

Will I get in trouble? Ethics in assistive technology prescription



**Queensland
Government**

Medical Aids Subsidy Scheme
16 October 2024

Session structure

Ethics scenarios & principles

A deeper dive into ethical dilemmas


Ethics – a call to action

Learning objectives

Be able to apply ethical principles to resolve common ethical issues

Understand the literature and arising issues around ethics in assistive technology

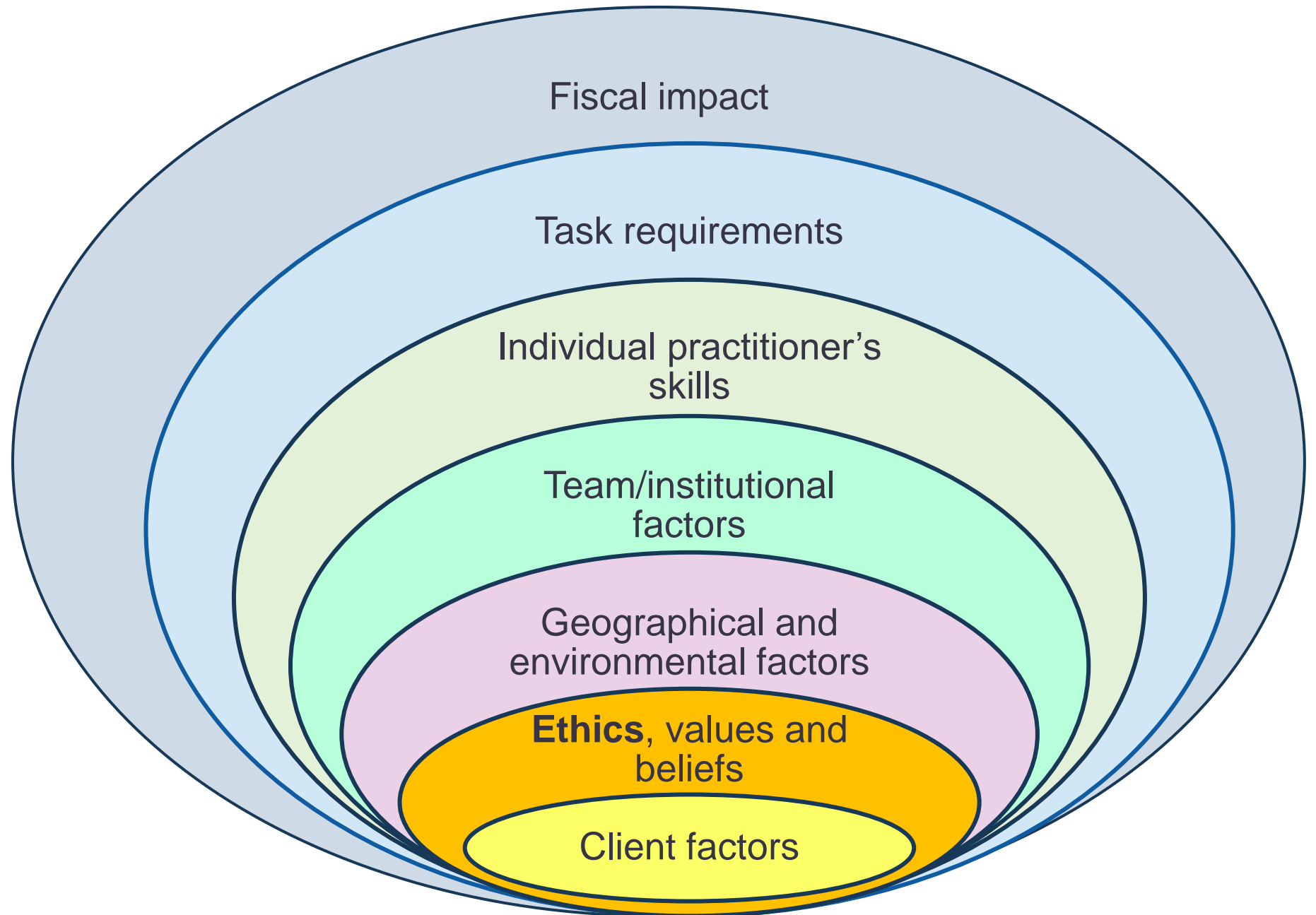
Demonstrate behaviours that uphold ethical practice and reduce professional risk



'Any tool can be used for good or bad.
It's really the ethics of the artist using it.'

