1 CHAPTER

Concept of Morality, Ethics, and Legality

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Learning Objectives	
After studying this chapter, the students will be able to:	
1.	Define morality, ethics, and legality, and distinguish between them with suitable examples from Indian healthcare practice.
2.	Explain the philosophical origins and cultural dimensions of morality in the Indian context, with reference to ahimsa, satya, seva, and dharma.
3.	Describe the branches of ethics: descriptive, normative, meta-ethics, and applied, and relate them to physiotherapy practice.
4.	Analyze the relationship between law, ethics, and morality using relevant Indian legislation, including the Consumer Protection Act, 2019, the NCAHP Act, 2021, and the Bharatiya Nyaya Sanhita, 2023.
5.	Explain the significance of the NCAHP Act 2021 as the primary statutory framework governing physiotherapy regulation in India and discuss its ethical implications for the profession.
6.	Identify personal values and classify them as ethical or non-ethical, and apply the concept of professional values to reflect on their emerging identity as a physiotherapist.

1. Introduction

Every clinical encounter is, at its core, moral. The moment a physiotherapist meets a patient, whether in a government hospital in Kolkata, a private rehabilitation center in Pune, or a rural community clinic in Rajasthan, a relationship is formed that carries weight far beyond the purely technical. That weight is ethical. It asks, What is the right thing to do? What does the law permit or require? What do my conscience and professional training say?

For decades, physiotherapy education in India has focused almost entirely on anatomy, kinesiology, and clinical skills, with ethics remaining an afterthought in most curricula. However, the rapidly changing healthcare landscape has rendered this approach untenable. The enactment of the Consumer Protection Act 2019 [1] transformed patients from passive

recipients to active consumers with legal avenues for redressal. The National Commission for Allied and Healthcare Professions (NCAHP) Act 2021 [2] – India's first comprehensive and enacted statutory framework for physiotherapy – created enforceable professional obligations that did not previously exist: mandatory registration, defined scope of practice, a code of professional conduct, and a disciplinary mechanism with legal consequences. The growing awareness of patients' rights, amplified by social media and landmark Supreme Court judgments, means that physiotherapists who cannot navigate the ethical and legal terrain are genuinely unprepared for modern practice settings.

This chapter lays the conceptual foundation for everything that follows. It unpacks three distinct but deeply related concepts - morality, ethics, and legality – and then examines personal values, which are the bedrock upon which professional conduct is built. It also introduces the NCAHP Act 2021 as the new statutory expression of India's ethical expectations for physiotherapy. Understanding these distinctions is not merely an academic exercise; it is a survival skill for every physiotherapist practising in twenty-first-century India.

2. Morality

2.1 Definition and Nature

Morality refers to a set of principles, beliefs, and standards that guide human behavior towards what is considered right, good, or virtuous within a community or society [3, 4]. It is the foundation of human social life. Morality is not imposed by law; it arises organically from culture, religion, family upbringing, community norms and personal experience. In a profound sense, it is the inner compass that governs behavior, even when no authority figure is watching and no legal penalty is at stake.

Morality is deeply contextual in nature. What is considered morally acceptable in one community may be frowned upon in another community. This makes the morality inherently pluralistic. In India, this plurality is vivid and consequential for the following reasons. A behavior seen as perfectly normal in an urban, secular household in Mumbai may be regarded as morally transgressive in a traditional rural community in Uttar Pradesh, for example. Physiotherapists who ignore this diversity risk imposing their own moral framework on patients and families who hold different, equally valid worldviews - an act that is ethically problematic because it fails to respect patient autonomy.

Simultaneously, morality is not infinitely relative. Most moral traditions converge on a core set of prohibitions - against murder, theft, deception, and cruelty - that transcend cultural boundaries. A physiotherapist who harms a patient through recklessness cannot justify their conduct by appealing to any moral tradition, however culturally specific. The interaction between universal moral minimums and culture-specific moral norms is one of the enduring tensions that professional ethics must navigate.

2.2 Indian Philosophical Roots of Morality

India's approach to morality is extraordinarily rich and diverse, drawing on multiple philosophical and religious traditions that have coexisted for millennia in the Indian subcontinent. Several concepts are particularly important for healthcare professionals working in this cultural milieu:

Ahimsa (non-violence), the principle central to Jainism, Buddhism, and Hindu philosophy, of causing no harm to any living being, is foremost among these. For physiotherapists, ahimsa translates directly into the bioethical principle of non-maleficence [5]: the duty to avoid causing unnecessary pain, injury, or harm in clinical practice, whether through inappropriate modality parameters, ill-judged manual therapy, or the emotional harm of dismissive communication.

