Physiotherapists’ views on the HPCSA’s ethical guidelines and impact thereof on private practices as businesses

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Piet Nel
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Supervised by: Dr Shadrack Mazaza
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ABSTRACT
The study is an exploratory investigation of the views of physiotherapists in private practice on the ethical guidelines of the HPCSA. It specifically looks at their opinions of the effects of these guidelines on the business and economics of their practices and their experiences of coming to grips with these guidelines. A qualitative approach was followed during which a total of 13 physiotherapists in and around Cape Town were interviewed during semi-constructed interviews.

It was found that the participants were generally of the opinion that the ethical guidelines were necessary and served a purpose. The physiotherapists were also found to largely be conducting their practices within these guidelines. Uncertainty around the advertising guidelines was confirmed as a potential concern. Further challenges related to the naming of practices, the sharing of rooms, informed consent and unethical billing. Although medical professionals are obliged to follow these guidelines, several concerns were identified. There were challenges around the knowledge, understanding and interpretation of the ethical rules which were, predominantly the result of ignorance on the practitioners’ behalf. Conclusions made, additional to the aims of the study, are discussed and recommendations are given to potentially address some of these challenges.

KEYWORDS:
Advertising, business aspects, ethics, ethical guidelines, ethical challenges, health care, HPCSA, physiotherapists, private physiotherapy practices, SASP
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GLOSSARY OF TERMS

AHPCSA – Is the acronym for the Allied Health Professions Council of South Africa.

Business and economic factors – In the context of this study, this will refer to the ethical aspects of which “the main focus had to be around financial considerations” with regards to private medical practices as used by Triezenberg (1996, p. 1097).

Clinicians – In this study, refers to medical professionals of various professions.

CPD – Is the acronym for continuous professional development.

DTC – Refers to direct-to-consumer advertising of prescription drugs relating to the pharmaceutical industry.

Ethical guidelines – The ethical guidelines refer to the ethical guidelines of the Health Professions Council of South Africa.

Hands On physiotherapy magazine – This is the monthly physiotherapy magazine published by the SASP.

HCP – Is the acronym used in the literature for health care professional.

HPCSA - Is the acronym for the Health Professions Council of South Africa.

Interviewees - Refers to the physiotherapists that participated in the interviews done during the study.

Managed care or managed health care – This is the name that has questionably been used for the “diverse delivery mechanisms” used in health care (McCurdy, 2002, p. 527). Aspects associated with managed health care such as “profit generation, cost minimization, and the efficient allocation of economic resources for health care delivery” (Gilmartin and Freedman, 2001, p. 17) are viewed by some to be in contrast to the noble cause of health care.

Outpatients – Refers to patients that are treated that are not hospitalised.

Participants – This refers to the physiotherapists that participated in the interviews done during the study.
**Position Papers** – The term Position Papers refers to the Position Papers of the South African Society of Physiotherapy. These Position Papers contain the South African Society of Physiotherapy’s views on certain ethical issues. It also contains information and specifics around certain of the ethical guidelines and serves to help physiotherapists with improving their understanding of certain ethical guidelines as set out by the Health Professions Council of South Africa.

**Physical therapy** – Physiotherapy is sometimes referred to as physical therapy, especially in countries other than South Africa.

**Practitioners** – Refers to medical professionals within various medical professions.

**PT** – Is the acronym used in the literature for physical therapy.

**SASP** – Is the acronym for the South African Society of Physiotherapy.

**Therapists** – Generally this term refers to physiotherapists.

**Treatment modalities** – This refers to the different treatment techniques used by physiotherapists.
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RESEARCH TITLE

Physiotherapists’ views on the HPCSA’s ethical guidelines and impact thereof on private practices as businesses.

1. INTRODUCTION

1.1 Research Area and Problem

“In the course of their professional work health care practitioners are required to subscribe to certain rules of conduct. To this end the Health Professional Council of South Africa has formulated a set of rules regarding professional conduct against which complaints of professional misconduct will be evaluated” (Guidelines for good practice in the health care professions, Booklet 2, 2008, p. 3).

Ethics play an important part in how business is conducted in a way that is seen as orderly and acceptable. In South Africa the health care industry is regulated by the Health Professions Council of South Africa (HPCSA). They have established various sets of ethical rules and guidelines which set the boundaries within which they recommend that medical professionals should conduct their interaction with their patients, as well as the way in which they should run the business aspects of their practices. An important function of these rules is also to protect the public (Document on undesirable business practices, 2005, p. 3).

Problem: Medical practitioners are often well trained in clinical skills, but they may be confronted by the challenges presented by the running of or working within a private medical practice. The private practice environment can sometimes be rather competitive. As a result, medical professionals may need to spend more time on the business aspect and administration of the practices within which they work or which they own. It is sometimes forgotten that medical practices are also businesses and need to function as a business while still providing an effective, professional and ethical service. Gilmartin and Freeman (2001) mentions that one of the misconceptions of health care is that the providing of health care is often not seen as a business. Besides the responsibility of being part of or managing a private practice, the
medical professional also needs to consider all of the ethical guidelines which direct their behaviour. This can in turn create a substantial administrative burden on the professional.

The researcher’s interest revolves around ethics and the views and opinions of other physiotherapists on the ethical guidelines of the HPCSA. As a physiotherapist that was an owner of a private practice, he was challenged with getting to grips with all of the rules and regulations that he had to adhere to. The researcher felt that it was his professional duty to gain knowledge and understanding of these ethical guidelines. During the process of starting out and managing his own private physiotherapy practice, it took him a considerable amount of effort to ensure that he understood and abided to all of the guidelines as set out by the HPCSA. This was not only true for the guidelines stipulating the clinical aspects of health care service delivery, but also those guidelines around the “business and economics” (Triezenberg, 1996, p. 1104) of private practices.

While doing the literature review, the researcher came across the lack of knowledge and the understanding of the ethical guidelines being mentioned as possible challenges that could exist around ethical guidelines. As the researcher knew from experience about the effort that it took him to get to grips with these guidelines, he wanted to investigate the views of other physiotherapists on getting to grips with these ethical guidelines.

One of these guidelines that posed a challenge to the researcher while he was in private practice was the guidelines around advertising of the practice. As a new practitioner in a new town, the researcher visited medical practitioners to introduce himself to them. Besides these visits, he saw advertising as an important way to promote the practice. Promoting the practice would potentially lead to increased feet through the door, which in turn could lead to increasing the turnover of and helping the growth of the practice as a business. According to the researcher the guidelines around advertising were, at the time, very rigid and specific. The researcher found it challenging to make the public aware of the services provided and scope of conditions treated, while staying within the ethical guidelines. After just more than two years of running his own practice, the researcher left the medical industry for some years. When the researcher decided to do this study some years later, he found that the ethical guidelines around advertising had changed and had become less rigid. For this reason he wanted to find out what the views of other physiotherapists in private practice were on these
ethical rules and especially, their views on whether it has an impact on how they run their businesses.

At the start of this study the researcher’s thought process around the HPCSA’s ethical rules was that he could prove that these rules somehow affect the business aspects of private medical practices. As he went through the research process, he came to the realisation that these ethical guidelines are only supposed to influence the behaviour of health care professionals and are not designed to increase or promote the business side of private practices. The HPCSA is there to guide the behaviour of health care professionals and to protect the public. The HPCSA is therefore not bound to easily change any of their ethical rules or regulations based on the perception of health care professionals of these rules having an influence on the business and economics of private practices. Hence, it is the obligation of the health care professionals to ensure that they know and understand these ethical rules and practice within the specifications of these guidelines. It is ideal if this happens without health care professionals unnecessarily feeling that it is difficult for them staying within these guidelines as a result of a lack of their knowledge or understanding thereof, should their knowledge and understanding thereof be an issue for any reason.

The researcher’s interest was in the views of other physiotherapists in private practice on the ethical guidelines and how it impacts their practices as businesses. This was therefore twofold in nature:

- Did other physiotherapists in private practice also experience it as a demanding process to come to grips with the ethical guidelines of the HPCSA?
- Do other physiotherapists also experience the guidelines around, for example advertising, to be a challenge to their ability to promote their practice?

**Context:** The context of the study is within the health care industry in South Africa, and more specifically in private physiotherapy practices based in and around Cape Town. Only physiotherapists were interviewed for the study as this was the environment within which the researcher had previously practiced. The time limitations associated with the study also did not allow for more than one medical profession to be included in the study.
In a South African study by Scherrer, et al. (2002, p. 63) the researchers found a lack of research and publications in the field of ethics, not only in the field of Psychology, but also in other health care professions in South Africa. Based on the findings such as those of the study by Scherrer, et al. (2002), and the fact that all medical practices are regulated by the same set of broad ethical rules, the researcher is of the opinion that this research may also be applicable to private practices of other medical practitioners besides those of physiotherapists.

Although this study was intended to explore the views of physiotherapists on the ethical guidelines of the HPCSA, it is important to mention that the focus was not towards ethics applicable to the clinical aspects of private practices. The study aimed at focussing on the ethical guidelines, such as those around advertising, that may have an influence on the business and economics of private physiotherapy practices, and the challenges that may exist around this.

**Purpose:** The purpose of the study was exploratory of nature as the researcher asked questions and aimed to find new insights and general views on the topic. The questions asked were initially broad and open ended and later on in each interview, focused on specific issues such as the guidelines around advertising, which the researcher thought to be of specific interest. The purpose was to try and establish the general views of these ethical guidelines amongst physiotherapists operating within private physiotherapy practices and the impact that it has on their businesses, while also getting their views on the specific guidelines around advertising. The initial, broader approach during each interview was to ensure that the research would identify any additional challenges that may exist that the researcher did not initially consider or may have experienced first-hand.

The only expected effect of ethical rules on health care professionals is towards the ethical behaviour of practitioners. Following evidence in the literature review indicating that knowledge and understanding of ethical guidelines could also pose certain challenges, the study therefore also wanted to investigate whether other physiotherapists have difficulty understanding and interpreting the guidelines. The study also tried to determine whether there is anything that is making it difficult for physiotherapists to practice within these ethical guidelines.
Besides the aims mentioned above, the researcher hopes that this study will spark some discussions amongst physiotherapists regarding ethical challenges that may exist within private practices. The author is further hopeful that this research may inform physiotherapists and the South African Society of Physiotherapy (SASP) of the existence of certain challenges that physiotherapists in private practice may be experiencing around the ethical guidelines of the HPCSA and that these challenges could be addressed accordingly.

**Significance/importance:** If it is found that the general view amongst physiotherapists is that they are experiencing certain challenges around these guidelines, such as running an effective business within the ethical guidelines around advertising, it may have some of the following indications to physiotherapists or to the SASP:

1. As the HPCSA is not bound to easily change these ethical guidelines, the clinicians should ensure that they fully understand these rules as it is a part of their professional obligation to do so. A clear understanding of these guidelines would enable practitioners to run practices more effectively as a business, while staying within the specifications of the guidelines.
2. This could be an indication of the need for workshops or courses on these guidelines to better inform physiotherapists on the technical specifics of these ethical guidelines. Alternatively it could indicate that the education of ethics during physiotherapy training may need to be re-evaluated.
3. The study may be of significance in that it may show physiotherapists that they can, while still acting within the ethical guidelines, potentially change or improve the way in which they work within or manage private practices.
4. The study may indicate possible ways of addressing any challenges that may exist around the ethical guidelines.

**1.2 Research Question and Scope**

The research question that the researcher tried to answer is the following:

What are the views of physiotherapists in private practice on the impact that the HPCSA’s ethical rules have on the running of their practice as a business?
The purpose of this research will be exploratory of nature, attempting to answer the primary research question. The research will also attempt to answer some of the following secondary research questions mentioned below:

- How did physiotherapists experience the process of familiarising themselves with the ethical guidelines and ensuring that they operated within these guidelines?
- Are physiotherapists of the opinion that better interpretation and understanding of these guidelines could lead to private practices being managed differently, and if so, how?
- Are physiotherapists of the opinion that there is anything that is making it difficult for them to follow these ethical guidelines, and if so, what?
- Does this study indicate that the challenges identified around the ethical guidelines are worth any further research being done regarding ethics in private medical practices?

The scope of this study was very broad in nature as it investigated and discussed the views of physiotherapists on the ethical guidelines, and also focused specifically on the guidelines around advertising. It further tried to focus on any issues, concerns or challenges that emerged during the study.

1.3 Research Assumptions and Ethics

The following assumptions were applicable prior to the research:

1. That the physiotherapists interviewed will be willing to openly share their views of and experiences with the ethical guidelines as set out by the HPCSA.
2. That there are other physiotherapists who also, in some way, feel or have felt challenged by the HPCSA’s ethical guidelines as previously experienced by the author.

No substantial ethical limitations were detected that could be problematic to this study. The necessary ethical application was submitted and ethical clearance was received. There may be some concern around confidential information that the researcher have come across during the interview process. This, for example, includes information on health care professionals.
not keeping to the HPCSA’s ethical guidelines. This would in turn necessitate the question of the way in which the researcher should handle such information. It is important to note that this research would have been compromised if the researcher could not guarantee the anonymity of the participants. It would have prevented the participants from talking frankly and honestly with the researcher and would have jeopardised the information gathered during the study.