John Knoll

Ethics as part of a complex AT context

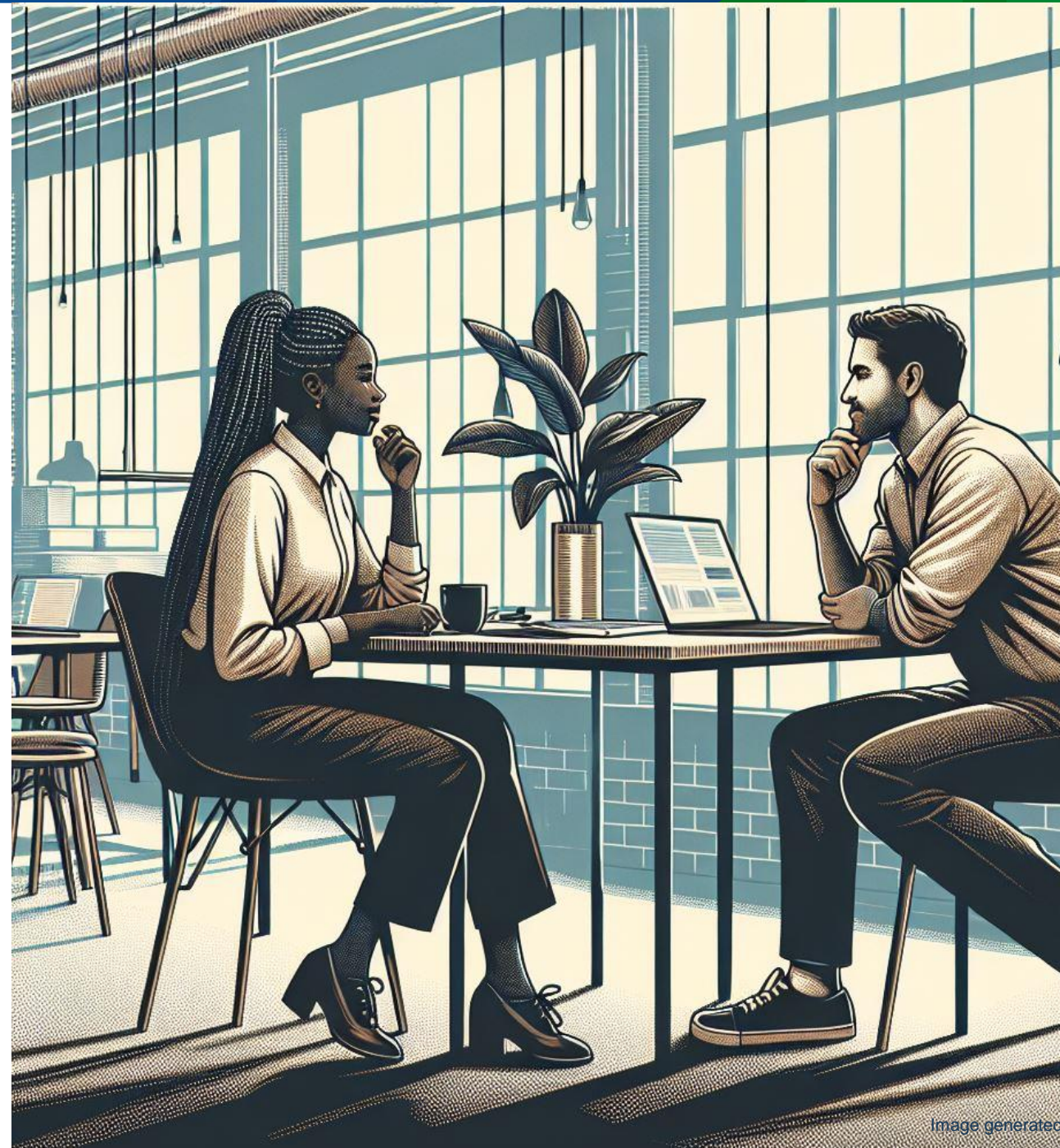


Poll

How much do you agree with the following statement?

“I regularly have robust discussions with my professional peers about ethics and feel safe to disclose my ethical dilemmas with them”

