The recent paper by Cooper and Jenkins (2008) raises some interesting and valuable issues for discussion. How physiotherapists perceive and respect sexual boundaries is an ethical issue. It concerns respect for the patient and respect for the nature of the fiduciary relationship where patients must necessarily rely on their physiotherapist to act in their best interests in treating, advising, or managing their health care.

Two points might be inferred from this paper. The first concerns the message communicated by the paper and the second relates to the profession’s response to the issues raised by the study.

The authors’ key message is that West Australian physiotherapists are not consistent in their judgement of what is acceptable in relation to sexual boundaries. The authors also conclude that sexual attraction between a physiotherapist and their patient may be experienced such that it may lead to the physiotherapist ‘dating a current or ex-patient’. Although the findings appear to lead to these conclusions, their value is limited by two methodological weaknesses. The first, acknowledged by the authors, is that a response rate of 42% limits generalisability. This is an important limitation that should alert readers not to draw conclusions, based solely on this study, about the behaviour of all physiotherapists. The second is that, in responding to the vignettes, physiotherapists were limited to marking a number to represent what they thought about the ethical issues raised. This necessarily limits the ability of respondents to explain their understanding of the issue of sexual boundaries in therapeutic relationships, and the ability of the reader to interpret why therapists responded in this way.

Given these methodological considerations, a safer conclusion to draw is that there is some uncertainty about the nature of obligations arising from the therapeutic relationship, and that this uncertainty may put patients at risk. This conclusion is less definite than that of the authors, which pertained to physiotherapists rather than their patients. Further, this type of ethical uncertainty has been identified in other physiotherapy studies, including studies defining the nature of confidentiality (Waddington and Roderick 2002), recognising the obligations arising from informed consent (Delany 2007), and dealing with difficult patients (Potter et al 2003).

The authors suggest that the study might be replicated nationally and that regulatory bodies such as the APA and the (future) National Registration Body should ‘develop a framework that provides details of the boundaries expected in a professional relationship...’ Whilst these are valid responses to the problems identified on the face of the study results, the development of frameworks themselves is unlikely to achieve improvement in ethical practice and understanding.

The Australian Physiotherapy Association has engaged actively with the development of a code of ethics and has recently revised that code. All State and Territory Physiotherapy Registration boards have published codes of ethics and most provide ongoing information about expected standards of ethics in practice. It seems clear that additional guidelines and policies will not necessarily achieve a change in practice. Instead, what this study highlights is a need to develop ethics knowledge and practice in similar ways to the development of clinical knowledge and practice, that is, through building evidence-based knowledge and through ongoing education in the area of ethical clinical practice.

There is an emerging literature in physiotherapy suggesting that meaningful and practical clinical engagement with ethics requires something more active and grounded in everyday practice (Edwards and Delany 2008, Jensen 2005). Ethics education, by its nature, involves assisting practitioners to identify ethical issues and appropriate responses rather than just providing authoritative guidance. Effective ethics education should clarify important values in clinical practice, and assist students and experienced clinicians alike to recognise ethical issues, understand their personal responses to ethics in their clinical practice, and to recognise alternative responses. This is the message that really lies at the heart of this important and interesting paper.

Clare Delaney
The University of Melbourne

References