Ethical issues in rehabilitation of the post-traumatic patient

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Abstract: Physical Medicine and Rehabilitation is a relatively young specialty developed after 1947 based on the needs of patients with functional locomotor sequelae of infectious pathologies (poliomyelitis epidemics) or of various post-traumatic pathologies - interpreted as public health issues related to impairments and disabilities. Restoring maximum locomotor functioning is the main therapeutic objective, thus increasing the degree of physical and psycho-behavioral independence of the post-traumatic patient referred to rehabilitation. Patients are extremely physically and mentally vulnerable most of the time. They may not be psychologically prepared for the long-term therapeutic program and must be informed and motivated to follow a medical routine involving many healthcare professionals. The trauma patient needs empathy and communication for reaching coping, adapting and complying to the rehabilitation program. Patients with dysfunctional locomotor pathologies and disabilities (referred from orthopedics, neurology or rheumatology) in post-traumatic context, must reasonably understand the goals of the rehabilitation program Also, they must carry out its different sequences by following the given recommendations based on experience and professional competence of the rehabilitation team. In many situations developing conflicts and ethical dilemmas related to the communication and information process, patient monitoring, quality of the relationships and communication in the rehabilitation team. Also, may be related to the presence of specific equipment and infrastructure (for example the hydrokinesiotherapy infrastructure) or the access to specific assistive devices (eg. orthotics, wheelchair). The particular elements of ethics in Rehabilitation were progressively structured starting from other models such as the US bioethical model and the general principles of medical ethics. To address the specific issues of Ethics in Rehabilitation there might be analyzed various challenging situations related to compliance of physician-patient and patient-family relationship.

Key Words: rehabilitation ethics, post-traumatic patient.
capacity (the functioning of the locomotor system) the patient is also evaluated from somatic function point of view. Hence, the patients that usually are using mainly pharmacological therapy have many questions and doubts about functional therapies - whose particularities they may not fully know or understand. This requires from the part of rehabilitation specialists and all other members of the rehabilitation team patience, gentleness, diplomacy and sustained psychological support of the patient. Ethical issues begin with patient education and filling in of the informed consent and continue with the clinical, paraclinical and somatic functional assessment planning. Also, this “ritual” or routine is sequentially repeated, starting from observing and respecting all these assessment steps, being a challenge for both the patient and the rehabilitation team. In this situation, the patient and his family understand better all the aspects of the rehabilitation process and the active position of all the participants in this scenario. It is also possible that the patient will not accept either passive physical therapy procedures or the active physical therapy program.

In terms of active physical therapy program (kinesiotherapy) and the patient’s compliance and understanding, the program must be individualized (with specific characteristics for different ages - in children, young people, adults or elderly) and adapted to the pathology and also to the impairment and disability. It is necessary to analyze the patient's level of exercise training (effort training) and to identify co-morbidities, some of whom may have a reserved vital and functional prognosis.

In order to better understand the importance of ethical issues we must start from taxonomy considerations. At this moment there is a controversy on the rehabilitation platform regarding using the new term “reabilitare” (instead of the former “recuperare”), which in Romanian language has a different meaning. However, due to the pressure exerted, many rehabilitation professionals and patients have already adopted the term, similarly to other frequent current grammar mistakes.

The terms “ethical” and “moral” are closely linked to behavioral values and they may be correctly interpreted or not. Thus, has been developed a biomedical ethical system with general principles and rules but also with particularities for rehabilitation. This system may solve dilemmas and conflicts from clinical rehabilitation practice, including post-traumatic or politrauma patient’s particularities in various scenarios (road accident at fault, negligence, trauma secondary to other health problems, trauma in elderly and in patients with important physical deconditioning syndrome), requiring the understanding of the case scenario.

The debated topics and the problems to be solved are the following:

1. Beneficence, with connotation for moral obligation to help “the others” (religious principle sustained in many religions);
2. Prevention of illness and injury, pain management, maximal autonomy and justice advocacy;
3. Solving the differences of opinion between the patient, the family and healthcare professionals, that represent great challenges, especially for the rehabilitation team. During the rehabilitation program, a special attention is paid to the autonomy of the patient, selecting the patients for early rehabilitation program or enrolling in complex therapeutic management (in connection with other specialties: cardiology, neurology, the main responsibilities in rehabilitation for all the players involved: rehabilitation specialists, physiotherapists, psychologist, speech therapist, nurses and caregivers and other healthcare professionals, direction of resources and healthcare costs, particular events in the rehabilitation platform and related to the patient’s journey and that of his family as well as that of the rehabilitation specialist and his team. Considering all these issues, the professional and interpersonal relationships are being analyzed from ethical point of view.

Being developed since Hippocrates, the first ideas and practical analysis in this regard have emerged in some groups of practitioners recognized as physicians and trained in the spirit of respect for the patient, avoiding iatrogenia, respecting the professional secrets and being loyal to their professor. Over the past 50 years, due to the discovery of new evaluation methods and therapy principles and solutions such as kidney dialysis, organ transplantation, genetic engineering and embryological transplantation, with impact on healthcare legislation, there have been numerous changes of classical medical ethics.

