



Supreme Physiotherapy Council in Israel
Ethics Committee of Physiotherapists in Israel



Unique Ethical Aspects for Pelvic Floor Treatment

Position Paper

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Background

While physiotherapy of the pelvic floor has existed in Israel for about 30 years, over the past decade it has progressed, been studied extensively and, simultaneously, has become more in demand. As at the date of writing this document, about 400 physiotherapists in Israel have been trained for pelvic floor treatment (post professional training), and this number has been increasing annually. Most of them treat woman and only a few men, youths and children. In the health system, this treatment is offered to all insurants and has become an integral part of the physiotherapy services array.

The experience accumulated in the field, together with the literature dealing with the subject, indicate unique ethical-professional aspects for pelvic floor treatment. For example, the interview focuses on the functions of the pelvic floor including a question regarding control over the sphincters sexual functioning etc. From the outset, these subjects, which are less discussed, are likely to arouse shame and embarrassment; The examination and treatment focus on "intimate" anatomical regions and include contact with the genital and anorectal organs; The professional toolbox for this field is unique and, often includes treatment means that are not known to the patient's (manual examination, internal biofeedback, vaginal weights and an anal balloon etc.) and could arouse discomfort or a lack of clarity regarding the treatment.

Furthermore, there is often a gap between the patient's perception of the treatment prior to its commencement and what is explained and takes place at the initial session and in following therapeutic sessions. Many patients arrive for treatment expecting a certain therapeutic scenario and, in practice, they find out that reference is to a completely different and unexpected therapeutic procedure.

Alongside the aforementioned, there are cases in which therapists become embarrassed and high ethical professional awareness to their responses is required of them. The sensitive nature of the treatment faces physiotherapists with routine complex ethical dilemmas. These could arouse moral distress with significant implications for the relationship with the patients and the quality of the treatment. This position paper has been written out of a recognition of the unique aspects and in view of the request of those dealing in the field to direct therapists in ethical reasoning processes.

For the purposes of writing this document, the relevant literature was collected and there were thought sessions and writings of representatives from the Ethics Committee with the Steering Committee from the Female Healthcare Physiotherapy Interest Group, on behalf of the Association for Promoting Physiotherapy, together with additional male and female therapists dealing in the field.

The Structure of this Position Paper

Firstly, a list of universal bio-ethical values, which must be recognized will be presented, in order to maintain ethical thinking processes and manage ethical-professional dilemmas in the pelvic floor treatment field. Afterwards, frequent ethical-professional dilemmas in this therapeutic field, formulated as short case descriptions will be presented, accompanied by an applicable "solution" for each dilemma. In the last part, there is a list of practical recommendations phrased according to the principles of "practical ethics," which are aimed at aiding therapists to prepare themselves in advance for situations of ethical-professional dilemmas, to hone their ability to recognize and cope with ethical dilemmas when they occur.

Manifestation of Universal Bio-Ethical Values that are Emphasized in Pelvic Floor Treatment

As a rule, in every physiotherapy treatment, all the universal ethical values detailed in the Physiotherapists' Code of Ethics in Israel (2018), must be taken into account. Following is an abbreviated list of the most relevant values for pelvic floor treatment.

Human Dignity: Every person has rights and fundamental freedoms. This value gives rise to respect for a person's autonomy, the obligation of receiving informed consent or refusal and the obligation to maintain privacy and confidentiality.

Beneficence: Therapists must use all their knowledge and adopt all means at their disposal so that the implications of their actions and their clinical intervention shall be for the patient's maximum benefit.

Nonmaleficence: Therapists must act to prevent any damage whatsoever to the patient, whether this has occurred intentionally, out of neglect or a lack of knowledge and skill.

Integrity, Honesty, Trustworthiness, Reliability and Telling the Truth: These form a part of the basic concepts of the modern ethical approach, as a basic value in interpersonal relationships and maintaining a harmonious social texture. An honest person tells the truth and act in good faith. A person conducting himself honestly generates congruence between his thoughts, statements and deeds. These induce reliability and arouse trust in those around them.

Professionalism: Skills, and ethical conduct that are expected from a person who has been trained to be a good professional aspiring to study and investigate. Recognition and maintenance of professional limits derives from this value. Therapists must, at all times, examine whether they are acting within the framework of the knowledge of the physiotherapy profession and in which situations interdisciplinary cooperation is required.