All information gathered was handled in a confidential way as stipulated in the informed consent signed by the participants. Care was taken to securely store the collected information. The information was also de-identified to ensure the protection and anonymity of the participating physiotherapists.

2. LITERATURE REVIEW

2.1 Introduction

The literature review will briefly discuss the history of ethics and will look at business ethics and ethics in private medical practices. The review will further discuss the HPCSA as a regulatory body for medical professionals and the SASP as a regulatory body for physiotherapists. Certain ethical challenges related to running a private medical practice and the understanding of ethical guidelines will also be addressed. There are several ethical guidelines that could potentially have an influence on private physiotherapy practices, but specifically the ethical guidelines around advertising and advertising in general within the medical industry will be investigated and discussed.

2.2 The history of ethics

Ethics has been around for centuries. “The practice of medicine was in the hands of priests in the kingdom of Hammurabi of Mesopotamia, 5 000 years ago. The Code contained medical ethical rules and legislation and provided specific penalties for medical negligence” (Dhai, 2011, p. 2). Ciulla (2011, p. 335) argues that business ethics has been an issue for a very long time. It is even mentioned by historians that the ancient city of Carthage situated in the modern day Tunisia, came to a fall due to the fact that people did not see anything leading to
profit as being wrong. Brenkert (2010) mentions that it should be a continuous aim for ethicists to puzzle together how all of the business scandals and crises actually relate to business ethics. Various events in history such as the numerous business scandals, the Great Depression and the recent collapse of the banking system may to a degree be linked to business ethics (Ciulla, 2011). Besides this, many business schools still prefer to rather spend time and money on finance and accounting subjects than on business ethics although “few would argue that financial disasters and business scandals were the result of people having poor quantitative skills” (Ciulla, 2011, p. 341).

Phillips (2003, p. 328), argues that ethics is not always only about what is right and wrong. Sometimes it is about what is the “right moral choice rather than the right business choice.” Taking this into consideration, it suggests that although a decision makes moral sense, it might not necessarily make business sense. This combined with the fact that people often tend to see health care organisations as fitting the profile of non-profit organisations rather than for-profit organisations (Weber, 2001), it might be a challenge for health care organisations to function as profitable institutions. Montague (1963, p. 46) mentions that “The professional is first dedicated to his art - making a living is incidental.”

KPMG did a repeat study during 2008 and 2009 on corporate fraud and misconduct. Misconduct was found to be high across various industries with between 65% and 80% of all employees reporting to have “personally seen” or to have “firsthand knowledge” of wrongdoing within their organisations. Seriousness of the misconduct was rated by the fact that it could result in a “significant loss in public trust if discovered”, where health care rated the second highest of all the industries (Integrity Survey, 2008, p. 1-2). The report also indicated that 59% of participants felt that “managers and employees feel pressure to do whatever it takes to reach business targets.”

The KPMG study mentioned that “Ethics and compliance programs continue to have a favourable impact on employee perceptions and behaviours across the board” (Integrity Survey, 2008, p. iii). The study also found that “the percentage of respondents who reported working in an environment in which people feel motivated and empowered to do the right thing doubles (from 43 percent to 90 percent) among employees who work in companies with comprehensive ethics and compliance programs versus those who do not” (Integrity Survey,
This indicates that individuals guided by ethical guidelines tend to feel motivated to behave more ethically and can be seen as an indication of the need for ethical guidelines in business.

2.3 Ethics and private medical practices

This now brings the focus closer to the health care industry. According to Phillips (2003, p. 328) ethics related to health care can also be referred to as “bioethics or medical ethics.” Bioethics covers a broader spectrum which also includes ethics related to animals and the environment while medical ethics are normally more related to medical practice. Weber (2001) argues that most people still see medical ethics as only related to the clinical aspect of health care and not necessarily to the business or management side of it.

According to the SASP’s Position Paper named First Line Practitioners Status of Physiotherapists (2008, p. 5) “Ethics can be said to be morally desirable conduct, beliefs and character, resulting in a set of well-researched principles, policies, ideals, beliefs, attitudes and conduct.” Ethics can be broadly categorised to fit into four basic categories as indicated below:

“As a general guideline, most health professionals have accepted four basic ethical principles or criteria, namely:

- Beneficence (to do most good)
- Non-maleficence (to do no/least harm)
- Justice (to treat all persons fairly and equally)
- Autonomy (each person has the right to make his/her own decisions)

There are many exceptions and qualifications for these principles, but they are good, broad guidelines for ethical professional conduct” (SASP First Line Practitioners Status of Physiotherapists, 2008, p. 5).

Weber (2001) states that the core of academic business ethics predominantly looks at ethics from the perspective of competitively orientated, large scale organisations competing in a for-profit environment. These discussions “includes very little, if any, discussion of service-
oriented organizations” (Weber 2001, p. 5). It is therefore very difficult to apply these academic approaches to smaller, medical practices that are mostly service orientated.

A retrospective study of the 90 publications between 1970 and 2000 on the knowledge of ethics in physical therapy indicated that there were gaps in the knowledge of ethics at the time of the study (Swisher, 2002, p. 692). It also found that most of the articles were “predominantly philosophical” and “focused on the patient/client management role of the physical therapist, and addressed the moral judgment component of moral behaviour” (Swisher, 2002, p. 701-702). A study of the literature around the knowledge of ethics in physical therapy since 2000, found that “Ethical theories are poorly integrated into the discussion of ethics in practice” (Carpenter and Richardson, 2008, p. 366). Both these investigations of the literature indicated a scarcity of the discussion and investigation of ethics relating to the business aspects of private physiotherapy practices.

2.3.1 The HPCSA

“The HPCSA is a statutory body established in terms of the Health Professions Act, 1974. Its mission, together with the twelve Professional Boards that operate under its jurisdiction, is to promote the health of all people in South Africa by determining standards of professional education and training and setting and maintaining the highest standards of professional and ethical behaviour for its registered health care professionals. It has, as its vision, quality health care standards for all” (Dhai and Mkhize, 2006, p. 8).

The HPCSA’s General ethical guidelines of the health care professions, Booklet 1 (2008, p. 1) states the following:

“Being registered as a health care professional with the Health Professions Council of South Africa (HPCSA) confers on us the right and privilege to practice our professions. Accordingly practitioners have moral and ethical duties to others and to society. These duties are generally in keeping with the principles of the South African Constitution (Act No. 108 of 1996) and the obligations imposed on health practitioners by law.”
In an article in the Sunday Times in May 2011, the acting CEO and registrar of the HPCSA, Marella O'Reilly said that “their ethical rules and regulations are there to protect the public and to guide the professions in providing quality health care to our citizens” (HPCSA condemns telemedicine, 2011). This came in response to a telemedicine business where medical advice is given over the phone. She also stated that the HPCSA would “not approve any business model which contravened its ethical rules and regulations and would investigate any health care professional who contravened them” (HPCSA condemns telemedicine, 2011).

2.3.2 The SASP

The SASP is the regulatory body of the physiotherapy profession within South Africa. It states in its mission statement that it “provides a structure within which the needs of its members are met.” It also states that “It strives to ensure the quality of physiotherapy services to all peoples throughout South Africa” (Mission Statement of the South African Society of Physiotherapy).

The SASP has what they refer to as “Position Papers” wherein they state their position on certain issues that are of interest to the profession. Some of the position papers also give more information on the specifics of the ethical guidelines of the HPCSA as has been discussed and clarified by the SASP with the HPCSA. These include the Advertising and making professional services known Position Paper. The Position Paper on advertising states the following (SASP Advertising and making professional services known, Position Paper, 2009, p. 1):

“The aim of this document is to clarify the SASP interpretation of the ethical rules and guidelines of the Health Profession Council (HPCSA) for members of the SASP. After several meetings with the Legal Department of the HPCSA, the interpretation of the document, by the SASP, was agreed upon on 28 October, 2008. For further details and the full document please consult the SASP website, www.hpcsa.co.za”

2.4 Potential challenges related to ethics

Trizenberg (1996) conducted a study to identify the broad range of ethical issues in physical therapy practices. Sixteen issues were identified; 6 involved patient rights and welfare, 5 were related to professional issues and a further 5 issues were in relation to “business and
economic factors” (Triezenberg, 1996, p. 1097). For inclusion into the category of issues relating to business and economics, the main focus had to be around financial considerations. This mostly had to do with “how physical therapists conduct themselves in relation to the business aspects of the profession” (Triezenberg, 1996, p. 1104). The issues that were identified as business and economic factors that were mentioned but not discussed in detail were the following:

- “The justification of appropriate fees charged for the services rendered by physical therapists
- The maintenance of truth in advertising
- The endorsement of equipment or products in which the physical therapist has a financial interest
- The involvement of physical therapists in business relationships that have potential for patient exploitation
- The identification and elimination of fraud in billing for physical therapy services” (Triezenberg, 1996, p. 1106).

Triezenberg also mentioned that “There has been an absence of the formal discussion on the important ethical issues relating to business interaction. This appears to be an area that has great potential and need for exploration and study” (Triezenberg, 1996, p. 1104). The potential challenges relating to ethics discussed below are those that can be seen as a part of the “business and economic factors” (Triezenberg, 1996, p. 1097) of private physiotherapy practices.

2.4.1 A lack of knowledge or understanding of the ethical guidelines

Harris (1994) mentions that people acted in an ethical way before ethical codes existed. Banks (1998, p. 29) mentions that “written ethical codes do not alone create or ensure ethical practice.” Banks also argues that there “is more to ethical conduct than mere rule-following” (Banks, 1998, p. 29). However, the author would like to argue that knowledge and understanding of the ethical guidelines is an important part of acting ethically, especially with relation to the business aspects of a private practice.
“Without an ethical awareness, the physiotherapist may unintentionally act unethically, where the ethically conscious physiotherapist will know when he or she is acting unethically and therefore be able to alter or adjust the action” (Praestegaard and Gard, 2011, p. 8).

Vergés (2010) discusses the context within which psychologists work and the decision-making process through which they should go when making decisions on ethical issues. He concludes that “developing moral awareness and sensitivity, increasing the familiarity with ethics codes and laws and, as we insist here, being aware of the relevant features of the contexts of work in order to develop a set of strategies to address potential conflicts before they emerge” (Vergés 2010, p. 501) are important when dealing with potential ethical issues.

The conclusion to which Finch, Geddes and Larin (2005) came in their study on the “ethically-based clinical decision-making in physical therapy” included the following: “PTs readily identify situations that involve an ethical decision, but they do not generally identify the ethical principles involved or use an ethical approach to analyse the problem.” They generally go through certain steps in their process to get to a decision. Therapists also tend to ask the advice of colleagues to help them with their decision process. They also “less frequently consult professional associations and regulatory bodies for legal information and behavioral expectations.” They do not normally make use of literature on ethics and ethical issues to help them with their decision-making (Finch et al., 2005, p. 160).

As mentioned above, physiotherapists may have some limitations around identifying specific ethical principles that are relevant in a specific ethical situation, as well as where to get clarity around their uncertainty. Physiotherapists may need to realise that awareness of certain ethical guidelines may be necessary to avoid “unintentionally” acting unethically (Praestegaard and Gard, 2011, p. 8).

In an ethics manual by Snyder and Leffler (2005, p. 560) it is mentioned that “Medical practice, however, does not stand still. Clinicians must be prepared to deal with changes and reaffirm what is fundamental.” It is also mentioned that “ethics must be understood within a historical and cultural context.” It can therefore be seen that ethics isn’t static and that continuous effort needs to be made to understand the ethical principles and guidelines. Ethics can also be viewed in different contexts which need to be taken into consideration when
dealing with the issues related to ethics. Hosmer (2000, p. 233) mentions the following about business ethics: “It is, however, subject to multiple interpretations and open to extensive conflicts.” Seedhouse (2002, p. 249) also argues that Codes of Ethics for health professionals are “open to wide interpretation.” The interpretation of ethics is therefore something that the health care professional may want to keep in mind when confronted with ethical issues.

The SASP Code of conduct (2007, p. 3) states that physiotherapists should always “Endeavour to familiarize themselves with current requirements set in terms of ethical behaviour and legislature by relevant professional bodies and effect changes through participatory and democratic means.” The Code of conduct also states that physiotherapists should “Endeavour to familiarize themselves with current legislation impacting on professional conduct” (SASP Code of conduct, 2007, p. 3). According to the Code of conduct it is therefore the responsibility of physiotherapists to stay up to date with the ethical guidelines and any changes that may take place within these guidelines.

The study done by Banks (1998), found that only one of the nine members of a multidisciplinary team of health care professionals regarded her professional ethical codes as important. She mentions that “the rest, like the physiotherapist, were not sure, or did not think that the codes were important” (Banks, 1998, p. 28). This may indicate the lack of a sense of importance and a general knowledge and understanding of the ethical guidelines by physiotherapists, as well as other health care professionals.

The review by Carpenter and Richardson (2008, p. 366) of the literature around the knowledge of ethics in physical therapy revealed “the continuing need to ensure the development of physical therapy ethical knowledge by consistently incorporating both ethical theories and practice knowledge in education curricula and establishing a rigorous research agenda that accurately reflects the unique and multidimensional nature of clinical practice.”

