



BIOETHICS AND PROFESSIONALISM IN PAEDIATRIC REHABILITATION

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Abstract:

Background: Paediatric rehabilitation has been very important to all paediatric conditions and the professionalism of the rehab team benefits the child's progression as well as individual development. Though there are many ethical issues in the rehab team, some facts are still a mystery. Ethics or moral philosophy is critical thinking about the behavior expressions of human interdependence. This study mainly deals with specific domains which are very important among rehabilitation teams: 1. holistic approach, 2. tool examination, 3. protocol setting, 4. parental involvement. **Aim of the Study:** The study aims to identify and clarify ethical issues among the professionals dealing with the paediatric population. **Methodology:** The study is an observational type with a survey method, a questionnaire was formed and sent to the professionals dealing with the paediatric population and their responses were identified through google forms. **Conclusion:** Clinical practice or a refined framework of decision-making changes the ideology of members of the team. Knowledge sharing about paediatric care between the professionals helps in protocol making.

Keywords: paediatric rehabilitation, ethical issues, child progression

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1. Introduction

According to WHO, bioethics is the study of ethical issues arising in the relationships among life sciences.¹ Paediatric bioethics emerged from the transposition of the framework for the reflection on adult competent patients, which focuses on the principle of autonomy, however only possible standard becomes the child's best interest.³

The paediatric population is a crucial part of people; treating them is very essential and, sometimes, critical too. Every profession plays an equal and important role in paediatric rehab, certainly ethical issues may also arise between the professionals and the professions. But there is still query on the ethical issues whether is it clarified or continued without the proper solution.²

As professionalism embodies the relationship between medicine and society founding this is based on the value of trust, reflected by the attitudes, behavior, and characteristics consistently performed in clinical practice.⁴

The unethical practice may develop into a custom habit, as well as an injustice, to the child's health. And comparatively ethical practice is the only thing that will be helpful for the profession to rise and sustain itself.⁵

Mutual implementation of solutions can change the plan of care for better outcomes. There are five major principles that need to be followed by every paediatric physiotherapist: respect for the dignity of the person, professional responsibility and accountability, quality of practice, trust and confidentiality, and collaboration with others.

A. Respect for Rehab Team

The dignity of the person in a rehab team is very important as respecting each profession in a team is a basic manner as well as sharing knowledge, since we cannot underestimate each other which leads to misunderstanding.

B. Responsibility

Each person in a rehab team has certain responsibility to treat and refer the child to another department, at the end all should work only for the child's health benefit without heading up the department.

C. Accountability

Accounting each department is a way of sharing the knowledge, and opinions on a child with an illness, and finding a solution together which is feasible, communicative, and able to gain knowledge.

D. Quality of Practice

Every profession has its way of practice, while it comes to paediatric rehab one practice shouldn't affect the other and it should be adjustable, practically applicable, and should benefit the child in all aspects, moreover leading hand in practice is very important, once you schedule the practice it should be continued till the end of recovery.

These are someone some ethical practice that needs to be followed in a rehab team as well as individual development. So, the need for the study was to concentrate more on the ethical practice in paediatric care, whether they practice in a team rehab, what are the hidden factors behind the framework for paediatric rehab, and to explore the ethical modifications and difficulties to follow.