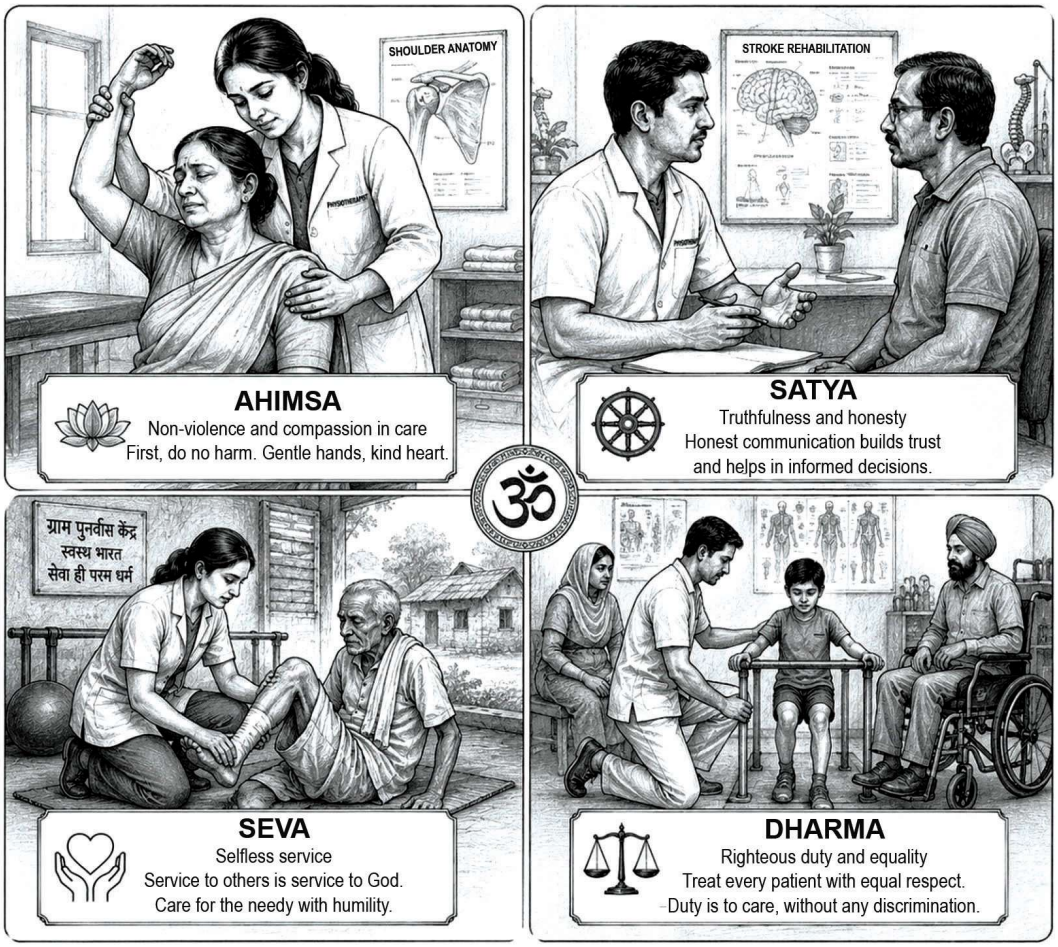


Figure 1.1: Indian Moral Principles Guiding Ethical Physiotherapy Practice.

Satya (truthfulness) is the moral obligation to be honest in all dealings. In clinical practice, satya means providing patients with accurate information about their diagnosis, prognosis, and treatment options, even when that information is unwelcome. It forbids the subtle dishonesty of overpromising outcomes to retain a patient or withholding adverse information to avoid a difficult conversation. **Seva** (selfless service) is a deeply embedded moral value across Indian traditions, holding that service to others is its own reward and should not be contingent on financial gain. It frames the therapeutic relationship as one of genuine care and calls on physiotherapists to treat patients with dignity, regardless of whether they can pay a premium fee or are accessing a government facility. Dharma (righteous duty) is the moral obligation to faithfully and diligently fulfil one's prescribed role. For a physiotherapist, dharma means discharging professional responsibilities with clinical rigour, regardless of the patient's social status, caste, religion, or economic background. It also demands courage to speak the truth to institutional authorities when patient welfare is at stake.

These indigenous moral values are not merely historical curiosities but are relevant today. They continue to shape the moral intuitions of millions of Indian patients and practitioners today and are increasingly being recognized in the bioethics literature as culturally specific yet universally relevant moral resources [5]. A physiotherapy student

who understands these traditions will be far better equipped to build therapeutic trust with patients across India's vast social spectrum.

3. Ethics

3.1 Definition

Ethics is a systematic and philosophical study of morality [6]. While morality is largely intuitive and culturally transmitted, ethics is reflective and reasoned. Ethics asks not just "What do people in this community think is right?" but "What actually is right, and why?" It uses logical arguments, consistent principles, and careful analysis to examine moral questions, test them against cases and counter-examples, and produce guidance that transcends the purely instinctive.

Beauchamp and Childress [7], whose four-principle framework remains the most widely taught model in bioethics worldwide, described ethics as the general field of study of morality, in the same way that physics is the systematic study of the natural world. This analogy captures something important: just as physics does not create the natural phenomena it studies but seeks to understand and explain them, ethics does not invent moral values but scrutinizes, orders, and applies them rigorously.

3.2 Branches of Ethics

Ethics is a broad discipline with several distinct branches, each serving a different intellectual and practical purpose:

- **Descriptive ethics** studies and describes the actual moral beliefs and practices of specific cultures, communities, or professional groups without passing normative judgments on them. A sociologist documenting how Indian physiotherapists handle informed consent in practice, regardless of whether those practices are ideal, works in the domain of descriptive ethics. This branch is indispensable for understanding the gap between ethical aspirations and clinical reality.
- **Normative ethics** proposes principles and theories regarding how people should behave. Three main normative frameworks are relevant to physiotherapy: (i) Consequentialism, which judges the rightness of an action by its outcomes - a treatment is right if it produces more benefit than harm; (ii) Deontology, which holds that certain actions are intrinsically right or wrong regardless of consequences - a physiotherapist must not deceive a patient even if deception might produce a marginally better outcome; and (iii) Virtue ethics, which focuses not on specific acts but on the character of the moral agent - asking what a person of good character, competence, and practical wisdom would do in this situation.
- **Meta-ethics** examines the nature, foundations, and meaning of moral concepts. Questions such as "Is morality objective or merely the expression of cultural preference?" or "Can moral claims be true or false?" belong to meta-ethics. While this branch may seem remote from clinical practice, it underlies debates about whether ethical principles, such as patient autonomy, are universally applicable across Indian cultural contexts or merely Western impositions.
- **Applied ethics** brings normative principles to specific real-world domains. Bioethics, the branch most directly relevant to healthcare, is applied ethics in action. It deals with questions such as: Is it ethical to continue aggressive physiotherapy in a terminally ill patient who has not consented to it? Who has the right to consent on behalf of a minor or an incapacitated adult? How should physiotherapists respond when the evidence base for a commonly prescribed intervention is weak?

3.3 Bioethics and the Four Principles

The four-principle framework of Beauchamp and Childress [7] - often called "principlism" - has become the dominant language of clinical ethics internationally and is increasingly referenced in Indian healthcare policy and law:

- **Autonomy** is the patient's right to make informed, voluntary decisions regarding their healthcare. The Supreme Court of India affirmed this principle in Samira Kohli v. Dr Prabha

Manchanda (2008) [8] held that a patient's free and informed consent is an inviolable right that no healthcare professional may override without legal authority. For physiotherapists, respect for autonomy requires that patients are given sufficient information - in a language and format they can understand – to make a genuinely free choice about whether to accept a proposed treatment, continue a course of care, or decline.

- **Beneficence** is the positive duty to act in the patient's best interests. Physiotherapists must not only avoid causing harm but also actively promote the patient's health, functional independence, and quality of life. Beneficence is the ethical engine of clinical excellence: it drives the commitment to use evidence-based interventions, maintain current clinical skills, and refer when the patient's needs exceed the physiotherapist's competence.
- **Non-maleficence,** the obligation not to cause harm, even unintentionally, underpins the concept of negligence in Indian law. The Bolam test [9], as applied to physiotherapy consumer cases, asks whether the physiotherapist's conduct fell below the standard of care that a responsible body of physiotherapy professionals would have maintained. Non-maleficence demands not only the avoidance of harmful acts but also the avoidance of harmful omissions; failing to screen for contraindications before applying electrotherapy or failing to refer a deteriorating patient may be as harmful as a direct harmful act.

