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An Evaluation of the Ability of Physical Therapy Students at the University of North Dakota to Make Ethical Decisions

Russell B. Fox
University of North Dakota

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AN EVALUATION OF THE ABILITY OF PHYSICAL THERAPY STUDENTS AT THE UNIVERSITY OF NORTH DAKOTA TO MAKE ETHICAL DECISIONS

by

Russell Bailey Fox
Bachelor of Science in Physical Therapy
Bachelor of Arts in Philosophy and Religion
University of North Dakota, 2003

A Scholarly Project
Submitted to the Faculty of the
Department of Physical Therapy
School of Medicine
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for the degree of
Doctorate of Physical Therapy

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2005
This Scholarly Project, submitted by Russell Bailey Fox in partial fulfillment of the requirements for the Degree of Doctorate of Physical Therapy from the University of North Dakota, has been read by the Preceptor, Advisor and Chairperson of Physical Therapy under whom the work has been done and is hereby approved.

(Preceptor)

(Graduate School Advisor)

(Chairperson, Physical Therapy)
## PERMISSION

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This is dedicated to my best friend and wife Angel, who has fostered my desire to learn and has given me much love and support.

I would also like to thank my parents for their guidance and support. Dr. Eduardo Wilner Assistant Professor of Philosophy at the University of Alaska, Fairbanks, thank you for introducing me to the correct approach to ethics and for giving me the essential tools to determine what is ethical. Lastly, the University of North Dakota, Department of Physical Therapy for their contribution to my development as a physical therapist.

Insanity in individuals is something rare - but in groups, parties, nations and epochs, it is the rule.

-Friedrich Nietzsche
ABSTRACT

Physical therapists are faced with many ethical dilemmas in the workplace. Therefore, it is important for a physical therapy student to have the ability to make sound ethical decisions. However, there are no classes required by the physical therapy department in ethics at the University of North Dakota. The purpose of this study is to examine the ability of physical therapy students and the faculty at the University of North Dakota to make ethical decisions.

During the summer of 2004, the Defining Issues Test II (DIT-2) was administered at the University of North Dakota. The DIT-2 is a structured objective test that consists of five dilemmas. The test includes a demographic survey with questions regarding age, gender, level of education, political views, citizenship, and primary language.

The subjects in this study were physical therapy students and faculty at the University of North Dakota. The students included those expected to graduate in spring of 2005 and 2006 from the University of North Dakota. The subjects were asked to voluntarily take the DIT-2 and informed consent was demonstrated through completing the questionnaire. The DIT-2 scores from physical therapy faculty and students were compared to the national norms (n=10,553) using single sample t statistics. There was no significant difference between UND faculty P scores and the national norms (F(6) = - .136, p = .896). Similar findings were present for the N2 scores (F(6) = - .401, p = .702).
There was a significant difference between UND students 2005 \( P \) scores and the national norms (\( F(34) = -5.907, p < .001 \)). A similar finding was present with the \( N2 \) scores (\( F(34) = -6.284, p < .001 \)). There was a significant difference between UND students (2006) \( P \) scores and the national norms (\( F(43) = -4.894, p < .001 \)). A similar finding was present with the \( N2 \) scores (\( F(43) = -4.365, p < .001 \)). The UND students means for all scores were below national means.

The DIT-2 \( P \) scores of the faculty and students were compared using a One-way ANOVA as all assumptions for parametric testing were met. A significant difference was found between groups (\( F(2, 82) = 5.708, p = .005 \); eta squared = .122; power = .853). Scheffe’s post hoc analysis revealed a significant difference between faculty and graduates of 2005 (\( p = .005 \)) and between faculty and graduates of 2006 (\( p = .018 \)). Faculty scores were significantly higher than the student scores.

The \( N2 \) scores of the faculty and students were compared using a One-way ANOVA, as all assumptions for parametric testing were met. A significant difference was found between groups (\( F(2,82) = 3.802, p = .026 \); eta squared=.85; power = .677). Scheffé’s post hoc analysis revealed a significant difference between faculty and graduates of 2005 (\( p = .031 \)), with the faculty \( N2 \) score higher. There was no difference in \( N2 \) scores between faculty and graduates of 2006 (\( p = .152 \)) or between student groups (\( p = .388 \)).

Significant correlations were found between age and \( P \) scores (\( r = +.387, n = 82, p < .001; r^2 = .150 \)) and between age and \( N2 \) scores (\( r = +.260, n = 82, p = .018; r^2 = .067 \)). Findings on age are consistent with other researchers.
The DIT-2 P scores and N2 scores of men and women were compared using a One-way ANOVA, as all assumptions for parametric testing were met. No significant difference was found between groups for the P scores (F (1,83) = .277, p = .600; eta squared = .003; power = .082), or for the N2 scores (F (1,83) = 1.450, p = .232; eta squared = .017; power = .222). See Table 3 for descriptive statistics of the groups.

The DIT scores were compared between political groups described as very liberal, liberal, neutral, conservative, and very conservative were compared. No significant difference was found between groups for the P scores (F (4,78) = .449, p = .772; eta squared = .023; power = .150), or for the N2 scores (F (4,78) = .241, p = .914; eta squared = .012; power = .100).

Given the results of the DIT-2, it appears that the physical therapy department needs to seek classes that promote ethical decision making. To accomplish this, there needs to be continued longitudinal research in this area. The deficiency in scores is not due to the knowledge of the faculty for they scored well within the norms. The problem may be due to the lack of proper curriculum to foster the students moral development.

One solution to the problem is a class in physical therapy ethics. The department already requires 9 prerequisite credits in arts and humanities, requiring 3 of those credits a class in physical therapy ethics. This would allow the students to attain the tools they needed before entering the professional program. Having the skills early would allow students to assess moral dilemmas they face in the professional program and foster their skills even more.
CHAPTER I
INTRODUCTION

Traditionally, ethics or moral philosophy is an attempt to arrive at an understanding of the nature of human values, of how one ought to live, and what actions have moral worth. To better understand these philosophies, it is important to canvas the writings of various philosophers who have examined and set forth tools for ethical analysis. This examination will allow for a critical review of the main philosophical positions found in physical therapy ethics, namely the position of Immanuel Kant, whose writings influence the Defining Issues Test (DIT), which is used to determine the ethical decision making abilities. What will follow, is an elucidation of what is necessary for the fostering of students, and therefore professionals, in order to have the capacity for high moral reasoning.

Immanuel Kant lived during the Enlightenment period, the era known for great emphasis on solving problems with logical analysis instead of religious and superstitious assumptions. Kant, a philosopher saturated by the Enlightenment, used reason to explore moral issues. By using reason to arrive at ethical decisions, Kant asserted that one can arrive at ethical truths rather than beliefs. His greatest attempt at creating a structured moral system determined by truths rather than belief was, *Foundations for the Metaphysics of Morals*. In this writing, he affirmed that truth is neither analytic nor empirical. By doing this, he dealt with what he considered unacceptable theories from
rationalists and empiricist. He brought about a new rationalism that hitherto changed philosophy.

Because Kant was influenced by David Hume, predominantly his work *An Inquiry Concerning Human Understanding*, he explored cause and effect relationships. David Hume examined cause and effect relationships by questioning the validity of the Causality Principles. According to Hume, one cannot use past empirical knowledge to prove an event in the future. In other words, an experience is no predictor of future events, just because something happened a certain way in the past, does not mean that it is guaranteed to repeat. The only thing that is certain is that every effect has a cause.²

As Kant explained, causation is not just an idea that we use to make sense of why certain events happen; it is an uncontrolled process because the process will happen automatically. For example, if we see a pen make a mark on paper, we do not need, from then on, to see pens marking on the paper to say that the pen caused the mark on the paper because causality is hardwired into our brain.³

The notion that the things we perceive as result of how our brains are hardwired for causality brings about some important questions for Kant. Since the brain has this automatic filtering function, it is not dependent on the external environment for perception and therefore an individual cannot really know, with any certainty, what the external world is really like. Therefore, we cannot know how things are in themselves.

Things in themselves are also referred to as nomina, which humans combine with sensory data. The combination of sensory data and nomina is called phenomina. Humans can know the world of phenomina, but they cannot know the world of nomina, which is the pure external world, in its authentic state, before it is filtered through human
perception. This brings into question, Hume’s assumption that we know every cause has an effect. According to Kant, if the idea of cause and effect is only in our mind we are out of touch with the nominal knowledge and cannot know for certain that every effect has a cause.⁴

From this examination of ethics, Kant claims that consequences are irrelevant when it comes to making moral decisions because consequences are determined by the automatic response of causality in the brain. An ethical decision determined by using consequences is flawed because the brain’s image of the external world is imperfect. In addition, because fundamental moral ideas have the same status as fundamental cognitive principles, like causation they are flawed as well. Moral ideas are too important to be decided by life experience.²

Kant makes a distinction between pure and empirical concepts. Most of the basic ideas one has of the world such as time, space, and causation are known through *a priori* knowledge. This knowledge is hardwired into the brain. This leads Kant to believe that there can be *a priori* morality. If moral ideas were drawn from empirical knowledge, the moral idea could not be universal. This is because the moral idea would be based on a limited set of events that one has experienced. Moral ideas can only be universal if they are from *a priori* knowledge. Metaphysics relies on the a priori concepts of reason, not on empirical observations. This makes it possible for a morality that is not based on particular circumstances for certain people, but rather for all rational beings in all places at all times.