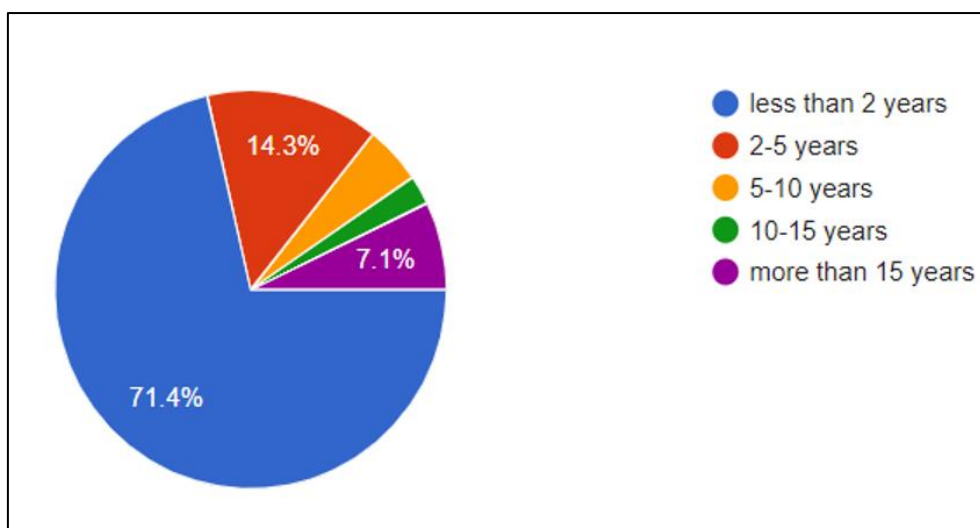
2. Methodology

The study design was a non-experimental, observational type with 50 samples in the Kanchipuram district. A survey form using the Google Form was prepared, and through that, a link has been sent to healthcare professionals dealing with paediatrics.

The survey form consists of basic data such as demographic data with four different sections based on a holistic approach, assessment tools, parental involvement, rehab team meeting, and child progress. In a period of time of one month, 50 responses came, out of which only 42 were taken in the study using the inclusion and exclusion criteria. Inclusion criteria: Only health care professionals in paediatric care with work experience from 2 years to 15 years. Exclusion criteria: improper responses, repeated responses with the same members, and more than four unanswered questions.

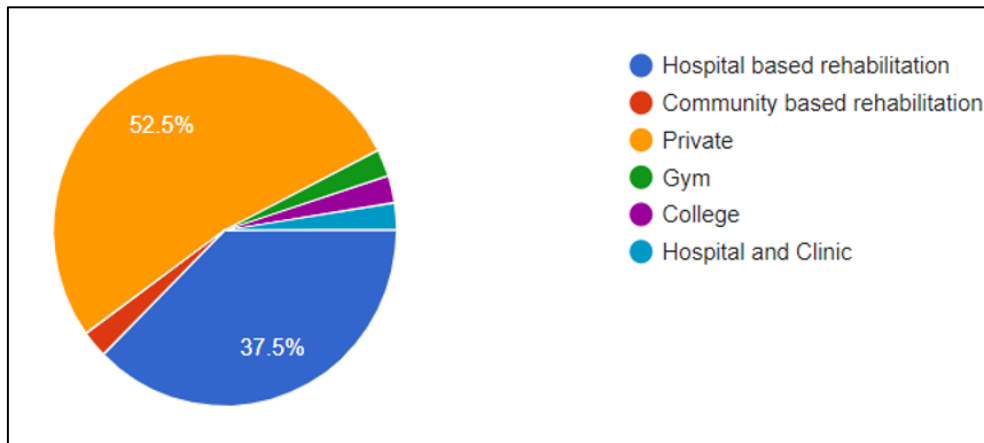
3. Results

In the survey study, the responses were classified based on their experience in handling paediatric cases. The year of experience from 2 years to 15 years were differentiated while the highest percentage of response for 2 years was 71.4% and for 15 years is about 7.1%.



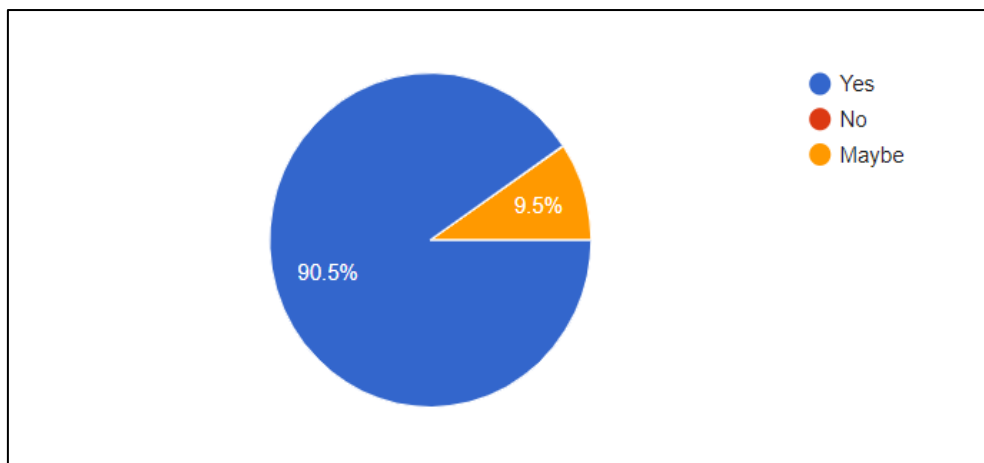
Graph 1: Experience

The responses for the private area of work showed the highest response of about 52.5% and hospital-based rehabilitation of 37.5%.