In a South African article by Oosthuizen and Verschoor (2008), they emphasise the need to train medical health care workers in medical law and ethics. They found that there is currently no uniformity in the curriculum at medical schools in South Africa for the education and training of ethics and medical law (Oosthuizen and Verschoor, 2008). This leaves a question around the level of knowledge and understanding amongst health care professionals on the topic of ethics and specifically business ethics in health care.
Finch et al. (2005, p. 160), mention that “An increasing awareness of the ethical dilemmas related to health economics and how to resolve them needs to be an important aspect of HCP educational programs.” They argue that giving students a better understanding of the ethical issues that they may face, will help them to make better clinical decisions if they are in private practice later on. Kirch (2007, p. 54) states that “the use of scenarios to enhance ethical decision making” is strongly supported in the literature. Education around ethics and especially education that involves the use of specific scenarios may therefore be an effective way to prepare physiotherapists for the potential ethical dilemmas with which they may be confronted.

2.4.2 Health care as a business

The Canadian study by Iacobucci (1997, p. 83) on the ethics of practicing psychology as a business, states that “For private practitioners there is an inherent or potential conflict between self interest, and public interest.” According to the author this can be true for all private medical practices. “Opponents of the ‘corporatization of health care’ argue that the entry of profit seeking enterprises have undermined the very core of ethical and just health care service delivery” (Gilmartin and Freeman, 2001, p. 3). Gilmartin and Freeman (2001) wrote a paper on whether health care delivery should be conceptualised as a business. They are of the opinion that there are some misconceptions around health care which include the following: “Health care is not a business; Health care operates at a higher moral standard than most sectors of the economy; Free markets must not be allowed to operate in health care.” They state that although health care is dominated by not-for-profit organisations where sustained operations do not necessitate that they make a profit, an amount which equates to around 13.5% of the United States’ gross domestic product, was spent on health care in 1998 (Gilmartin and Freeman, 2001, p. 16).

Gilmartin and Freeman (2001, p. 2) argue that businesses these days have become so competitive that is has at times become disconnected from the ethical aspects thereof, “making it an institution that can at best be amoral.” They state that health care as a business cannot be disconnected from ethics and mentions that the best run businesses may be those with “noble causes” or with a “sense of purpose.” There is little doubt in the author’s mind regarding the importance and relevance of ethics in business and in health care. One should
nevertheless take into consideration the practicality of some of these rules and guidelines as Brenkert (2010, p. 703) states so vividly in the abstract of his article on “The Limits and Prospects of business Ethics”.

“Even if business ethicists can rationally defend what businesses should be doing, unless we can relate this to how businesses can come to operate in those ways, our normative arguments will lack power, persuasiveness, and effectiveness. Only if we are able to provide this analysis will our normative ethics fulfil the practical task it has taken upon itself.”

Another reason for the emergence of business ethics in health care is the individuals within the health care organisations that are shaped by the “values of business and the marketplace rather than the traditional health care values of the medical professionals who dominated health care delivery in the past” (McCurdy, 2002, p. 527). Wicks, (2002, p. 410) mentions that the issue of business within health care is a cause of underlying tension. However, it is not only patients that are raising their need for better and cheaper health care. Providers of health care also want to be seen as “legitimate stakeholders.” They want to have the issues related to cost or in other words the “business” side of providing health care, to be an important part of the discussions around health care. The ethical challenges and especially those relating to business ethics, that are applicable to health care and in particular managed health care, effect too many people and are too important to just be ignored (Wicks, 2002).

Povar et al. (2004, p. 131) also mentions that third parties such as “health plans” and “provider groups” that play a part in the financing and delivery of health care may result in “challenges to the patient–clinician relationship.” This may also raise the question whether the individual needs of the patient are being addressed. Gilmartin and Freeman (2001) are also of the opinion that managed health care has certain controversies around it. “The entry of a narrow set of corporate values based on profit generation, cost minimization, and the efficient allocation of economic resources for health care delivery represented by managed health care are viewed as in opposition to the noble cause of do no harm in patient care services” (Gilmartin and Freedman, 2001, p. 17).

The book by Weber (2001) named “Business Ethics in Healthcare: Beyond Compliance” is reviewed by McCurdy (2002). McCurdy mentions that there are various approaches towards
the rise of business ethics in health care. Some contribute it to the growing influence that the receivers of health care are having. Others say that it is due to managed health care which is the name that has questionably been used for the “diverse delivery mechanisms” used in health care (McCurdy, 2002, p. 527). Wicks (2002) states that health care and especially what is termed as managed health care, has become a topic of controversy in the United States. People are demanding a health care system that is accessible and up to date with the latest technology, but the health care being provided should also be affordable. The issue is that these two components are becoming increasingly difficult to “satisfy at the same time” (Wicks, 2002, p. 409). This has to do with profit on the one side and the delivery of better health care services on the other, which may give rise to questionable ethical behaviour.

A study by Murphy, DeBernardo and Shoemaker (1998, p. 43) on the impact of managed care on independent practice and professional ethics indicated that “A majority of respondents reported encountering ethical concerns not addressed by the American Psychological Association ethics code.” The study also states that managed health care affects aspects of health care such as the “business structures, ethics, and professional concerns of independent practitioners” (Murphy et al., 1998, p. 43).

Besides all the opinions above indicating the ethical challenges that managed health care can create, Weber (2001) observes that the concept of “healthcare business ethics is generated by, and concerned with, far more than problems of managed care” (McCurdy, 2002, p. 527). The ethical challenges relating to business and health care should therefore not be interpreted as only being limited to the field of managed health care.

A similar question to what Ciulla (2011) asked about the role that qualitative skills played in the financial disasters and scandals in the world, may also be redirected at the medical industry. How many of the ethical issues in health care can be correlated to poor medical knowledge and how many can be related to business issues? In an article done on ethical complaints against psychologists in South Africa for the period from 1990 to 1999 (Scherrer, et al., 2002, p. 32), neglecting to register made up the highest percentage of complaints at 21.3%. Most of these complaints were made by the HPCSA themselves. The second highest were problems that related to accounts and this made up 16% of the complaints. Third were problems related to reports (13.1%) with incompetence only coming fourth (12.9%). Other
issues that also received high amounts of complaints were improper behaviour (11.5%), breach of confidentiality (6%) and improper advertising of services (4%). If one would look at this critically, only a small percentage of the complaints can be related back to a lack of clinical skills. The rest of these complaints can be linked to the administration and business aspects of these practices.

2.5 Advertising as an ethical guideline related to the business and economics of medical practices

The following section will focus on advertising as set out in the HPCSA’s ethical guidelines. Advertising has been identified by the researcher as one of the aspects that may have a potential impact on the business and economics of private medical practices. This is supported by the findings of Triezenberg (1996, p. 1104) who identified advertising as one of the ethical issues related to the business and economic factors of physical therapy practices. The literature review will look at the importance of the wording and context of advertisements. It will also aim to show that advertising has a place and function to fulfil in the medical industry, but that some uncertainty around how to advertise ethically may be present. The literature review will finally look at the direct-to-consumer (DTC) advertising of prescription drugs as an example of the impact that advertising can potentially have on an industry.

The following is a direct quotation out of the HPCSA’s Guidelines for good practice in the health care professions, Booklet 2 (2008, p. 9).

“Advertising and canvassing or touting

(1) A practitioner shall be allowed to advertise his or her services or permit, sanction or acquiesce to such advertisement: Provided that the advertisement is not unprofessional, untruthful, deceptive or misleading or causes consumers unwarranted anxiety that they may be suffering from any health condition.

(2) A practitioner shall not canvass or tout or allow canvassing or touting to be done for patients on his or her behalf.”

The definitions of the terms are given as the following:
“Canvassing” means conduct which draws attention, either verbally or by means of printed or electronic media, to one’s personal qualities, superior knowledge, quality of service, professional guarantees or best practice (HPCSA Guidelines for good practice in the health care professions, 2008, p. 7).

“touting” means conduct which draws attention, either verbally or by means of printed or electronic media, to one's offers, guarantees or material benefits that do not fall in the categories of professional services or items, but are linked to the rendering of a professional service or designed to entice the public to the professional practice” (HPCSA Guidelines for good practice in the health care professions, 2008, p. 9).

There is support in the literature of the importance of the wording and context within which advertising is done. McKneally (2001) wrote an article on the issue of whether cardiothoracic surgeons should advertise their surgical results to increase their referrals. He argues that, when it is used in medicine, persuasive advertising is morally questionable. It could create a certain perception with the patient and might persuade him or her to go ahead with the treatment although the information might not be complete. Having made this decision, it may be difficult for the patient to back out of the treatment later on in the process as they may already, for various reasons, feel too committed thereto. It is therefore important to realise that the content and wording of advertisements are crucial and should not mislead or create any anxiety with the potential patient.

Weber (2001, p. 126) also addresses this issue, stating the following with regards to advertising: “The message being received may, at times, be different from what is intended to be conveyed. Ethical responsibility means assessing the potential impact in addition to the intended impact and avoiding anything that promotes unrealistic expectations.” Weber (2001) indicates that great care should be taken with the wording of medical advertisements. Advertisements stating things such as an institution having the “best doctors” or “caring nurses” might cause controversy as there may be issues around what is implemented by the term “best”. It could also be seen as implicating that other nurses are not caring (Weber 2001, p. 127). Weber (2001) goes as far as saying that it is not enough just avoiding information that is not accurate. One should be aware as to not take advantage of the public’s lack of knowledge or level of awareness of the issue. Further he states that advertising can also lead
to overuse of prescription drugs and other health care services. Patients may demand products or services that are not necessarily the best treatment option.

It is also important to realise that advertising has a place and an important role to fulfil. The SASP Position Paper on advertising mentions that “Prospective patients and other health care professionals should have readily available access to accurate, comprehensive and well-presented information regarding health care professionals who practice in their area. This will enable both patients and other healthcare professionals to make informed choices” (SASP Advertising and making professional services known Position Paper, 2009, p. 4). From this it can be inferred that these guidelines recognise the importance of advertising medical practices, not only for the practice to gain potential business, but also for the prospective patient to make an informed decision on where they would prefer to receive treatment.

A study was done in Ohio on advertising of physical therapy by Crocker and Alden (1986) after physical therapists, through actively campaigning for it, gained the right to advertise their services. The study mentions that consumers found the advertising of professional services beneficial. Advertising is a means for the customer to gain more knowledge on the services and qualifications of the professionals, and in doing so helps to “decrease selection risk” (Crocker and Alden, 1986, p. 12). The study found that the therapists generally had a positive attitude towards the advertising of their services (Crocker and Alden, 1986, p. 17). Capozzi and Rhodes (2000, p. 1668) also states that “it can be argued that medical advertising provides significant benefits by educating the public and furnishing people with valuable information about the availability of services.” One may argue that empowering the customer through knowledge can also act as a means to protect the customer.

It could also be argued that there may be some uncertainty around the ethical advertising of medical services. In a feature in the South African Medical Journal (SAMJ) on how to market your medical practice (“Marketing your medical practice part VI”, 2004) it states that there are various ways in which to do so. It gives information on creating a practice information brochure and states that you should mention things such as special expertise and service offerings. No guidelines or reference towards the ethical guidelines surrounding such advertising are however made in the feature. Another article states that some of the most effective marketing practices available to health care professionals are still personal contact
and marketing future services during consultation with the patient. Once again no ethical implications or guidelines are mentioned (“Marketing your medical practice part V”, 2004).

In an insert in the South African Physiotherapy magazine on advertising of physiotherapy practices (“How? What? When? Where?” 2010) the importance of building a brand is emphasised. It states that with service brands, it is more about relevance than differentiation, more about growing revenue and market share and about “being the brand” as a physiotherapist. However, yet again, no guidelines are given as to how this should be done to ensure that it happens within the ethical guidelines.

In the article done on ethical complaints against psychologists in South Africa for the period from 1990 to 1999, the improper advertising of services makes up 4% of the total complaints against psychologists during the period (Scherrer et al, 2002). As cited in Scherrer et al. (2002), a study by Louw (1997) found that the improper use of advertising made out 19.4% of complaints against psychologists in his study done on the period from 1974 to 1990. The scaling down of the requirements for advertising by the HPCSA during the nineties was cited as the main reason for the decrease in complaints as a percentage of the total complaints made. This does indicate that there may be some uncertainty around the specifications of advertising of private practice services or alternatively, that health care professionals do not always adhere to these guidelines.