Kant proceeds by explaining how humans can make ethical decisions using *a priori* knowledge. He begins by distinguishing between two types of imperatives. The
first is the hypothetical imperative. In the hypothetical imperative the reasoning focuses on the consequences to an action to make a decision. For example, if a student wants to do well on a test, the student should study. This of course, is the flawed reasoning because it relies on consequences. The second imperative, the categorical imperative, is based on concepts of reason, rather than empirical knowledge. It takes the moral value from the consequence and gives it to the action. An action is good or bad based on the maxim. A maxim is the motive to an action. The motive is determined by reason rather than by consequences.

From the categorical imperative came the goal of another writing, *Grounding for the Metaphysics of Morals*. In this work, Kant used reason rather than empirical knowledge to form moral principles and developed three general principles. First, actions are moral only if they are undertaken for the sake of morality alone. The action should not be based on an ulterior motive. Second, the moral quality of an action is judged not according to the action’s consequences but according to the motive that produced it. Third, actions are moral if they are undertaken out of respect to moral law as opposed to some other motivation such as a need or desire.

Kant determined that the categorical imperative is: “Act only according to that maxim by which you can at the same will that it should become a universal law.” From this, Kant developed a theory of two hypothetical angles to develop moral laws. The first principle states that an action has to work as a universal moral law. Secondly, a rational person would be able to will that action to become a moral law.

Kant asserted that moral laws must be universal. He uses the law of non-contradiction to support his claim. The law of non-contradiction explains that something
cannot be both true and false at the same time. Using this Kant goes on to say that in order for ones action to be moral, it must be good in itself. In order for it to be good in itself, it must be logical. In order for it to be logical it must not contradict itself. If one steals but expect others not to steal, they have contradicted themselves. Motives that lack universality are immoral. 4

For an example let us look at the action of suicide and see if it could become a moral law. It could not become a moral law because it would not pass either of the principles. Therefore, it would not pass principal one, because the human species would not last if everyone were committing suicide. Secondly, a rational person could not will suicide to be a moral law.

Let us look at a law that says that people should not develop their talents. It passes the first principle because the world could have a universal law in which people did not develop their talents. It might be a boring world, but people would be able to survive. It does no pass the second principle, because a rational person would not will not developing your talents to become a moral law. The world is better if people develop their talents.

What about a moral law that says that people should not help others? It passes the first principle. The world could have a universal law in which people were not allowed to help one another. People would be miserable, but the human species would be able to survive. It does not pass the second principle, because a ration person could not will not helping other to become a moral law. The world is better when people can help one another.
One moral law that Kant develops is that rational beings have a duty to one another and that rational beings should not treat each other as a means to an end. This moral law can be universal and willed by a rational being. Rational beings have the capacity to pursue predetermined objectives (ends) by means of their will, yet in pursuing their goals they never think of themselves as mere means, they are ends in themselves. According to Kant, if we treat other rational beings as mere means, we contradict the fact that all rational beings are ends in themselves. This would violate the categorical imperative. 4

Now that Kant has established what the moral law is, he explains why rational beings should be moral. According to Kant, the basis of morality is the concept of freedom of will. Freedom of will is the ability to follow moral laws. When we follow categorical imperatives, we use reason to determine our own laws for ourselves. Therefore, we have freedom of will when making moral laws based on categorical imperatives. But, if we make moral laws based on hypothetical imperatives we will be controlled by our need, desire, or circumstance, and will not have freedom of will. 4

Freedom of will can never be explained by experience. One uses reason to explain empirical knowledge. One has no knowledge of things in themselves. Therefore, freedom of will cannot be proven or disproved. All one knows is that one has the concept of freedom of will, and that morality may be based on this concept.

Kant is very successful at achieving his objective. He has developed a moral system based entirely on reason. There are some basic moral ideas that are based on something more than cultural prejudice. Kant’s moral theory takes into account basic individual human rights and justice. This is missing in the Utilitarianism’s moral theory.
Instead, much emphasis is placed on the greatest happiness for the most people, which is a judgement made from consequences. Because of this, an individual could be treated immorally for the betterment of the whole. But, by Kant taking moral value on the consequence and placing it on the action he is able to take in account every individual.  

However, Kant’s ethics are not perfect because he only sees one variable to an action when there are many variables. For instance, he thinks that it immoral to be dishonest. There are some cases where being honest would result in being immoral. For example, if one were to be honest when the Nazis asked them if there are some Jews hiding in their house, it would be immoral not to lie, because innocent people would be murdered.

In order to see the immorality of this action one would have to look at the consequences. The consequence would be that the Jews might be murdered. Secondly, it appears that Kant does look at consequences at times, even though he professes not to do this. For example, Kant says that one should not be unnecessarily cruel to animals, because it might result in humans being cruel to other rational beings. This is a clear example of Kant looking at the consequences when deciding whether an action is ethical.

Kant poses another problem by limiting moral treatment to that of rational beings. This leaves people with the opportunity to discriminate against other people on the justification of them not being rational beings. For example, in America, women were not allowed to vote until the 1920s partly because they were seen as irrational. Likewise, Blacks were enslaved and kept in bondage because they too were viewed as animal-like and therefore irrational.
Because of the aforementioned problems, Kant should not be considered an absolute authority on morality. It is especially important to keep an open mind when it comes to ethics. We may take away some of the ideas on morality that Kant has given to us, but in totally accepting one person's view of ethics, we run the risk of being dogmatic and narrow-minded. Instead we should select what is rationally and sensible from selected thinkers and form our own system of ethical behavior. By doing this we do not have to universally accept the idea of ethical relativism, it only means that what is right must also be rational.

John Stuart Mill focuses on the problems with Kant's ethics, and purposely employs, the item Kant wanted to exclude from his ethics, consequences. He looked to works by philosopher Jeremy Bentham and established his own brand of utilitarianism. Utilitarianism is an ethic that is related to the greatest good for the greatest number of people. Utilitarianism claims that an action is right if it tends to promote the greatest happiness for the most number of people, and wrong if it tends to produce the reverse. This does not only mean the happiness of the performer, but the happiness of everyone that is affected by it. This idea is referred to as the greatest happiness principle. Utilitarianism regards some acts or types of acts as right or wrong dependent on the consequences. Utilitarianism also differs from ethical theories that make the rightness or wrongness of an act dependent on the motive of the person. According to the Utilitarian, it is possible for the right thing to be done from a bad motive.

Consequence to the Utilitarian is all of the good and bad produced by an action, even if these consequences do not immediately arise from the act. If the difference in the consequences of an alternative act is not great, then it may not be a moral issue.
According to Mill, acts should be classified as morally right or wrong only if the consequences are of great significance.

Intrinsic value is important in assessing the consequences of one’s actions. Intrinsic value is something that is held to be good in itself, apart from further consequences, and all other values are believed to derive their worth from their relation to this intrinsic good as a means to an end.¹

Bentham and Mill were considered hedonists. They analyzed happiness as a line between pleasure over pain. They believed that these feelings alone are of intrinsic value and disvalue. Utilitarianism also states that it is possible to compare the intrinsic values produced by two alternative actions and to estimate that would have better consequences.

Bentham speaks of a hedonistic calculus. He argued that it is theoretically possible to sum up all the units of pleasure and the units of pain for everyone that would be affected by an action, immediately and in the future. He claimed that this could be used to maintain a balance or measure of the overall good or evil tendency of an action. Bentham believed that hedonistic calculus was necessary for the Utilitarian to make comparisons of values and alternative actions.

To point out the problems with Utilitarianism, we can first take a look at Bentham’s hedonistic calculus. How can pleasure and pain can be divided into two totally separate feelings. Sometimes there may be pain in something that is a pleasant experience. For example, a mother watching her daughter go away to college can cause her to experience pleasure that she has made it so far in her life, and may experience pain that the daughter is no longer living in her home.
Also, if someone is suffering, why should they continue to suffer so that someone who is already happy could become even happier? The suffering of an individual should be eliminated before a person that is already happy is made even happier. For example, if there are 200 people who have eaten dinner four hours earlier and are starting to get hungry for another meal, and there is 199 starving people a block down who have not eaten for over a week. Why should the people who are not starving get food that other people need to survive just because there is one more person on that block?