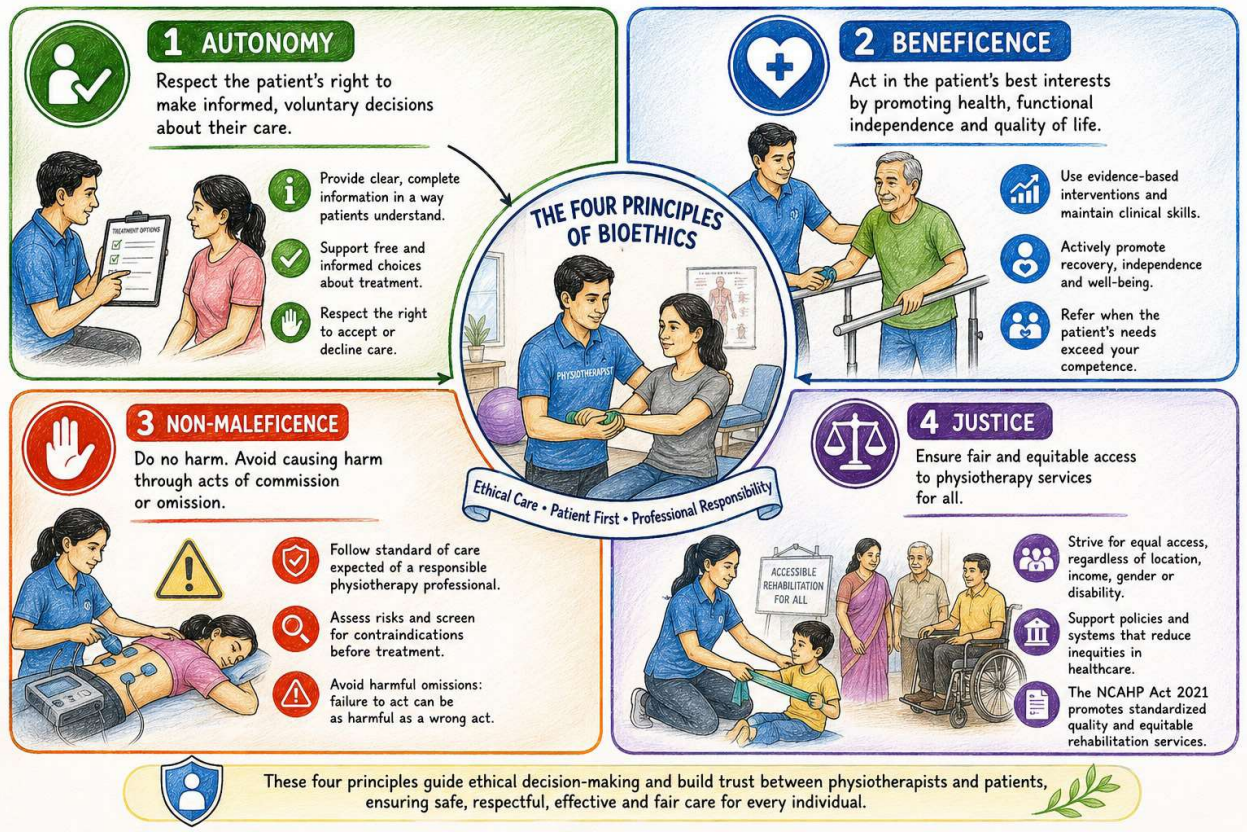


Figure 1.2: The Four Principles of Bioethics in Physiotherapy Practice.

- **Justice** requires fair and equitable access to healthcare. In a country where the physiotherapist-to-population ratio is approximately 0.59 per 10,000, well below the WHO-recommended benchmark [10], and where access to rehabilitation services is heavily skewed towards urban, affluent populations, justice is not an abstract principle. This is a pressing systemic challenge. The NCAHP Act 2021 [2], which requiring all ten categories of allied health professionals to be registered and regulated, represents a statutory commitment to addressing these systemic inequities through standardized quality.

4. Legality

4.1 Definition and Nature

Legality refers to conformity with laws established by the state through its legislature, judiciary, and executive bodies [3]. A legal act is permitted or required by the applicable law. An illegal act is one that violates a statute or regulation and may attract civil or criminal liability. The law is formal and enforceable: violating a legal norm can result in tangible consequences, such as a fine, imprisonment, loss of professional licence, or a court order to pay damages to a harmed patient.

This enforceability is what most sharply distinguishes legality from morality and ethics, both of which rely primarily on internal conviction, professional self-regulation, and the social sanctions of one's community and peers. An act may be deeply immoral yet entirely legal, while another may be ethically praiseworthy yet technically illegal. Understanding exactly where these three domains overlap, and where they diverge, is one of the most practically important skills a physiotherapist can develop.

4.2 Key Indian Laws Relevant to Physiotherapy Practice

Several Indian statutes directly govern physiotherapy practice, and registered physiotherapists must be familiar with them. The following are among the most significant:

- **National Commission for Allied and Healthcare Professions Act (NCAHP Act 2021) [2]:** This is the primary statutory framework for physiotherapy in India. Enacted as Act No. 14 of 2021 and receiving Presidential assent on March 28, 2021, it established the National Commission for Allied and Healthcare Professions and constituted ten Professional Councils, including the Physiotherapy Professional Council. It mandates that every physiotherapist must be registered in both the State Allied and Healthcare Professionals' Register and the Central Register to practice lawfully. It defines the scope of practice for physiotherapy, specifically as baccalaureate-level qualified professionals who conduct comprehensive examinations, provide treatment for movement and functional dysfunction using physical modalities, and provide habilitation and rehabilitation. It prescribes a code of professional conduct and empowers the Ethics and Registration Board to investigate complaints and remove names from the register of practitioners. Practising without registration or using the title *'physiotherapist'* without entitlement attracts fines of up to ₹1 lakh on the first conviction and imprisonment of up to one year on subsequent convictions.
- **Consumer Protection Act 2019 [1]:** Patients are recognized as consumers of healthcare. A physiotherapist who provides negligent treatment can be sued before the District Consumer Disputes Redressal Commission (claims up to ₹50 lakhs), State Commission (up to ₹2 crores), or National Commission (above ₹2 crores). The landmark judgment in the Indian Medical Association v. V P Shantha (1995) [11] first extended this protection to all healthcare services. Online filing through the e-Daakhil portal has made this avenue significantly more accessible to patients in India.

