilitarianism, virtue theories), and suggest step-by-step processes for problem solving that resemble the type of hypothesis-based decision-making analysis found in traditional models of clinical reasoning. That is, gather information about the problem, consider hypotheses (e.g. in this case, which ethical theories, principles or codes of behaviour might be involved), consider contextual factors and practical alternatives, make a decision and act, and reflect on the decision/action [1,7–11]. However, difficulties remain in the ethical decision-making models listed above. For example, how does one select the ethical theory or approach most appropriate for the problem at hand? Underlying this question is the notion that one's ethical predilection might be more naturally towards a benefit- or outcome-driven (utilitarianism) approach as opposed to a duty-driven (deontological) approach or vice versa [11]. How would we respond to the notion of using completely different assumptions for other areas of clinical decision-making on the basis of personal inclination rather than critical reflection? The question arises regarding how physiotherapists can be assisted to understand the assumptions not only underlying their own choices of ethical decision-making strategies but also those underlying these strategies themselves, so that perspectives offered by different ethical theories can be appropriately and rigorously incorporated in ethical decision-making in clinical practice.

Recent clinical-reasoning literature advocates that physiotherapy clinicians should be able to choose and use appropriate reasoning processes which address both the particular circumstances and contexts of patients and the more generalisable or universal characteristics of their clinical problems (analogous to choosing particular research paradigms in order to answer different types of research questions) [12–15].

Clinical-reasoning strategies in physiotherapy

The model of ethical reasoning outlined in this paper forms part of a larger model of clinical reasoning; namely, that of clinical-reasoning strategies and dialectical reasoning which are explained further below. This model derives from a grounded-theory study of the clinical reasoning of expert physiotherapists in three different fields of physiotherapy [12]. We do not address philosophical ethical theories per se in this paper, but acknowledge that an understanding of these is important for the ethical reasoner to draw upon, just as a background knowledge of anatomy and physiology etc. is important in decision-making in clinical practice but is not in itself sufficient for good decision-making [13,16,17].

Clinical reasoning has been described as 'the process in which the clinician, interacting with significant others (patient, caregivers, healthcare team members), structures meaning, goals and health-management strategies based on clinical data, client choices, and professional judgement and knowledge' [13]. Clinical reasoning in the terms above requires that practitioners have an adequate depth and scope of knowledge, not only in terms of content or technical knowledge relevant to a particular field, but also in areas such as personal insight, maturity and the values and methods of their practice community. Clinical reasoning requires organisation of this broad knowledge base including a wide variety of relevant clinical patterns in a given field [13]. Also required is the ability to generate and test a broad range of hypotheses in relation to both diagnosis and management. It is important that clinicians have the capacity to reflect on and validate their decision-making [13,16,18].

A clinical-reasoning strategy may be defined as a particular focus of thinking, decision-making and action within clinical practice [19]. Ethical reasoning is one of a number of clinical-reasoning strategies that were described in a qualitative study of clinical reasoning in expert clinical practice carried out by Edwards [19] (Table 1). In this qualitative study, two physiotherapists from each of the disciplines below and who met certain criteria of expertise were observed over at least 2 days in the course of their normal work. Using

Table 1
Clinical-reasoning strategies in physiotherapy [19]

Diagnostic reasoning: the formation of a diagnosis related to physical disability and impairment with consideration of associated pain mechanisms, tissue pathology and the broad scope of potential contributing factors
Narrative reasoning: the apprehension and understanding of patients' illness experiences, 'stories', contexts, beliefs and cultures
Procedural reasoning: the determination and implementation of treatment procedures
Interactive reasoning: the purposeful establishment and ongoing management of therapist–patient rapport
Collaborative reasoning: the nurturing of a consensual approach towards the interpretation of examination findings, the setting of goals and priorities and the implementation and progression of treatment
Reasoning about teaching: the activity of individualised and context-sensitive teaching
Predictive reasoning: the active envisioning of future scenarios with patients including the exploration of their choices and the implications of those choices
Ethical reasoning: the apprehension of ethical and practical dilemmas that impinge on both the conduct of treatment and its desired goals, and the resultant action towards their resolution