Another problem with Utilitarianism is the case of the lonesome stranger. In the case of the lonesome stranger, a citizen was murdered, and the town wanted the killer found or the result would be rioting, chaos, and destruction. A stranger walks into town with no family friends or any connection to people. The sheriff has two options; he can convict the lonesome stranger who is innocent, or he can risk not finding a killer in which the town would self-destruct. The Utilitarian view would be to convict the lonesome stranger so that the other citizens in town would be safe from each other. I do not agree with this thinking. An innocent person should never be convicted and sacrificed for the good of angry citizens.

James Rest has developed an approach to ethics that is multidimensional working from a psychological perspective. Rest used Kohlberg’s moral theories to develop the defining issues tests. Kohlberg felt that morality was not determined by society, but rather the individual. Kohlberg moral theories were heavily influenced by Kantian ethics. Kohlberg’s research led to a six stage model of moral judgement development in a individual over time.
The first stage, stage 1 is similar to the divine command theory to ethics, "Do as God says." The degree of ethicalness is determined by how obedient one is to superior individuals. As long as one does as they are told they will get along with others. Stage 2 is similar to the ethics of the Sophists. The individual learns that everyone in society has their own interests. Morality is found through satisfying one's own selfish interests. Cooperation in society is found through exchanges to satisfy one's interests. In stage 3, there is a realization that people develop relationships with others involving loyalty and mutual caring. Morality in this stage involves forming and maintaining relationships. Thus one must be kind, considerate, and loyal to accomplish this. In stage 4, the individual learns that morality should include all of society and not just the ones we have relationships with. To maintain cooperation at this level society must have rules. These rules are accomplished through societal cooperation and are developed to ensure that society behaves in an accepted manner. Everyone in society is obligated to and protected by law. In stage 5, the individual understands the importance of principle when it comes to morality. The morality is determined by due process. The rules established by a community must be followed in order to attain a moral and just community. The individual is obligated by the arrangements that are agreed to by due process procedures. In stage 6, the individual develops ideals for what is moral. These ideals are determined by reaching an equilibrium between the costs and benefits of one's actions. There is a balance in society when it comes to cost benefit, the goal is to maximize every individual's stake and welfare in the social order. Success at this level is determined by how rational and impartial society is. This stage is very similar to Kant's conclusions in, Foundations for the Metaphysics of Morals.
According to Rest, in order for a society to function morally it is expected that the individuals in society have reached stage 6. It is even more crucial that professionals, especially physical therapists, are at or above this level, because the profession of physical therapy has increasing autonomy in clinical decision making. The move towards autonomy results in an increase in responsibility and the complexity of ethical dilemmas. In fact, recent studies in physical therapy expertise have supported this notion. Therefore, knowledge in the area of ethics has become an important part of the clinical experience. To maintain competency in the profession of physical therapy it is important that therapists have good moral reasoning skills. Therefore, it is important that therapists understand the many aspects of morality.

The Assessment of moral reasoning employed by this research is the Defining Issues Test (DIT). The DIT is the most widely used tool to measurement moral reasoning in the world. Rest feels that through education students are developing their ability to make moral judgments. Higher education is an ideal place for learning aspects of Kant’s influential ideas and for learning a particular way of thinking about experience. Rest’s research demonstrates that the individuals with the highest DIT scores are those who have direct exposure to Kantian theories. This exposure can be accomplished through classes that specialize in teaching ethics such as medical ethics.

Kolberg’s seven stages of moral development rely heavily on Kantian theories, but as pointed out earlier Kant’s theories have many problems. To have the level of moral reasoning required, one must experience a well rounded education in ethics. It is possible to attain this development with the addition of a well integrated course on ethics in physical therapy.
The purpose of this study is to examine the ability of physical therapy students and the faculty at the University of North Dakota to make ethical decisions. This study will compare the ethical performance scores of UND physical therapy faculty and students to that of the national norms. 1. Is there a significant difference between P and N2 scores of UND physical therapy faculty and students to that of the national scores? 2. Is there a significant difference between P and N2 scores of UND physical therapy faculty, graduates of 2005, and graduates of 2006? 3. Is there a significant correlation between gender, age, and political leanings when comparing the N2 and P scores?

As the physical therapy profession continues to broaden, it is important that the curriculum evolves with this broadening. This is especially important when it comes to moral development. If a department of physical therapy expects to graduate students who are competent when it comes to a profession that is evolving, they must incorporate a class on ethics. If not, the students will be lacking one of the most crucial skills and that is moral reasoning.
CHAPTER II

METHODOLOGY

Physical therapists are faced with many ethical dilemmas in the work place. Therefore, it is important for a physical therapy student to have the ability to make sound ethical decisions. However, there are no classes required by the physical therapy department in ethics at the University of North Dakota. The purpose of this study is to examine the ability of physical therapy students and the faculty at the University of North Dakota to make ethical decisions. The subjects in this study were physical therapy students and faculty (n=7) at the University of North Dakota. The students included those expected to graduate in spring of 2005 (n=35) and 2006 (n=43) from the University of North Dakota. The subjects were asked to voluntarily take the DIT-2 and informed consent was demonstrated through completing the questionnaire. University of North Dakota IRB approval was given for this study, see Appendix A.

During the summer of 2004, the Defining Issues Test II (DIT-2) was administered at the University of North Dakota. The DIT-2 is a structured objective test that consists of five dilemmas and they are: 1. A father contemplates stealing food for his starving family from the warehouse of a rich man hoarding food. 2. A newspaper reporter must decide whether to report a damaging story about a political candidate. 3. A school board chair must decide whether to hold a contentious and dangerous open meeting. 4. A doctor must decide whether to give an overdose of painkillers to a suffering but frail
patient. 5. A college student demonstrating against U.S. foreign policy. The DIT-2 includes a demographic survey with questions regarding age, gender, level of education, political views, citizenship, and primary language.\textsuperscript{11} This test was developed at the University of Minnesota, see Appendix B.

The DIT-2 test was found to be reliable and valid. Validity for the DIT has been assessed in terms of 7 criteria postconventional by Rest, Narvaez, Bebeau & Thoma, in 1999 with the citation of over 400 published articles. Reliability is adequate with a Cronbach alpha is in the upper 0.70s/low 0.80s. Test-retest reliability is about the same. The DIT-2 is an updated version of the original DIT. The correlation of the DIT-1 and DIT-2 is 0.79.\textsuperscript{12}

Tests were given in class to physical therapy students that are expected to graduate in 2005 and 2006. The faculty tests were placed in their mailbox. A cover letter accompanied every test letting the subject know the purpose of the study, procedure, and that their name would not be linked to the test. The subjects were instructed to complete the test with a number 2 pencil. They were advised to read the instructions and practice problem. The students had one hour to complete the test. The tests were collected when the students were done. The faculty were able to complete the test on their own time and were to return the test to the department secretary when done.

The DIT-2 was scored at the University of Minnesota, Center for the Study of Ethical Development. The SPSS 8.0 was used to examine the results of the DIT-2. The DIT-2 scores from physical therapy faculty and students were compared to the national norms (n=10,553) using single sample t statistics. The DIT-2 P and N2 scores of the faculty and students were compared using a One-way ANOVA as all assumptions for
parametric testing were met. Scheffé's post hoc analysis revealed a significant difference between faculty, graduates of 2005, and graduates of 2006. The DIT-2 P scores and N2 scores of men and women were compared using a One-way ANOVA, as all assumptions for parametric testing were met. The DIT scores were compared between political groups described as very liberal, liberal, neutral, conservative, and very conservative were compared. Both the P score and the N2 score were examined. Recent research indicates that a new way of scoring the DIT with the new index N2, produces more powerful data trends than the usual index, P. Researchers are encouraged to analyze data both with the P and the N2 index.
CHAPTER III

RESULTS

One hundred and seven DIT-2 tests were handed out to physical therapy faculty and students at the University of North Dakota. Seven of the 12 faculty completed the DIT-2. Thirty-five of the 40 graduates of 2005, and 43 of the 50 graduates of 2006 completed the survey. Out of the 107 DIT-2 tests distributed, 85 were completed for a response rate of 79.44 percent.

The ethical performance scores of physical therapy faculty and students are in Table 1. DIT-2 scores from physical therapy faculty and students were compared to the national norms (n=10,553) using single sample t statistics. There was no significant difference between UND faculty $P$ scores and the national norms ($F(6) = .136$, $p = .896$). Similar findings were present for the $N2$ scores ($F(6) = .401$, $p = .702$).

There was a significant difference between UND students (2005) $P$ scores and the national norms ($F(34) = 5.907$, $p < .001$). A similar finding was present with the $N2$ scores ($F(34) = 6.284$, $p < .001$). For both scores, UND students means were below national means. See Table 1 for the descriptive statistics.