- Strongly disagree
- Disagree
- Ambivalent
- Agree
- Strongly agree



Ethical scenarios and principles

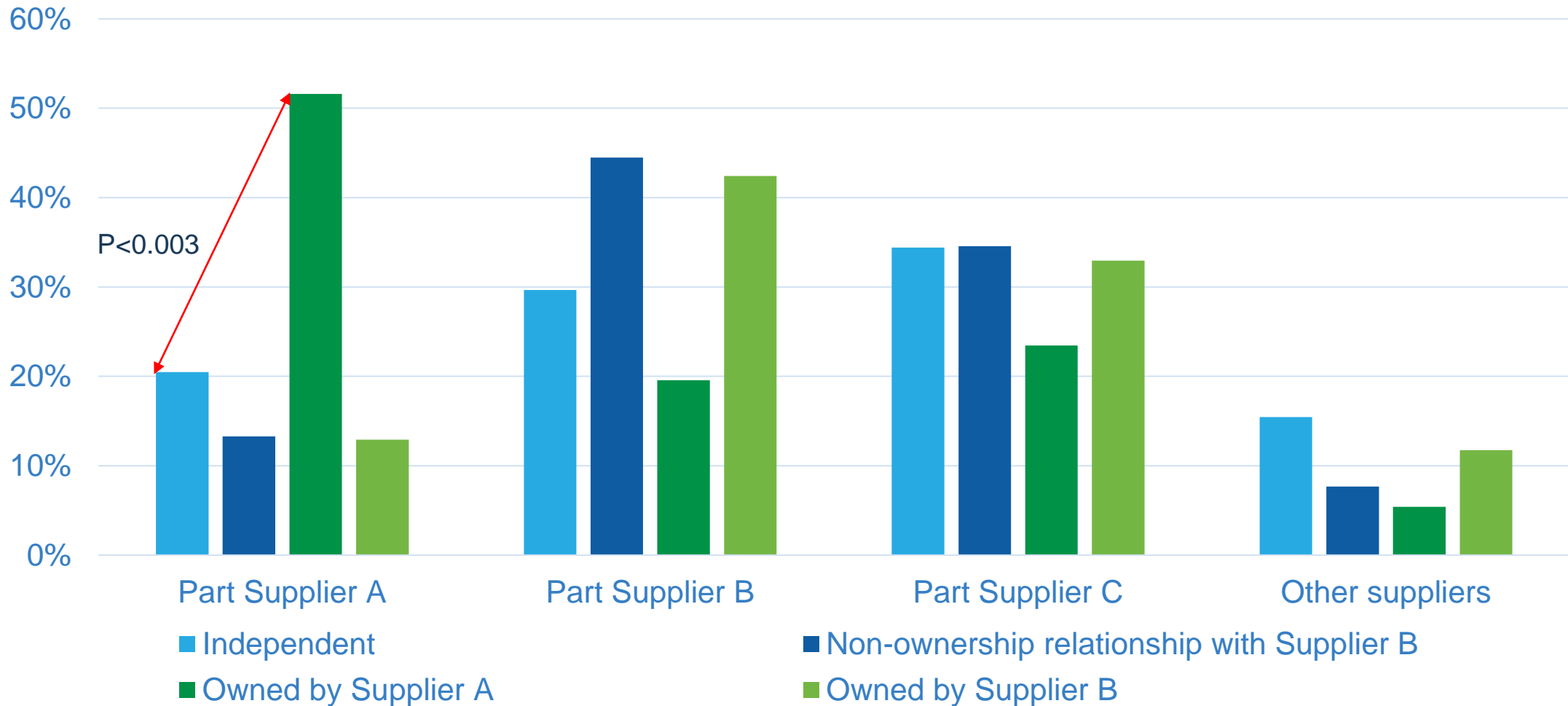


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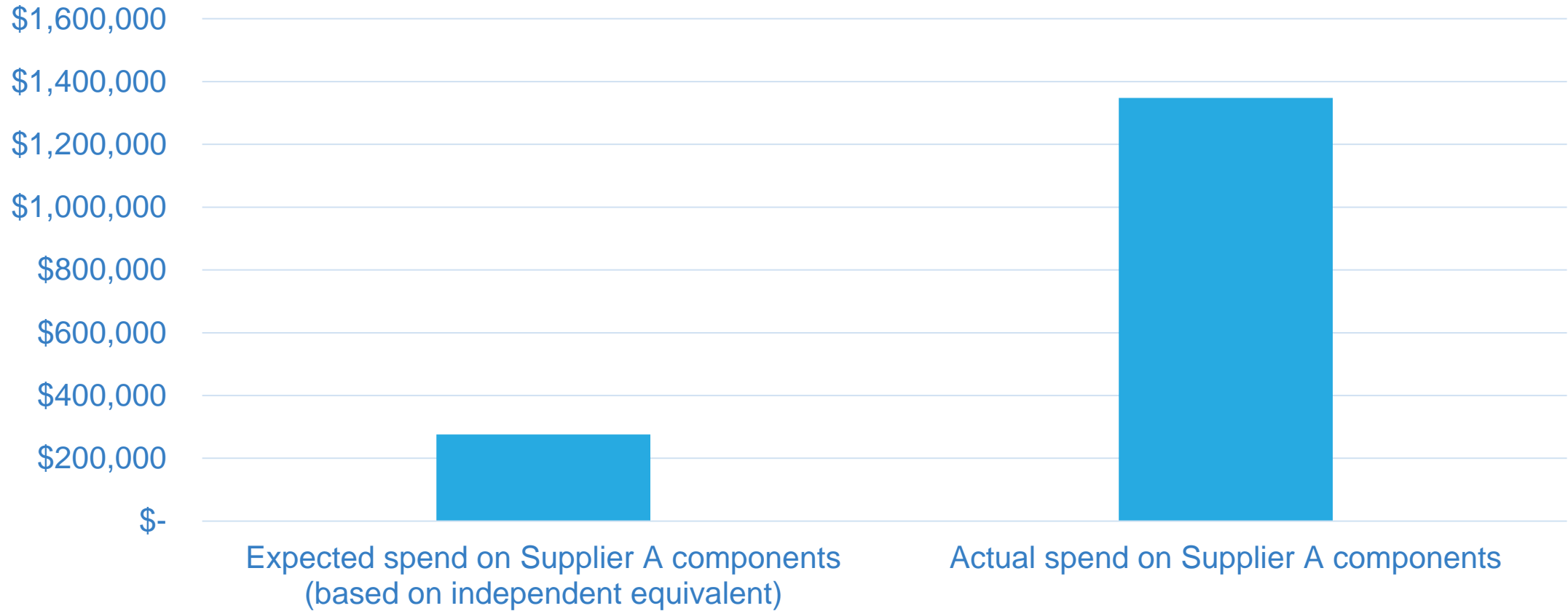
Ethical scenario: An assistive technology advisor/prescriber company is co-owned by an assistive technology supplier company



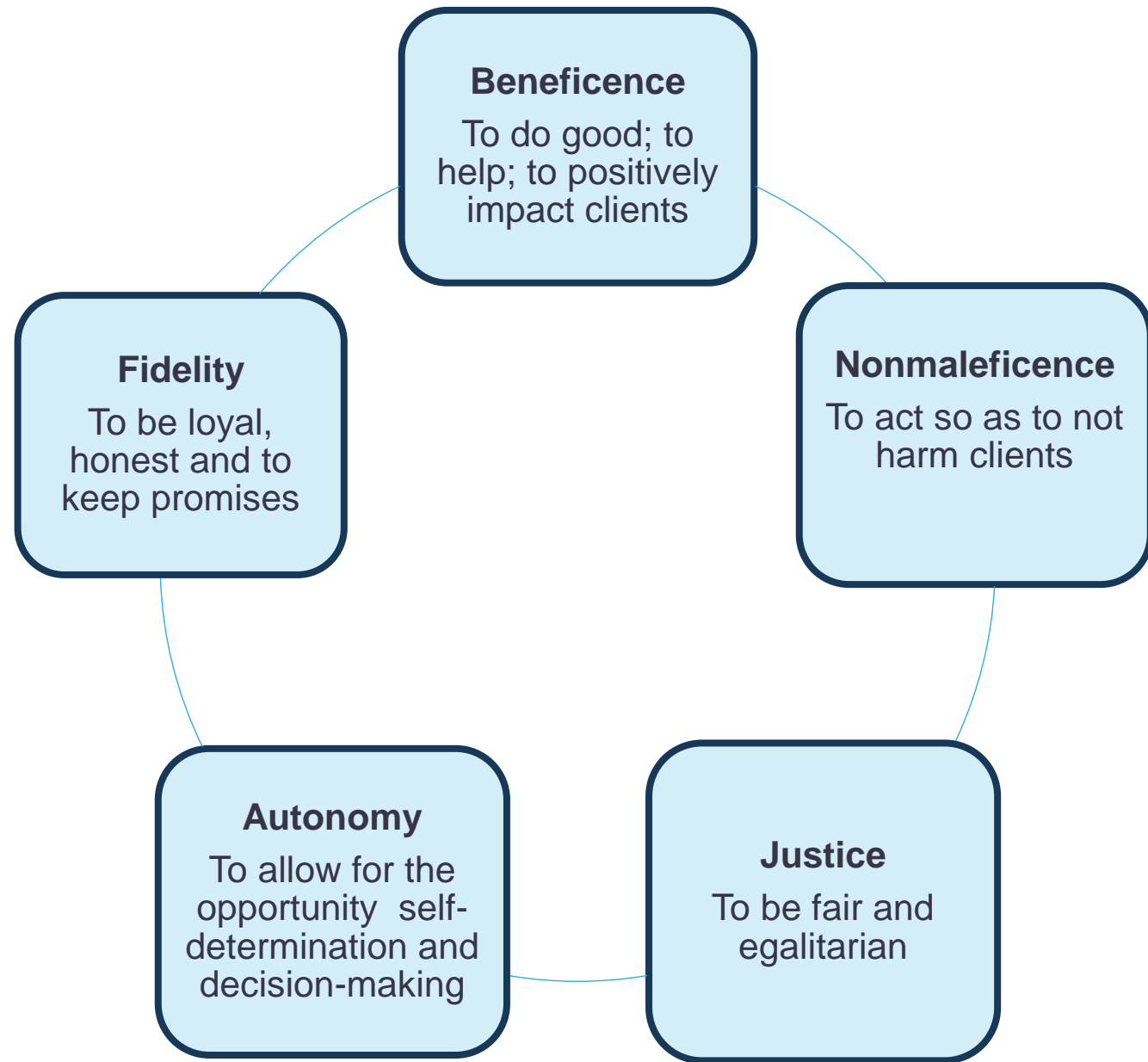
Percentage of prosthetic componentry spend by prosthetic service providers (prosthetists) and parts supplier



Spend on prosthetic parts over 3 years by prosthetic service providers



Five guiding ethical principles



Ethical principle:

Beneficence

The Australian Health Practitioner Regulation Agency Code of Conduct 2014 for registered health practitioners explicitly states that health professionals must provide *“treatment options based on the best available information and not influenced by financial gain or incentives”* (clause 2.2[h])

Regulated professions and assistive technology

AHPRA-registered professions

- Chiropractic
- Occupational therapy
- Optometry
- Osteopathy
- Pharmacy
- Physiotherapy
- Podiatry

Self-regulated professions

- Audiology¹
- Exercise physiology²
- Orthotics³
- Prosthetics³
- Rehabilitation engineering⁴
- Speech pathology⁵