- **Rights of Persons with Disabilities (RPWD) Act 2016 [12]:** Recognises twenty-one categories of disability and mandates accessible, non-discriminatory healthcare. Physiotherapists working in rehabilitation carry specific obligations under this Act: to make reasonable accommodation, treat patients with disabilities with equal clinical diligence, and advocate for accessible physical environments. Failure to provide reasonable accommodation constitutes discrimination and is actionable before the Chief Commissioner for Persons with Disabilities.
- **Mental Healthcare Act 2017:** Governs consent and capacity for patients with mental illnesses, including severe depression, schizophrenia, and dementia. Physiotherapists treating such patients must understand the Act's provisions regarding advance directives, nominated representatives, and the limits of proxy consent, while respecting the patient's dignity.
- **Bharatiya Nyaya Sanhita (BNS) 2023 [13]:** Replaced the Indian Penal Code of 1860 and is now the primary criminal law in India. Criminal negligence causing death or grievous harm can attract prosecution under the BNS. The Supreme Court in Jacob Mathew v. State of Punjab (2005) [14] established that for criminal liability in healthcare, negligence must be 'gross' — a reckless disregard for patient safety that goes far beyond a mere error of clinical judgment.
- **The Clinical Establishments (Registration and Regulation) Act 2010 [15]:** Requires all clinical establishments, including physiotherapy clinics, to be registered with the competent authority, to maintain prescribed standards of facilities, equipment, and records, and to display prescribed information to patients. Failure to maintain equipment or records can constitute a 'deficiency of service' under the Consumer Protection Act.

4.3 The NCAHP Act 2021: Ethics Encoded in Law

The NCAHP Act 2021 deserves particular attention in this chapter because it represents the most direct point of convergence between ethics, morality, and legality in Indian physiotherapy. Before this Act, physiotherapy operated in a regulatory vacuum: the Indian Association of Physiotherapists (IAP) maintained a voluntary Code of Ethics [16], but it had no legal force whatsoever. A physiotherapist who violated the Code could be censured by a professional peer body but faced no statutory consequences.

The NCAHP Act fundamentally changes this. The Act empowers the Allied and Healthcare Professions Ethics and Registration Board at the state level to investigate complaints, impose sanctions, and, in serious cases, remove a practitioner's name from the Register. Once removed, the individual cannot legally practise under the title 'physiotherapist.' The ethical obligations that the IAP Code expressed as aspirational norms are now, through the Act, converted into enforceable legal requirements. This convergence of ethics and law is precisely what the bioethics literature terms the *'legalization of ethics'*: the process by which a profession's moral self-understanding is formalized into a statutory obligation.

The Act also encodes the principle of competence as an ethical and legal requirement. By prescribing minimum educational standards - a bachelor's degree as the minimum qualification for registration as a physiotherapist - the Act makes the duty to practice within one's competence not merely an ethical aspiration but a legal boundary. A practitioner who holds themselves out as possessing competence they do not have, or who performs interventions outside the defined scope of practice, is both unethical and in breach of the law.

4.4 The Relationship between Legality, Ethics, and Morality

These three concepts are related but are distinct. They intersect in important ways but do not always coincide. Understanding where they overlap and where they diverge is one of the most important analytical skills a healthcare professional can develop.