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Table 1. Means and Standard Deviations for UND Respondents, in Comparison to National Norms

<table>
<thead>
<tr>
<th>UND Group</th>
<th>P Scores</th>
<th></th>
<th>N2 Scores</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>UND Mean (SD)</td>
<td>National Mean (SD)</td>
<td>Mean Difference</td>
<td>UND Mean (SD)</td>
</tr>
<tr>
<td>Faculty (n=7)</td>
<td>50.29 (7.87)</td>
<td>50.69</td>
<td>-.40</td>
<td>46.61 (15.73)</td>
</tr>
<tr>
<td>Students of 2005 (n=35)</td>
<td>31.47 (13.42)</td>
<td>44.87</td>
<td>-13.42c</td>
<td>30.59 (13.54)</td>
</tr>
<tr>
<td>Students of 2006 (n=43)</td>
<td>34.35 (14.10)</td>
<td>44.87</td>
<td>-10.52c</td>
<td>35.11 (14.81)</td>
</tr>
</tbody>
</table>

*There is a significant difference in mean scores between UND faculty and students of 2005, and UND faculty and students of 2006. There is no significant difference in mean scores between UND student groups. See text.

*There is a significant difference in mean scores between faculty and students of 2005. No other UND group means are significantly different from each other. See text.

*The mean difference between UND and the national norm is significant, p<.001. See text.

The DIT-2 P scores of the faculty and students were compared using a One-way ANOVA as all assumptions for parametric testing were met. A significant difference was found between groups (F(2, 82) = 5.708, p = .005; eta squared = .122; power = .853). Scheffé’s post hoc analysis revealed a significant difference between faculty and graduates of 2005 (p = .005) and between faculty and graduates of 2006 (p = .018). Faculty scores were significantly higher than student scores. There was no significant difference in P scores between student groups (p = .645). See Table 1 for means and standard deviations of the groups.
The N2 scores of the faculty and students were compared using a One-way ANOVA, as all assumptions for parametric testing were met. A significant difference was found between groups (F(2,82) = 3.802, p = .026; eta squared = .85; power = .677). Scheffe’s post hoc analysis revealed a significant difference between faculty and graduates of 2005 (p = .031), with the faculty N2 score higher. There was no difference in N2 scores between faculty and graduates of 2006 (p = .152) or between student groups (p = .388). See Table 1 for means and standard deviations of the groups.

Significant correlations were found between age and P scores (r = +.387, n = 82, p < .001; r² = .150) and between age and N2 scores (r = +.260, n = 82, p = .018; r² = .067). The DIT-2 P scores and N2 scores of men and women were compared using a One-way ANOVA, as all assumptions for parametric testing were met. No significant difference was found between groups for the P scores (F (1,83) = .277, p = .600; eta squared = .003; power = .082), or for the N2 scores (F (1,83) = 1.450, p = .232; eta squared = .017; power = .222). See Table 2 for descriptive statistics of the groups.

The DIT-2 scores were compared between political groups described as very liberal, liberal, neutral, conservative, and very conservative were compared. No significant difference was found between groups for the P scores (F (4,78) = .449, p = .772; eta squared = .023; power = .150), or for the N2 scores (F (4,78) = .241, p = .914; eta squared = .012; power = .100). See Table 3 for descriptive statistics of the groups.
Table 2. DIT-2 Scores by Gender\textsuperscript{a}

<table>
<thead>
<tr>
<th>Gender</th>
<th>P Scores</th>
<th>N2 Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>Mean (SD)</td>
</tr>
<tr>
<td>Male</td>
<td>25</td>
<td>33.22 (12.04)</td>
</tr>
<tr>
<td>Female</td>
<td>60</td>
<td>35.00 (15.05)</td>
</tr>
</tbody>
</table>

\textsuperscript{a} There is no significant difference in P or N2 Scores between males and females. See text.

Table 3. DIT-2 Scores by Political Leanings\textsuperscript{a}

<table>
<thead>
<tr>
<th>Political Leaning</th>
<th>P Scores</th>
<th>N2 Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>Mean (SD)</td>
</tr>
<tr>
<td>Very Liberal</td>
<td>3</td>
<td>31.17 (15.33)</td>
</tr>
<tr>
<td>Liberal</td>
<td>23</td>
<td>37.23 (14.84)</td>
</tr>
<tr>
<td>Neutral</td>
<td>27</td>
<td>34.76 (14.56)</td>
</tr>
<tr>
<td>Conservative</td>
<td>23</td>
<td>31.84 (14.85)</td>
</tr>
<tr>
<td>Very Conservative</td>
<td>7</td>
<td>34.92 (7.99)</td>
</tr>
</tbody>
</table>

\textsuperscript{a} There is no significant difference in P or N2 Scores between persons of differing political leanings. See text.
CHAPTER IV
DISCUSSION / CONCLUSION

The skills involved in ethical decision making have become a vital part of physical therapy due to its moved towards a more autonomous role when it comes to clinical decision making.\(^6\) There is a direct relationship between ethical decision making and good clinical performance. It has also been shown that students who have taken classes in ethics have scored significantly higher on the DIT-2 test.\(^6\) Incorporating a prerequisite class in ethics is one way the University could meet the demands of the continually broadening physical therapy profession.

The purpose of this study was to examine the ability of physical therapy students at the University of North Dakota to make ethical decisions. Both the 2005, and 2006 graduating classes of physical therapy students scored below norms for professional students. Both classes scored significantly lower than the faculty. It is assumed this is due to the either the superior educational level or age of the faculty. Significant correlations were found between age and P scores and between age and N2 scores. Findings of this study on age and education are consistent with other researchers.\(^{14}\)

Gender and political leanings did not relate to the performance on the DIT-2. Findings of this study on gender and political leaning are consistent with other researchers.\(^{14}\)
Given the results of the DIT-2, it appears that the physical therapy department needs to research curriculum that promotes ethical decision making. The class of 2005 should have a higher score than that of 2006, and the scores from both classes should not be so low. The deficiency in scores is not due to the knowledge of the faculty for they scored well within the norms. The problem may be the lack of proper curriculum to foster the students moral development.

One solution to the problem would be a prerequisite undergraduate class in physical therapy ethics. The department already requires 9 credits in arts and humanities, make 3 of those credits a class in physical therapy ethics. This would allow the students to attain the tools they needed before entering the professional program. Having the skills early would allow students to assess moral dilemmas they face in the professional program and foster their skills even more. Since not all universities have a course in physical therapy ethics transfer students should have the option of taking a class in general ethics.

There were a few limitations to this study. There was no way of knowing if any of the students have had previous classes in ethics. It would have been helpful to compare the results to a group of students who have had a class in ethics. This would allow one to see if a class in ethics would significantly increase DIT-2 scores. Also, the range of standard deviation for this test is large for all groups. If the physical therapy department adds the requirement of an ethics class to its undergraduate curriculum, it would be interesting to test those students and compare the scores to that of this study.

It is recommended that the physical therapy department researches the ethical competency more thoroughly, even though the findings of this study were helpful in
assessing the ethical abilities of students, and providing recommendations for improving competency in moral reasoning. To better answer the questions raised in this study, it is recommended that there be a longitudinal study of the moral reasoning of the students in the physical therapy department. Students tested there first year would be retested there last year in the program. This would provide more insight into how well the curriculum fosters a student's moral development. It is also recommended that the DIT-2 scores of the individual be compared to their score on the physical therapy national exam. It would be helpful to see if there is a correlation between performance on the DIT-2 test and performance on the national exam.

The skills involved in ethical decision making have become a vital part of physical therapy due to its move towards a more autonomous role when it comes to clinical decision making. The importance of ethical decision making is emphasized in the normative model developed by the American Physical Therapy Association. It has also been demonstrated that good ethical decision making is associated with good clinical performance. It is important that the University meets the demands of the continually broadening physical therapy profession. This is especially important when it comes to moral development. If a department of physical therapy expects to graduate students who are competent when it comes to a profession that is evolving, they must incorporate a class on ethics. If not, the students will be lacking one of the most crucial skills and that is moral reasoning.
REPORT OF ACTION: EXEMPT/EXPEDITED REVIEW
University of North Dakota Institutional Review Board

Date: 4/26/2004  Project Number: IRB-200404-322

Principal Investigator: Bailey, James R.

Department: Physical Therapy

Project Title: An Evaluation of the Ability of Physical Therapy Students at the UND to Make Ethical Decisions

The above referenced project was reviewed by a designated member for the University's Institutional Review Board on April 29, 2004 and the following action was taken:

☐ Project approved. Expedited Review Category No. __________

☐ Next scheduled review must be before: ___________________________

☐ Copies of the attached consent form with the IRB approval stamp dated ________________ must be used in obtaining consent for this study.