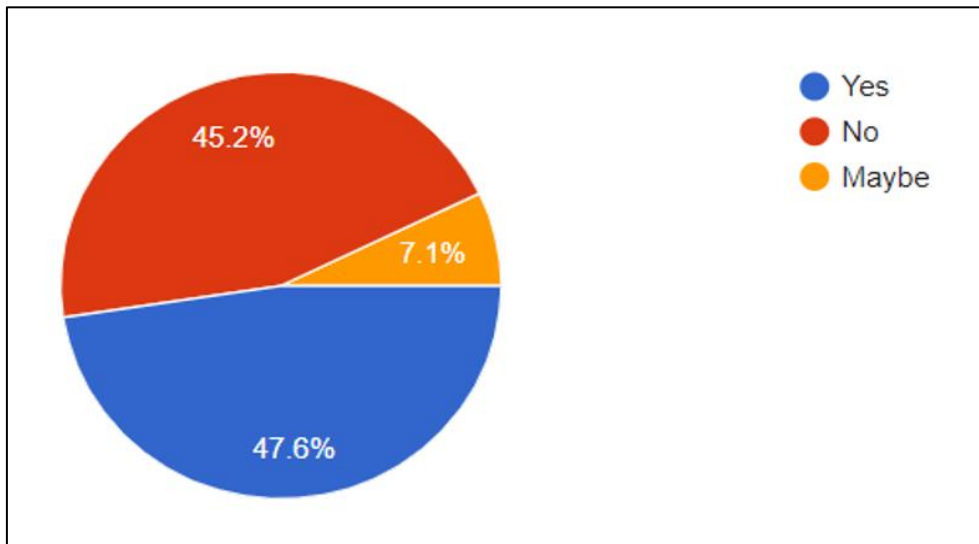
Graph 2: Area of Work

Out of 42 responses, 90.5% showed *Yes*, and 9.5% told *Maybe*. This shows that professionals handling paediatric care are aware of team rehabilitation and prefer it for the betterment of the child.



Graph 3: Preference for Team Rehabilitation

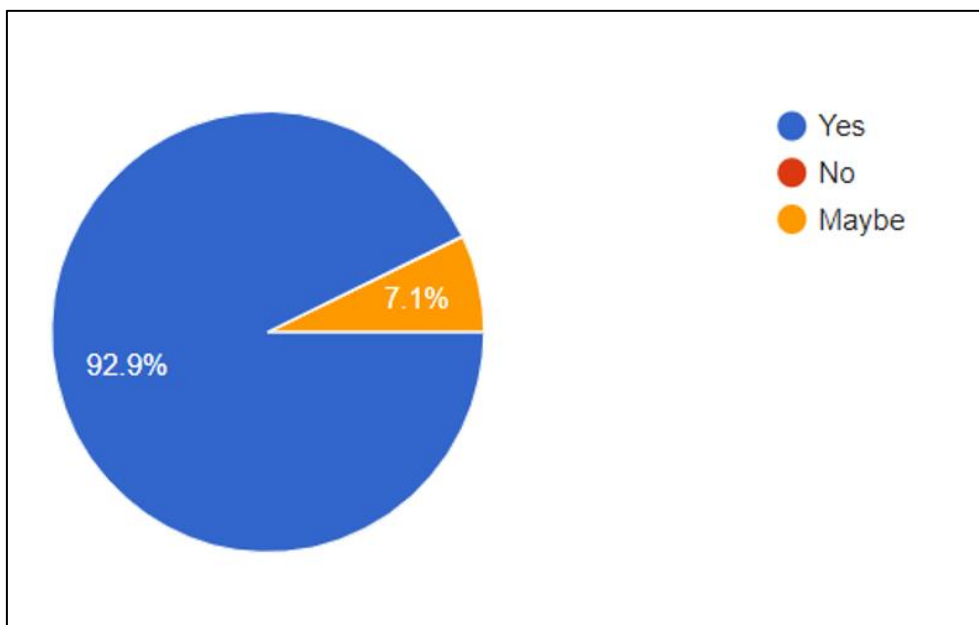
This graph shows the percentage of respondents who have practiced team rehabilitation. In which 47.6% practiced in team rehab and it correlated with the experience of the person, were as 45.2% have reported “No”, and their experience relates from 2-10 years.