1. Must disclose to clients all COIs including self-manufacture, exclusive supply arrangements, discounts, commissions, gifts or rewards. *HPCCB Code of Conduct for Audiologists and Audiometrists*

2. Must disclose COIs to clients. Must not accept or offer financial inducements as part of referral arrangements with healthcare providers. *ESSA Code of Professional Conduct & Ethical Practice*

3. Must avoid COIs including not accepting rewards, bribes, substantial gifts or gratuities; or sell, buy, endorse or promote services or products in ways that exploit client relationships. *AOPA Ethical Principles and Code of Professional Conduct*

4. Disclose perceived conflicts of interest to relevant parties. *Engineers Australia Code of Ethics and Guidelines of Professional Conduct*

5. "We do not allow any personal, professional or financial interest to influence or affect our care of a client." *SPA Code of Ethics*

Similar scenarios

- Therapists & equipment companies
- Holding multiple jobs (e.g., prescriber & supplier)
- Kick-backs
- Inducements
- Gifts
- Prescribing for your own family

Maybe OK: Samples



Managing conflicts of interest

Declare the interest

Including potential or perceived interests

Independent review

Manage

e.g., oversight, recusal, choice, transparency

Monitor

Ethical scenario: A person with / without intellectual / cognitive disability has aggressive behaviours and could be reasonably foreseen to injure others if prescribed a powered mobility device (e.g., PWC, scooter) but would have restricted mobility if not prescribed a powered mobility device.

Hint: environmental restraint includes “limiting access to spaces or objects”

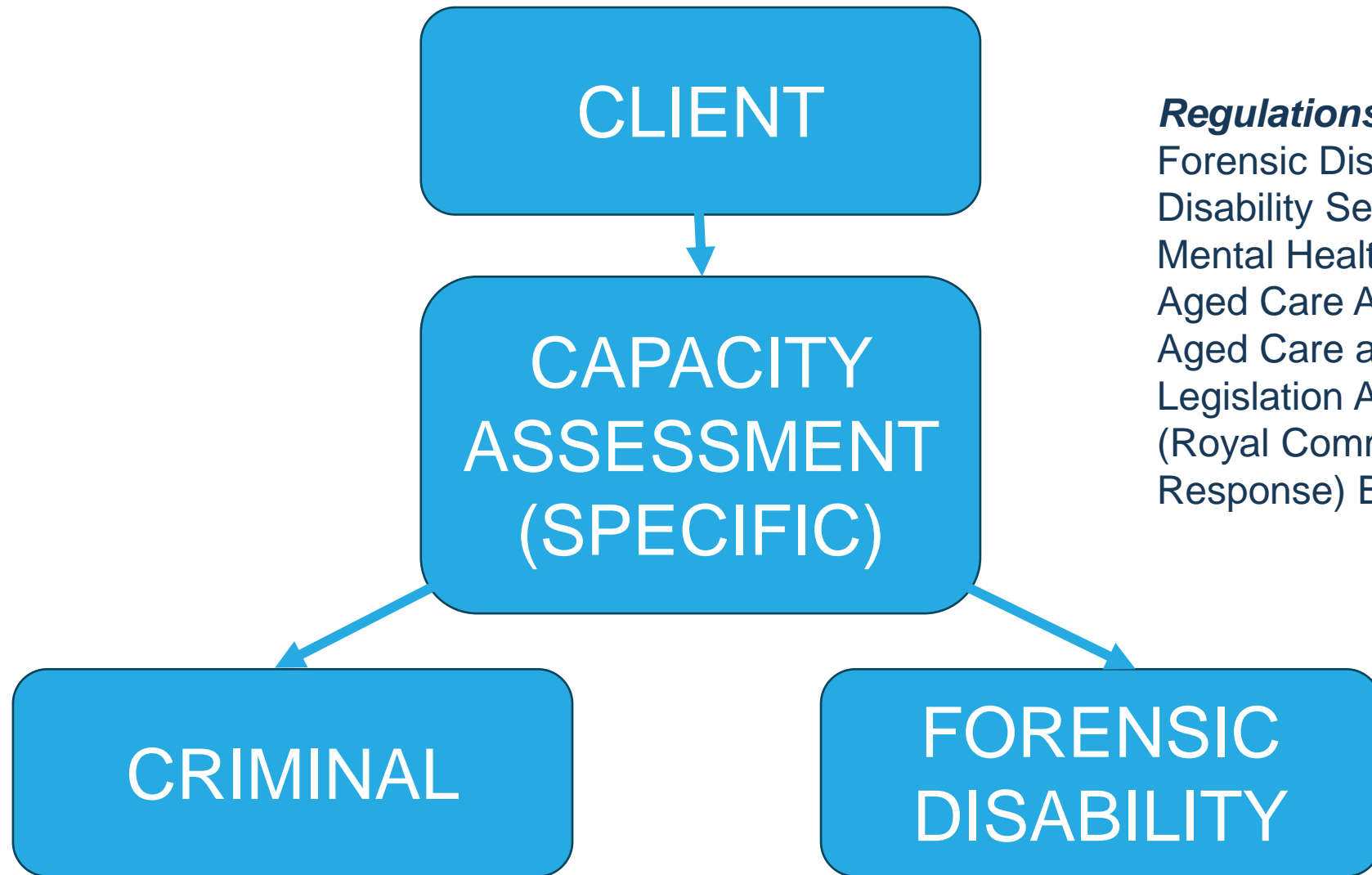


Ethical principle:

Autonomy

“Autonomy, as is true for all 4 principles, needs to be weighed against competing moral principles, and in some instances may be overridden; an obvious example would be if the *autonomous action of a patient causes harm to another person(s)*. The principle of autonomy *does not extend to persons who lack the capacity* (competence) to act autonomously; examples include infants and children and incompetence due to developmental, mental or physical disorder.”¹

~ Basil Varkey



Regulations

- Forensic Disability Act 2011
- Disability Services Act 2006
- Mental Health Act 2016
- Aged Care Act 1997
- Aged Care and Other Legislation Amendment (Royal Commission Response) Bill 2022

Assessing capacity

Five (5) principles of capacity assessment¹

- Presumption of capacity
- Decision-specific & time-specific
- Provide support and information to communicate decisions
- Assess the decision-making ability, not the decision
- Respect dignity & privacy

¹[Queensland Capacity Assessment Guidelines 2020](#)

Legal tests¹

Can the adult

- (a) understanding the nature and effect of decisions about the matter,
- (b) freely and voluntarily making decisions about the matter, and
- (c) communicating the decision in some way.