☐ Project approved. Exempt Review Category No. __________

☐ This approval is valid until April 29, 2005 as long as approved procedures are followed. No periodic review scheduled unless so stated in the Remarks Section.

☐ Copies of the attached consent form with the IRB approval stamp dated April 29, 2004 must be used in obtaining consent for this study.

☐ Minor modifications required. The required corrections/additions must be submitted to ORPD for review and approval. This study may NOT be started UNTIL final IRB approval has been received.

(See Remarks Section for further information.)

☐ Project approval deferred. This study may not be started until final IRB approval has been received.

(See Remarks Section for further information.)

REMARKS: Any adverse occurrences in the course of the research project must be reported immediately to the IRB Chairperson or ORPD.

Any changes in protocol or Consent Forms must receive IRB approval prior to being implemented. You must submit a memo with a copy of the Consent Form and a revised Human Subjects Review Form, with the appropriate signatures, to the Office of Research and Program Development for review and approval.

PLEASE NOTE: Requested revisions for student proposals MUST include adviser's signature. All revisions MUST be highlighted.

☐ Education Requirements Completed. (Project cannot be started until IRB education requirements are met.)

CC: Meridee Green Danks

Signature of Designated IRB Member
UND's Institutional Review Board

Date 4/29/04

If the proposed project (clinical medical) is to be part of a research activity funded by a Federal Agency, a special assurance statement or a completed 310 Form may be required. Contact ORPD to obtain the required documents.

(Revised 10/2002)
REPORT OF ACTION: PROTOCOL CHANGE
University of North Dakota Institutional Review Board

Date: 10/21/2004  Project Number: IRB-200404-322

Principal Investigator: Fox, Russell

Department: Physical Therapy

Project Title: An Evaluation of the Ability of Physical Therapy Students at the UND to Make Ethical Decisions

The above referenced project was reviewed by a Designated Member for the University's Institutional Review Board on 10/21/04 and the following action was taken:

☐ Protocol Change approved. Expedited Review Category No. ________________

Next scheduled review must be before: ________________

☐ Copies of the attached consent form with the IRB approval stamp dated ________________ must be used in obtaining consent for this study.

☐ Protocol Change approved. Exempt Review Category No. ________________

This approval is valid until ________________ as long as approved procedures are followed.

No periodic review scheduled unless so stated in the Remarks Section.

☐ Copies of the attached consent form with the IRB approval stamp dated ________________ must be used in obtaining consent for this study.

☐ Minor modifications required. The required corrections/additions must be submitted to ORPD for review and approval. This study may NOT be started UNTIL final IRB approval has been received.

(See Remarks Section for further information.)

☐ Protocol Change approval deferred. This study may not be started until final IRB approval has been received.

(See Remarks Section for further information.)

☐ Protocol Change denied. This study may not be started until final IRB approval has been received.

REMARKS: Any unanticipated problem or adverse occurrence in the course of the research project must be reported within 72 hours to the IRB Chairperson or ORPD by submitting an Unanticipated Problem/Adverse Event Form.

Any changes in protocol or Consent Forms must receive IRB approval prior to being implemented. You must submit a Protocol Change Form with all revised research documents to include changes to protocol, consent forms, or supportive materials, with the appropriate signatures, to the Office of Research and Program Development for review and approval.

PLEASE NOTE: Requested revisions for student proposals MUST include adviser’s signature. All revisions MUST be highlighted.

☑ Education Requirements Completed. (Project cannot be started until IRB education requirements are met.)

cc: Meridee Green Danks

Signature of Designated IRB Member
UND’s Institutional Review Board

Date

If the proposed project (clinical medical) is to be part of a research activity funded by a Federal Agency, a special assurance statement or a completed 310 Form may be required. Contact ORPD to obtain the required documents.

(Revised 07/2004)
CONSENT FORM FOR 2007 GRADUATES

An Evaluation of the Ability of Physical Therapy Students at the University of North Dakota to Make Ethical Decisions

Principal Investigators: James R. Bailey and Meridee Green Danks from the Department of Physical Therapy at the University of North Dakota

You are being invited to participate in this study of ethical decision making. The purpose of this study is to examine the ability of physical therapy students to make ethical decisions.

The American Physical Therapy Association is currently looking at ways to develop ethical decision making in the area of physical therapy. The results of this study will add to the development of curriculum in the Department of Physical Therapy at UND. In addition, it will further educate other physical therapy education departments.

You were selected because you are or will be a physical therapy student at the University of North Dakota. As a subject for this study, you will be asked to complete a Defining Issues Test II (DIT-2). The DIT-2 is a structured objective test that consists of five dilemmas and they are: 1. A father contemplates stealing food for his starving family from the warehouse of a rich man hoarding food. 2. A newspaper reporter must decide whether to report a damaging story about a political candidate. 3. A school board chair must decide whether to hold a contentious and dangerous open meeting. 4. A doctor must decide whether to give an overdose of painkillers to a suffering and frail patient. 5. A college student demonstrating against U.S. foreign policy. The DIT-2 includes a demographic survey with questions regarding age, gender, level of education, political views, citizenship, and primary language. The testing should take no longer than 15-20 minutes.

Filling out the DIT-2 is voluntary. Your decision whether or not to participate will not prejudice your future relationship with the Physical Therapy Department at the University of North Dakota. If you decide to participate, you are free to discontinue participation at any time without prejudice. You will be given a number that will be used to compare your test score to their future test scores. Confidentiality will be maintained by a third person link, the researchers will only know the ID number and not the name of the individual who took the test. Scoring of the DIT-2 will be done by the Center for the Study of Ethical Development, which is the center that developed the DIT-2. All data from this study will be in a locked filing cabinet in the physical therapy department at UND, for a minimum of three years after this study.

The investigators involved are available to answer any questions you have concerning this study. In addition, you are encouraged to ask any questions concerning this study that you may have in the future. Questions may be asked by calling James Bailey at (701) 777-9685, Meridee Green Danks at (701) 777-3861, or ORPD at (701) 777-4279. Please keep this informational form for future reference. Please place complete DIT-2 in the prepaid business envelope when finished. You will receive a reminder in the mail if we do not receive the completed DIT-2 within two weeks.

All of my questions have been answered and I am encouraged to ask any questions that I may have concerning this study in the future. I have read all of the above and willingly agree to participate in this study as it is explained to me by James Bailey.

Subject's signature

27

Date

University of North Dakota
Institutional Review Board
Approved on APR 29 2004
Expires on APR 28 2005
INFORMATIONAL FORM FOR 2005 & 2006 GRADUATES

An Evaluation of the Ability of Physical Therapy Students at the University of North Dakota to Make Ethical Decisions

Principal Investigators: James R. Bailey and Meridee Green Danks from the Department of Physical Therapy at the University of North Dakota

You are being invited to participate in this study of ethical decision making. The purpose of this study is to examine the ability of physical therapy students to make ethical decisions.

The American Physical Therapy Association is currently looking at ways to develop ethical decision making in the area of physical therapy. The results of this study will add to the development of curriculum in the Department of Physical Therapy at UND. In addition, it will further educate other physical therapy education departments.

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Filling out the DIT-2 is voluntary. Your decision whether or not to participate will not prejudice your future relationship with the Physical Therapy Department at the University of North Dakota. If you decide to participate, you are free to discontinue participation at any time without prejudice. Scoring of the DIT-2 will be done by the Center for the Study of Ethical Development, which is the center that developed the DIT-2. All data from this study will be in a locked filing cabinet in the physical therapy department at UND, for a minimum of three years after this study, and there will be no identifiers or links.

The investigators involved are available to answer any questions you have concerning this study. In addition, you are encouraged to ask any questions concerning this study that you may have in the future. Questions may be asked by calling James Bailey at (701) 777-9685, Meridee Green Danks at (701) 777-3861, or ORPD at (701) 777-4279. Please keep this informational form for future reference.

Filling out this survey indicates your consent!

Thank you,

James R. Bailey, SPT
APPENDIX B
Instructions

This questionnaire is concerned with how you define the issues in a social problem. Several stories about social problems will be described. After each story, there will be a list of questions. The questions that follow each story represent different issues that might be raised by the problem. In other words, the questions/issues raise different ways of judging what is important in making a decision about the social problem. You will be asked to rate and rank the questions in terms of how important each one seems to you.

This questionnaire is in two parts: one part contains the INSTRUCTIONS (this part) and the stories presenting the social problems; the other part contains the questions (issues) and the ANSWER SHEET on which to write your responses.