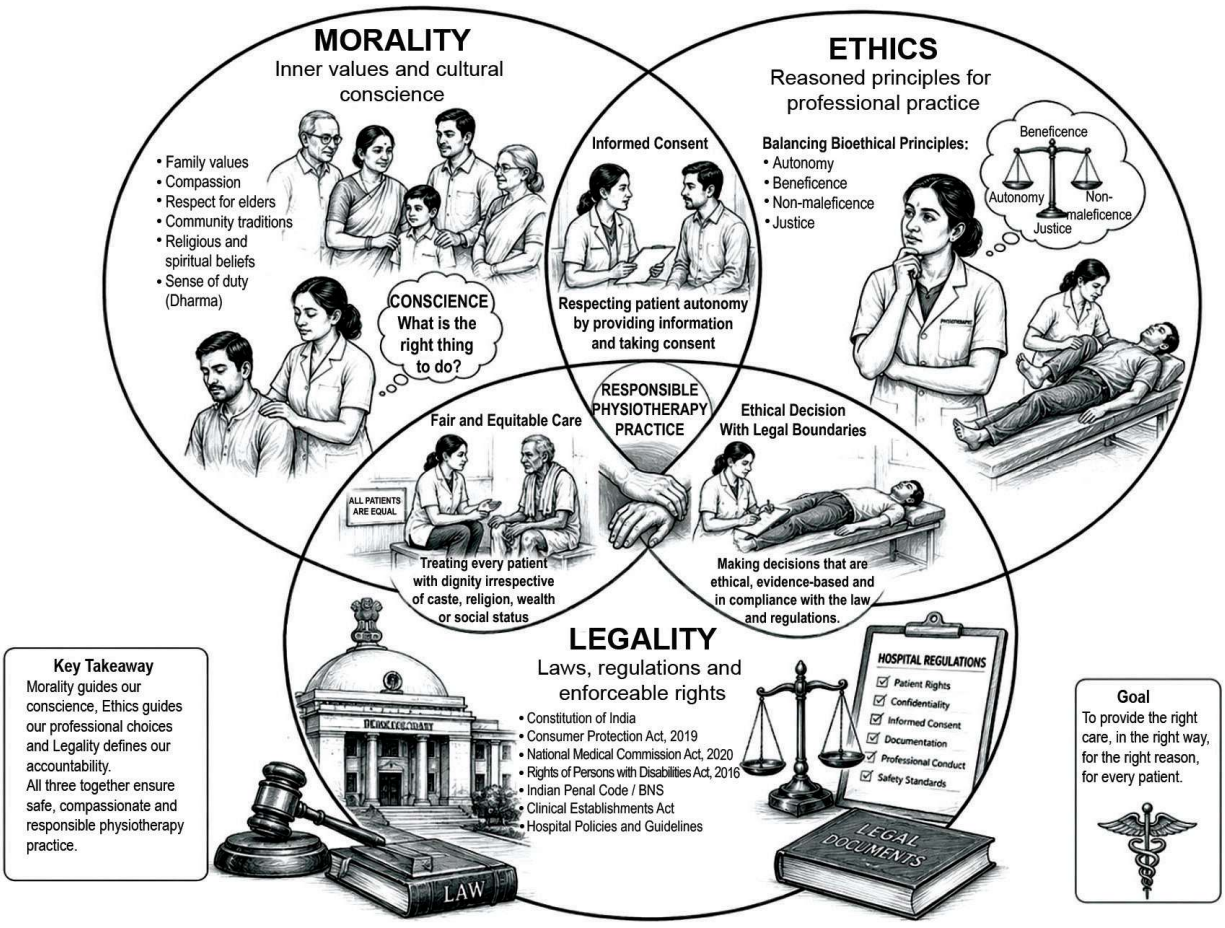


Figure 1.3: Interrelationship between Morality, Ethics, and Legality in Physiotherapy Practice.

An action can be legal but morally troubling. For example, in India, it is not illegal for a physiotherapist to charge very high fees in a private clinic. However, if the patient has a genuine medical need, has no realistic alternative, and cannot afford the fee, many observers would regard this as morally questionable - an exercise of market power that conflicts with the values of seva and justice, even if no law is technically broken.

Conversely, an action may be morally admirable, but legally ambiguous. A physiotherapist who renders emergency roadside care to a road traffic accident victim - administering first aid and stabilizing a spinal injury without proper equipment - acts out of compassion and moral courage yet may face questions about liability. The Good Samaritan provisions introduced into Indian law provide some protection in such circumstances, but the legal boundaries are not always clear.

It is also possible for an act to be unethical but not illegal in nature. A physiotherapist who routinely recommends an intervention with weak evidence, perhaps an expensive ultrasound package for post-surgical patients who derive little clinical benefit, may violate the ethical norm of beneficence and honest communication without breaking any specific laws. Professional codes of conduct, and now the NCAHP Act's provision for 'infamous professional conduct,' address these grey areas beyond the reach of ordinary criminal or civil law.

5. Comparing Morality, Ethics, and Legality

The following table summarizes the key differences across the three domains:

Table 1: Comparing Morality, Ethics, and Legality

Feature	Morality	Ethics	Legality
Source	Culture, religion, family upbringing	Philosophical reasoning and argument	State legislature, judiciary, and executive
Enforcement	Social pressure, conscience, community sanction	Professional bodies (e.g., IAP, NCAHP)	Courts, police, regulatory authorities
Scope	Personal and community life	Professional domains	All citizens and institutions under jurisdiction
Flexibility	Varies widely across communities and eras	Codified in guidelines; open to reasoned debate	Fixed until formally amended by Parliament
Violation consequence	Social disapproval, guilt, ostracism	Disciplinary action, deregistration, censure	Fine, imprisonment, civil liability, cancellation of licence
Indian example	Seva: serving patients without expectation of reward	IAP Code of Ethics 2018; NCAHP Code of Professional Conduct	Consumer Protection Act 2019; NCAHP Act 2021

6. Personal Values

6.1 Definition and Characteristics

Values are enduring beliefs about what is desirable, important, and worthwhile [17]. They serve as guiding principles that shape attitudes, decisions, and behaviors over time. Personal values differ from momentary preferences and transient opinions. A preference for one sports team over another is a subjective opinion rather than a value. However, a deep conviction that every patient deserves to be treated with dignity, regardless of caste, religion, or economic status, is a value. It guides behavior consistently across very different situations and persists even when it is professionally costly to maintain.

Personal values have several defining characteristics. They are relatively stable and enduring, although they can evolve with significant experiences and deliberate reflections. They transcend specific situations: a person who genuinely values honesty will tend to be honest in professional, social, and personal domains, not merely in those contexts where dishonesty carries an obvious risk. Values serve as motivational forces that energize behavior and impart personal meaning to actions; for example, a physiotherapist who truly values patient welfare will invest discretionary effort that goes beyond the minimum required by law or policy. Finally, values are hierarchically ordered; when two values conflict, a person tends to act on the one they rank more highly, which is why self-knowledge of one's own value hierarchy is a practical professional asset.

6.2 Sources of Personal Values in the Indian Context

Values do not emerge in a vacuum. They are shaped by a complex interplay of factors that are particularly rich in India's diverse social landscape:

For most students, family is the first and most powerful influence. The Indian family, whether nuclear or joint, remains one of the most powerful transmitters of values: reverence for elders, sacrifice for family welfare, the virtue of patience, and a duty to care for the vulnerable are values that many students

carry into their professional lives. These family instilled values are not separate from professional ethics; they often form the foundation.

Religion and philosophy act alongside the family as a second deep wellspring. Whether Hindu, Muslim, Christian, Sikh, Buddhist, or Jain, religious traditions shape fundamental moral intuitions about the sanctity of life, the duty of compassion, the meaning of suffering, and the obligation of justice. A physiotherapist who understands the religious background of their patients is better placed to communicate respectfully, design culturally acceptable home programs, and build a genuine therapeutic alliance.

Formal education then builds deliberately upon this foundation. Schooling and professional training, including BPT education and the ethical curriculum that this course represents, deliberately transmit values such as scientific rigor, respect for evidence, accountability, and commitment to the welfare of patients. The NCAHP Act 2021 mandates that physiotherapy educational programs include a code of professional conduct as part of their curriculum, institutionalizing value transmission as a statutory educational requirement.

Peer groups and mentors exert equally powerful but less formal influence. Colleagues, classmates, and supervising clinicians powerfully shape value formation, particularly during the impressionable years of clinical placement. Students who observe supervisors treating patients dismissively or recommending unnecessary treatments for commercial gain are at risk of normalizing such behavior. Conversely, students who work with mentors who model excellence, compassion, and intellectual honesty absorb these values through direct professional socialization.

Finally, **life experiences** often crystallize what family, religion, education, and mentors have already begun. Encountering suffering, injustice, or moral dilemmas in clinical placement, for example, seeing a patient denied physiotherapy because they cannot pay or witnessing the consequences of a preventable injury, can deepen values that textbooks alone cannot teach. Structured reflective practice, including reflective journaling, is now widely recognized as a pedagogical tool for making value learning explicit and durable.