A Case Description – Frequent Ethical Dilemmas in Pelvic Floor Treatment

Following are a group of actual case descriptions that were collected in a joint working process with representatives from "Female Healthcare" Interest Group and therapists throughout Israel, whose primary occupation is pelvic floor treatment and training new therapists. The cases reflect dilemmas that arose in a variety of pelvic floor treatment fields: Treatment of sexual functioning, treatment of the functioning of the sphincter system, online pelvic floor treatment (telemedicine). In each case, there is a clash between the universal values or ethical-professional principles.

Example 1 – Maintaining Professional Limits and Inter-Disciplinary Thinking

A patient came in view of pains during sexual intercourse. The physiotherapist felt that, to a large extent, the pains described derive from emotional complexity and proposed a series of treatments for exercising relaxation, internal treatment directed at reducing sensitivity to touch etc. The two meet once a week for seven weeks. During the treatment there are long discussions on the patient's emotional condition. Over time, the physiotherapist notices that there is no real improvement and suggests that the patient return to a gynecologist. The patient approached the Ethics Committee of Physiotherapists with the claim that she had undergone "futile" treatment for long weeks. During the first session, it would have been proper for the physiotherapist to have reiterated that interdisciplinary treatment would be required. Later, in view of the lack of progress, it would have been correct to recommend integrated treatment that includes a physician's examination and emotional treatment by a professional (a psychologist for example) to the patient and to explain that emotional treatment is out of the physiotherapy limits. Pelvic floor treatment in general and in the sexual functioning field in particular, creates an intimate and necessary emotional discourse. Attending physiotherapists must maintain the profession's limits and know how to draw the line between listening and emotional involvement.

The Bio-ethnic Principles Involved in the Event: Professionalism and Identification of the Profession's Limits, Professional Modesty and Transcribing the Ethical-professional Decision-making Processes.

Example 2 – Professional Management of an Embarrassing Situation

A patient came for treatment after prostate surgery and urinary incontinence. During the examination, the patient had an erection. The patient was extremely embarrassed and tried to "laugh off" the situation with a joke that ended with the question "was that too crude?" The female physiotherapist, who had never experienced a similar situation, was extremely embarrassed herself. She stopped the treatment and asked whether he would prefer to end the session at this stage and make a new appointment. That patient never made an additional appointment.

At the first session, it would have been better to explain to the patient that contact during the examination could lead to an erection, that reference is not to sexual arousal; that this is a phenomenon that is infrequent and, should it occur – it would be possible to overcome the embarrassment together and complete the required examination. Furthermore, the physiotherapist could have explained politely that there was no need for jokes but that, it was possible, even in sensitive treatment such as this, to maintain a professional and pleasant mood.

The Ethical Principles Involved in the Event: Benefit, a Foundation of Trust, Creating a Safe Therapeutic Expanse in a Professional Climate.

Example 3 – Obtaining Informed Consent for all Stages of the Treatment

After her confinement, a patient came for treatment in view of urinary incontinence under mild efforts. Furthermore, she describes pain when emptying and a tendency to constipation. After an interview and extensive explanation, the patient agrees to an internal examination. The female physiotherapist performs the examination, which includes palpation of the rectum. At this moment, the patient "jumps," when she is surprised and expresses substantial discomfort.

This event serves to emphasize the need for obtaining consent for every stage during the examination and treatment. In the discussion with the patient, it became clear, that she expected a vaginal examination only and was very surprised by the contact in other regions. The physiotherapist felt that she had given a full explanation prior to the examination. In fact, in order to diminish the gap in their experiences, it would have been better to explain what was being done during the examination and to ask regarding the next stage: "I have completed the vaginal examination and, now, I will palpate the tissues around the rectum. Is this in order for you? You will have a feeling of contact around the rectum. Tell me what you feel."

The Ethical Principles Involved in the Event: Informed Consent, Coordinating Expectations, Benefit, Not Causing Damage.