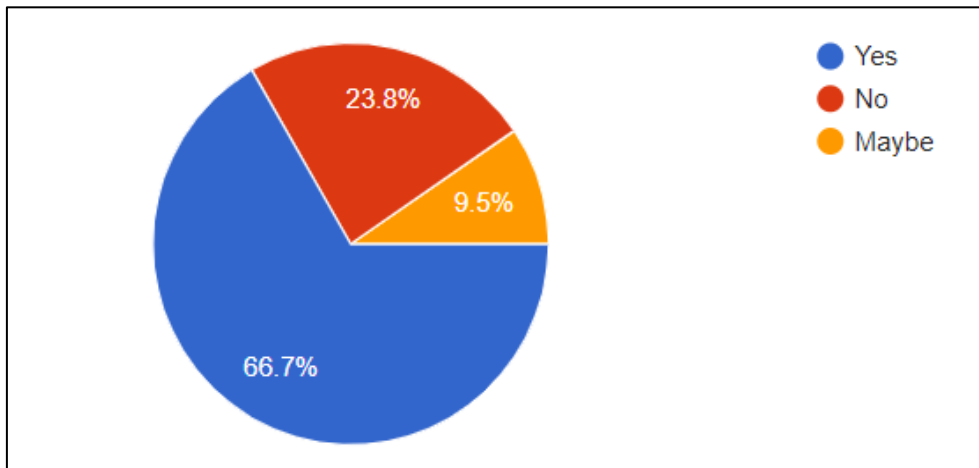
Graph 4: Have You Ever Practiced in Team Rehabilitation?

The percentage for “Maybe” is a factor of bias that they are either not participating in the rehab team or not aware as a part of rehab. So, this graph is specifically about paediatric team rehabilitation. Among the responses, 92.9% told that they prefer team rehab. 7.1% of responses showed “Maybe” and some have commented.

- not in all conditions;
- everywhere team rehab is not possible;
- even depends upon the management.

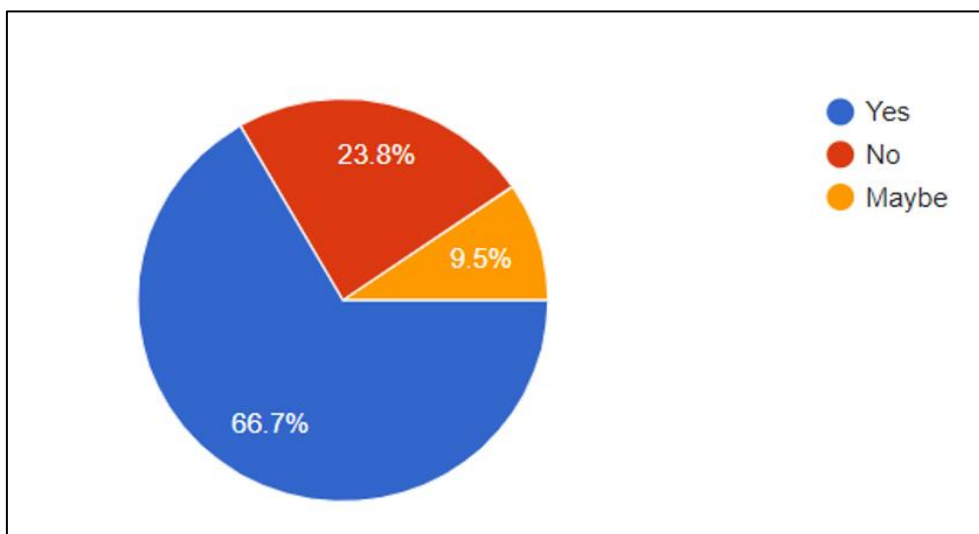


Graph 5: Do You Think Paediatric Care Needs Team Rehabilitation?