6.3 Types of Values

Values can be classified in several ways. The classic distinction proposed by Rokeach [17] between terminal and instrumental values remains widely used in healthcare ethics education:

- **Terminal values** are desirable end states or ultimate goals - the outcomes a person most deeply wishes to achieve or see realized. For a physiotherapist, a terminal value might be the complete functional recovery and independent living of their patients or the creation of an equitable healthcare system in which rehabilitation is accessible to all who need it, regardless of economic status.
- Instrumental values are preferred modes of conduct that help achieve terminal values - the behavioral qualities and dispositions that enable a person to pursue their ultimate goals effectively and ethically. Honesty, competence, diligence, compassion, and respect for persons are instrumental values. These are the values that a professional code of ethics - whether the IAP Code or the NCAHP Act's code of professional conduct - seeks to codify and protect.

Values can also be classified as ethical or non-ethical in nature:

- **Ethical and moral values** concern the right conduct in relation to others. These include honesty, fairness, compassion, respect for autonomy, integrity, and non-discrimination. These values carry moral weight; their violation wrongs another person, not merely oneself. They are the foundation of professional ethics, and the NCAHP Act's notion of 'infamous professional conduct' is rooted in the systematic violation of these values.
- **Non-ethical values** are related to personal preferences, aesthetic appreciation, and practical utility. A physiotherapist's preference

for evidence-based interventions over empirical ones or for thorough documentation over minimal note-keeping represents a non-ethical value; it is important and professionally praiseworthy, but its violation does not directly harm a patient in the same moral sense as, for example, a breach of confidentiality or a failure of informed consent.

6.4 Ethical and Moral Values in Physiotherapy Practice

The NCAHP Act 2021 [2] now gives legal weight to several of the core ethical values that the IAP Code of Ethics [16] previously expressed as voluntary professional norms. Non-discrimination, honesty in professional communications, clinical competence, and the duty to act in the patient's best interest are no longer merely aspirational; their systematic violation can result in removal from the Central Register and prohibition from practice.

Consider the value of non-discrimination. India's population is marked by profound social inequalities in caste, religion, gender, disability, and economic class. A physiotherapist who internalizes non-discrimination as a genuine personal value - not merely a legal obligation under the RPWD Act 2016 and the NCAHP Act - will treat a daily wage laborer from a scheduled tribe with the same attentiveness and clinical diligence as a wealthy industrialist. This is the practical meaning of values in healthcare: they close the gap between what policy mandates and what actually happens at the bedside, in the gap between formal rules and human conduct, where neither the regulator nor the law can penetrate.

These values also serve as protective mechanisms against professional misconduct. A physiotherapist who genuinely values patient confidentiality will not discuss a patient's diagnosis in a hospital corridor, even when no supervisor is present and no legal mechanism can detect the breach. The internalized value is itself an enforcement mechanism - and a far more reliable one than external surveillance. This is why character development and the cultivation of good professional values matter more in the long run than the memorization of rules and codes. Rules prescribe the minimum; values motivate excellence.

The relationship between personal values and the NCAHP Act is not one of replacement but rather one of reinforcement. The Act establishes the legal floor below which practice must not fall below. Personal values, at their best, inspire the physiotherapist to aim for a ceiling of excellence far above the legal minimum.

*Together, they define **the ethical physiotherapist** as someone who does the right thing not only because the law requires it, but because their character, values, and professional identity demand nothing less.*

■ CASE STUDIES

The following case studies are fictional but are based on realistic medicolegal scenarios.

Case Study 1 — When Ethics and Law Diverge: A Dilemma in a Chennai Hospital

Meenakshi, a 58-year-old homemaker from a lower-income background, was admitted to a government hospital in Chennai after a severe ischemic stroke, resulting in right hemiplegia and significant aphasia. Her son, Ramesh, worked as a daily wage construction laborer and could not afford to take an extended leave from work. The ward physiotherapist, Dr Priya (PT), conducted a comprehensive assessment and determined that Meenakshi required intensive daily neurorehabilitation to prevent secondary complications, including contractures, shoulder subluxation, and disuse muscle atrophy, and to maximize her chance of meaningful functional recovery during the critical neuroplasticity window of the first three months post-stroke.

The hospital had only one physiotherapist allocated to the forty-bed neurology ward. The departmental policy, established in response to staffing shortages, permitted a maximum of three physiotherapy sessions per week per patient. Dr Priya knew from

the evidence base and her clinical training that three sessions per week were wholly insufficient for a patient at Meenakshi's stage and severity of stroke. She raised this with her supervisor, who replied, "Follow the protocol. You cannot treat everyone every day. Document what you do and move on."

Dr Priya faced a genuine conflict between legal and institutional compliance (following the department's lawful policy) and her ethical obligation of beneficence (providing treatment sufficient to prevent foreseeable, preventable harm). She chose a third path: she spoke to the nursing staff to coordinate positioning protocols between sessions, worked through her lunch break on three additional days to provide supplementary treatment without formally documenting it as an extra session, trained Ramesh in passive range-of-motion exercises to perform twice daily at the bedside, and submitted a formal written request to the department head for a staffing review, documenting her clinical rationale with reference to published stroke rehabilitation guidelines.

Discussion Questions:

1. Using Beauchamp and Childress's four principles of bioethics — autonomy, beneficence, non-maleficence, and justice - analyze whether Dr Priya's actions were ethically justified. Which principles support her decision to go beyond the institutional protocol, and which, if any, counsel for caution?
2. How does this case illustrate the differences between legality, ethics, and morality? Was the departmental policy legal? Was it ethical? What moral values did Dr Priya demonstrate in her response?
3. Under the NCAHP Act 2021, a physiotherapist's duty is to practice within the defined scope and in accordance with the code of professional conduct. Does Dr Priya's conduct align with or risk violating the spirit of this framework? What systemic reforms could prevent this dilemma from arising in the future?

Case Study 2 — Personal Values Under Pressure: A Physiotherapy Student in Hyderabad

Arjun was a final-year BPT student completing his clinical placement at a private orthopaedic hospital in Hyderabad. His supervising physiotherapist, a respected and clinically experienced senior, habitually recommended a six-session ultrasound therapy package to all post-surgical knee patients, including those who, in Arjun's understanding of the evidence base and the clinical presentations he was observing, had no clear clinical indication for therapeutic ultrasound at that stage of recovery. The patients were informed that the package was "standard post-operative care" and was charged ₹450 per session.