Least restrictive practice

- chemical restraint
- **environmental restraint**
- **mechanical restraint**
- physical restraint
- seclusion

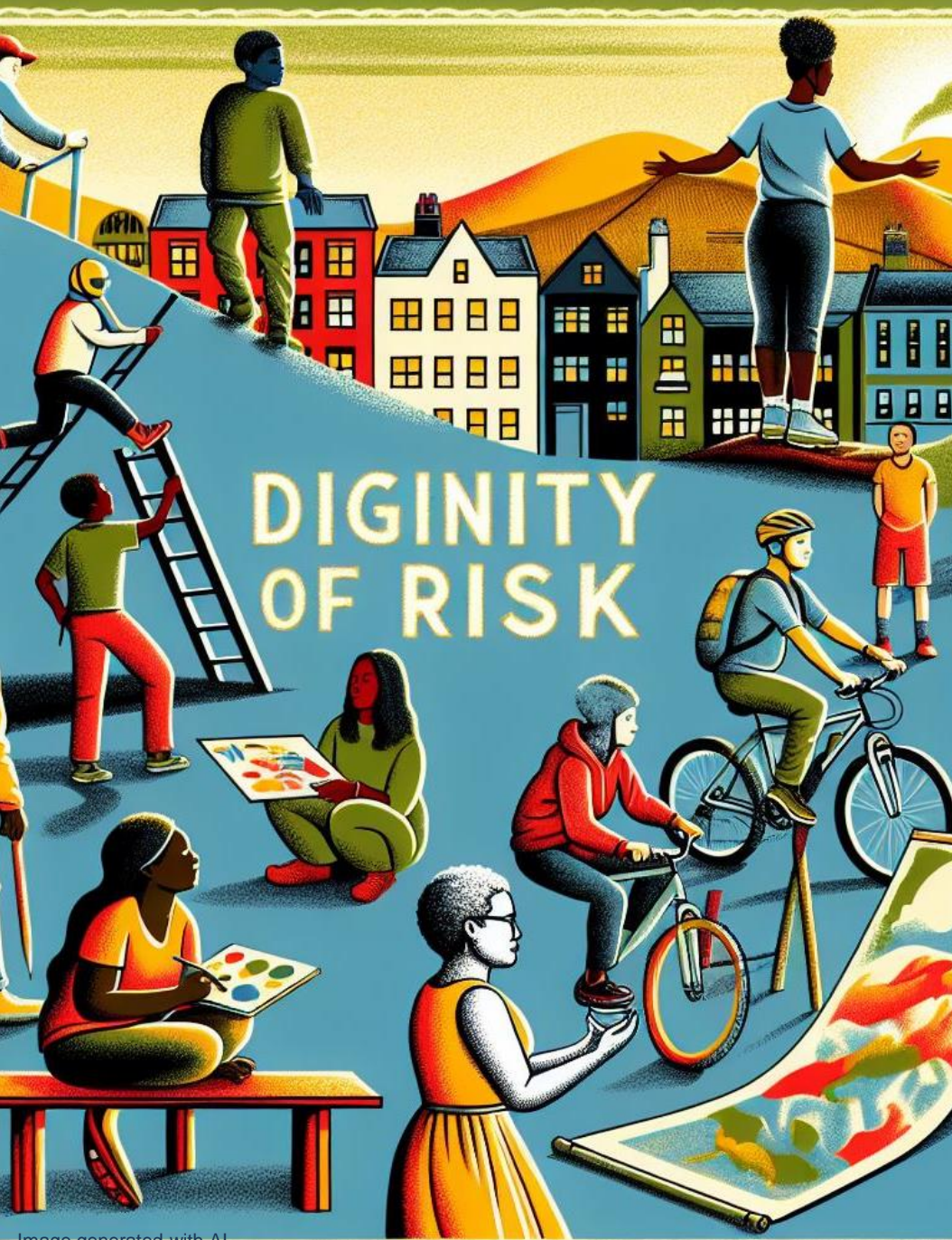
Restricting access to an object

"for restricting access—a guardian for a restrictive practice (general) matter, or an informal decision-maker, for the adult gives, or refuses to give, consent to use of the restrictive practice by the relevant service provider." Disability Services Act 2006 – sect 257

Least restrictive practice principles

- Least restrictive option
- Shortest time necessary
- Assessed by a health professional
- Consent from client or substitute decision maker
- Monitored for outcomes
- Documented
- ± Behaviour Support Plan





Dignity of risk

- Risk to themselves, not others
- Informed consent
- Examples
 - Do you prescribe grab rails to help with getting in a bath even though you recommend the person does not use the bath
 - Do you prescribe an item which a person with suicidality could use to kill themselves

Other examples

1. Using a wheelchair harness for behavioural management versus postural support
2. Using a tilt-in-space wheelchair or floatation chair to discourage independent mobility
3. Strapping arms to mobile shower to avoid client smearing faeces
4. A body corporate requires all unit front doors to be self-closing fire safety doors, however these are unable to be operated independently by a wheelchair user
5. Prescribing equipment in a high-risk area, e.g., secure mental health ward, prison
6. Person wanting a standing hoist even though the therapist has assessed them as not safe and a risk to carers