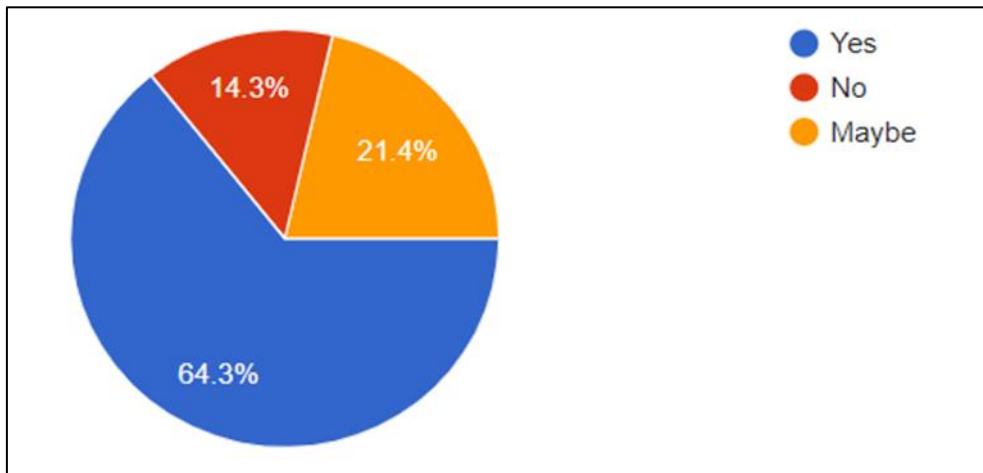
Graph 6: Does Assessment Tools Help in Clinical Practice?

Assessment tool in clinical practice makes a vast difference in treatment as well as in the documentation process. So, a good and proper assessment leads to a good diagnosis followed by a protocol setting. In this graph, 85.7% told that they use assessment tools in clinical practice and evenly 7.1% of people said that they don't use the assessment tool.



Graph 7: Do You Regularly Update Yourself in Assessment Tools?

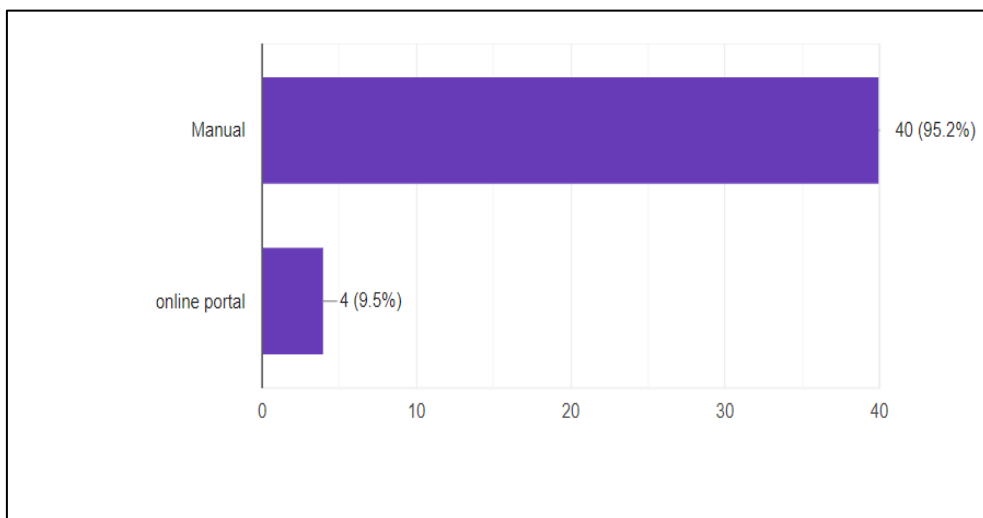
Several responses in updating assessment tools are about 66.7%. And the number of responses for "No" is about 23.8%.



Graph 8: Do You Use Manual Assessment Tools in Clinical Practice?

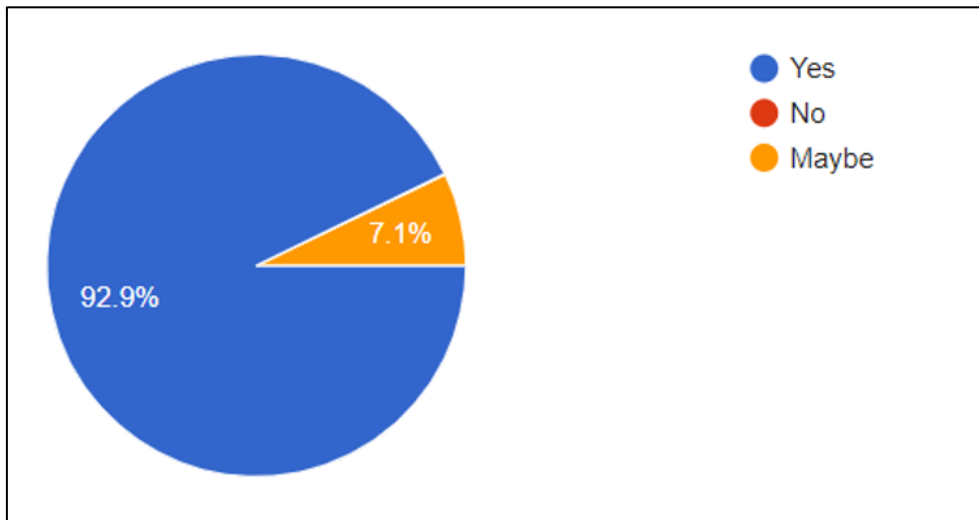
64.3% showed that they use a manual kit for assessing the child, but it's not correlating with the updating the assessment tools. 14.3% responded that "No" which may show that assessment tool may not be a major role.