When Arjun discreetly raised this concern with his supervisor after a particularly clear-cut case - a 24-year-old who had undergone uncomplicated ACL reconstruction and was in the early strengthening phase, for whom the research literature suggested ultrasound conferred no additional benefit - the supervisor's response was dismissive: "This is how the hospital generates revenue. You are a student. Learn to survive in the real world."

Arjun was deeply conflicted. He valued patient welfare and honest communication - values he had formed through his upbringing and had seen reinforced in his ethics coursework. He also valued the mentorship relationship with his supervisor and was aware that challenging a senior clinician carried real professional risk, particularly as a student whose practical assessments depended on the approval of supervisors. He reflected on the principle of beneficence and the ICMR guidelines [18] that patient interest must always be placed

ahead of commercial interests. He chose not to confront his supervisor again in a clinical setting. Instead, he documented his observations carefully in his reflective journal, discussed the pattern (anonymized) with his academic mentor at his home institution, and resolved to practice evidence-based physiotherapy when he became a registered clinician. He also noted that under the NCAHP Act 2021, 'infamous professional conduct' includes acts that bring the profession into disrepute - raising the question of whether systematic over-servicing, if proven, could constitute a disciplinary matter before the Ethics and Registration Board.

Discussion Questions:

1. Identify the competing values at play in Arjun's situation. Using Rokeach's distinction between terminal and instrumental values, analyse which values were in conflict and how Arjun prioritised among them.
2. Was Arjun's response - reflective journaling, mentor consultation, and personal commitment - ethically adequate, given the potential ongoing harm to future patients? What additional steps could he have taken, and what risks would those steps have posed?
3. How does the NCAHP Act 2021's concept of 'infamous professional conduct' relate to a supervisor's behavior? What is the difference between recommending a clinically questionable but legal treatment and conducting that crosses the threshold for disciplinary action?

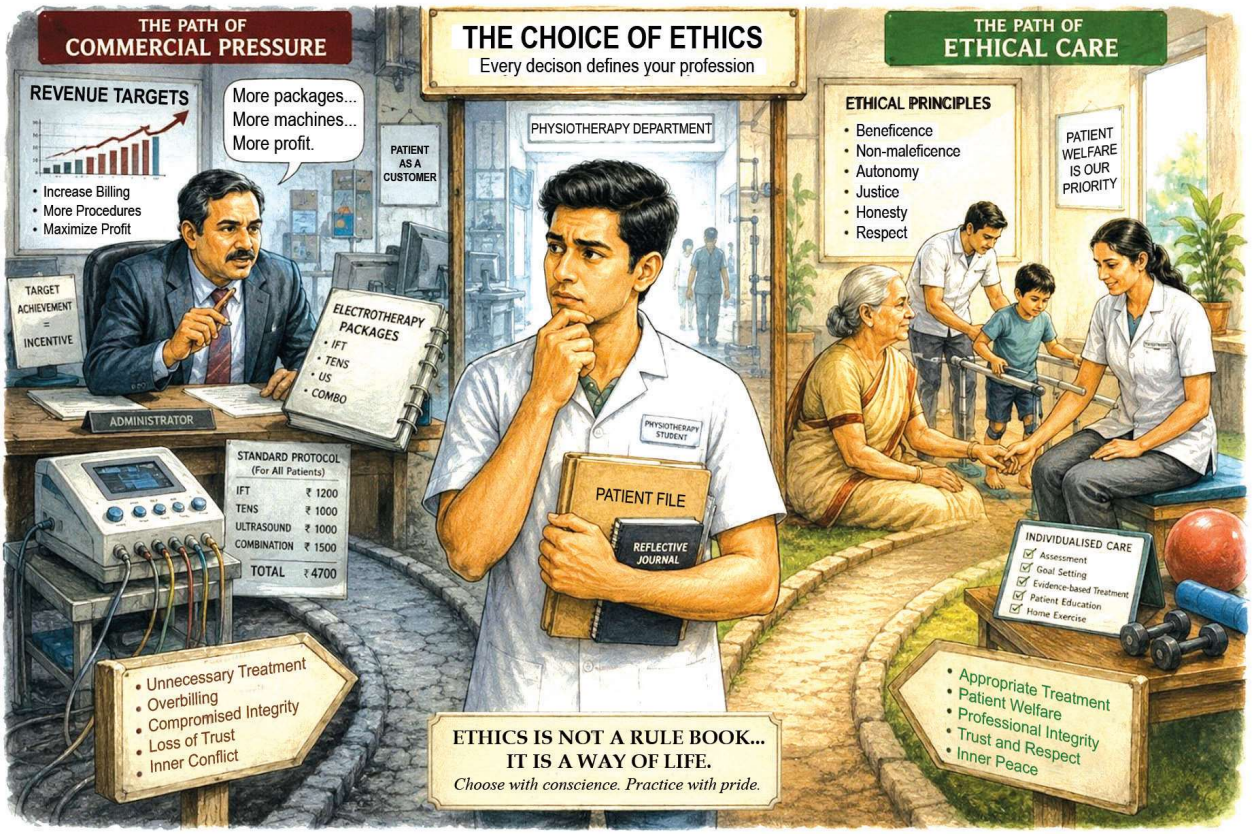


Figure 1.4: Ethical Conflict in Physiotherapy Practice - Balancing Commercial Pressure with Patient-Centered Care.

■ SUMMARY

Morality, ethics, and legality are three distinct but deeply interconnected frameworks that govern human and professional behavior.

Morality is rooted in cultural, religious, and personal traditions, forming an inner compass that guides conduct even in the absence of external authority. In the Indian context, the moral traditions of ahimsa, satya, seva, and dharma provide a rich and practically relevant foundation for physiotherapy.

Ethics provides a systematic, reasoned, and philosophically rigorous approach to moral questions, with bioethics applying the four principles of autonomy, beneficence, non-maleficence, and justice to clinical decision-making in physiotherapy care.

Legality defines the enforceable boundaries established by the state, and in contemporary India, these boundaries now include a comprehensive statutory framework for physiotherapy - the NCAHP Act 2021, which translates key ethical obligations into enforceable legal requirements for the first time.

Personal values are the internal forces that ultimately determine how a physiotherapist acts in situations where external oversight is absent. Values shaped by family, religion, education, peer relationships, and lived clinical experience are not separate from professional life; they constitute it.