Example 4 – The Need for Recognizing the Ethical and Legal Fields Involved in Treatment: The Border Between Minor and Adult

A 16-year-old female came for treatment independently in view of pains in the pelvic floor when making an attempt to use a tampon. The female physiotherapist attempts to clarify whether she is permitted to treat the youth: Is she considered to be a minor? Is the presence of parents required? The youth prefers to come alone for both examination and treatment and confirms that she fully understands the significance of pelvic floor treatment. She specifies that she studies at a boarding school far from her parents' place of residence and that she has a sexual partner without their knowledge.

For the purposes of a discussion in this event, an opinion must be given as to the Medical Director's Circular 4/2004 under the heading, "Visits of Minors at the First Clinic without Accompaniment: "A therapist is entitled to perform examination or routine medical treatment on a minor who has reached the age of 14 even without receiving the express consent of a parent or the presence of an escort on his behalf, subject to the fact that the minor himself gave informed consent for the examination or treatment" (Section 8.1).

The question arises as to whether pelvic floor treatment is included in the definition of "routine treatment?" In the aforementioned circular there is clarification in this regard: "Prior to examinations or additional treatments that are nonroutine, and, in the event that there is suspicion of a serious medical problem or such that necessitates monitoring and additional treatment, the parents should be invited or should be contacted telephonically, to give them the information and receive their consent... In instances in which the therapist has an impression that approaching the parents could cause damage to the minor, prejudice his consent for treatment or endanger his health, or that the minor vehemently objects to involving his parents in the treatment... Assistance can be received from an HMO social worker" (Sections 8.3 and 8.4). [See: https://www.health.gov.il/hozer/mr04_2004.pdf].

The Ethics Committee's attitude is that the examination or internal treatment are not routine and, therefore, should not be performed on patients under the age of 18 without parental consent. However, the youth can be guided, to explain to her why the presence of her parents is necessary, to equip her with information sheets and methods of communication. At junctions in which indecision arises, The manager or a colleague should be consulted and, if needed, include social consultation (a social worker).

The Ethical Principles Involved in the Event: Professionalism – Recognition of the Relevant Ethical and Legal Fields for Treatment, Balancing Respect for Autonomy and Doing Good and Not Causing Damage.

Example 5 – Including Photographs/Written Messages/Medical Letters Etc.

After her confinement, a woman came for consultation following frequent events of urinary incontinence under mild effort. Consultation was performed on Telemedicine (a video call), and focused on guidance for strengthening the muscles. As a part of the evaluation process, the patient sent the female physiotherapist pictures – ultrasound evidencing uterine prolapse and pictures of her pelvic floor (selfie photographs when standing). The physiotherapist asked for the patient's consent to consult colleagues regarding her condition and the patient agreed. To this purpose, the physiotherapist shared the pictures with a WhatsApp group of male and female pelvic floor therapists. The physiotherapist saw to blurring identification details (such as name and ID number on the ultrasound). On the following day, a colleague from the same WhatsApp group opened her personal computer at home and found the photographs on her Google Drive and she was asked on her Facebook page whether she wanted to publish them.

The question arises as to whether including information as described meets the congruence with the ethical professional principles? By law, each treatment obligates the professionals to maintain privacy and confidentiality. With the expansion of the therapeutic action using online means, there is a rise in the frequency of transferring photographs between therapists and professionals. In a professional session via telemedicine, the photographs replace – to the extent possible – the clinical examination in the treatment room. Out of an understanding that any information transferred over the web can be synchronized with the social network, the reservoir of personal and other pictures, **the Ethics Committee recommends avoiding sharing photographs of the pelvic floor, sexual and other organs – on WhatsApp groups, the social networks, in private messages, via email etc. even if consent has been given for this by the patient.**

In practice, in face-to-face treatment, the essence of consent for treatment derives from the principle of respect for autonomy together with the principle of benefit. In online treatment, the essence of agreement for treatment derives from the promise of maintaining privacy of information on the web and preventing its leakage beyond the treatment limits. Please see the Director General's circular on the subject (Criteria for Activating a Remote Tele-Health/Telemedicine Service (Telemedicine/Circular Number 6/2019, Sections 5.4.3 and 5.4.4). [See: https://www.health.gov.il/hozer/mk06_2019.pdf].

The Ethical Principles Involved in the Event: Balancing Between Maintaining Confidentiality and Improving Knowledge and Expanding Professional Skills, Respecting Autonomy, Balancing Between Benefit and Not Causing Damage.