The type of assessment tool from the responses is manual with 95.2% and with online portal with 9.5%. This shows that the manual form of the assessment tool is still considered to be valid in practice.



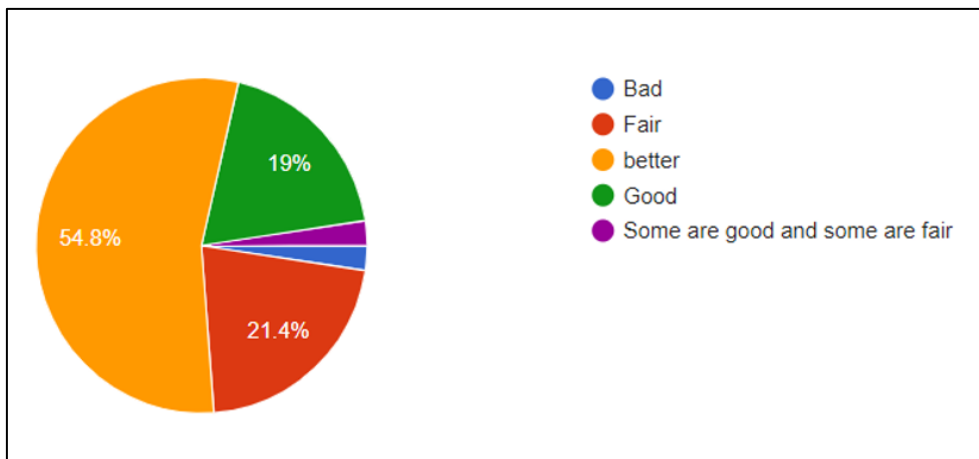
Graph 9: What Kind of Assessment Tool Do You Have?

As parental involvement plays a major in the rehab team, the number of responses in a positive is 92.9%, and 7.1% showed parental involvement "Maybe" important in the rehab team.



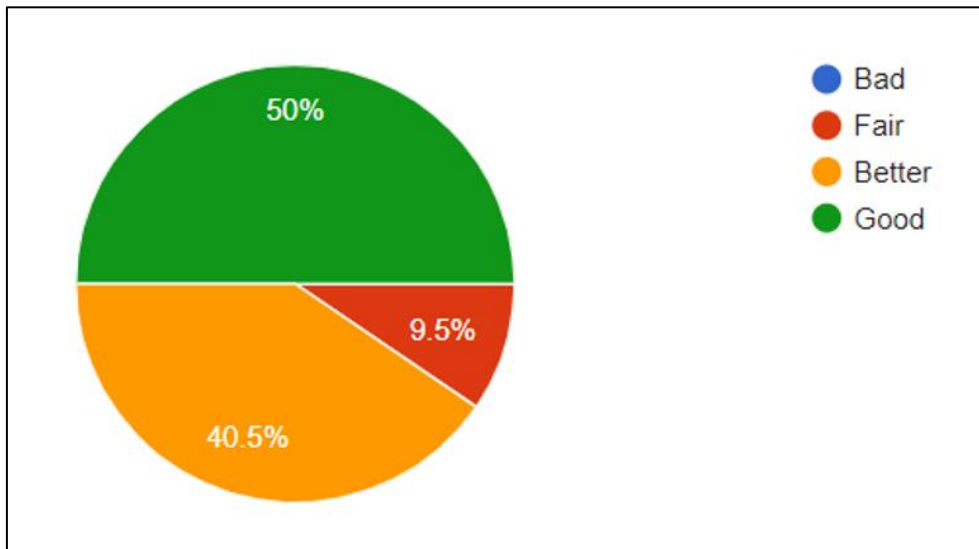
Graph 10: Parental Involvement in Rehab Team

The responses for parental involvement in understanding and implementation of protocol showed that 54.8% had better improvement, and 21.4% showed a fair response.