A trend that has emerged in the past years is the marketing of health care and health care related products over the internet. This topic on its own is worthy of more in-depth research. What has been seen in the United States is that not only traditional western medicine is being advertised, but other alternative treatments and medicinal approaches are being advertised (Chandra, 2004). According to Chandra (2004, p. 11), “it has been estimated that over 50 per cent of the healthcare-related information on the internet is not attributable to any authority and 7 per cent of the healthcare-related information provided on the internet is false.” With all these competing products and sources of information that are not being regulated by any board or regulatory institution, the question that comes to mind is how the normal, ethically regulated health care provider will counter these new products and potential threats to business in an ethical way?
As previously mentioned, the SASP has a Position Paper on advertising and making professional services known. The position Paper explains the detail around advertising and also provides a helpful tabled comparison between the previous rules and present rules which outlines the changes that have taken place. The table as shown in Appendix 1 comes from the SASP’s Advertising and making professional services known Position Paper (2009, p. 6-7). It is named as the “Comparative amendments to the HPCSA ethical rules regarding making professional services known.” From the table it can be seen that various changes were made to the advertising rules. Physiotherapists that are unaware of the changes to the guidelines may be at a disadvantage when advertising their practices as they may fail to make full use of the benefits of advertising their practice while still staying within the specifications of the guidelines.

This brings the literature review of advertising to the example of DTC advertising of prescription drugs in the US that sparked some controversy and discussion in the literature.

“DTCA exploded after a 1997 decision by the US Food and Drug Administration (FDA) to permit drug companies to mention the brand name of their products in public advertisements, provided that the ads explained the benefits and risks of treatment in a balanced fashion” (Wyke, 2004, p. 310).

Avorn (2003, p. 108) mentions that “What is at issue here is not the fact of pharmaceutical promotion, but the way in which it has hypertrophied to become an overwhelmingly important influence on the drug choices made by doctors and patients.” Avorn (2003) also mentions that there is little evidence that DTC advertising is at all effective in promoting the health of customers. Lexchin and Mintzes (2002, p. 194) state that “There is no evidence that direct-to-consumer advertising results in any improvement in health outcomes.” Lexchin and Mintzes (2002) also argue that many of the advertisements lack the necessary information to really make it informative to the customer. Calfee (2003, p. 116), on the other hand, suggests that “DTC advertising is emerging as a positive force in health care markets, consistent with what is known about the effects of advertising in many other markets.”

Wyke (2004) is of the opinion that DTC advertising has definitely played a role in the growth experienced by the pharmaceutical industry in the US and that DTC advertising “has undoubtedly been a major factor behind the double-digit, year-on-year increases in
prescription drug sales” (Wyke, 2004, p. 310). For the pharmaceutical industry DTC advertising has therefore been a very effective tool to boost sales (Wyke, 2004).

The issues around DTC advertising are enough to justify a separate study of its own. The purpose of mentioning the effects and differences in opinion around DTC advertising is not to determine whether or not it is supplying sufficient information to the consumer regarding the benefits and risks of prescription drugs. Nor does it intend to determine whether DTC advertising has been a financial success for pharmaceutical companies. The function that this part of the literature review is trying to fulfil is simply to indicate that something such as the absence of, the introduction of or the content of advertising can have a significant influence on an industry.

Keeping this in mind, this study would like to argue that advertising within a medical profession such as physiotherapy should have an effect on the profession and therefore also on the private physiotherapy practices within it. Advertising of physiotherapy services may influence the public’s awareness of aspects such as treatment techniques provided and conditions treated. This in turn may lead to increased footfall into the practice which in turn could result in an increased turnover achieved within a private practice. In doing so, it will consequently influence some aspects of the “business and economics” (Triezenberg, 1996, p. 1104) of these private physiotherapy practices. This further establishes the importance of knowing and understanding the ethical guidelines, in this example the guidelines specifically relating to advertising.

2.6 Conclusion of the literature review

Ethics has been around for thousands of years. Business ethics has an important role to fulfil in guiding businesses on how to function in an ethical way. The existence of ethical guidelines, however, does not guarantee that people will act ethically. There are also various challenges associated to ethics such as interpretation and a lack of knowledge thereof. Complying with the ethical guidelines can make it challenging to run the business side of a private practice as it is sometimes about the “right moral choice rather than the right business choice” (Phillips, 2003, p. 328). Advertising is an example is one of the ethical guidelines that can potentially influence the business and economics of medical practices. This can be observed in the effect that DTC advertising has had on the pharmaceutical industry. All of
these identified factors could potentially lead to challenges around the ethical guidelines that medical professionals in private practices could be confronted with.

It is worth mentioning that the only expected effect of ethical guidelines is on the ethical behaviour of practitioners. However, a lack of understanding or knowledge of these guidelines may potentially hamper the health care professional’s ability to stay within the ethical guidelines, even if it is due to ignorance. A lack of knowledge of these guidelines could also result in a private practitioner doing less than what is allowed by the guidelines out of fear of practicing outside of the parameters of the guidelines. This can, in turn, potentially have an effect on the business and economics of the private practice.

As mentioned in the introduction, the study by Scherrer et al. (2002, p. 63) found a lack of research and publications in the field of ethics, not only in the field of Psychology, but also in other health care professions. One of the recommendations that came from the study of Scherrer et al. (2002, p. 63), was that the HPCSA should “pass an official policy whereby research in ethics may be promoted and supported.” The researcher is also of the opinion that private medical professionals could benefit from the promotion and support of research on ethics in the South African private practice environment.

3. RESEARCH METHODOLOGY

3.1 Research Approach and Strategy

Saunders at al. (2009) states that a topic on which there is limited literature available lends itself better to inductive research. Although there is ample literature around ethics, the author has found the views of private medical practitioners to still be somewhat ignored in the literature and research, especially in the South African context. A review of the availability of literature on the knowledge of ethics in physical therapy mentions that “Qualitative research approaches or mixed methods, are predominantly used to explore ethical issues or ethical reasoning in practice” (Carpenter and Richardson, 2008, p. 373). More specifically, the aim of this study was exploratory of nature and the scope of what wanted to be explored was the opinions and views of physiotherapists, which are better understood by means of
interviewing individual practitioners. The combination of these factors led to the author following a qualitative research approach.

As mentioned in Saunders et al. (2009, p. 139), exploratory research is “particularly useful if you wish to clarify your understanding of a problem, such as if you are unsure of the precise nature of the problem.” As cited in Saunders et al. (2009, p. 139), Robson (2002, p. 59) mentions that “An exploratory study is a valuable means to find out what is happening; to seek new insights; to ask questions and to assess phenomena in a new light.” The exploratory research may also indicate that the research that you are interested in is not worth pursuing (Saunders et al., 2009, p. 139). The author was of the opinion that physiotherapists may experience some issues or challenges around the ethical guidelines of the HPCSA. Due to the uncertainty of the researcher regarding this, the study wanted to gather more general information on the topic of ethics in private physiotherapy practices. An investigation into the views of physiotherapists on the ethical guidelines was therefore an appropriate approach to gather a broader range of information and an exploratory approach fitted well with the aim of the study.

3.2 Research Design, Data Collection, Methods and Research Instruments

Data collection took place through semi-structured interviews with physiotherapists that are currently involved in private practice. An interview schedule is provided in Appendix 2, stating information on the interviewees such as the number of years that they have worked in private practice, tertiary institution where they studied and gender. The interview profile also states whether the interviewee is the practice owner and further provides information on the size of the practice and the type of patients treated. A list of questions that were used is given in Appendix 3. As the interviews were semi-constructed, the list of questions only acted as a guideline for conducting the interviews and the researcher was led by the views and opinions of each participant. Subjects were allowed to talk freely on any of the questions or related topics. The interview questions were also adapted as the interviews progressed. Additional questions were added to the list when new, relevant topics, views or challenges came to the fore during the interviews. All the interviews were recorded electronically. The interviews were transcribed into electronic documents for storage and analysis in both recorded and written format.
The findings were also verified through the use of triangulation. Triangulation “refers to the use of different data collection techniques within one study to ensure that the data are telling you what you think they are telling you” (Saunders et al., 2009, p. 146). Turner and Turner (2009, p. 171), states that “Triangulation is the means by which an alternate perspective is used to validate, challenge or extend existing findings.” Turner and Turner (2009) state that there are four types of triangulation which are data triangulation, methodological triangulation, investigator triangulation and theory triangulation. This study only made use of data triangulation.

Data obtained from the interviews were correlated with those found in the literature. Data triangulation was also used in another format as data was obtained from different interview sources. Physiotherapists that have been in practice for variable lengths of time and who studied at various tertiary institutions were interviewed in order to obtain data from “different sources” and under “different conditions” (Turner and Turner, 2009, p. 172). This is based on the assumption that, having studied at different tertiary institutions at different times and having been in private practice for a varying number of years, the interviewees may have been exposed to different levels of training of the ethical guidelines. They may also have varying experiences around ethical issues. This may, in turn, lead to different views on the ethical guidelines.

3.3 Sampling

Non-probability, or also called judgemental sampling, was used in the study. With non-probability sampling “it is impossible to answer research questions or address objectives that require you to make statistical inferences about the characteristics of the population. You may be able to generalise from non-probability samples about the population, but not on statistical grounds” (Saunders et al., 2009, p. 213).

Due to the study only being exploratory of nature, self-selection sampling was used (Saunders et al., 2009, p. 234). Self-selection sampling is when individuals are allowed to “identify their desire to take part in the research.” The need for cases are publicised through advertising or asking subjects to participate. Data is then collected from those individuals who agree to take part in the study (Saunders et al., 2009, p. 241). What is important with cases who self-select is that they “often do so because of their feelings or opinions about the
research question(s) or stated objectives” (Saunders et al., 2009, p. 241). Interviewing physiotherapists with a specific interest on the topic of ethics or who have a specific experience to share relating to ethical issues was a good way for the researcher to gather relevant views and information on the topic.

Saunders et al. (2009, p. 233-235) states that there are no rules around the sample size when doing non-probability sampling. The general rule is one of conducting interviews until data saturation is reached. This will be at a time where any additional data collection will provide very little new data. With a relatively homogenous group, 12 in-depth interviews should be sufficient. The author assumed that, as physiotherapists within private practice were interviewed and no other medical or paramedical professionals participated in the study, the group qualified as a relatively homogenous group of individuals.

Due to time and travel constraints of the researcher, subjects for the study were only taken from the pool of health care professionals in and around Cape Town. The author is a physiotherapist himself, and has worked for a private practice. He has also managed his own practice. He therefore felt that he had a good understanding of the nature of the work and the environment within which these practitioners function and the ethical challenges that they may encounter. The time limitations associated with the study unfortunately did not allow the participation of health care professionals from different professions. For these reasons, only physiotherapists were selected for the study. A total of 113 invitations were sent out to physiotherapists in private practices in and around Cape Town via email correspondence, inviting them to participate in the study. A total of 13 physiotherapists showed interest in the study to such an extent that they agreed to participate in the study.

Physiotherapists working for private practices were interviewed, as well as physiotherapists who are the owners of the private practices. A total of 4 physiotherapists working for and 9 physiotherapists owning the specific private practice participated. Participants were also asked about the length of time that they have been in private practice. The physiotherapists being interviewed ended up being in private practice for a number of years varying from about 2 years to around 28 years. The participating physiotherapists further studied at 5 different tertiary institutions. All of the abovementioned variations between the interviewed physiotherapists aided in the process of data triangulation as discussed earlier.
The researcher realises that it may have been ideal to only interview the owners of private physiotherapy practices. However, due to the amount of respondents that replied to the invite to participate in the study and the limited pool of potential subjects, the researcher decided to interview both practice owners and physiotherapists only working for private practices. Having worked for a private practice himself, the researcher was of the opinion that physiotherapists working for private practices are also sometimes confronted with ethical challenges. It is also their obligation to have sufficient knowledge of all of the ethical guidelines as this is not only the obligation of the practice owners. This is also specifically true as their salaries are often linked to the amount of patients that they see every month and the treatments that are billed. This can in turn, lead to potential ethical challenges for the physiotherapists working for private practices. Although their approach to treatment may be influenced by their own potential financial gain, it could also directly affect the business and economics of the practices for which they work.

3.4 Data Analysis Methods

As mentioned in Saunders et al. (2009, p. 481), analysing qualitative data is similar to building a jigsaw puzzle. First one needs to look at the picture that one would like to create. Similar pieces of the puzzle are then grouped together. The pieces of the puzzle should then be fitted together without forcing the fit. An important part of building the puzzle is finding the links between the different areas where similar pieces have been grouped together. Once all the pieces have been used, it should hopefully form the complete picture.

The electronically recorded interviews were transcribed which allowed the researcher to revisit the interviews in both voice recorded and written format. Each interview was listened to and read several times to attain the crux of the view of the particular interviewee and also to communicate the examples and experiences that were mentioned during the interviews.

Data analysis was done through structuring the data through narrative. Data collecting taking place in the form of stories can take place through semi or unstructured interviews (Saunders et al., 2009). It is important to note that “Requirements for accuracy are often less important than the points that are made and what these points symbolise, and how they illuminate particular issues such as organisational politics, culture and change” (Saunders et al., 2009, p. 514). As Saunders et al. (2009, p. 497) states, at least a part of the in-depth interviews that are
done will “take the form of narratives or stories.” Saunders et al. (2009, p 497) also states that this type of research “is based on individuals’ accounts of their experiences and the ways in which they explain these through their subjective interpretation and relate them to constructions of the social world in which they live.”

