



Ethical aspects of recommending physical activity to patients

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Introduction

People who engage in physical activity feel in good shape, and a lot of research indicates that physical activity is actually very important for health. Regular physical activity reduces the risk of contracting a number of severe disorders, such as cardiovascular disease, type 2 diabetes, osteoporosis, locomotive problems, certain types of cancer, and certain psychological disorders. Research also shows differences in levels of physical activity between different population groups where, for example, social and economic factors play a role. Gender and age differences are also important (1).

Physical activity may be voluntary. Even though there is no immediate threat to health, the person simply feels better through being physically active. However, some people may be forced to engage in some form of physical activity because of health problems. Another aspect is the responsibility of health care staff in recommending physical activity among patients who need it for medical reasons. Do health care staff also have a responsibility to promote physical activity among patients who have no immediate medical need for it? Using an ethical perspective, a number of reasons will be given why health care staff should emphasise the importance of physical activity, and why they should implement these ideas in the patients with whom they come into contact.

Ethical background

Interdependence

The ethical perspective is taken from the work of the Danish philosopher K.E. Løgstrup and his thoughts about people's ba-

sic life conditions (2). An important consideration is that we live in what Løgstrup calls an interdependent relationship. We live in a mutually dependent relationship to one another, but not in a negative way; it means we have responsibility for each other. It also means we have power over each other, but here the question is not how we can avoid this power but how we use it. No-one can really live entirely isolated. The individual is involved in other people's lives. This also means that everyone has some aspect of the other person's life in their hands. No-one can make use of all the opportunities that life affords completely alone. According to Løgstrup, this interdependence means that the individual is completely dependent on other people.

In the care professions, this interdependence is very noticeable. Apart from a baby's dependence on their parents, there is no other area of life where a person places their life in the hands of other people so tangibly as in health care. Jean-Paul Sartre expresses similar ideas to Løgstrup (3). He argues that no-one can really escape from other people. The mutual dependency means that an individual remains in the relationship with the other person. Sartre also argues that, if we choose not to do something, we have still made a choice. Non-choice is also a choice. Because of the mutual dependency, we can never pretend that the other person does not exist; in the meeting with the other person we are often forced to take a position.

The ethical demand

Because of the power we have over each other, and the dependency that exists between us, we have an ethical demand



to specifically help the aspect of our fellow human's life that we hold in our hand. The ethical demand is not based on different values or norms, but on the power we have over each other. The demand gets its content through the relationships we have to one another. Interdependence is vital for the ethical demand. The demand is not based on any mutual agreement on support or help, and we do not need to have promised anything before we are required to help another person. The opportunity to do so is sufficient.

Much of the work of health care professionals is based on an unexpressed ethical demand. The everyday work in health care is not based on agreements or contracts; instead, there is an unstated demand that the carer does their best for the person under their care. But an important part is internalised in the carer; there are personal characteristics that are desirable in health care workers (4).

Compassion

Another important concept here is compassion. The motive for compassionate action is the other person's problems and difficulties. The traditional motive for exercising health care is compassion. The ethical rules for various professional groups in health care show that compassion is the most important driver behind engagement in the care recipient. The carer often acts spontaneously, and this is a natural behaviour. If the carer was not constantly compassionate, health care would probably not function (4).

Responsibility

Responsibility is an important theme for many philosophers. One philosopher who addressed responsibility was Emmanuel Levinas (5). He argued that no-one may harm another person's life, and that applies in everything we do; no-one may physically or mentally violate the other person's existence. The basis of Levinas' analysis is The Face, with its total nakedness and the defencelessness of the eyes. The analysis of the face is depicted as the ethical resistance to the violation of life, and this is where Levinas finds the basic ethical choices. It is the face and, not least, the expression, that makes it difficult and problematical to try to repress the other person. A consequence of this is that the other person cannot be regarded as an object, and so remains a subject. However, according to Levinas, we are often inclined to convert much of what we encounter to objects. Such an approach does not motivate ethical behaviour, just behaviour that dominates and controls.