Example 6 – Pediatric Pelvic Floor Treatment: Coordinating Expectations with Parents and Stating the Truth

A female physiotherapist who works at a school in which children with special needs are integrated, has been asked by the parents of a young girl with cerebral palsy to treat urinary incontinence that occurs sometimes when the girl is laughing or coughing and to wean her from using a diaper. The initial treatment includes clarifying behaviors – an extensive questionnaire regarding frequency, the manner of emptying, the means for maintaining hygiene, etc. The child cooperated in the discussion and answered all the questions and the physiotherapist identified that an essential behavioral change was necessary in all relating to emptying habits, diet and maintaining a balance of fluids. On the following day, the mother calls the school angrily and describes that her child was asked regarding her ability for cleaning alone, that she was asked who helps her at home, how much she drinks, what she eats during the day etc. She expressed much resentment, because no strengthening exercises were performed during the physiotherapy, which, in her perception lead to weaning from diapers, but, advice was given for changing daily conduct at home. In addition, the mother wrote a letter to the Physiotherapists' Ethics Committee, in which she described the fact that the physiotherapist did not fulfill her function and even caused her and her daughter to feel that their conduct at home and outside of the home are not optimal.

According to the physiotherapist's perception, the behavioral changes that she suggested are inseparable from her professional-mandatory needed actions that constitute a part of her training in this therapeutic field: "perhaps a behavioral change will also lead to a stage in which it would be possible to work on strengthening muscles, although this is not always necessary in treating children. Often the behavioral change is the essence of our treatment." Furthermore, the physiotherapist specified the difficulty in stating the truth to parents: "I could not tell them that I see how the other children in the class comment on the unpleasant odors, and sometimes they also mock her, but what can be done, she is not mature enough for weaning yet."

One of the major characteristics in treating children is that their parents (natural guardians) provide consent for the treatment and, in fact, they are the child's "voice." This event reflects the gap between the parents' expectations and the professional action of the physiotherapist. While the child cooperated in the treatment, the voice of the mother is the voice with a decisive weight. In this event, it would have been better to do one of two things*: To invite the parents to a the initial therapeutic session, or, to talk to them **prior to the treatment** – to explain what it includes and, **afterwards** – to share the findings of the questionnaire and the required recommendations ("shared decision-making"), and thus diminish her surprise from the gap between her expectations and the actual action (it should be noted that therapists, who work in the Ministry of Education framework are obligated to include parents in therapeutic decision making processes, as appears in the brochure "Guidelines for the Work of Therapists from Healthcare Professions and for Therapists through the Arts in the Education System," Page 20, Section 2.11).

Regarding stating the truth, reference is to a universal bioethical principal about which a broad range of questions and quandaries are raised: Whether stating the truth would attain any benefits? Whether it could cause damage? Whether this is the absolute principal that must be expressed in every treatment with any patient? What are the tools that the male or female professional has in order to decide what to tell, to what extent to detail and how to choose the appropriate timing? In the described event, it would have been better to consult the school staff (both the educational staff and the healthcare profession staff) and to generate a discussion with the child's parents which would contain the truth together with a description of the therapeutic program which foresees behavioral change (for example, "at this stage, the foundations must be prepared for reaching effective weaning later, by... Together with... So that later we will be able to...).

The Ethical Principles Involved in the Event: Benefit, Autonomy – Obtaining Informed Consent, Professionalism, Not Causing Damage and Stating the Truth.

Recommendations

Pelvic floor treatment has unique characteristics that constitute an extensive cushion for ethical dilemmas for the attending physiotherapist: Anatomical regions in which the treatment is concentrated are intimate, the feelings involved in the treatment are not restricted to pain or coping with functional disability. Often a range of feelings and emotions arise, such as shame, embarrassment, frustration etc. Following are a number of recommendations aimed at aiding physiotherapists when providing an ethical-professional service that requires special attention and tolerance to the patients' needs:

Communications with the Patient, Parent/Guardian

- A clear and detailed explanation must be given and, afterwards ensure that the patient has understood and obtain his/her consent for any therapeutic action, which includes contact and exposure of physical organs. Consent is required for all the examination and treatment stages and must be re-obtained with every change in the therapeutic action (and not only at the beginning of the treatment). Note In an explanation regarding the essence of the treatment, the component of coordinating expectations must be included. When submitting verbal explanations, it is recommended to be aided with models, pictures, authorization etc.
- The physiotherapist must inform the patient that he/she has the right to commence treatment in the presence of an escort (pursuant to the Patients' Rights Law)
- . The patient must be told that the treatment room enables locking the door.
- During the treatment, when it is necessary to expose physical organs and to be organized in a particular posture, it is recommended to request that the patient performs this independently to the extent possible. I.e., avoid removing the patient's clothing by the physiotherapist, to the extent that the functional situation enables this. If the patient does not have the ability to perform a change of posture or remove clothing independently: "Do you want me or your escort to help you?" At each stage, enable privacy and suggest covering (a sheet, designated paper).
- Sweepingly, avoid using crude expressions, jokes or wording that hints at sexual content. This, even when the mood is of "friendly" relationships and when the patient presents the jokes or expressions of a sexual content himself.
- Preserve the personal expanse of the patient and avoid physical closeness and contact that are unnecessary for the treatment.
- Sometimes, during pelvic floor treatment there is urinary incontinence, leakage of feces, an erection etc. As a preparation, inform about the possibility that such a situation could arise in advance and prepare for it and treat it gently (such as to prepare a towel in advance, clean electrodes without relating to the subject verbally etc.). I.e. in the event that such a case occurs, maintain an atmosphere that would relieve the patient's sense of shame to the extent possible and continue progressing with the treatment.

The Profession's Limits

- The attending physiotherapist must distinguish between complaints or difficulties, the treatment of which is within the physiotherapy profession's limits and those that require the involvement of other therapeutic professions (physicians from the gynecology, urology, plastic, orthopedic fields etc.; and therapists from the psychology fields, sexual treatment etc.). In cases in which there is a need for the involvement of an additional therapeutic profession, the patient must be guided as to how to realize the required treatment. It would be desirable to maintain contact with the therapist, with the knowledge and consent of the patient.
- Physiotherapists that have undergone training for emotional treatment as well, must work from the ethical-professional responsibility and must distinguish the professional limits more intensely. An explanation must reach a given as to what the therapist's full qualifications are and to enable the patient to choose whether he wants the physiotherapist's integrated treatment or prefers to separate and receive the treatment from different professionals. Remember that emotional treatment, even if the physiotherapist has been qualified for performing it, is not an integral part of physiotherapy.

Promoting the Profession

- There are assessments pursuant to which men and women, for whom pelvic floor treatment can be of assistance, are not exposed to the possibility of this treatment. An effort must be made to raise public awareness of pelvic floor treatment among additional therapeutic professions, in order to reach the largest community. This while emphasizing professionalism and the ability of physiotherapists with this unique training, to assist in various functioning difficulties.
- To create standardization in the accumulated knowledge in the field, it is recommended to be aided by a guide bulletin for rehabilitating the pelvic floor that was prepared by the Female Healthcare Interest Group.

Conclusion

Ethical exposure, (as aforementioned, ethical reasoning), is the basis for proper clinical performance and constitutes an integral part of physiotherapy in general and pelvic floor treatment in particular. In this document, we have described the uniqueness of this therapeutic field, out of a vision of the ethical emotionalism necessary for therapists in the field, together with presenting the relevant ethical values.

For illustration purposes, we have analyzed a number of characteristic ethical dilemmas for the field that arose during clinical performance "in the field." A discussion on the descriptions of the event enables discussion and learning about the subject (moral deliberation), and we invite you to use this document at staff meetings and in the processes for honing thought and assimilating ethical thinking.

We wish to thank the members of the "Female Healthcare" Interest Group, who made significant contributions to this position paper and who were partners in the writing process. As a rule, cooperation between therapists, field coordinators/professional coordinators and the Ethics Committee aid in expanding the ethical discourse and deepening learning in the field. We encourage these thought and work processes.

If you have come up against an ethical-professional dilemma in the pelvic floor therapy field and there is deliberation as to how to cope with it, you can approach the Ethics Committee at electronic mail:

ptethicsil@gmail.com

Sources

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