The NCAHP Act 2021 reinforces the ethical culture of the profession by giving legal force to the duty of non-discrimination, the obligation of competence, and the prohibition of infamous professional conduct. However, the law alone is insufficient; character, formed through deliberate value cultivation, is the deepest guarantor of patient safety and professional integrity. In India's diverse, complex, and rapidly changing healthcare environment, understanding all three layers – morality, ethics, and legality – is indispensable for safe, compassionate, and accountable practice.

■ KEY TAKEAWAYS

- Morality is culturally transmitted, ethics are systematically reasoned, and legality is state-enforced; all three are necessary, but none is sufficient on its own to guarantee ethical practice.
- Indian philosophical traditions – ahimsa, satya, seva, and dharma – provide a rich moral foundation for physiotherapy practice that is deeply congruent with the four bioethical principles of autonomy, beneficence, non-maleficence, and justice.
- The four branches of ethics – descriptive, normative, meta-ethics, and applied – serve distinct purposes. Bioethics, as an applied ethics in healthcare, is most directly relevant to daily physiotherapy decision-making.
- The NCAHP Act 2021 is India's statutory framework for physiotherapy; it establishes the Physiotherapy Professional Council, mandates registration, defines the scope of practice, prescribes a code of professional conduct, and creates enforceable disciplinary mechanisms, converting key ethical obligations into legal requirements for the first time.
- An action can be legal but unethical (charging exorbitant fees), ethical but legally ambiguous (providing roadside emergency care), or unethical but not strictly illegal (recommending low-evidence treatments for commercial gain). Physiotherapists must navigate all three frameworks simultaneously.
- The Consumer Protection Act 2019 and the NCAHP Act 2021 are the two most directly relevant Indian statutes for practising physiotherapists; the former governs liability to patients, and the latter governs the conditions of lawful practice.
- Personal values, especially ethical values such as honesty, fairness, compassion, and non-discrimination, are the internal engines of professional conduct; they determine behavior in countless situations where no supervisor, camera, or regulator is present.
- Values are formed through family, religion, formal education, peer influence, and clinical

experience. Deliberate reflective practice, including reflective journaling and mentored case discussions, is essential for making value development explicit and durable throughout one's professional career.

- In the long term, character development through the cultivation of good professional values produces safer and more ethical care than rule memorization alone; the law sets the floor, but values determine how far above that floor the professional aspires to rise.

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■ REVIEW QUESTIONS

Long Answer Questions

1. Discuss the concept of morality in the context of Indian philosophical traditions. How do values such as ahimsa, satya, seva, and dharma translate into specific behaviours expected of a practising physiotherapist? Illustrate with at least two concrete clinical examples.
2. Compare and contrast morality, ethics, and legality. Using examples from the NCAHP Act 2021, the Consumer Protection Act 2019, and the IAP Code of Ethics 2018, explain how these three frameworks interact and where they may conflict in everyday physiotherapy practice.
3. Explain Beauchamp and Childress's four principles of bioethics in detail. Illustrate each principle with one example relevant to physiotherapists working in a government hospital setting in India. How does the NCAHP Act of 2021 provide a statutory expression of these principles?
4. Discuss the formation of personal values and their role in shaping professional conduct. With reference to the case of a student physiotherapist facing institutional pressure to compromise patient welfare, analyze how ethical values function as a guide to action when external rules and commercial incentives pull in the opposite direction.
5. Critically analyze the significance of the NCAHP Act 2021 for ethical regulation of physiotherapy in India. What regulatory gap did the Act address? How do its provisions on registration, scope of practice, the code of professional conduct, and disciplinary mechanisms convert ethical obligations into enforceable legal requirements?

Short Answer Questions

1. Define morality and distinguish it from ethics. Please provide one example of each in the context of Indian clinical practice.
2. What are the four principles of bioethics? Name them and write two sentences about each, with a physiotherapy example.
3. What is the NCAHP Act of 2021? State its Act number and year of enactment. Please name four key provisions and explain their significance for physiotherapy.
4. What is the difference between terminal values and instrumental values? Provide two examples of each that are relevant to physiotherapy practice.
5. State any three Indian laws relevant to physiotherapy practice and briefly explain the significance of each for practising physiotherapists.
6. What is the difference between an ethical value and a non-ethical value? Provide two examples of the ethical values expected of a registered physiotherapist under the NCAHP Act 2021.

Multiple Choice Questions

1. Which statement best captures the distinction between morality and ethics?

A. Morality and ethics are interchangeable terms describing the same phenomenon
B. Morality is culturally transmitted and largely intuitive, whereas ethics is the systematic, reasoned study of morality
C. Ethics is enforced by the state while morality is enforced by professional councils
D. Morality applies only to individuals, while ethics applies only to institutions

Answer: **B.**

2. A physiotherapist avoids using excessive force during manual therapy to prevent unnecessary pain or injuries to the patient. Which Indian moral principle does this action reflect?

A. Satya (truthfulness)
B. Seva (selfless service)

C. Ahimsa (non-violence)
D. Dharma (righteous duty)

Answer: C.

3. A sociologist studies how physiotherapists across different Indian states handle informed consent in daily practice without judging whether these practices are ideal. Which branch of ethics does this activity belong to?

A. Normative ethics
B. Meta-ethics
C. Descriptive ethics
D. Applied ethics

Answer: C.

4. Under the four-principle framework of Beauchamp and Childress, which principle is most directly reflected when a physiotherapist ensures a patient understands treatment options, in a language they understand, before agreeing to proceed?

A. Beneficence
B. Non-maleficence
C. Justice
D. Autonomy

Answer: D.

5. Which of the following best describes the primary significance of the NCAHP Act 2021 for physiotherapy practice in India?

A. It replaced the Consumer Protection Act 2019 as the sole law governing patient rights
B. It converted previously voluntary ethical norms into enforceable legal requirements, including mandatory registration and a disciplinary mechanism
C. It abolished the requirement for physiotherapists to hold a bachelor's degree
D. It applies only to physiotherapists working in government hospitals

Answer: B.

6. A physiotherapist recommends an expensive but weak-evidence ultrasound package to postsurgical patients for limited clinical benefit. This scenario best illustrates an act that is:

A. Illegal but morally acceptable
B. Both ethical and legal
C. Unethical but not strictly illegal
D. Legal but scientifically impossible

Answer: C.

7. A physiotherapist deeply believes that every patient deserves to be treated with dignity, regardless of caste or economic status, and this conviction guides their behavior consistently across all clinical settings. According to Rokeach's classification, this belief is best classified as:

A. An instrumental value
B. A non-ethical value
C. A terminal value
D. A momentary preference

Answer: C.