Clinician's Commentary on Clarke et al.¹

In the past few decades, interest and opportunities to participate in initiatives positioned at the intersection of global health, rehabilitation, and disability—including community-based rehabilitation—have grown exponentially. Although the implementation of community-based rehabilitation (CBR) varies widely, it is generally described as a multi-sectoral strategy in community development that focuses on people with disabilities and their families, aiming to equalize educational and employment opportunities and increase the social inclusion of participants, as outlined in the 2006 Convention on the Rights of Persons with Disabilities.² A stronger grasp of the ethical implications of our individual and collective actions becomes critical as physiotherapists increasingly engage in CBR in Canada and other countries. Accordingly, Clarke and colleagues¹ seek to understand how ethical considerations are reflected in the CBR literature. Their findings are valuable because they encourage more formal consideration of the ethical issues confronting every physiotherapist who considers or engages in CBR projects.

Using a critical interpretative approach, Clarke and colleagues reviewed the literature for key ideas about their primary research question: How are ethical considerations reflected in the CBR literature? They defined an *ethical consideration* as a situation in which values deemed to be important are either in accordance or in conflict with actual practice, policy, or implementation aspects of CBR. Drawing on 51 relevant articles, they structure their findings on the research question into five key topic areas: partnerships among stakeholders, respect for culture and local experience, empowerment, accountability, and fairness in programme design. They then formulate eight questions that reflect the main underlying ethical tensions.¹

Their insights make a useful contribution to the growing evidence base for CBR. To apply these results to practice, we asked three questions: first, Who would benefit from knowing these results? Second, How can these results be integrated into CBR practice? And, third, What do physiotherapists need to consider about the study limitations so that we can advance CBR practice?

First, Clarke and colleagues' findings are relevant to CBR stakeholders (including physiotherapists, policy makers, managers, and people with disabilities) as well as to any physiotherapist interested in promoting social justice and equity in health. Experienced global health practitioners will find that at least some of Clarke and colleagues' discussion of the eight concluding questions will resonate with their own experiences and may help both to situate those experiences and to prepare for future work. For physiotherapists considering work in a low-resource setting, this landscape of ethical considerations will make them aware of some of the key issues encountered in global health. This may be especially true for physiotherapy students, who increasingly seek global health experiences during their professional education.³ Indeed, Clarke and colleagues' findings are also relevant for physiotherapists in high-income countries, where the approach of respectful "asymmetrical reciprocity" in partnerships among professionals and clients, their families, and other health care providers can help integrate diverse and often competing interests.

Second, in their discussion, the authors offer physiotherapists various practical responses to address these ethical tensions, including approaching partnerships in a transparent and conscious way (using tools such as the Partnership Assessment Tool); focusing on outcomes inherently tied to the ultimate goals of CBR (considering strategic accountability); and documenting and sharing information about the ethical discussions that take place in organizations. However, measuring and addressing these questions in particular CBR settings often requires specific training that goes beyond typical clinical physiotherapy skills. Physiotherapists must also further cultivate essential competencies as strong collaborators and advocates to forge connections among organizations, government, and people with disabilities to facilitate sustainable outcomes.⁴ Of the expanded essential competencies for physiotherapists in global health,⁵ the competency of *critical thinker*, which involves reflective analysis of one's own motivations, position, and actions as well as those of the various CBR stakeholders, is especially relevant for effective CBR practice.

In addition, although physiotherapist education includes a strong foundation in clinical ethics, primarily based on principles at the individual level (e.g., autonomy of the patient, beneficence, non-maleficence, and justice), physiotherapists must appreciate that our professional role in CBR also includes a broader understanding of the social and environmental factors that influence health and practice. As our profession moves toward the more society-related principles of equity, people-centredness, community participation, and self-determination,⁶ ethical questions in the context of CBR can help deepen our understanding of the determinants of health and empowerment of the populations we work with.

Third, this study illuminates key topic areas and associated ethical questions that reflect the indexed academic literature. As with the evidence base of CBR in general,⁷ we must assess how well these sources represent the perspectives of people who implement CBR and the comprehensive range of ethical tensions that exist in CBR around the world. Given the variation in socio-cultural, economic, and political contexts in which CBR is applied, CBR stakeholders themselves are best positioned to develop and define additional ethical considerations, priority values, and novel solutions. As well, low-resource settings may not have the capacity and infrastructure to carry out detailed analyses of these ethical questions. Part of physiotherapists' role must be to develop their own capacity and that of all CBR participants to engage with local and external ethical experts and researchers to define, and respond pragmatically to, ethical issues.

The ethical questions about CBR in Clarke and colleagues' article will hopefully elicit critical reflections about the challenges in community-based health programmes, both in local communities and around the world. Their findings are relevant for professionals at all levels of engagement in global health and provide a foundation from which physiotherapists can begin to understand the variety of ethical questions associated with CBR programmes. The next challenge will be to use these results to inform future practice and empirical research, so that programmes can better reflect the core values of CBR.

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