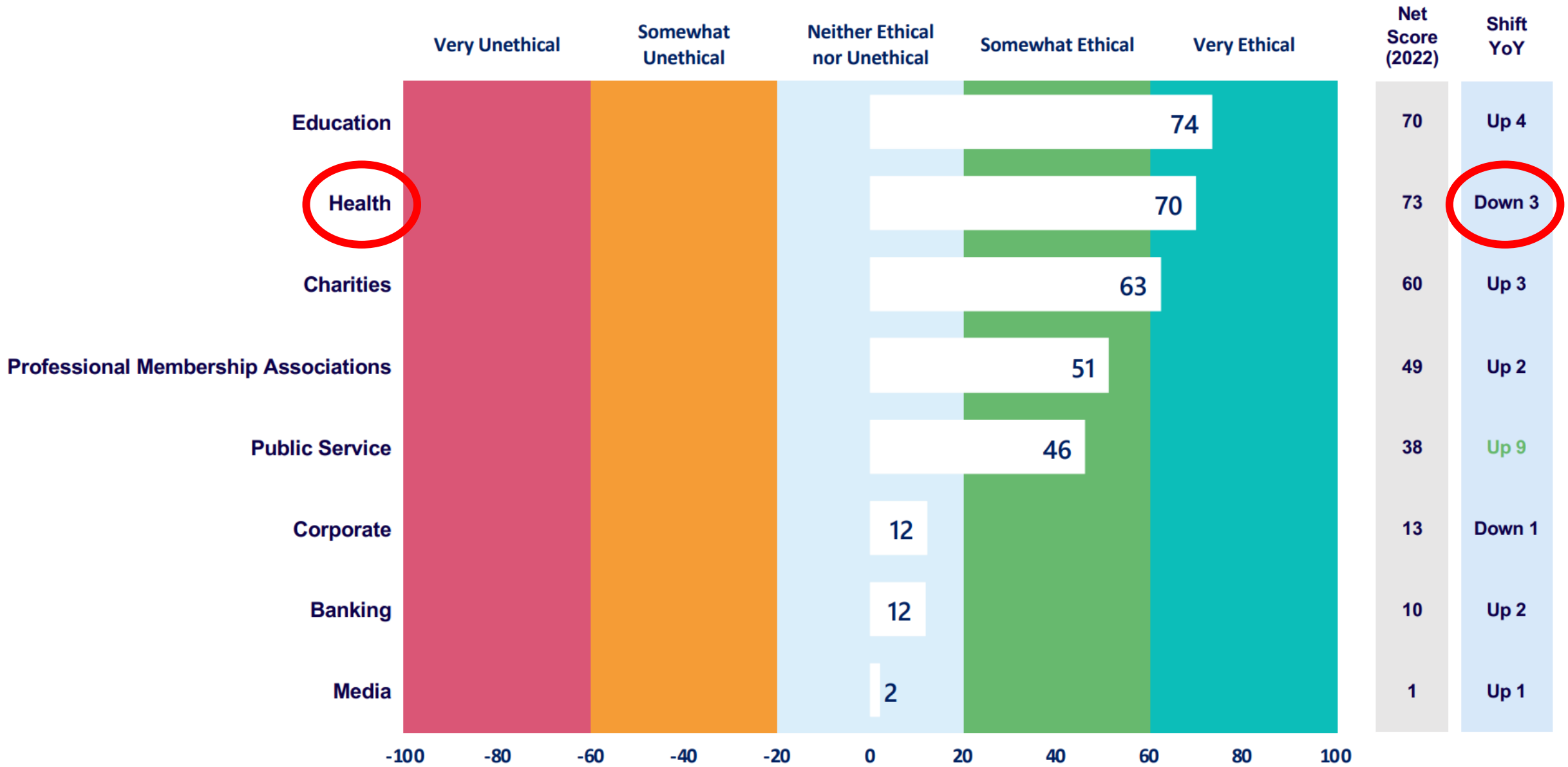
Ethical scenario: An allied health professional takes a MASS Palliative Confirmation Form signed by a Palliative Care Specialist, applies white-out to the existing patient's details, writes in a new patient's details, and scans in and submit the form to MASS



Ethical principles:

**Fidelity &
Justice**

Sectors (net score)





Similar scenarios

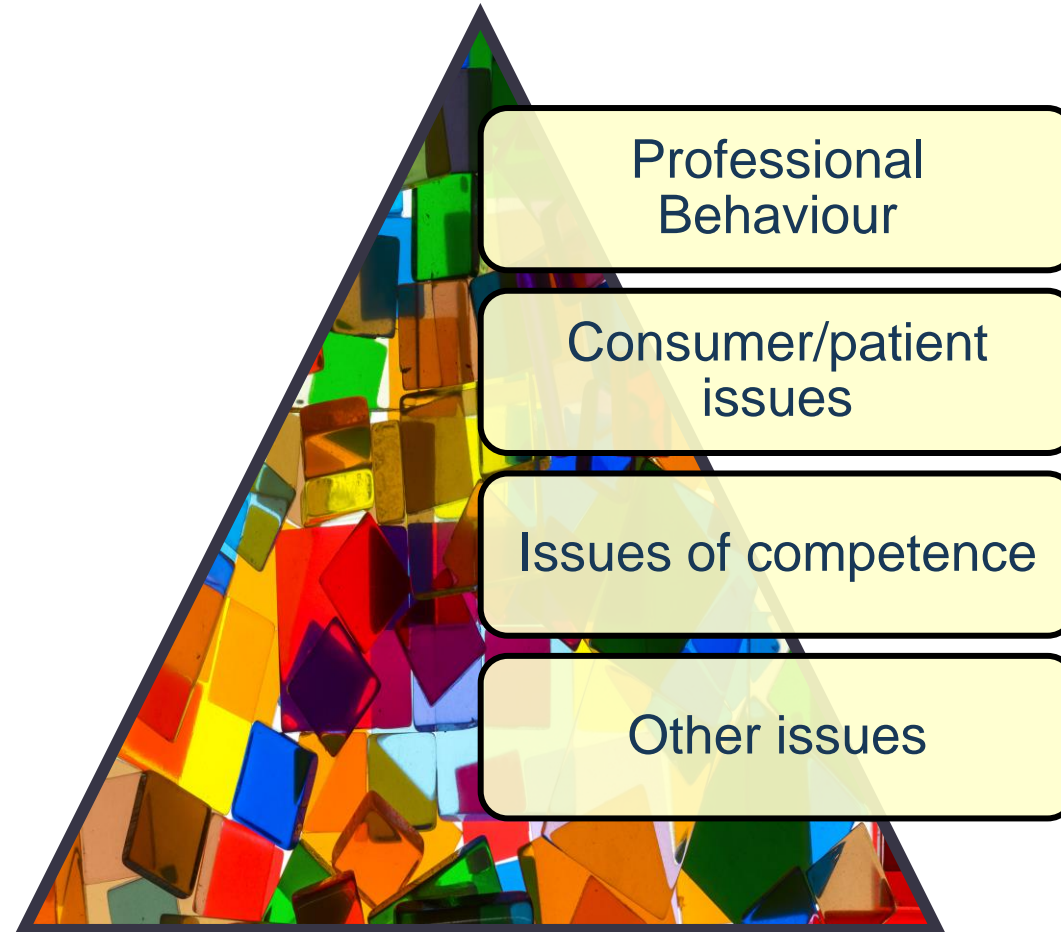
- Ticking a declaration on eApply even if it's not true
- Intentionally omitting information on an application
- Falsifying references in a report

Ethical scenario

Advising purchase of an assistive device (e.g., AAC device, mobility device) for someone with a progressive neurological disorder.



Ethical Dilemmas Identified by Assistive Technology Professionals



Code of Ethics



- Provides a moral framework for professional conduct
- Provides a consistent and common moral language
- May have limitations for particular client scenarios
- A phenomenological approach may help apply principles within the context and needs of each patient

RESNA Code of Ethics and Standards of Practice

II. Practice Standards for Working in Assistive Technology

Certificants and candidates for certification shall:

1. Verify a consumer's needs by using direct assessment procedures.
2. Engage in only those services within the scope of their competence, level of education, experience, and training, recognize the limitations imposed by the extent of their personal skills in any professional area, and as listed in the Directory of Certified Professionals.
3. Abide by all laws, regulations, and policies that govern the provision of assistive technology products and services and provide consumers with the applicable information to make informed decisions.
4. Refer consumers to other professionals, including assistive technology professionals, or provide resources, when necessary to meet the consumers' identified needs.
5. Work in a collaborative manner with all stakeholders.
6. Perform or participate in the steps of the assistive technology process, which may include assessment, evaluation, trial, simulation, recommendations, procurement, delivery, fitting, training, adjustments, repairs, and/or modifications.
7. Consider the consumer's current, future, and potential emerging assistive technology needs when making recommendations.