This fitted with the study as the researcher gathered the views of physiotherapists on ethics during the interviews and many of these views were accompanied by examples and experiences. As cited in Saunders et al. (2009, p. 497), Coffey and Atkinson (1996) broadly defines a narrative as “an account of an experience that is told in a sequenced way, indicating a flow of related events that, taken together, are significant to the narrator and which convey meaning to the researcher.” Interviewees were also invited to share their experiences that they have had around ethical issues and challenges during their time spent in private practice. Although these stories did not always capture the specific technical detail of the ethical guidelines that were under discussion, it did highlight particular issues that may be present and that may be of significance to the researcher.

Narrative analysis may be used as the principle data analysis technique or it may also be used as a complimentary method (Saunders et al., 2009, p. 514). The researcher used the narrative approach of data analysis as the main data analysis method and a way to formulate and communicate the views of the interviewees. The data gathered from the interviews were also broadly categorised or grouped into likewise bundles of information to try and identify themes that have emerge from the interviews. These bundles of stories or views were then in turn linked together to form an overall picture of the puzzle that were constructed.

4. RESEARCH FINDINGS, ANALYSIS AND DISCUSSION

4.1 Research findings, analysis and discussion

A total of 13 interviews were conducted as a source of primary data collection. In general the first reactions that the researcher received from the physiotherapists that were contacted to participate in the study were that they thought that the study was interesting and valid. One of the physiotherapists replied to the invitational email to participate in the study by saying that she is currently living in Melbourne and closed her practice a few months ago. She also said
that “I think this is a very valid topic and wish you all the best with it” (personal communication, November 18, 2011).

One of the therapists’ views on the ethical rules was that it is there to protect the professional. This is in contrast to what has been discussed earlier where the HPCSA states that the ethical rules are in place to protect the public. Perhaps through guiding professionals in acting professionally and doing what is ethical, the guidelines also assist in protecting the health care professionals? Another physiotherapists summed it up by saying that she is of the opinion that the HPCSA is there to protect the patient. The SASP on the other hand is there to protect the professionals, in this case the physiotherapists.

An analysis and discussion of the content of the interviews are given below. The researcher tried to keep to the narrative style of the methodology during the writing of the findings made. Individual experiences and views that were shared by the interviewees are highlighted. The discussion and analysis further, where applicable, grouped views and experiences on the same or similar aspects together in an attempt to gain a more comprehensive, overall picture of the aspects and challenges that were identified.

4.1.1 Knowledge of the ethical guidelines

Many of the respondents were of the opinion that ethics is a topic that they personally do not have much knowledge of. 9 of the 13 interviewees were of the opinion that they do not have complete knowledge of or fully understand the ethical guidelines as set out by the HPCSA. Given that participants are required to follow the ethical rules, this is a concern. An email that I received from a respected, busy practitioner in Cape Town was the following: “Hi Piet, as much as I think it is a great topic, I do not feel that I will be able to add enough value on this topic. I certainly have not been going to ethics meetings for the last few years” (personal communication, November 12, 2011).

Two of the interviewees were of the opinion that, even if they are not aware of all of the specifics of the guidelines, they still know what acceptable, ethical behaviour as a professional is and how they should therefore behave. One of the interviewees went as far as saying that based on the study that the researcher is doing he “assumes that the HPCSA has ethical guidelines.” The interviewee mentioned that he has not spent any time reading the
guidelines or trying to get to grips with the specific details around the ethical guidelines. Still, he was of the opinion that he would know what is ethical to do and what not. This again raises the concern that practitioners are not taking the time to familiarise themselves with the rules as required.

One of the interviewees, who completed her Masters Degree over the course of the past two years, indicated that the course dedicated time to the ethical aspects of the profession. She admits that this has to a large extent improved her knowledge and understanding of ethics within the profession. It has also changed the way in which she approaches certain aspects of her practice. Another interviewee also mentioned that the ethics modality that they had done during a postgraduate course, has helped her to understand ethics better and to know what is expected of her.

Many of the participants mentioned the annual, compulsory ethical continuous professional development (CPD) points that health care professionals need to acquire as their only attempt to improve their ethical knowledge. One of the interviewees mentioned that she should make more of an effort and spend more time on improving her knowledge of the ethical guidelines and to stay up to date with any changes. Another participant went as far as saying that she feels somewhat ignorant towards these guidelines and has no inspiration to know more about these ethical guidelines. Interviewee number 10 was of the opinion that the ethical guidelines are definitely open to various interpretations.

One of the physiotherapists working in a practice with a number of other physiotherapists mentioned that the interaction with other therapists is a good way for her to stay up to date with changes and challenges around ethical aspects. It further also acts as a good sounding board to discuss issues or challenges that may be of concern. She was of the opinion that such an environment can be beneficial to the therapists working in it. This view was supported by two other interviewees who mentioned that their colleagues were a great source of information to them when it came to ethical matters. They would often use their colleagues as a sounding board for their decisions rather than to try and find the relevant information within the written guidelines.

The SASP’s position papers on the ethical guidelines are available on their website. However, only 2 of the 13 interviewees were aware of the existence of the SASP Position
Papers. The researcher thought this to be very unfortunate due to the value that these Position Papers could potentially have for practitioners. The researcher found the Papers to generally be easy to understand, practical and user friendly. The Position Papers could definitely be an effective way to improve physiotherapists’ knowledge and understanding of the ethical guidelines.

One of the interviewees was of the opinion that many of these rules have been there for a long time. Times change, things change and practices have become more business orientated. Another mentioned that she still perceives the guidelines as very rigid, although it is not as rigid as it were some years ago. She herself was, however, unaware of the specifics of these changes that have taken place within the ethical guidelines.

But what would an improved knowledge of the ethical guidelines mean to the participants? Some of the participants were of the opinion that better knowledge and understanding of the guidelines would lead to different management of the practice with aspects relating to the business side of the practice. Several of the subjects stated that due to their lack of knowledge they would rather “stay on the safe side” to ensure that they do not transgress any rules. They would therefore rather, for example, do less advertising than they are allowed to than risk not acting within the boundaries of the guidelines. One of the interviewees mentioned that she would definitely market her practice more aggressively if she knew that what she is doing falls within the ethical guidelines of the HPCSA.

There were two interviewees who mentioned that they have experienced that different generations have a different opinion of and attitude towards ethics. They were of the opinion that physiotherapists that have qualified more recently, are less concerned about following the ethical guidelines and pay less attention to it. One of the interviewees went as far as saying that she sees this as a potential future issue for the profession. Another physiotherapist was of the opinion that it is not so much a case of different generations, but rather one of different individuals that have a different attitude towards and react differently towards ethics.
4.1.2 Advertising

All of the participants were aware of the fact that the guidelines around advertising have changed in the last couple of years. They were also of the opinion that the guidelines have become less stringent than they used to be. However, many of the therapists were unaware of any of the specifics around the advertising guidelines.

One of the participants stated that her website was an important way for her to obtain new patients. She stated that her website is a source of between six and ten new patients every month. She was also amazed at how often patients made their choice about the therapist that they want to see based on the information that they have gathered from the website. This included information such as the physical location of the practice, specific treatment interests of the therapists and qualifications additional to a physiotherapy degree. One of the interviewees mentioned that the practice that she is working for was considering getting a website for their practice. They felt that the lack of a website was putting them at a disadvantage compared to practices that did have a stronger online presence.

The abovementioned participant who’s practice does have a website, also mentioned that with recently placed an advert, she was unsure of what she was allowed and not allowed to state in the advert. She said that she would have greatly appreciated some sort of a review “panel” to which she could send off the advertisement for a quick assessment to inform her if it falls within the guidelines of the ethical rules. She was also unaware of the Position Paper of the SASP on advertising and stated that this could have been a great help to her.

Interviewee 7 stated that advertising is currently very important to the practice that she is working for. They are trying to market and establish women’s health as a modality within their practice and are trying to create awareness of the fact that they offer this specific service. They also want to communicate the benefits of this service to the patient. One of the physiotherapists in the practice had recently gone through much trouble to determine exactly what they are allowed to advertise and how they are allowed to do so. All of this was done in order to ensure that their advertising campaign is within the permissible guidelines.

One participant mentioned that she received a call from the HPCSA after placing an advertisement for her practice. They told her that the advertisement did not comply with the ethical regulations and that it needed to be changed. The HPCSA did not want to inform her
of the details regarding what was wrong with the advertisement. She then referred back to the guidelines, removed two services from the list of services mentioned in the advertisement, and republished the advertisement. No further complaints were received.

Interviewee 6 who is a partner in a very big physiotherapy practice mentioned that they have had very little success with advertising their practice and do not currently go out of their way to market their practice. About 50% of their patients are in-hospital. The hospital work tends to also be a good source of patients to the practice. Another participant who owns a large practice said that they do not make use of advertising. She also confirmed that the hospital environment, within which they see a big portion of their patients, provides a steady stream of patients and reduces the necessity to advertise their services.

One of the physiotherapists mentioned that the physiotherapy community is actually a very small community. He respects other professionals when advertising and also realises that any advertising done by him that does not fit within the guidelines can potentially harm other professionals within the profession. He therefore enquires about the stipulations of the guidelines around what is acceptable, before advertising. He also follows his own ethical guidelines as to what he feels is acceptable and professional and what not. He mentioned that he does not want to harass people with flyers on street corners. He wants people to know his practice for the high level of treatment that is provided and the professional environment in which it operates.

A concern that was raised was the increased competition that physiotherapy as a profession is facing from other professions as a means of diagnosis and treatment. Some of the professions or modalities mentioned were chiropractors, body stress relief practitioners and massage therapists. A practice owner with a large component of hospital work said that alternative modalities are not a threat to them in any way, as these modalities do not compete for their hospital patients. Another interviewee recalled losing a number of patients to body stress therapy in the last while. These alternative therapists are not required to comply with the same ethical guidelines and may therefore have more “freedom” in their advertising approach. This means that physiotherapists need to compete with other treatment approaches that do not have to comply with specific advertising guidelines.
In 2011 the Hands On physiotherapy magazine began a series of articles with the aim of informing physiotherapists of other “alternative” therapies that is competing for their patients. These possible competitors are not only limited to Pilates teachers, biokineticists and chiropractors, but include other therapies such as Rolfing, Body stress release and Shiatsu therapists, to name only a few (“Who’s the competition?”, 2011). This may indicate that the SASP has also come to the realisation that there is an increasing threat on the physiotherapy profession from various other service providers.

The growing sources of online information and ways to self-diagnose conditions were also mentioned. All of these modalities can threaten physiotherapists’ current patient numbers. Some participants were of the opinion that physiotherapy in general could benefit from advertising the profession and especially make potential patients and other health care professionals such as doctors aware of all of the conditions that physiotherapists are trained to treat. One of the respondents was of the opinion that it is the duty of the SASP to promote the profession to the general public as well as to the health care industry.

4.1.3 Naming of practices

The naming of a practice also came up in some of the interviews. Interviewee 1 used the example of a practice close to her practice where the practice name contains the name of the hospital. As stated in Booklet 2 (2008, p. 10) “A practitioner shall not use, in the name of his or her private practice, the expression “hospital”, “clinic” or “institute” or any other expression which may give the impression that such private practice forms part of, or is in association with, a hospital, clinic or institute.” The interviewee was of the opinion that this gives the practice making use of this name an unfair advantage, as patients perceive the practice to be connected to the hospital because of their name. She did not know what the correct way would be to deal with this issue.

In interview 2, the interviewee mentioned that in a previous practice she worked, the name of the practice was not the name of the practitioner. The practice was reprimanded by the HPCSA and had to change the name. The name changing caused quite a bit of confusion amongst the regular patients as they assumed that a change in ownership had necessitated the name change. To a degree the “brand” and the trust that the name had created amongst its patients were lost.
The SASP Position Paper on Naming of practices (2009, p. 1-2) states the following regarding the naming of a practice:

“In the case of registered health care professionals of different professions, such as a medical practitioner, psychologist and physiotherapist practicing in the same building, the name “Health Centre” may be used. In such cases, all names of the available professionals should be listed or displayed. This is not permissible where a group of physiotherapists are practising exclusively e.g. “Fourways Physiotherapy Centre” unless written permission has been obtained from the Professional Board of Physiotherapy, Podiatry and Biokinetics.”

In the case as mentioned above where the name of the practice contained the name of a suburb which also happens to be the name of the hospital, the author did not confirm that written permission had been obtained for the naming of this practice.

One of the interviewees mentioned that the practice in which she is a partner uses a name that does not fall within the guidelines of the HPCSA. She could not understand why, as stipulated in the guidelines, it was unacceptable to practice under a name other than that of the practitioner. She further mentioned that they do not use their practice name when communicating with regulatory institutions such as the HPCSA and the SASP due to the fear of being reprimanded.

The final physiotherapist interviewed did not use her name as the practice name but made use of another name. She did not mention this as an issue that could potentially be in conflict with the ethical guidelines. She did, however, mention that her lack of knowledge and awareness of the content of all of the guidelines could potentially result in her not practicing within certain of the guidelines. It does seem that in this instance, her view was proven to be correct.