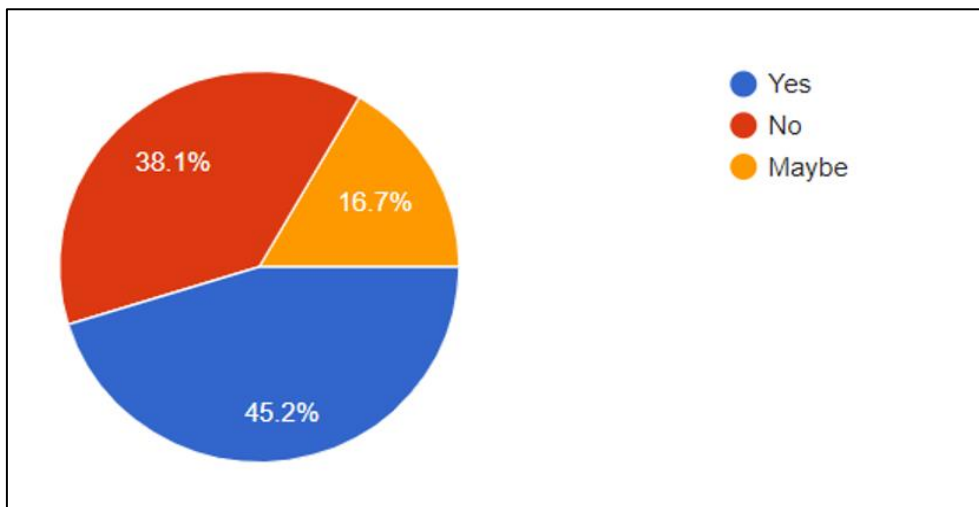
Graph 11: Parents' Understanding and Implementation of Protocol

The involvement of parents in child progress helps in better outcomes, 50% of responses showed "Good in progress", and 40.5% showed "Better in progress".

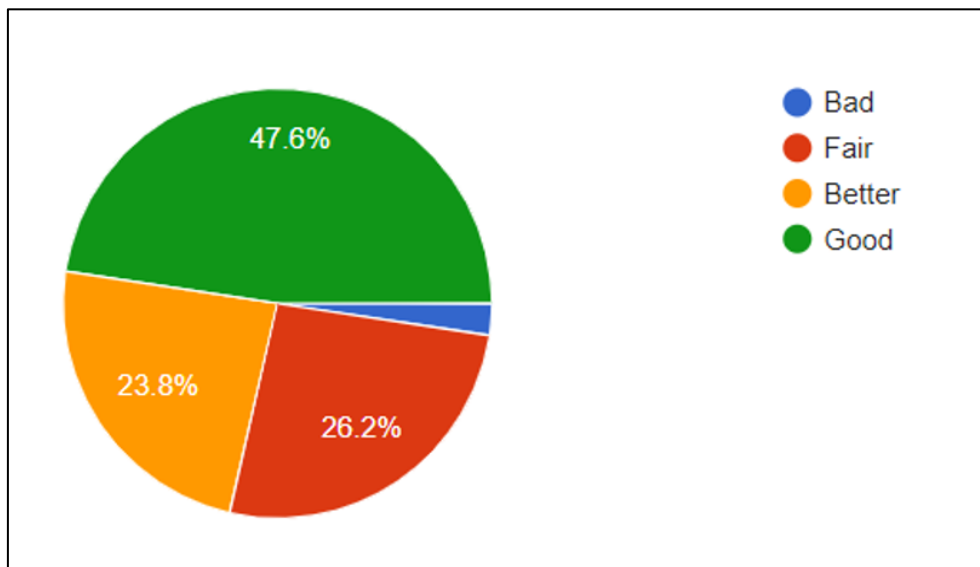


Graph 12: How Well is the Progress of Child After Involvement of Parent?

The rehab meeting is all about the discussion and evaluation of a case in detail with a respective team, concerns and consequences of treatment, and changes in protocol. These two questions have been framed in order to check the similarity with the same type of question.



Graph 13: Do You Have Regular Rehab Meetings?



Graph 14: How Well Do You Communicate with Other Professionals?

4. Discussion

There may be ample ethical issues in every profession, but only a few problems are in vision. We have selected four domains in this study, and five sub-questions in each domain have been asked to fill by the responders. Based on the responders, starting from the experience till the rehab meeting, we found that every person has different opinions and views about the ethical practice.