Both Løgstrup and Levinas say, in different ways, that we have a responsibility for each other. Løgstrup says

implicitly that responsibility arises as a consequence of the mutual dependence while, for Levinas, it arises in the meeting with the other person and, in particular, with the other person's face. So it is the close relationships that form the basis of our responsibility for other people. This responsibility is also fundamental to us to feeling trust for one another. Not least within health care, the idea of responsibility has a special expression. When a patient literally places their life in another person's hands, the carer must take responsibility for the patient. According to Løgstrup, this takes place through interdependence, and, according to Levinas, in the meeting with the patient's face.

Responsibility for other people is an integrating part of life and, within health care, responsibility is an integrating part of the carer's work. The carer often takes responsibility spontaneously and subconsciously (6).

Empathy

Empathy means in feeling, which means that everything around us can generate feelings, including those of other people. Empathy is a distinguishing characteristic of humans – people can put themselves in other people's shoes and experience how they feel. Empathy is thereby part of the human toolkit. We need it to be able to understand and create relationships with each other. The carer who is empathetic can create something, namely relief or mitigation and sometimes hope. Most people have the ability to behave empathetically (7). A good relationship to the patient can have positive placebo effects (8).

The carer who has an empathetic approach often also displays a professional approach. An important requirement here is that the carer must accept that the relationship to the patient is not equal and mutual. A person seeking care is preoccupied with their problems, their pain, illness and fear. The patient is self-occupied, and does not see the surroundings or has no interest in them. There is therefore an imbalance in the relationship, because it is the carer who is under the greatest pressure, namely to let the patient's needs come first (9).

Another requirement is that the carer must be aware of their own needs and feelings. It is only when we are aware of our own needs that we can control them, so that they do not dominate in the contact with the patient (9).

Autonomy

Another aspect of interdependence is autonomy – the notion that everyone is a free and independent indivi-



dual (10). Autonomy is perceived as a goal, which can only be attained under special social conditions. It is a situation where we behave like responsible people in relation to ourselves and to others and their lives. This perception of autonomy tells us that humans are social beings who are dependent on other people, and we help each other to bridge various types of weakness (11).

One of our most basic experiences is that weakness in the form of illness or social problems may undermine our autonomy. But it can be compensated if the person with the power to help reinforce autonomy does so. In this way, we can be freed from our weakness. A patient places their life in the hands of other people in a way that does not happen elsewhere in society. The patient is in a subordinate position, and the carer is in a position of great power. The task of the health care staff is to promote human values in the patient, and not to suppress them. The perception of autonomy here means that the carer takes responsibility for themselves and for the person who they are to help.

Discussion

Analysis of this article from existential and ethical aspects is mainly based on a method developed by K.E. Løgstrup (2) and partly the method developed by E. Levinas (5). It is not the only possible method, but it stimulates the examination of aspects seldom discussed in cases of this kind. Encouraging patients to engage in a physical activity is very beneficial for the patient but not only for the patient, it also benefits society as it may reduce the costs for health care. From the clinical perspective it is important that the staff focuses attention to this important part of every patient's life. Research studies have examined the importance of physical activity, mostly in relation to various life-changing events e.g. disease or accident (12-15).

Conclusion

Many people engage in some form of physical activity. Most people do so without any contact with the health care services, and the health care services have difficulty in accessing people who are not physically active. However, what is important is to implement the importance of promoting some form of physical activity among the patients you meet, particularly in the groups for whom, in some way, physical activity is alien.

There are many reasons for this. There is an ethical demand to take care of the person in our care. One way to do this is to inform them of the importance of physical activity. By doing so, we are showing compassion, and we are also taking responsibility for them. Engaging in

the patient also involves employing an empathetic and professional approach. Promoting physical activity is also a way to strengthen the patient's autonomy.

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