4.1.4 Sharing of rooms

One of the interviewees mentioned that they are currently struggling to cover the rent of the building in which they practice. They are considering getting someone such as a chiropractor in to share the rooms with them. They realise that the regulations state that they are not allowed to share the rooms with someone that is not registered with the HPCSA. However, she cannot understand why this is unacceptable and would like to at least know why this rule
is in place. Beside from what the regulations state, they are still considering sharing their rooms with someone registered with the Allied Health professions Council of South Africa (AHPCSA).

The following was taken from the HPCSA’s Guidelines for good practice in the health care professions, Booklet 2 (2008, p. 12). “A practitioner shall not share his or her rooms with a person or entity not registered in terms of the Act.” The term “rooms” are defined in the Guidelines for good practice in the health care professions, Booklet 2 (2008, p. 9) as:

“rooms means a physical structure, with an exclusive entrance and walled all round for the privacy of patients, the preservation of their confidentiality and the safe keeping of records, where a practitioner conducts his or her practice;”

In an article done on ethical complaints against psychologists in South Africa for the period from 1990 to 1999 (Scherrer et al., 2002, p. 32), there were two complaints of sharing a practice with a person that is not registered with the HPCSA. In this instance the psychologist shared rooms with a chiropractor. No other relevant mentioning of this was found.

Both interviewee 11 and 12 had issues regarding the sharing of rooms with therapists not registered with the HPCSA. Interviewee 11 shares rooms with a chiropractor. This is an issue that was brought up and discussed during an ethics course that he attended earlier in the year. He cannot understand how he is allowed to refer someone to a chiropractor, but he is not allowed to practice in the same rooms as them. He was told that the reason for HPCSA registered professionals not being allowed to share rooms with AHPCSA professionals is due to the difference in ethical standards. He is of the opinion that the chiropractic profession has come a long way in the past couple of years, with the profession becoming more scientifically and research based. He also thinks that it has now turned into a political issue that is not considering the interests of the patients or the practitioners. He thinks that an in-house chiropractor is a brilliant additional service to offer to his patients and is willing to take the risk in order to provide a better service to his patients. He also feels that it is a way to get feet through the door, and in the end that is what business is about.

It is interesting to note that it was the perception of the researcher that the participant mentioned above came across as one of the interviewees with the most concern for their patients. He was particularly set on doing what is the best for the patient, providing them with
the best possible, value for money service. He did not come across as showing any malicious
intent towards not practising within the ethical guidelines. It was experienced by the
researcher as purely his passion for what he is doing and his belief in what he thinks is best
for the patient.

Interviewee 12 is part of a holistic wellness centre. She is registered as a physiotherapist, but
is also registered with the AHPCSA. The wellness centre has gone out of their way to keep to
the ethical guidelines and had to create two separate entrances for the different therapists.
Although she has abided to these guidelines, she struggles to see the relevance and
practicality thereof. The last interviewee was unaware of the rules regarding the sharing of
rooms. She commented on it when the interviewer made casual mention thereof. She said that
this could definitely influence her future plans that she had for her practice.

4.1.5 Concerns around billing and treating patients with depleted funds

An issue that were raised by interviewee 1 was the issue around treating patients with
depleted funds. Especially when patients are in the Intensive Care Unit (ICU), their medical
aid benefits often become depleted while they still need continuous treatment. In these cases,
physiotherapy is often not the only medical service cover that becomes depleted and patients
can run up large bills owing to various medical professionals and the hospital.

Health care professionals should “Always regard concern for the best interests or well-being
of their patients as their primary professional duty” (HPCSA Guidelines for good practice in
the health care professions, Booklet 1, 2008, p. 5). The interviewee felt that it would be
ethically incorrect to stop treating these patients. There is, however, no assurance that
payment for these services will be received as the patient now needs to personally cover the
treatment costs not covered by medical aid. Delivering continual services for which no
remuneration will be received can have a potential financial impact on the practice.

The HPCSA’s National patients’ rights charter, Booklet 3 (2008, p. 3) mentions that “No one
shall be abandoned by a health care professional who or a health facility which initially took
responsibility for one’s health without appropriate referral or hand-over.” One of the
therapists said that the hospital is often a help to them when a patient has run out of funds,
especially when funds for hospitalisation has run dry. The hospital would then negotiate with
the patient’s medical aid. Alternatively if the patient cannot afford to stay on any longer, they would then organise for the patient to be transferred to a state facility.

One of the interviewees felt strongly about the fact that some of the therapists working in the hospital environment are abusing the system for financial gain. They charge for time not really spent with the patient and are also of the opinion that often, not enough time is spent with the patients. Another issue that was brought up by one of the participants revolves around the issue of billing using different codes for the various treatment modalities used. Different treatment modalities have different coding for billing attached to it, which in turn, is also linked to different amounts charged therefor. They were of the opinion that especially with physiotherapists working on a commission basis this can, potentially lead to abuse. The temptation can arise to rather use a treatment modality that is more expensive that another. It could also result in the therapist doing an additional, unnecessary treatment to make up the second or third treatment that can be charged for when claiming from medical aid.

According to the HPCSA Guidelines for good practice in the health care professions, Booklet 1 (2008, p. 8), health care professionals should “Avoid over-servicing: They should recommend or refer patients for necessary investigations and treatment only, and should prescribe only treatment, drugs or appliances that serve the needs of their patients.” The study by Triezenberg (1996, p. 1105) also identified “the overutilization of physical therapy services” as an ethical issue in physical therapy practices.

Although the HPCSA is not involved in determining the codes around the billing of different treatments, the use of billing codes mentioned above may result in the patient receiving a treatment or treatments, based on the financial gain of the specific treatment. They may not necessarily need that specific treatment or it may not essentially be the best treatment option. This can in turn, create an ethical challenge.

4.1.6 Informed consent

One of the interviewees had a specific concern about informed consent. She was of the opinion that this is a particularly “grey area” and that there are mixed opinions in the profession about how informed consent should be managed. Even between the experts within the profession, there are mixed views on this. She was of the opinion that informed consent is
an integral part of protecting the therapist and ensuring that the practitioner acts ethically. This was a theme that had come to the fore during her current Masters Degree Studies. The interviewee was specifically concerned about the potential legal implications that the lack of very detailed and specific informed consent could have on the practitioner and the practice.

Informed consent is mentioned in the HPCSA’s General ethical guidelines of the health care professions, Booklet 1 (2008, p. 6) as one of the practitioner’s duties to the patient. Under the heading of informed consent the guidelines include giving the patient all of the necessary information that they may require on the treatment and prognosis of their condition. The HPCSA also has a document (Booklet 9, Informed Consent) dedicated to the topic of informed consent. The HPCSA’s Booklet 9 gives detailed information regarding informed consent and the relevant aspects around it. The interviewee was of the opinion that more certainty and conformity around the issue of informed consent would be beneficial to the profession and could also help to protect physiotherapists within private practices.

There were several concerns around informed consent. There was uncertainty around whether verbal consent was sufficient enough or if written consent had to be received. Further, participants were unsure if informed consent was needed for every treatment session and every specific treatment modality, or if initial, once-off informed consent was sufficient for all the future treatment sessions. There were two interviewees that were under the impression that informed consent was only necessary when doing dry needling as a treatment modality.

Interviewee 7 mentioned that she has experienced issues around informed consent on more than one occasion. This was where unconscious patients in the hospital received treatment without prior consent being obtained because of their inability to do so. No distinction was made between emergencies and non-emergencies. However, based on the experience of the researcher in the hospital environment, it can be assumed that most of these treatments were not in an emergency situation. This is based on the fact that most physiotherapy treatments of unconscious patients in hospital are for maintenance and rehabilitation purposes and not as an emergency procedure.

In the cases mentioned above by interviewee 7, the patients’ family were contacted for informed consent afterwards but they then refused to sign the informed consent. This resulted in the therapist not being able to continue treatment as well as the therapist not being able to
bill the patient for the services already rendered. Interviewee 6 also mentioned that informed consent within the hospital is a real headache to them and is often difficult to obtain. This in turn, leaves an unwanted gap in their administration process and ethical obligation.

Interviewee number 10 also mentioned that they get signed consent from all of their patients. If patients in the hospital are unable to give written consent, they then make sure that they receive consent from the necessary next of kin. Interviewee 10 mentioned that she had a run-in with the HPCSA a while ago when a patient who gave verbal consent for treatment and willingly received treatment, took the practice to the HPCSA. The case, however, did not make it past the HPCSA hearing. Since this incident she has ensured that written informed consent is received from all the patients treated in the practice.

Interviewee number 9, on the other hand, said that they do not normally get informed consent from patients and said that she saw this as a very time-consuming activity. She also seemed relatively unsure about the guidelines around informed consent and only knew of informed consent that is needed when doing dry needling as a treatment modality.

4.1.7 Owners and employees

A final observation that was made is around the different attitude towards ethics by the practice owners and the physiotherapists working for private practices. Several of the interviewees mentioned that following the correct ethical procedures can sometimes be rather time consuming and somewhat of an administrative burden. Interviewee 6 who is a partner in a big physiotherapy practice also mentioned the administrative burden of running a private practice. She often spends large portions of her day on administrative duties. She sees it as an important responsibility to ensure that the other physiotherapists working for the practice stay within the ethical and professional guidelines. She further mentioned that they cannot just assume that employees will act ethically. They have spent large amounts of time to ensure that their employees do act ethically and professionally through specific guidelines and procedures that have been put in place. They feel that these guidelines are helpful in guiding their employees towards acting ethically.

The author did notice that physiotherapists who were private practice owners seemed to have more ethical challenges than those who were only working for practices. Therapists working
for practices generally felt that they had less of a need to know all of the ethical guidelines as they came into contact with issues related to the guidelines less often than the practice owners. Three of the four interviewees working for practices said that because they are not the owner of the practice, these rules do not really affect them directly and they are therefore not that concerned with these guidelines. They further mentioned that they would spend more time on the guidelines if they ever decided to open up their own practice.

Although physiotherapists were only asked to share their views on ethical issues, there were definitely concerns relating to the managing of or working within private practices that emerged during the study that is not related to ethics or the ethical guidelines of the HPCSA. This once again confirmed to the researcher that it is difficult to separate the clinical aspects from the business aspects with which physiotherapists and especially practice owners are confronted with when working in private practice. The researcher is of the opinion that it is important to see the practice owner not only as a clinical professional, but also as a business owner or manager.

4.2 Research Criteria

Some of the research criteria applicable to qualitative research and specifically to this study are discussed in the sections below.

Validity and reliability: Validity has to do with the issue “whether the findings are really about what they appear to be about” and if the relationship between two variables is a “causal relationship” (Saunders et al., 2009, p. 157). The method of analysis used should aid in ensuring the validity of the findings.

There is a possibility that with inductive research “no useful data patterns and theory will emerge” (Saunders et al., 2009, p. 127). It is interesting to note that “most managers are familiar with deduction and much more likely to put faith in the conclusions emanating from this approach” (Saunders et al., 2009, p. 127). It is therefore debatable if researchers or health care professionals with a stronger deductive approach towards research would be comfortable with the results of an inductive study.

Although the study consisted of a small number of participants, it did make use of data triangulation as far as possible. It is, however, based on the personal experiences, views and
opinions of the 13 participants and therefore, cannot be seen as representative of the views of the entire physiotherapy profession. It does, however, highlight some potential challenges that may exist within the profession. It does also indicate that there is scope for further research on the topic around ethics relating to the business and economics of private physiotherapy practices.

Due to the confidential nature of the study, the researcher believes that the information gathered was honest and reliable. This is further supported by the reassurance that several of the participants wanted around the confidentiality of the information that they shared during the interviews.

**Credibility:** As mentioned by Breckenridge and Jones (2009, p. 123), “the credibility of a theory, or any piece of research, cannot be dissociated from the process by which it is generated.” Thus, if the researcher wants to ensure that the conclusion is credible, it is important that the process must be transparent enough to show evidence that the conclusion drawn is in fact relevant to the data that was collected.

The researcher did his best to keep the research process around data collection and analysis as transparent as possible, making it easy and understandable to the reader. The finding, conclusions and recommendations are all based on the information and evidence that were gathered during the research interviews. Most of these findings and conclusions could also be validated by what was found in the literature.

**Transferability:** “Transferability relates to the extent to which we can see similarities in the findings that may relate to other settings” (Twycross and Shields, 2005, p. 36). This leads to the question whether this research will have any significance to other physiotherapists or other health care professionals within private medical practices? The participants were relatively diverse. Both practice owners as well as physiotherapists only working for private practices were interviewed. Participants also differed on aspects such as age, work experience within the private practice setting and tertiary institutions where they studied. Both in-hospital and out-patient practices were also used for the study. This information is given in Appendix 3.

The researcher is further of the opinion that, besides the differences that there may exist between different medical and paramedical professions, some of the challenges and concerns
discussed in this study could also be applicable to private practices in other professions. Aspects such as naming of a practice, advertising, sharing of rooms and informed consent should not be exclusive of the physiotherapy profession. Further studies would be needed to determine the extent of the presence of these ethical challenges within private physiotherapy practices and also within private practices of other professions. However, the researcher is still of the opinion that some of these aspects should be transferable to other private physiotherapy practices and other medical professions alike.