- **Experience:** if a person is working for less than 2 years and wants to work in the rehab team, but the possibility to do is comparatively less. Whereas some responders reported that they have worked in the rehab team for 5-10 years.
- **Area of work:** Comparing the area of work, the private clinics show more interest in team rehab than hospital-based. So, it may be a suggestion that hospital management should also consider a multidisciplinary approach.
- **Assessment tool:** 85.7% reported that assessment tool is used by professionals, but many have commented that they use self-assessment tool in clinical practice than a valid tool. Updating the tool is comparatively less than about 66.7%.
- **Parental involvement:** 91.9 % of professionals want parents to be in a rehab team, where only a verbal explanation is given, a proper explanation and implementation of factors in parents may reduce the stress, and coping factors and understand the child better.
- **Rehab meeting:** Making mutual implementation for ethical issues, as 45.2% reported rehab is present in clinical practice, whereas 38.1% still stay behind from the rehab team.

The analysis helped me to know that a holistic approach is been a high rate of evaluating a patient from different perspectives, comparatively on each child the treatment protocol keeps on changing according to decision making. Updating the assessment tool is equally important as documentation. Documenting details of the clinical practice helps in research.

5. Conclusion

Clinical practice or a refined framework of decision-making changes the ideology of members of the team. Knowledge sharing about paediatric care between the professionals helps in protocol making. There will be equality and dignity in the professions. So, if professionalism is implemented through ethics a better outcome will be present.

Conflict of Interest Statement

The authors declare no conflicts of interest.

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References

1. World Confederation for Physical Therapy. WCPT guideline for standards of physical therapy practice.
2. Kulju K, Suhonen R, Leino-Kilpi H. Ethical problems and moral sensitivity in physiotherapy: a descriptive study. *Nursing Ethics*. 2013 Aug;20(5):568-77.
3. Henley LD, Frank DM. Reporting ethical protections in physical therapy research. *Physical therapy*. 2006 Apr 1;86(4):499-509.
4. Gonzalez-Melado FJ, Teleman AA, Di Pletro ML. Family-Centered Bioethics: A New Bioethical Framework for Decision-Making in Neonatal and Pediatric Units.
5. Placencia FX, McCullough LB. The history of ethical decision-making in neonatal intensive care. *Journal of Intensive Care Medicine*. 2011 Nov;26(6):368-84.
6. Erickson SA. The wrong of rights: the moral authority of the family. *Journal of Medicine and Philosophy*. 2010 Oct 1;35(5):600-16.
7. Kuo DZ, Houtrow AJ, Arango P, Kuhlthau KA, Simmons JM, Neff JM. Family-centered care: current applications and future directions in pediatric health care. *Maternal and child health journal*. 2012 Feb 1;16(2):297-305.
8. Cooley CW, McAllister JW. Putting family-centered care into practice—a response to the adaptive practice model. *Journal of Developmental & Behavioral Pediatrics*. 1999 Apr 1;20(2):120-2.
9. Edwards I, Delany CM, Townsend AF, Swisher LL. New perspectives on the theory of justice: implications for physical therapy ethics and clinical practice. *Physical Therapy*. 2011 Nov 1;91(11):1642-52.

10. Wells JK. Ethical dilemma and resolution: a case scenario. *Indian journal of medical ethics*. 2007 Jan;4(1):31-3.
11. Nyamathi A, Vatsa M, Khakha DC, McNeese-Smith D, Leake B, Fahey JL. HIV knowledge improvement among nurses in India: using a train-the-trainer program. *Journal of the Association of Nurses in AIDS Care*. 2008 Nov 1;19(6):443-9.
12. Committee on Hospital Care and Institute for Patient-and Family-Centered Care. Patient-and family-centered care and the pediatrician's role. *Pediatrics*. 2012 Feb;129(2):394-404.
13. Moretz JG, Abraham M. Implementing patient-and family-centered care: Part II--Strategies and resources for success. *Pediatric Nursing*. 2012 Mar 1;38(2).
14. Baird J, Davies B, Hinds PS, Baggott C, Rehm RS. What impact do hospital and unit-based rules have upon the patient and family-centered care in the pediatric intensive care unit?. *Journal of pediatric nursing*. 2015 Jan 1;30(1):133-42.
15. Miller RB. *Children, ethics, and modern medicine*. Indiana University Press; 2003 Jun 18.
16. Schoeman F. Rights of children, rights of parents, and the moral basis of the family. *Ethics*. 1980 Oct 1;91(1):6-19.

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