Taking into account the longer period necessary to carry out gradually the rehabilitation program in a post-traumatic patient and the journey of the patient with post-traumatic disabilities between several rehabilitation settings, the effects of the rehabilitation program do not occur “in few days after application”. According to the international guidelines, in most situations rehabilitation requires several weeks or even months. In chronic patients care, the development of a partnership with many players from the rehabilitation platform brings interest to the characteristics of bioethics in rehabilitation. Also, setting the rehabilitation goals and professional obligations, the professional relationship with the patient and the role and involvement of the family of the post-traumatic disabled patients are real challenges. This experience might have negative consequences on patient’s self-esteem, for reasons related to psycho-behavioral issues and physical dependence.

Ethical principles

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2. Prevention of illness and injury, pain management, maximal autonomy and justice advocacy;
3. Solving the differences of opinion between the patient, the family and healthcare professionals, that represent great challenges, especially for the rehabilitation team. During the rehabilitation program, a special attention is paid to the autonomy of the patient, selecting the patients for early rehabilitation program or enrolling in complex therapeutic management (in connection with other specialties: cardiology, neurology,
endocrinology and metabolic disease, geriatrics, etc.), requiring a good relationship and communication within the interdisciplinary team.

Because of chronic evolution in post-traumatic rehabilitation process, patient-physician relationship is very important and must be developed without any ethical dilemma or conflict. The prolonged rehabilitation and changes of the therapeutic goals and means (mobilization in bed, management of the deconditioning syndrome, provision of the premises for active physical therapy program - starting from the maintenance of joint mobility) involves all the members of the rehabilitation team.

There are several special topics of interest in the rehabilitation of post-traumatic patients, related to the age of the patient, the traumatic context, the perception of the disease by the patient and his family, their expectations, the development and implementation of the rehabilitation program and patient's journey. From the clinical and functional point of view, pain is an essential element with important ethical position for the post-traumatic patients, that requires compliance with specific ethical norms and dynamic evaluation.

The post-traumatic elderly patient should be given a clinical and functional examination to identify the vulnerability categories and peculiarities of physical and psycho-behavioral frailty. The rehabilitation of post-traumatic elderly people will must take into account the balance between the optimal quality of care and the reduction of exposure to risk factors or malpractice. In this context, there are critical situations regarding the decision about patient's self-determination in the involvement in therapeutical process and emotional, psychological or physical abuse of the post-traumatic elderly patients.

In the context of the rehabilitation program for chronic post-traumatic patients, following multiple evaluation and therapy sessions, the relationship between the patient (and his family) and the rehabilitation specialist (and his team) requires a long-term climate of trust, understanding and respecting all rules. As example, a post-traumatic patient with a history of ethanol consumption and antidepressant-tranquillizing demanded his family to bring him some. So, the informed consent for the post-traumatic patient must be well understood by the patient and his/her family or friends. Even though moral distress cannot be eliminated in the healthcare system, so neither in the area of rehabilitation, because the patient also experience negative reactions. We must try to communicate better and find institutional solutions for identifying and reporting moral dilemmas and sustaining the ethical consultation in rehabilitation of the post-traumatic patient.

The identified situations must be registered and periodically analysed and not be minimized, but presented and solved for every case, to avoid repetition and the waste of time and energy, trust, material and economic and financial loss.

Access to Physical Therapy extends the relational level and possible ethical issues related to taking the patient into care. The therapist is developing and implementing the therapeutical program recommended by the rehabilitation specialist, establishing the direct relationship in applying the therapeutic procedures and performing daily functional evaluation of the patient prior to initiating the physical therapy program. At international level, in the US, patients can be directly evaluated by the physiotherapists and the physiotherapy program is designed by the physiotherapist. This situation is justified after years of university study and medical practical experience, based on important changes made in the curriculum over time. There have been introduced many chapters of clinical information adopted from the medical field and a practical training program for the development of professional skills for the physiotherapists. For our country, this situation requires a long period of physiotherapy reform - curricular change, modernization of the undergraduate educational infrastructure under the "medical umbrella", an important number of hours of clinical practice in physiotherapy in specialized rehabilitation settings, with highly qualified staff and didactic experience in rehabilitation.

A special post-traumatic situation is Traumatic Brain Injury (TBI), a severe problematic health care field in connection with disability. Medical evidence suggests that the primary goal of rehabilitation for TBI is community integration. The evolution is in connection with variation in the individual characteristics (family background and support, education programs, quality and availability of community services, financial conditions), rehabilitation infrastructure, the experience and professional competences of the members of the rehab team. The patients may experience long term physical, cognitive and psycho behavioral impairment due to extremely variant lesions resulting in many potentials disabilities. Thus, the rehabilitation process need to be carefully planned and the goals need to be holistic, taking in consideration long-term outcomes and must be individualized to each survivor and his or her family. The TBI may cause long-term physical disability and neurological impairments, such as motor dysfunction (impairing coordination, balance, walking, hand function, speech) and sensory loss, important functional consequences that affect the patient's quality of life. The physical therapy and rehabilitation identify these impairments and may help the person to achieve the maximum degree of return to their previous level of functioning.