Here is an example of the task:

Presidential Election

Imagine that you are about to vote for a candidate for the Presidency of the United States. Imagine that before you vote, you are given several questions, and asked which issue is the most important to you in making up your mind about which candidate to vote for. In this example, 5 items are given. On a rating scale of 1 to 5 (1=Great, 2=Much, 3=Some, 4=Little, 5=No) please rate the importance of the item (issue) by filling in with a pencil one of the bubbles on the answer sheet by each item.
Assume that you thought that item #1 (below) was of great importance, item #2 had some importance, item #3 had no importance, item #4 had much importance, and item #5 had much importance. Then you would fill in the bubbles on the answer sheet as shown below.

1 2 3 4 5

G M S L N
r u o i o
t e c m t
ah et
t e l

Item #:

1. Financially are you personally better off now than you were four years ago?
2. Does one candidate have a superior personal moral character?
3. Which candidate stands the tallest?
4. Which candidate would make the best world leader?
5. Which candidate has the best ideas for our country's internal problems, like crime and health care?

Further, the questionnaire will ask you to rank the questions in terms of importance. In the space below, the numbers at the top, 1 through 12, represent the item number. From top to bottom, you are asked to fill in the bubble that represents the item in first importance (of those given you to choose from), then second most important, third most important, and fourth most important. Please indicate your top four choices. You might fill out this part, as follows:

Most important item
Second most important
Third most important
Fourth most important

Note that some of the items may seem irrelevant to you (as in item #3) or not make sense to you—in that case, rate the item as "No" importance and do not rank the item. Note that in the stories that follow, there will be 12 items for each story, not five. Please make sure to consider all 12 items (questions) that are printed after each story.

In addition you will be asked to state your preference for what action to take in the story. After the story, you will be asked to indicate the action you favor on a seven-point scale (1=strongly favor some action, 7=strongly oppose that action).

In short, read the story from this booklet, then fill out your answers on the answer sheet. Please use a #2 pencil. If you change your mind about a response, erase the pencil mark cleanly and enter your new response.

[Notice the second part of this questionnaire, the Answer Sheet. The Identification Number at the top of the answer sheet may already be filled in when you receive your materials. If not, you will receive instructions about how to fill in the number. If you have questions about the procedure, please ask now.
Please turn now to the Answer Sheet.]
Famine — (Story #1)

The small village in northern India has experienced shortages of food before, but this year’s famine is worse than ever. Some families are even trying to feed themselves by making soup from tree bark. Mustaq Singh’s family is near starvation. He has heard that a rich man in his village has supplies of food stored away and is hoarding food while its price goes higher so that he can sell the food later at a huge profit. Mustaq is desperate and thinks about stealing some food from the rich man’s warehouse. The small amount of food that he needs for his family probably wouldn’t even be missed.

[If at any time you would like to reread a story or the instructions, feel free to do so. Now turn to the Answer Sheet, go to the 12 issues and rate and rank them in terms of how important each issue seems to you.]

Reporter — (Story #2)

Molly Dayton has been a news reporter for the Gazette newspaper for over a decade. Almost by accident, she learned that one of the candidates for Lieutenant Governor for her state, Grover Thompson, had been arrested for shop-lifting 20 years earlier. Reporter Dayton found out that early in his life, Candidate Thompson had undergone a confused period and done things he later regretted, actions which would be very out-of-character now. His shoplifting had been a minor offense and charges had been dropped by the department store. Thompson has not only straightened himself out since then, but built a distinguished record in helping many people and in leading constructive community projects. Now, Reporter Dayton regards Thompson as the best candidate in the field and likely to go on to important leadership positions in the state. Reporter Dayton wonders whether or not she should write the story about Thompson’s earlier troubles because in the upcoming close and heated election, she fears that such a news story could wreck Thompson’s chance to win.

[Now turn to the Answer Sheet, go to the 12 issues for this story, rate and rank them in terms of how important each issue seems to you.]
School Board --(Story #3)

Mr. Grant has been elected to the School Board District 190 and was chosen to be Chairman. The district is bitterly divided over the closing of one of the high schools. One of the high schools has to be closed for financial reasons, but there is no agreement over which school to close. During his election to the School Board, Mr. Grant had proposed a series of "Open Meetings" in which members of the community could voice their opinions. He hoped that dialogue would make the community realize the necessity of closing one high school. Also, he hoped that through open discussion, the difficulty of the decision would be appreciated, and that the community would ultimately support the school board decision. The first Open Meeting was a disaster. Passionate speeches dominated the microphones and threatened violence. The meeting barely closed without fist-fights. Later in the week, school board members received threatening phone calls. Mr. Grant wonders if he ought to call off the next Open Meeting.

[Now turn to the Answer Sheet, go to the 12 issues for this story, rate and rank them in terms of how important each issue seems to you.]

Cancer --(Story #4)

Mrs. Bennett is 62 years old, and in the last phases of colon cancer. She is in terrible pain and asks the doctor to give her more pain-killer medicine. The doctor has given her the maximum safe dose already and is reluctant to increase the dosage because it would probably hasten her death. In a clear and rational mental state, Mrs. Bennett says that she realizes this; but she wants to end her suffering even if it means ending her life. Should the doctor give her an increased dosage?

[Now turn to the Answer Sheet, go to the 12 issues for this story, rate and rank them in terms of how important each issue seems to you.]

Demonstration --(Story #5)

Political and economic instability in a South American country prompted the President of the United States to send troops to "police" the area. Students at many campuses in the U.S.A. have protested that the United States is using its military might for economic advantage. There is widespread suspicion that big oil multinational companies are pressuring the President to safeguard a cheap oil supply even if it means loss of life. Students at one campus took to the streets in demonstrations, tying up traffic and stopping regular business in the town. The president of the university demanded that the students stop their illegal demonstrations. Students then took over the college's administration building, completely paralyzing the college. Are the students right to demonstrate in these ways?

[Now turn to the Answer Sheet, go to the 12 issues for this story, rate and rank them in terms of how important each issue seems to you.]
Please read story #1 in the INSTRUCTIONS booklet.

**Famine -- (Story #1)**

What should Mustaq Singh do? Do you favor the action of taking the food? (Mark one.)

- 1. Should take the food
- 2. Can't decide
- 3. Should not take the food

Rate the following 12 issues in terms of importance (1-5)

<table>
<thead>
<tr>
<th>Great</th>
<th>Much</th>
<th>Some</th>
<th>Little</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is Mustaq Singh courageous enough to risk getting caught for stealing?</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>2. Isn't it only natural for a loving father to care so much for his family that he would steal?</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>3. Shouldn't the community's laws be upheld?</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>4. Does Mustaq Singh know a good recipe for preparing soup from tree bark?</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>5. Does the rich man have any legal right to store food when other people are starving?</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>6. Is the motive of Mustaq Singh to steal for himself or to steal for his family?</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>7. What values are going to be the basis for social cooperation?</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>8. Is the epitome of eating reconcilable with the culpability of stealing?</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>9. Does the rich man deserve to be robbed for being so greedy?</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>10. Isn't private property an institution to enable the rich to exploit the poor?</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>11. Would stealing bring about more total good for everybody concerned or wouldn't it?</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>12. Are laws getting in the way of the most basic claim of any member of a society?</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

Rank which issue is the most important (item number).

Most Important Item: 1 2 3 4 5 6 7 8 9 10 11 12

Second Most Important: 1 2 3 4 5 6 7 8 9 10 11 12

Now please return to the Instructions booklet for the next story.

---

**Reporter -- (Story #2)**

Do you favor the action of reporting the story? (Mark one.)

- 1. Should report the story
- 2. Can't decide
- 3. Should not report the story

Rate the following 12 issues in terms of importance (1-5)

<table>
<thead>
<tr>
<th>Great</th>
<th>Much</th>
<th>Some</th>
<th>Little</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Doesn't the public have a right to know all the facts about all the candidates for office?</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>2. Would publishing the story help Reporter Dayton's reputation for investigative reporting?</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>3. If Dayton doesn't publish the story wouldn't another reporter get the story anyway and get the credit for investigative reporting?</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>4. Since voting is such a joke anyway, does it make any difference what reporter Dayton does?</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>5. Hasn't Thompson shown in the past 20 years that he is a better person than his earlier days as a shop-lifter?</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>6. What would best serve society?</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>7. If the story is true, how can it be wrong to report it?</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>8. How could reporter Dayton be so cruel and heartless as to report the damaging story about candidate Thompson?</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>9. Does the right of &quot;habeas corpus&quot; apply in this case?</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>10. Would the election process be more fair with or without reporting the story?</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>11. Should reporter Dayton treat all candidates for office in the same way by reporting everything she learns about them, good and bad?</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>12. Isn't it a reporter's duty to report all the news regardless of the circumstances?</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

Rank which issue is the most important (item number).