What is negligence?

the expected standard of care is the standard of care “of the *reasonable person* in response to a *reasonably foreseeable* risk which must be real, highly-probable despite precautions, and not far-fetched”

~ Rajkumar Cheluvappa & Selwyn Selvendran

Action: Protect yourself. Have a chat with your colleagues.



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Similar scenarios

Prescribing the patient all the equipment needs prior to them discharging home knowing they'd soon get a level 3 or 4 home care package and then be ineligible for MASS

Needing to re-prescribe expensive mobility aids as previous therapist did not account for progression of a disease

Competence, capability, and scope of practice

Ethical examples

The health professional may have conducted an inappropriate assessment for the assistive technology

The health professional offered limited assistive technology options due to lack of training

Ethical scenario

Issues around clients who don't accept a clinician's prescription and recommendations, or who pressure clinicians into the prescription of an assistive product which isn't clinically justified.





Values, goals
and needs of
client / carer /
supplier



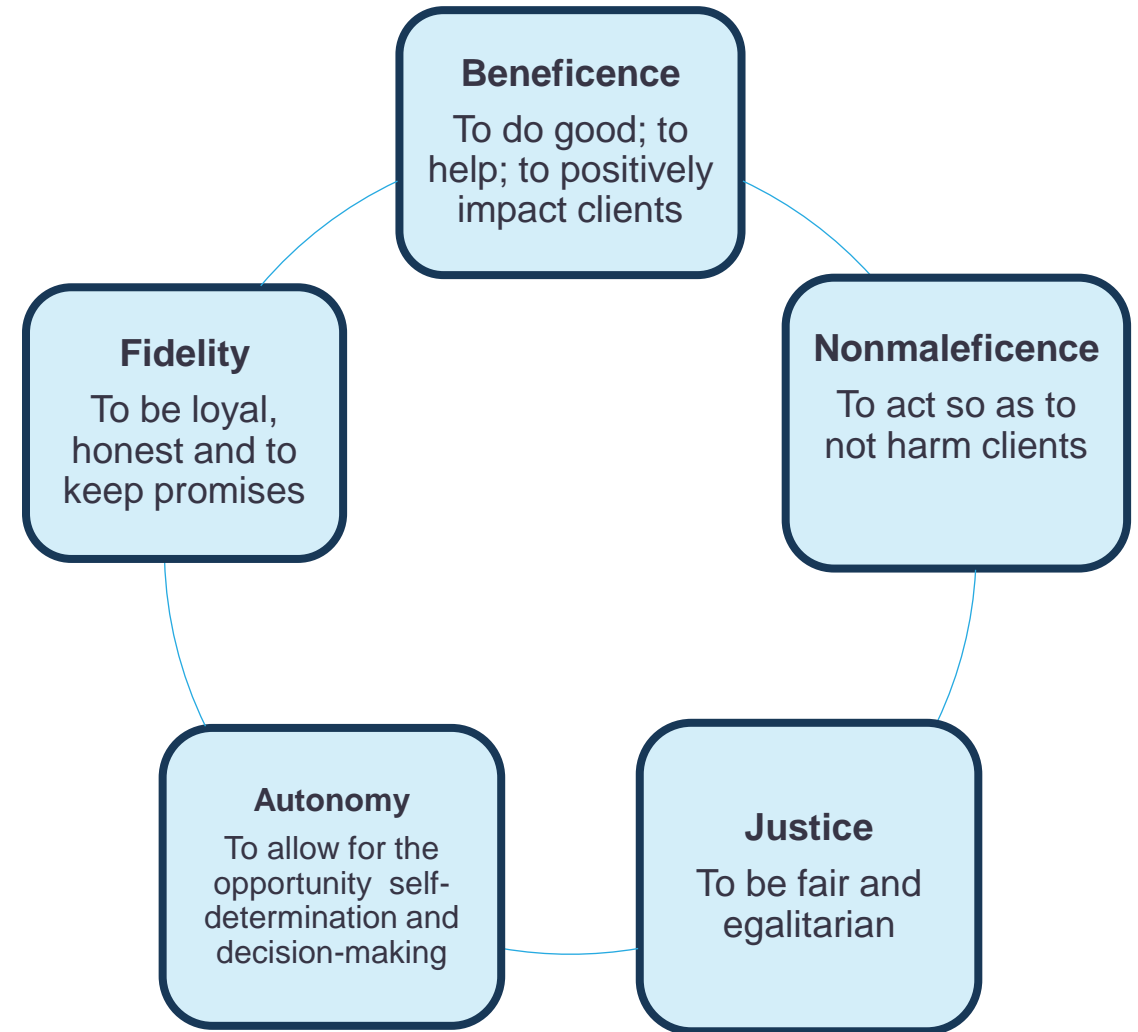
Potential
benefits of
AT, beliefs
and goals of
provider



Similar scenarios

- Prescribing equipment to minimise harm when client had refused safest option
- A supplier had a friend receiving PCEP equipment. The supplier tells the therapist they only have king single beds available. The supplier pressures the therapist into justifying a king single bed.

→ ATSA Code of Practice 2020



Ethical scenario



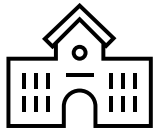
Two brothers with ASD, both requiring AAC devices



SP explains process re AAC assessment and trials and that AAC system needs to meet individual needs



Mother is overwhelmed and would prefer both boys to have the same communication system and needs help from the school. She feels she has 'natural authority' and complains about the SP



School have refused to accept a certain communication aid and insist that their staff only have capacity to support students with a particular software program on an iPad



A deeper dive into ethics and ethical dilemmas



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Example of the Ethical HTA Matrix

	Well-Being	Dignity	Fairness
Primary User	What are the benefits and harms?	Does the technology challenge a user's values or social relations?	What patient group is the beneficiary of the technology?
Health professional/care workers	What are the effects according to purpose?	Does the technology challenge or change the relationship between patients and health professionals?	Can the implementation, use or withdrawal of the technology conflict with existing law or regulation?
Health Delivery System	Does the technology deliver greater value to more people using fewer resources?	How does the assessed technology relate to more general challenges of modern medicine?	How does the implementation, use, or withdrawal of the technology affect the distribution of health care?
Technology Providers	What other benefits or harms are there to the technology providers?		What are the interests of the producers of technology (industry, universities)?
Next-of-kin	What other benefits or harms are there to the next-of-kin?	Does the technology challenge or change the relationship between users and next-of-kin?	How does the implementation, use, or withdrawal of the technology affect the distribution of health care?
Society as a whole	What other benefits or harms are there to society as a whole?	Are there moral challenges related to components of a technology?	How does the implementation, use, or withdrawal of the technology affect the distribution of health care?
Climate	Decrease of greenhouse gas emissions through product lifecycle; Increase of greenhouse gas sinks		
Ecology	No parts of the product lifecycle cause unnecessary harm to the environment	Product lifecycle limits harm to nature to a minimum	No ecosystems suffer disproportionately more than others



Ethical HTA Matrix: “How does the implementation, use, or withdrawal of the technology affect the distribution of health care?”