The medical ethics (bioethics) of the post-traumatic patient and the related costs are extremely important. In many situations, the decision to select the therapeutic offer depends on the healthcare costs, the
application methodology, the quality and the speed of the case solving, the additional risks in evolution. Particularly in the post-traumatic elderly patient there are ethical dilemmas related to the economic and financial aspects. In advanced countries, public opinion indicates moderate support (about 30%) for the criterion of healthcare in the elderly, situation in which, on long-term, there is a risk of elderly exclusion. In these conditions, the dependence of post-traumatic elderly patient regarding healthcare and rehabilitation program is a real challenge. Rehabilitation in the elderly post-traumatic patient with disabilities gives a new chance of improving the patient's quality of life.

Selection of post-traumatic patients for rehabilitation inclusion requires clinical and functional locomotor assessment prior to patient admission or outpatient rehabilitation program development. Selection is based both on the assessment of the cutaneous integrity and of the underlying tissues (presence of inflammatory reactions, residual oedema, chronic pain, etc.), but also on the assessment of the cardiovascular, respiratory and metabolic functional level required to be monitored throughout the active physical therapy programs.

Applying and developing rehabilitation programs should involve patient decision-making in a calm, friendly, trustworthy climate in which the patient understands what he/she does and why he/she must do this, to trust the professionals and to be determined and to adhere to the program. Also, he must follow the recommended pharmacological therapy and inform the rehabilitation team about all symptoms or other events that could interfere with the rehabilitation program (for example, the presence of digestive or urinary symptoms, that may indicate interruption of the program and the referral for other specialties). The rehabilitation team must support moral distress, improve communication and feedback on conflicts between team members to achieve the proposed therapeutic goals for post-traumatic patient. The illness comes with the possibility of losing the basic rights and needs of the human being. That's why the rehabilitation team should be aware and responsible for not letting that happen. Losing the independence of decision, action and even of expression, are complications that we should not face, that is why we must identify the connection between the patient and the rehabilitation team and all medical conditions that may influence the results of rehabilitation program of post-traumatic patient.

Table 1.

<table>
<thead>
<tr>
<th>Stages of medical evaluation and rehab. program</th>
<th>Difficulties</th>
<th>Ethical aspects</th>
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<tbody>
<tr>
<td>1. Interview (anamnesis)</td>
<td>Patient should be able to access any information regarding his condition.</td>
<td>- Informed consent</td>
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<td>Problems of misunderstanding, mistrust, mental status.</td>
<td>- Confidentiality</td>
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<td></td>
<td>Non communicative patient (coma, aphasia).</td>
<td>- Difficulty in assessing DMC (decision making capacity)</td>
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<td>Incomplete or error of anamnesis.</td>
<td>- Self respect</td>
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<td>Partial information from family members.</td>
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<td></td>
<td>Initial conflicts between the care team and patient/family; decision making.</td>
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<td>2. Assessment</td>
<td>Difficulty in assessing</td>
<td>- Neglecting functional assessments</td>
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<tr>
<td></td>
<td>Differences between 2 professional's assessment</td>
<td>- Partial clinical evaluation</td>
</tr>
<tr>
<td>3. Diagnosis</td>
<td>Investigations: limits</td>
<td>- Emotional, psychologic and physical abuse</td>
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<td></td>
<td>Neglecting comorbidities</td>
<td>limited access to investigations, problems with medical insurance</td>
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<tr>
<td>4. In Hospital Treatment</td>
<td>Not enough specialists and professionals in rehabilitation team:</td>
<td><strong>Quitting rehabilitation procedures:</strong></td>
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<tr>
<td>Rehab. Team and activity</td>
<td>nursing professionals, personal for transportation</td>
<td>- Comorbidities which limit the rehabilitation: (Cancer, cardiac impairment, limited functional reserve)</td>
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<tr>
<td>5. Home nursing and rehab.</td>
<td><strong>No specialists available:</strong> professional nurse, physical therapist,</td>
<td>Gap between hospital and home nursing.</td>
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<td></td>
<td>speech therapist</td>
<td>Few rehabilitation centers</td>
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Physiotherapy (PT) team is involved in ethical procedures: PT goals and physical procedures should be very explicit, so that every patient should be directly involved in the rehab program; PT plan of care should involve the patient's decisions; patients should receive information in time when it is related to the imminent problems that may appear during their physical therapy; the practice's mechanism should be presented by the therapist like resolution of patient complaints, initiation and review of practice's mechanism may be considered by the patient; the patient may refuse the physical therapy services.

Occupational therapy (OT) team is also involved in ethical procedures: all the confidential information gained from educational, practice, investigation and research activities should be protected by the occupational therapy personnel; OT should cooperate with patients and their relatives when establishing goals and making decisions during their rehabilitation program; an intervention risk, nature and potential outcome should be presented to the service recipients by the occupational therapist; OT must fully inform the patient when they are involved in scientific activities, as well as the risks and outcomes; must respect the right of the patient to refuse a certain service, scientific or research activity.

We present some difficulties and ethical aspects related to post-traumatic patients (Table 1).

Conflict of interest. The authors declare that is no conflict of interest arising out of this manuscript.

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