Most Important Item: 1 2 3 4 5 6 7 8 9 10 11 12

Second Most Important: 1 2 3 4 5 6 7 8 9 10 11 12

Now please return to the Instructions booklet for the next story.
School Board -- (Story #3)
Do you favor calling off the next Open Meeting?
① Should call off the next open meeting ② Can't decide ③ Should have the next open meeting

Rate the following 12 issues in terms of importance (1-5)

1. Is Mr. Grant required by law to have Open Meetings on major school board decisions?
2. Would Mr. Grant be breaking his election campaign promises to the community by discontinuing the Open Meetings?
3. Would the community be even angrier with Mr. Grant if he stopped the Open Meetings?
4. Would the change in plans prevent scientific assessment?
5. If the school board is threatened, does the chairman have the legal authority to protect the Board by making decisions in closed meetings?
6. Would the community regard Mr. Grant as a coward if he stopped the open meetings?
7. Does Mr. Grant have another procedure in mind for ensuring that divergent views are heard?
8. Does Mr. Grant have the authority to expel troublemakers from the meetings or prevent them from making long speeches?
9. Are some people deliberately undermining the school board process by playing some sort of power game?
10. What effect would stopping the discussion have on the community's ability to handle controversial issues in the future?
11. Is the trouble coming from only a few hotheads, and is the community in general really fair-minded and democratic?
12. What is the likelihood that a good decision could be made without open discussion from the community?

Rank which issue is the most important (item number).
Most important item ⑩⑩⑩⑩⑩⑩⑩⑩⑩⑩⑩⑩ Second most important ⑩⑩⑩⑩⑩⑩⑩⑩⑩⑩⑩⑩
Third most important ⑩⑩⑩⑩⑩⑩⑩⑩⑩⑩⑩⑩ Fourth most important ⑩⑩⑩⑩⑩⑩⑩⑩⑩⑩⑩⑩

Now please return to the Instructions booklet for the next story.

Cancer -- (Story #4)
Do you favor the action of giving more medicine?
① Should give Mrs. Bennett an increased dosage to make her die ② Can't decide ③ Should not give her an increased dosage

Rate the following 12 issues in terms of importance (1-5)

1. Isn't the doctor obligated by the same laws as everybody else if giving an overdose would be the same as killing her?
2. Wouldn't society be better off without so many laws about what doctors can and cannot do?
3. If Mrs. Bennett dies, would the doctor be legally responsible for malpractice?
4. Does the family of Mrs. Bennett agree that she should get more painkiller medicine?
5. Is the painkiller medicine an active heliotropic drug?
6. Does the state have the right to force continued existence on those who don't want to live?
7. Is helping to end another's life ever a responsible act of cooperation?
8. Would the doctor show more sympathy for Mrs. Bennett by giving the medicine or not?
9. Wouldn't the doctor feel guilty from giving Mrs. Bennett so much drug that she died?
10. Should only God decide when a person's life should end?
11. Shouldn't society protect everyone against being killed?
12. Where should society draw the line between protecting life and allowing someone to die if the person wants to?

Rank which issue is the most important (item number).
Most important item ⑩⑩⑩⑩⑩⑩⑩⑩⑩⑩⑩⑩ Second most important ⑩⑩⑩⑩⑩⑩⑩⑩⑩⑩⑩⑩
Third most important ⑩⑩⑩⑩⑩⑩⑩⑩⑩⑩⑩⑩ Fourth most important ⑩⑩⑩⑩⑩⑩⑩⑩⑩⑩⑩⑩

Now please return to the Instructions booklet for the next story.
Demonstration -- (Story #5)
Do you favor the action of demonstrating in this way?

1. Should continue demonstrating in these ways  2. Can't decide  3. Should not continue demonstrating in these ways

Rate the following 12 issues in terms of importance (1-5)

1. Do the students have any right to take over property that doesn't belong to them?
2. Do the students realize that they might be arrested and fined, and even expelled from school?
3. Are the students serious about their cause or are they doing it just for fun?
4. If the university president is soft on students this time, will it lead to more disorder?
5. Will the public blame all students for the actions of a few student demonstrators?
6. Are the authorities to blame by giving in to the greed of the multinational oil companies?
7. Why should a few people like Presidents and business leaders have more power than ordinary people?
8. Does this student demonstration bring about more or less good in the long run to all people?
9. Can the students justify their civil disobedience?
10. Shouldn't the authorities be respected by students?
11. Is taking over a building consistent with principles of justice?
12. Isn't it everyone's duty to obey the law, whether one likes it or not?

Rank which issue is the most important (item number). 

Most important item 1 2 3 4 5 6 7 8 9 10 11 12 Third most important 1 2 3 4 5 6 7 8 9 10 11 12
Second most important 1 2 3 4 5 6 7 8 9 10 11 12 Fourth most important 1 2 3 4 5 6 7 8 9 10 11 12

Please provide the following information about yourself:

1. Age in years:
2. Sex (mark one):  ○ Male  ○ Female
3. Level of Education (mark highest level of formal education attained, if you are currently working at that level [e.g., Freshman in college] or if you have completed that level [e.g., if you finished your Freshman year but have gone on no further].)
   ○ Grade 1 to 6
   ○ Grade 7, 8, 9
   ○ Grade 10, 11, 12
   ○ Vocational/technical school (without a bachelor's degree) (e.g., Auto mechanic, beauty school, real estate, secretary, 2-year nursing program).
   ○ Junior college (e.g., 2-year college, community college, Associate Arts degree)
   ○ Freshman in college in bachelor degree program.
   ○ Sophomore in college in bachelor degree program.
   ○ Junior in college in bachelor degree program.
   ○ Senior in college in bachelor degree program.
   ○ Professional degree (Practitioner degree beyond bachelor's degree) (e.g., M.D., M.B.A., Bachelor of Divinity, D.D.S. in Dentistry, J.D. in law, Masters of Arts in teaching, Masters of Education [in teaching], Doctor of Psychology, Nursing degree along with 4-year Bachelor's degree)
   ○ Masters degree (in academic graduate school)
   ○ Doctoral degree (in academic graduate school, e.g., Ph.D. or Ed.D.)
   ○ Other Formal Education. (Please describe: ________________________________)

4. In terms of your political views, how would you characterize yourself (mark one)?
   ○ Very Liberal
   ○ Somewhat Liberal
   ○ Neither Liberal nor Conservative
   ○ Somewhat Conservative
   ○ Very Conservative

5. Are you a citizen of the U.S.A.?  ○ Yes  ○ No

6. Is English your primary language?  ○ Yes  ○ No

Thank You.

PLEASE DO NOT WRITE IN THIS AREA
APPENDIX C
Code of Ethics

Preamble
This Code of Ethics of the American Physical Therapy Association sets forth principles for the ethical practice of physical therapy. All physical therapists are responsible for maintaining and promoting ethical practice. To this end, the physical therapist shall act in the best interest of the patient/client. This Code of Ethics shall be binding on all physical therapists.

Principle 1
A physical therapist shall respect the rights and dignity of all individuals and shall provide compassionate care.

Principle 2
A physical therapist shall act in a trustworthy manner toward patients/clients and in all other aspects of physical therapy practice.

Principle 3
A physical therapist shall comply with laws and regulations governing physical therapy and shall strive to effect changes that benefit patients/clients.

Principle 4
A physical therapist shall exercise sound professional judgment.

Principle 5
A physical therapist shall achieve and maintain professional competence.

Principle 6
A physical therapist shall maintain and promote high standards for physical therapy practice, education, and research.

Principle 7
A physical therapist shall seek only such remuneration as is deserved and reasonable for physical therapy services.

Principle 8
A physical therapist shall provide and make available accurate and relevant information to patients/clients about their care and to the public about physical therapy services.

Principle 9
A physical therapist shall protect the public and the profession from unethical, incompetent, and illegal acts.

Principle 10
A physical therapist shall endeavor to address the health needs of society.

Principle 11
A physical therapist shall respect the rights, knowledge, and skills of colleagues and other health care professionals.

1.4 Informed Consent
Physical therapists shall obtain patient informed consent before treatment, to include disclosure of: (i) the nature of the proposed intervention, (ii) material risks of harm or complications, (iii) reasonable alternatives to the proposed intervention, and (iv) goals of treatment.

PRINCIPLE 2
Physical therapists comply with the laws and regulations governing the practice of physical therapy.

2.1 Professional Practice
Physical therapists provide consultation, evaluation, treatment, and preventive care in accordance with the laws and regulations of the jurisdiction(s) in which they practice.