If advocating for an individual, consider the whole system

Evolving technologies

- Copy and paste
- Artificial intelligence



An **ethical dilemma** arises when:

- (a) there are competing or conflicting ethical standards that apply,
- (b) there is a conflict between what is ethical and what is practical or moral, or
- (c) the situation is such that complexities make application of ethical guidelines unclear or prevents a clear application of standards



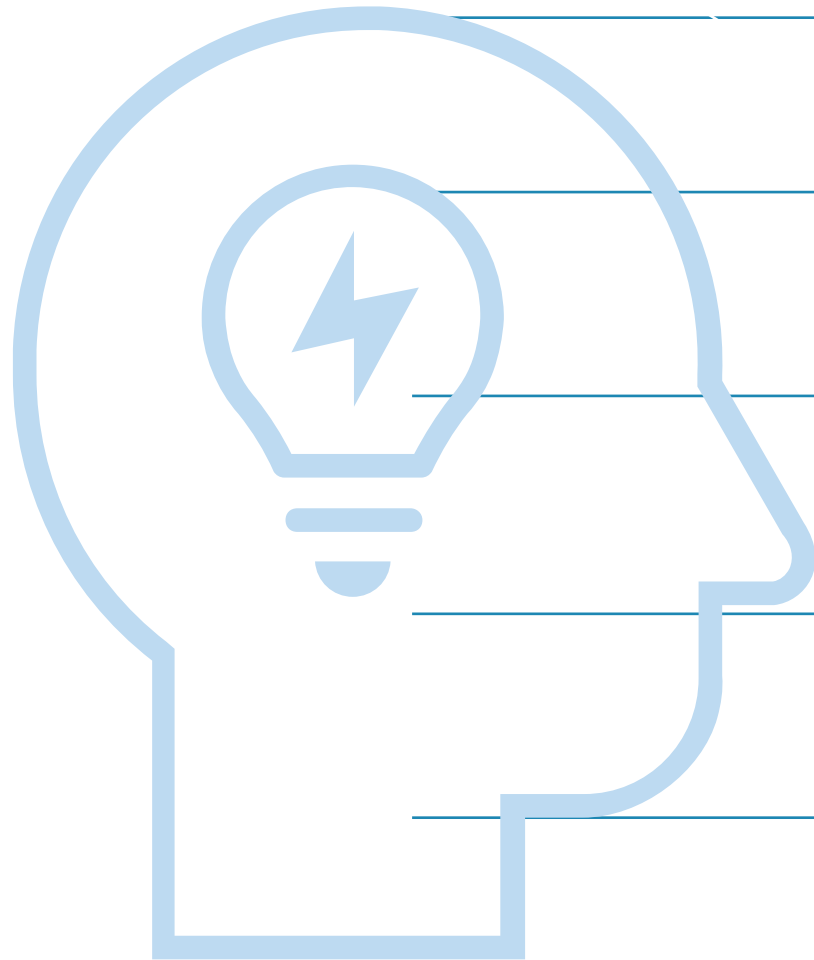


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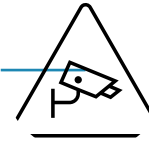
Ethical Decision-Making

- Ethical decision-making can be confusing
- Decisions relate to the clinical context e.g. the rights of the client and other stakeholders, obligations as a health professional, human concerns and values
- May involve an emotional response
- May result in anxiety and moral distress

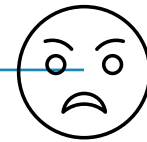
Main ethical issues in AT:



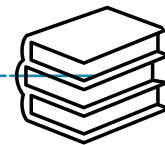
Issues of autonomy



Issues of privacy



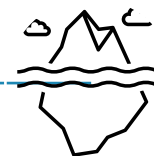
Stigma and obstructiveness



Qualifications of service provider



Access to AT



Cultural views of client

Specific topics relating to ethics in AT



AT and People Living with Dementia

AT design and development

Smart homes

AAC and persons with intellectual and developmental disabilities

The right to AT

Ethics – a call to action



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Potential Steps to Addressing an Ethical Dilemma

- (1) Identify/define the issues that make the situation ethically compromised
- (2) Evaluate whether I can solve the situation by myself
- (3) Identify a potential solution to the problem
- (4) Discuss the situation with the client/patient
- (5) Consult with immediate site supervisor
- (6) Consult with senior member of profession
- (7) Consult your professional code of ethics
- (8) Follow/consult legal mandate
- (9) Consult an ethicist
- (10) Phone professional body

Estra-Hernandez, N. & Bahr, P. (2021). Ethics and assistive technology: Potential issues for AT service providers, *Assistive Technology*, 33(5), 288 -294.

<https://doi.org/10.1080/10400435.2019.1634657>



Avoiding Formal Ethics Complaints

- Be aware of your own physical/emotional well-being i.e. experiencing stress, burnout, fatigue
- Take care of yourself so you can be at your best for your clients
- Be respectful of your client and responsive
- Acknowledge your client's perspective
- Request consent for segments of work
- Identify issues and try to resolve them before they escalate
- Communicate policies and procedures e.g. around accepting gifts
- Be flexible
- Be honest and open and engage in frank conversations





Self check-in 1



Explore what you consider to be an ethical dilemma by completing the [Assistive Technology Professionals' Ethics Survey](#)

Self check-in 2



Try out these selected items from the [Moral Injury Symptom Scale – Health Professionals version](#)



AHPRA/SPA/AOPA process for unethical conduct

	Mandatory Notification	Voluntary Notification
Who can make the complaint?	Registered health practitioners, employers and health education providers are required to make a mandatory notification	Anyone can submit a concern
Nature of notification	<ul style="list-style-type: none">• Impairment• Intoxication whilst practising• Significant departure from accepted professional standards• Sexual misconduct	Examples include unsafe care and unprofessional behaviour

The only one concern that may trigger a mandatory notification about a student is impairment that places the public at substantial risk of harm.

<https://www.ahpra.gov.au/Notifications.aspx>

Reflections on Scenarios in Team Registration



Questions & Feedback



Complete the feedback form by scanning the QR code above or following [this link](#). You will receive a certificate of completion after completing the form.



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