**Dependability:** Dependability relates to the question “if the work were repeated, in the same context, with the same methods and with the same participants, similar results would be obtained” (Shento, 2004, p. 71). The researcher is of the opinion that the method was kept as transparent and descriptive as possible, and that it should be possible to replicate the study. It is important to realise that some of the aspects of the data collection are linked to personal experiences and views of participants which may change over time and that may be very specific to the specific interviewee. The conclusion may also, to an extent be influenced by personal understanding of the data gathered. Notwithstanding the above, replication of the research should still lead to similar conclusions if the same participants were to be used.

**Confirmability:** Confirmability in qualitative research can be seen as the concern about objectivity (Shento, 2004, p. 72). “Here steps must be taken to help ensure as far as possible that the work’s findings are the result of the experiences and ideas of the informants, rather than the characteristics and preferences of the researcher” (Shento, 2004, p. 72). Shento (2004) mentions that triangulation plays an important part in ensuring confirmability. The researcher has done his best to stay objective during the research process and to give equal consideration to the opinions of all of the interviewees. The initial questions during each interview were kept broad in order for the researcher to not be influenced by his own views on the ethical guidelines, but to be open to and able to identify and additional challenges that may exist. Triangulation of data was also used wherever possible.

**Authenticity:** The author is of the opinion that the research is authentic and is based on his own idea and work. He could not find any evidence of a study similar to this that has been attempted amongst physiotherapists in South Africa. The general feedback from physiotherapists contacted and interviewed were that it is a very relevant, and largely
unexplored topic. All interviews were done in person, which aided to ensure the authenticity of the data gathered. The researcher further took specific care to keep the data as close as possible to the original “state” when he narrated the findings. This was done to ensure that he brings across the views of the interviewees as accurately as possible.

4.3 Research Limitations

The study was designed with the aim of highlighting the views on ethics amongst a small group of physiotherapists in private practice. It is important to see the results of the study in the light of the limitations associated with the study. The limited number of participants in the study cannot be representative of the views of physiotherapists in general. As stated in Saunders et al. (2009, p. 213) “You may be able to generalise from non-probability samples about the population, but not on statistical grounds.” The limited amount of participants also leaves the question around the validity of the results within other health care professions. This has already been discussed in the research criteria section above. The issue that remains is that the views on the ethical guidelines of the HPCSA as discussed in this study are limited to the experiences of a small group of participants. The consequence of this is that all of the relevant ethical challenges may not have been identified during the study.

Due to the explorative nature of the study, the researcher may also have generalised some of the issues as participants were largely asked for a broad, overall view on ethics. They were also asked to share examples from practicing their profession where applicable. In the search for more generic views, the researcher may have lost some of the contextual information that may be applicable when dealing with certain ethical issues. “Because ethical action takes place in specific situations in which the particular context defines the ethical issue, this removal of context creates the risk of making these statements of issues too generic to be useful or meaningful” (Triezenberg, 1996, p. 1105). It is therefore important to keep the purpose of the study in mind as the purpose was mainly to identify the views of therapists on the ethical guidelines of the HPCSA which relates to the business and economics of private practices. The context within which these ethical experiences may have taken place are therefore not of that much importance.

Another limitation of the study was the presence of only two male participants. Both the male participants appeared to have very specific views on ethics compared to that of some of the
female participants. Therefore, examination of gender differences in ethical views may be of some value. This is also based on the comment of two of the female participants who stated that generally women in private practice are not the breadwinners in the household. Men as private practice owners are on the other hand, more likely to be the main income generators within their household. This in turn, may make it more important for men to generate a specific monthly income, which in turn, could make them more business orientated. This, however, fell outside of the scope of this study.

This study could potentially lead to further investigation on matters related to ethics within private medical practices and should therefore be seen in the context of the broader, exploratory study that it was intended to be.

5. RESEARCH CONCLUSIONS

The aim of the research was to gather views on the ethical guidelines of the HPCSA, especially opinions on how ethical guidelines impact running a business, in other words running a business within the ethical guidelines. What was found in addition to this is that practitioners don’t necessarily have knowledge of or comply with these guidelines. For some of the interviewees it was due to ignorance, while others were aware of it, but is willing to take the risk.

It is important that the conclusion of this research should be seen with the limitations of this study taken into consideration. As only 13 physiotherapists were interviewed, the conclusions drawn are from the views and experiences of only these 13 physiotherapists. As discussed earlier, care should therefore be taken when transferring these findings onto the broader physiotherapy profession. However, the findings and conclusions do indicate that certain of the challenges and concerns that have been identified may be present within the broader physiotherapy profession in South Africa. It is further important to take into consideration that, although the views of physiotherapists on ethics were investigated, the focus was more towards the economic and business aspects of ethics and not the clinical side thereof.

As the HPCSA is not likely to change any of their ethical guidelines, it is the responsibility of the medical professionals to ensure that they have sufficient knowledge and understanding of
these guidelines. It is also the professional duty of physiotherapists to know and understand these guidelines. The physiotherapists participating in this study were generally found to be somewhat ignorant towards gaining knowledge and understanding of the HPCSA’s ethical guidelines. There was also evidence of practitioners who did not understand the seriousness of not operating within these guidelines. Many of the participants perceived it as the duty of the SASP to keep them informed and educated on these guidelines. Besides the efforts that the SASP have made to make these guidelines clearer and more understandable, the physiotherapists interviewed were still mostly unaware of these guidelines as set out in the SASP’s Position Papers.

The research conclusions will be discussed with the use of headings made up of the primary research question as well as the additional interests that the researcher had at the onset of the research process. Other conclusions that were made that do not form part of the initial aim of the study, will also be discussed. This will be followed by suggestions on how certain of these issues can potentially be addressed.

5.1 The views of physiotherapists in private practice on the HPCSA’s ethical rules and how it impact their practices as businesses

Overall the interviewees were of the opinion that the HPCSA’s ethical guidelines are there for a purpose and that these guidelines are necessary to protect the patient and guide health care professionals. The SASP on the other hand, is there to protect the processional and to fight for the rights and growth of the physiotherapy profession as a whole. An issue that was raised is that it is important for these regulatory bodies to work together to ensure that there is a balance between what is good for the patient and what is good for the practitioner. This comment may indicate the possible lack of knowledge of the working of and the relationship between the SASP and the HPCSA as the HPCSA does in fact consult with each discipline when they draft the ethical guidelines. Further it is important to realise that the SASP requires feedback from its members around issues or challenges that may exist. It is therefore the duty of the members to report any concerns in order for the SASP to address these concerns accordingly.

The interviewees were generally of the opinion that their behaviour and practices were guided by the ethical guidelines. Some were of the opinion that although they did not have
comprehensive knowledge of all of the guidelines, they still felt that they knew how to behave ethically. Some participants had the opinion that, although they currently do not have comprehensive knowledge of all of the guidelines, they would rather not know more about the guidelines than they currently do. They were afraid that more knowledge thereof would indicate to them that they need to change certain aspects of the practice in which they work. It is, therefore, just easier to not know all of these rules and continue practicing in the way that they are currently doing. A point that was further raised is that individuals need to believe in a guideline in order for them to follow it. The guidelines need to speak to the person’s own ethical issues and beliefs. It also needs to make business sense because, as a practitioner, you still need to make a living. When following this argument, better knowledge of the rules would not necessarily result in a change in the way in which the practice functions. This is a major concern as participants seem to not understand the seriousness of not following the ethical guidelines.

There were also physiotherapists who mentioned that better understanding and knowledge of these guidelines would definitely change the way in which they run certain aspects of their practices. This was particularly applicable to the owners of the private practices. One practice owner specifically mentioned that she wants to market her practice more aggressively, but that her lack of certainty around the specifics of the guidelines around advertising is inhibiting her to do so. Better knowledge and understanding of this aspect of the ethical guidelines would definitely change the way in which she advertises her practice.

5.1.1 Coming to grips with the guidelines

An aspect that was identified as potentially making it difficult for physiotherapists to follow these ethical guidelines is a lack of knowledge and understanding thereof. The researcher was surprised at the number of the participants stating that they are of the opinion that they do not have sufficient knowledge of the ethical guidelines, even though they are required to understand these rules and operate within the guidelines. Further, as mentioned earlier, only 2 out of the 13 interviewees had any knowledge of the existence of the SASP’s Position papers. Of these two, only one mentioned that they had spent some time on reading and understanding it.
There were some of the guidelines on which certain of the practitioners agreed that they did not have sufficient knowledge. They have, however, not necessarily spent vast amounts of time and effort to try and gain a better understanding of these guidelines. Some of the participants mentioned that they do what they think and feel is the ethical thing to do. They mentioned that there could be ethical guidelines that they are unaware of and do not follow, purely due to their lack of knowledge thereof.

The research also indicated that amongst the physiotherapists interviewed there were definite differences in the urgency around having sufficient knowledge of these guidelines. One of these discrepancies in urgency or the sense of a need to have sufficient knowledge of all of these guidelines, were found between practice owners and physiotherapists only working for private practices. The author often became aware of the administrative burden that practice owners need to endure. Practice owners were also generally much more concerned about the guidelines as they realised that they need to ensure that the business aspects of the practice are conducted within the ethical guidelines. Further they were also of the opinion that they could be held responsible for the actions of the physiotherapist within their service. Physiotherapists working for a private practice generally had the perception that their obligation is only towards ensuring that the clinical aspects of their work falls within the ethical guidelines.

A difference in attitude towards ethical behaviour also came up during the discussions. Some of the physiotherapists mentioned that different colleagues often had different views, opinions or attitudes towards ethics. Some of the participants saw this as a generational difference, stating that the younger generation sometimes seemed less concerned with the ethical aspects of practicing the profession. Others were of the opinion that it is rather a difference between individuals and that it could not be generalised for a specific generation.

A definite difference was also found between practices within a hospital environment and those that only see out-patients. Hospital-based practices generally had a more constant flow of new patients and generally articulated less of a need to advertise their practices. Furthermore, hospital-based practices also had different ethical dilemmas which included difficulty to obtain informed consent and patients running out of medical aid cover. It was also insinuated that physiotherapists working within a hospital environment could more
easily fall into the trap of providing unnecessary services or charging for services not rendered.

5.1.2 Advertising and other guidelines

Advertising was initially identified as a guideline that could potentially have an influence on the business and economics of a private practice. This was confirmed by some of the interviewees as a guideline that presented a challenge to their practices. Many of the challenges were, however, found to be linked to a lack of knowledge and certainty of the specifics around the guidelines. Additional guidelines that were also identified as potentially challenging to some of the interviewees were: naming of a practice, sharing of rooms and informed consent. There were also some challenges raised around the billing of treatments not needed or not administered.

One of the factors identified as making it difficult for physiotherapists to follow these ethical guidelines is the inability of the physiotherapists to see the relevance of the specific rule or the disagreement that they have towards specific rules. When asking one of the participants if there was anything making it difficult for him to follow these guidelines, the answer was that there was nothing inhibiting him from following these guidelines. This therapist is, however, sharing rooms with a health care professional registered with the AHPCSA. As discussed earlier, this therapist disagrees with the specific guideline around the sharing of rooms. He is of the opinion that it is to the benefit of the customer to have a variety of what he sees as complimentary services under one roof. It is therefore clear that his perception of the validity or necessity of this rule is creating a challenge for him to practice within the specific guideline.

Some of the participants also mentioned that they do not fully understand the specifics of some the ethical rules. They are also unsure as to where to get more information or confirmation on these guidelines. One participant mentioned that she would have appreciated someone who could check her advertisement and confirm that it falls within the guidelines. She, however, did not know who to refer her enquiry to. Another participant that was approached by the HPCSA regarding advertising not falling within the ethical guidelines, were unable to receive any guidance or help from the HPCSA. Although both these physiotherapists wanted to stay within the guidelines, their uncertainty around it and inability
to gain clarity on the matter may have resulted in them potentially not following these guidelines.

5.2 Additional conclusions

The researcher approached this study with the assumption that health care professionals, and in this instance physiotherapists, do stay within the guidelines as set out by the HPCSA. What came out as an additional conclusion was that this is unfortunately not always the case. As mentioned, what was found is that with some of the interviewees, the possible non-compliance are due to ignorance, while others were aware of what the guidelines state, but are willing to take the risk. It is important to mention that it was not the aim of the study to expose any physiotherapists not practicing within these guidelines.

One of the participants worded his view on ethics rather interestingly, stating that we live in what he likes to refer to as a “soccer society”. You try to get away with whatever you can until you get shown a yellow card. When shown this yellow card, you jump up and down and scream and shout. Eventually you storm off the field thinking that you have been completely outdone by, but you actually knew all the rules in the first place. He is of the opinion that many people try to get away with doing something that they know is wrong, until someone comes around knocking at their door. When they are caught out, they tend to be surprised and unhappy, although they have known what the guidelines are all along, or at least were to find them. If they cannot be proven guilty, some of them eventually even succeed in getting away with doing the wrong thing.