3.1 Acceptance of Responsibility
A. Upon accepting a patient/client for provision of physical therapy services, physical therapists shall assume the responsibility for examining, evaluating, and diagnosing that individual; prognosis and intervention; reexamination and modification of the plan of care; and maintaining adequate records of the case including progress reports. Physical therapists establish the plan of care and provide and/or supervise the appropriate intervention.
B. If the diagnostic process reveals findings that are outside the scope of the physical therapist's knowledge, experience, or expertise, the physical therapist shall so inform the patient/client and refer to an appropriate practitioner.
C. Regardless of practice setting, physical therapists shall maintain the ability to make independent judgments.
D. The physical therapist shall not provide physical therapy services to a patient while under the influence of a substance that impairs his or her ability to do so safely.
E. When the patient is referred from another practitioner, the physical therapist shall communicate the findings of the examination, the diagnosis, the proposed intervention, and reexamination findings (as indicated) to the referring practitioner and any other appropriate individuals involved in the patient's care, while maintaining standards of confidentiality.

3.2 Delegation of Responsibility
A. Physical therapists shall not delegate to a less qualified person any activity that requires the unique skill, knowledge, and judgment of the physical therapist.
B. The primary responsibility for physical therapy care rendered by support personnel rests with the supervising physical therapist. Adequate supervision requires, at a minimum, that a supervising physical therapist perform the following activities:
   1. Designate or establish channels of written and oral communication.
   2. Interpret available information concerning the individual under care.
   3. Examine, evaluate, and determine a diagnosis.
   4. Develop plan of care, including short- and long-term goals.
   5. Select and delegate appropriate tasks of plan of care.

6. Assess competence of support personnel to perform assigned tasks.
7. Direct and supervise support personnel in delegated tasks.
8. Identify and document precautions, special problems, contraindications, goals, anticipated progress, and plans for reevaluation.
9. Reevaluate, adjust plan of care when necessary, perform final evaluation, and establish follow-up plan.

3.3 Provision of Services
A. Physical therapists shall recognize the individual's freedom of choice in selection of physical therapy services.
B. Physical therapists' professional practices and their adherence to ethical principles of the Association shall take precedence over business practices. Provisions of services for personal financial gain rather than for the needs of the individual receiving the services are unethical.
C. When physical therapists judge that an individual will no longer benefit from their services, they shall so inform the individual receiving the services. Physical therapists shall avoid overutilization of their services.
D. In the event of elective termination of a physical therapist-patient relationship by the physical therapist, the therapist should take steps to transfer the care of the patient, as appropriate, to another provider.
E. Physical therapists shall recognize that third-party pay contracts may limit, in one form or another, provision of physical therapy services. Physical therapists shall inform patients of any known limitations. Third-party limitations do not absolve the physical therapist from adherence to ethical principles. Physical therapists shall avoid underutilization of their services.

3.4 Practice Arrangements
A. Participation in a business, partnership, corporation, or other entity does not exempt the physical therapist, whether employer, partner, or stockholder, either individually or collectively, from the obligation of promoting and maintaining the ethical principles of the Association.
B. Physical therapists shall advise their employer(s) of any employer practice that causes a physical therapist to be in conflict with the ethical principles of the Association. Physical therapist employees shall attempt to rectify aspects of their employment that are in conflict with the ethical principles of the Association.

PRINCIPLE 4
Physical therapists maintain and promote high standards for physical therapy practice, education, and research.

4.1 Continued Education
A. Physical therapists shall participate in educational activities that enhance their basic knowledge and provide new knowledge.
B. Whenever physical therapists provide continuing education, they shall ensure that course content, objectives, and responsibilities of the instructional faculty are accurately reflected in the promotion of the course.

4.2 Review and Self-Assessment
A. Physical therapists shall provide for utilization review of their services.
B. Physical therapists shall demonstrate their commitment to quality assurance by peer review and self-assessment.

3 Research
A. Physical therapists shall support research activities that contribute knowledge for improved patient care.
B. Physical therapists engaged in research shall ensure:
   1. the consent of subjects;
   2. confidentiality of the data on individual subjects and the personal identities of the subjects;
   3. well-being of all subjects in compliance with facility regulations and laws of the jurisdiction in which the research is conducted;
   4. the absence of fraud and plagiarism;
   5. full disclosure of support received;
   6. appropriate acknowledgment of individuals making a contribution to the research.
C. Physical therapists shall report to appropriate authorities any acts in the conduct or presentation of research that appear unethical or illegal.

4 Education
A. Physical therapists shall support high-quality education in academic and clinical settings.
B. Physical therapists functioning in the educational role are responsible to the students, the academic institutions, and the clinical settings for promoting ethical conduct in educational activities. Whenever possible, the educator shall ensure:
   1. the rights of students in the academic and clinical settings;
   2. appropriate confidentiality of personal information;
   3. professional conduct toward the student during the academic and clinical educational processes;
   4. assignment to clinical settings prepared to give the student a learning experience.
C. Clinical educators are responsible for reporting to the academic program student conduct that appears to be unethical or illegal.

PRINCIPLE 5
Physical therapists seek remuneration for their services that is served and reasonable.

1 Fiscally Sound Remuneration
A. Physical therapists shall never place their own financial interest above the welfare of individuals under their care.
B. Fees for physical therapy services should be reasonable for the service performed, considering the setting in which it is provided, practice costs in the geographic area, judgment of other organizations, and other relevant factors.
C. Physical therapists should attempt to ensure that providers, agencies, or other employers adopt physical therapy fee schedules that are reasonable and that encourage access to necessary services.

1 Business Practices/Fee Arrangements
A. Physical therapists shall not:
   1. directly or indirectly request, receive, or participate in the dividing, transferring, assigning, or rebating of an unearned fee.
   2. profit by means of a credit or other valuable consideration, such as an unearned commission, discount, or gratuity, in connection with the furnishing of physical therapy services.
B. Unless laws impose restrictions to the contrary, physical therapists who provide physical therapy services in a business entity may pool fees and monies received.
C. Physical therapists may divide or apportion these fees and monies in accordance with the business agreement.

5.3 Endorsement of Equipment or Services
A. Physical therapists shall not use influence on individuals under their care or their families for utilization of equipment or services based on the direct or indirect financial interest of the physical therapist in such equipment or services. Realizing that these individuals will normally rely on the physical therapists' advice, their best interest must always be maintained, as must their right of free choice relating to the use of any equipment or service. Although it cannot be considered unethical for physical therapists to own or have a financial interest in equipment companies or services, they must act in accordance with law and make full disclosure of their interest whenever such companies or services become the source of equipment or services for individuals under their care.
B. Physical therapists may be remunerated for endorsement or advertisement of equipment or services to the lay public, physical therapists, or other health professionals provided they disclose any financial interest in the production, sale, or distribution of said equipment or services.
C. In endorsing or advertising equipment or services, physical therapists shall use sound professional judgment and shall not give the appearance of Association endorsement.

5.4 Gifts and Other Considerations
A. Physical therapists shall not accept nor offer gifts or other considerations with obligatory conditions attached.
B. Physical therapists shall not accept nor offer gifts or other considerations that affect or give an objective appearance of affecting their professional judgment.

PRINCIPLE 6
Physical therapists provide accurate information to the consumer about the profession and about those services they provide.

6.1 Information About the Profession
Physical therapists shall endeavor to educate the public to an awareness of the physical therapy profession through such means as publication of articles and participation in seminars, lectures, and civic programs.

6.2 Information About Services
A. Information given to the public shall emphasize that individual problems cannot be treated without individualized evaluation and plans/programs of care.
B. Physical therapists may advertise their services to the public.
C. Physical therapists shall not use, or participate in the use of, any form of communication containing a false, plagiarized, fraudulent, misleading, deceptive, unfair, or sensational statement or claim.

Appendix 3: Guide for Professional Conduct and Code of Ethics
PRINCIPLE 7
Physical therapists accept the responsibility to protect the public and the profession from unethical, incompetent, or illegal acts.

7.1 Consumer Protection
Physical therapists shall report any conduct that appears to be unethical, incompetent, or illegal.

Physical therapists may not participate in any arrangements in which patients are exploited due to the referring sources enhancing their personal incomes as a result of referring for, prescribing, or recommending physical therapy.

Physical therapists shall be obligated to safeguard the public from underutilization or overutilization of physical therapy services.

7.2 Disclosure
The physical therapist shall disclose to the patient if the referring practitioner derives compensation from the provision of physical therapy. The physical therapist shall ensure that the individual has freedom of choice in selecting a provider of physical therapy.

PRINCIPLE 8
Physical therapists participate in efforts to address the health needs of the public.

8.1 Pro Bono Service
Physical therapists should render pro bono publico (reduced or no fee) services to patients lacking the ability to pay for services, as each physical therapist's practice permits.

Issued by Ethics and Judicial Committee, APTA, October 1981.
Last Amended, January 1999.

In June 2000, the House of Delegates amended the Code of Ethics to include 11 Principles. These changes will be reflected in the Guide for Professional Conduct when the Ethics and Judicial Committee of APTA meets in early 2001. An updated version will be published in Physical Therapy and will be available on the APTA Web site (www.apta.org) in March 2001.
REFERENCES


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