The “soccer society” view on ethics was not representative of all of the participants and many of them felt that they will rather stay on the safe side, practicing within the guidelines. Where they have any uncertainty regarding the guidelines, they would much rather then steer clear of any behaviour that may be seen or interpreted as unethical. Although this is admirable, perceiving or seeing the guidelines as more rigid or strict than it actually are, may result in the physiotherapist putting themselves at a disadvantage. This disadvantage could be in comparison to other physiotherapists who have a better knowledge and understanding of the guidelines. It could also be a disadvantage compared to other professions or alternative therapies that may become, or already are, a threat to the physiotherapist’s private practice.
5.3 Recommendations for addressing the challenges

Several challenges relating to the ethical guidelines have been identified through investigating the views of physiotherapists on these guidelines. Based on the conclusions that have been drawn from the study, this now brings us to the “so what” of the study. The opinions of the researcher about the possible ways of addressing some of these challenges are discussed below.

The author has broadly divided these challenges into the following two groups:

**Group 1 – “Rigid” issues:** This group hosts challenges relating to guidelines that are unlikely to change. These include advertising, the sharing of rooms, the naming of practices and informed consent.

**Group 2 – “Flexible” issues:** This group hosts challenges relating to “rectifiable” issues. These include issues around a lack of knowledge and understanding of the guidelines. It also includes different interpretation of and attitude towards the guidelines. Further the overcharging or overtreatment of patients for financial gain also forms part of this group.

The challenges in group 1 can, to some degree, be addressed with improved knowledge of these guidelines. Improved knowledge of the specifics around advertising could, for example lead to improved compliance. Non-compliance due to ignorance can also be reduced through improved knowledge. Further, practitioners would either need to change their attitude towards some of these guidelines or better understand the need for these guidelines to ensure that they practice within the specifications thereof.

The challenges in group 2 can also largely be reduced by improved knowledge and understanding thereof. Issues around different practitioners having different attitudes towards ethics could also potentially benefit from the education of health care professionals on the need and importance of these ethical guidelines. It can therefore be seen that many of the challenges identified and classified into both group 1 and 2 can benefit from and potentially be reduced by knowledge and understanding of these guidelines.

The view of one of the participants was that physiotherapists are somewhat archaic in their approach towards business. They tend to each work within their “own little bubble” and do
not really communicate with one another. They generally also do not try to address any of the issues that are of concern to them or to the profession. This could indicate that physiotherapists should become more proactive and stand together as professionals to identify and address issues or challenges that they may experience in the private practice environment.

Interviewees felt that the SASP has an important part to play in informing and educating physiotherapists on the ethical guidelines within which they need to practice. As this is the duty of the SASP, the participants’ view on this is correct. Although the researcher is of the opinion that the SASP should fulfil this duty, he is also of the opinion that physiotherapists should take the responsibility upon themselves to actually pay attention to, read and understand the information provided to them by the SASP. As stated in the SASP Code of conduct (2007) physiotherapists need to, as professionals, ensure that they are informed of and educated on these guidelines. It is important to remember that it is the responsibility of the physiotherapists to keep up to date with these guidelines. If the SASP is unaware of the challenges or problems related to the ethical aspects of private physiotherapy practices, they are unlikely to address it. It is therefore also the duty of the members of the SASP to bring these challenges and issues to the attention of their governing body. The SASP will, in turn, address these issues with the HPCSA if they feel the need therefore.

Further, it can be concluded that the Position Papers are greatly underutilised, especially as these papers serve as a very practical and user-friendly source of information and clarity on certain of the ethical guidelines. As it falls outside the scope of this study, it was not determined whether the underutilisation of these papers was to be blamed on the SASP or the members. It is, however, the opinion of the researcher that this is a matter that, if addressed efficiently, could greatly improve physiotherapists’ knowledge and understanding of the ethical guidelines.

As is their duty, physiotherapists should also spend more time and effort on improving their ethical knowledge through reading and studying the HPCSA’s ethical guidelines. Several of the participants said that they did not know where to get hold of the HPCSA’s ethical guidelines, nor have they ever read it. If physiotherapists continue with their view that these ethical guidelines need to be spoon-fed to them, improved knowledge and understanding
thereof may not be achieved in the foreseeable future. Physiotherapists should definitely not be ignorant towards these rules.

The SASP could also use their monthly magazine as a means to communicate ethical challenges and do ethical education of physiotherapists. One of the interviewees mentioned that monthly inserts in the physiotherapy magazine would be a good way to keep the professionals up to date with the ethical guidelines and also improve physiotherapists’ understanding thereof. Once again, physiotherapists would need to take the time to read these pieces of information for it to be of any value to them.

Another potential way of addressing these issues could be to enforce stricter requirements around the annual ethical CPD points that each medical practitioner needs to acquire. Currently CPD audits are limited to the HPCSA requiring the practitioner to submit proof of the ethical points earned during a certain period of time. This could perhaps become more comprehensive, involving the SASP through conducting audits to ensure that individual private practices stay within the specification of these ethical guidelines.

A final way to potentially address these challenges is to investigate the education of these ethical guidelines within the tertiary institutions and perhaps create a more in-depth focus on ethics. Carpenter and Richardson (2008, p. 366) mentions the need for the education of ethics through “incorporating both ethical theories and practice knowledge in education curricula.” Case studies of real ethical challenges could perhaps be an effective, additional way to prepare physiotherapists for working within the private practice environment.

6. FUTURE RESEARCH DIRECTIONS

It is the opinion of the author that there seems to be a lack of research and literature on ethics within private medical practices in South Africa and specifically ethics that relate to the business and economics of private physiotherapy practices. Triezenberg (1996, p. 1106) mentions that “Discussion of ethical issues relating to physical therapy, however, has been limited in the physical therapy literature.” Carpenter and Richardson (2008, p. 366) also mentions the need to “establishing a rigorous research agenda that accurately reflects the unique and multidimensional nature of clinical practice” in order to improve the knowledge
around ethics in physical therapy practices. The researcher is also of the opinion that further research on this topic may be of value to private medical practices in South Africa. As the providing of health care is often still not seen as a business, the business aspects of private medical practices are often neglected. More attention dedicated to this may be beneficial to both the practitioners and the patients.

Areas of research that could produce additional information on the topic could include one or more of the following:

1. More in-depth research into the broad ethical challenges that have been identified during this study. This could help with the identification of more specific challenges and gaining more specific information around these issues.
2. A broad study, involving more practitioners can be attempted in order to try and detect any additional challenges or issues that may exists within private physiotherapy practices. It could also help to gain more clarity on the importance and relevance of certain ethical issues.
3. Future research could be aimed at investigating the methods and contents of education around ethics being done at tertiary institutions within South Africa.
4. The researcher is of the opinion that a quantitative study of the physiotherapy community within South Africa could be of value to determine whether some of the views and issues that have been found in this study, is applicable to a significant percentage of the physiotherapists within private practices. This should help to determine the extent of the existence of ethical challenges within the physiotherapy profession in South Africa.
5. A final aspect of further research could be to investigate the differences between the ethical challenges faced by private physiotherapy practices functioning within and outside of the hospital environment.

The study by Triezenberg (1996) which was a broad study of the ethical issues that were present within physical therapy practices, divided the ethical issues into three categories. These were “patients’ rights and welfare; professional issues” and “business and economics” (Triezenberg, 1996, p. 1102-1104). These three categories could be considered as a means to assist with the classification of ethical challenges, should a broad study be done in an attempt
to find additional ethical challenges not only related to the “business and economics” as was the case in this study.

With this study, the researcher did not attempt to focus on what is right and wrong when looking at ethics and ethical behaviour. The study also did not attempt to critique any of the ethical guidelines or to expose any of the practitioners for any wrongdoing. It rather served to try and obtain an idea of the general views of physiotherapists on these ethical guidelines. The researcher hopes that this will lead to further research on the topic and stimulate conversation within the profession, helping to make it easier for physiotherapists to create and work within an ethical environment within private practices. In doing so, the physiotherapists will hopefully also strengthen the private practices in which they work as businesses.

It is important to realise that just because certain ethical issues have been identified, it does not ensure that these issues will be addressed accordingly, or that guidance will be provided around these issues (Triezenberg, 1996). It is therefore the obligation of the professionals and other stakeholders such as the SASP, to ensure that these potential ethical challenges are addressed accordingly. Doing so will be in the interest of the profession, the practitioners and the patients.
REFERENCES


APPENDICES

Appendix 1: Comparative amendments to the HPCSA’s ethical rules regarding making professional services known

<table>
<thead>
<tr>
<th>Content of rule</th>
<th>Previous rule</th>
<th>Present rule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Photographs of health care professional</td>
<td>Not allowed</td>
<td>Allowed, but should be professional</td>
</tr>
<tr>
<td>Entries in directories and public lists</td>
<td>Should be of the same size and format</td>
<td>No limitation on size, format and/or typestyle</td>
</tr>
<tr>
<td>Logos/photos and graphics on professional stationary</td>
<td>Not allowed (except for SASP logo with permission)</td>
<td>Allowed, but should be professional and not misleading</td>
</tr>
<tr>
<td>Logos/photos and graphics on outside signs</td>
<td>Not allowed (except for SASP logo with permission)</td>
<td>Allowed, but should be professional and not misleading</td>
</tr>
<tr>
<td>Size of outside sign and nameplate</td>
<td>Limited to 1m x 0.5m</td>
<td>No limitations</td>
</tr>
<tr>
<td>Number of outside signs and nameplates</td>
<td>Limited</td>
<td>No limitations</td>
</tr>
<tr>
<td>Illuminated signs</td>
<td>A constant white light</td>
<td>No limitations, but should be professional</td>
</tr>
<tr>
<td>Colours used on signs and nameplates</td>
<td>Limited to 2 – one as background and one for lettering</td>
<td>No limitations, but should be professional</td>
</tr>
</tbody>
</table>

The table above were taken from the SASP’s Advertising and making professional services known Position Paper (2009, p. 6-7).

Appendix 2: Interview schedule

<table>
<thead>
<tr>
<th>Interview number</th>
<th>Number of years in</th>
<th>Tertiary institution</th>
<th>Owner of practice</th>
<th>Male or female</th>
<th>Hospital or outpatients</th>
<th>Number of therapists</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>private practice</td>
<td>studied at</td>
<td></td>
<td>in practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>-----------------</td>
<td>---------------</td>
<td>---</td>
<td>-------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>25 years</td>
<td>Stellenbosch</td>
<td>Yes</td>
<td>Female</td>
<td>Both</td>
<td>2 or more</td>
</tr>
<tr>
<td>2</td>
<td>8 years</td>
<td>Bloemfontein</td>
<td>No</td>
<td>Female</td>
<td>Outpatients</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>3 years (in South Africa)</td>
<td>UCT</td>
<td>Yes</td>
<td>Male</td>
<td>Outpatients</td>
<td>2</td>
</tr>
<tr>
<td>4</td>
<td>7 years</td>
<td>UCT</td>
<td>Yes</td>
<td>Female</td>
<td>Outpatients</td>
<td>1</td>
</tr>
<tr>
<td>5</td>
<td>4 years</td>
<td>UCT/Stellenbosch</td>
<td>No</td>
<td>Female</td>
<td>Outpatients</td>
<td>2 or more</td>
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<td>Female</td>
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<td>10 or more</td>
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<td>Female</td>
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<td>2 or more</td>
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<td>Pretoria</td>
<td>No</td>
<td>Female</td>
<td>Outpatients</td>
<td>2 or more</td>
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</tr>
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<td>Female</td>
<td>Both</td>
<td>3 or more</td>
</tr>
<tr>
<td>11</td>
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<td>Wits</td>
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<td>Outpatients</td>
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</tr>
<tr>
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<td>6 years</td>
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<td>Female</td>
<td>Outpatients</td>
<td>1 or more</td>
</tr>
<tr>
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<td>UCT</td>
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<td>Female</td>
<td>Outpatients</td>
<td>1</td>
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</table>

Appendix 3: Question guidelines used during the interviews

1. What is your understanding of the HPCSA’s professional ethical rules? Please share ideas, opinions and feelings.
2. How do these rule impact on you as a business?
3. Which rules do have an influence? And in what way?
4. Do you have any more thoughts on this?
5. How do you think should this be addressed?
6. Is there anything that is making it difficult for you to practice within the HPCSA’s guidelines?
7. Are you aware and have you made use of the SASP’s Position Papers on some of these ethical guidelines?
8. Are you of the opinion that you fully understand these guidelines as set out by the HPCSA? Why would you say so?
9. Do you try to keep up with any changes that happen within the ethical guidelines and if so, how do you do it?
10. Are you aware of the fact that the ethical guidelines of the HPCSA (for example those around advertising) have changed in the past couple of years? Are you aware of the specifics of these changes?
11. Are you of the opinion that other physiotherapists keep to these guidelines and why would you say so?
12. Do you think that better understanding/knowledge of these rules could affect the way in which you run your practice/the practice you work for is run? How would it make a difference?
13. What are your views of these guidelines:
   - Advertising
   - Informed consent (this was added later during the interviews).
14. Do you advertise your practice, and if so, how?
15. Have you ever come across the issue of treating patients with depleted funds, especially in hospital?
16. What is your opinion about other alternative treatment modalities becoming a threat to the physiotherapy profession?

17. Where do you go to for help or information when you encounter an ethical challenge?