Review Article

# Legal and Ethical Issues Related to Physiotherapy Treatment of Adolescents with Eating Disorders (Bulimia and Anorexia Nervosa): A Narrative Review

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**Introduction:** Eating disorders are disruptions in eating patterns accompanied by exaggerated body image concerns that harm physical well-being, psychosocial, and physiological functioning. It is manifesting as the 10th leading cause of disability among the young.

**Methodology:** This is a narrative review. PubMed, Scopus, Google Scholar, Web of Science, and key resources like WHO guidelines and consent laws using Boolean terms such as "physiotherapy," "adolescent," "eating disorders," and "informed consent" (2010–2024, English only) were used as a search strategy. From 85 sources, only 12 final articles were synthesized after eligibility checks.

**Result:** Globally, physical activity is recognized by medical professionals as a crucial element of a healthy lifestyle. Physical activity has broad positive effects on children and adolescents, improving psychological functioning, body acceptance and quality of life. Laws pertaining to mental health are crucial; patients should receive quality care and it is important to safeguard the rights of patients. India formerly led the developing world to transition the care to people with mental illness from asylums to community-based therapies, but results were less than ideal due to unclear laws and policies.

**Conclusion**: Physiotherapy is vital in reducing symptoms, improving the condition of adolescents with eating disorders and treatment requires legal and ethical clearance.

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## Introduction

Eating disorders (ED) are defined as disruptions in eating patterns accompanied by exaggerated body image concerns that harm physical well-being or psychosocial functioning. Eating disorders can manifest as serious psychological conditions with a significant mortality and morbidity rate. The term "Eating Disorders" has been replaced with "Feeding and Eating Disorders" in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). Bulimia nervosa, anorexia nervosa, binge eating disorder, avoidant or restricted food intake disorder, pica, rumination, other specified feeding and eating disorders, and unspecified feeding and eating disorders are among the eight categories of feeding and eating disorders listed in the DSM-5.[1]

These two clinical EDS- Anorexia Nervosa and Bulimia Nervosa are considered life-threatening disorders. Bulimia and anorexia nervosa are the 10th leading cause of disability among the young generation and anorexia nervosa is at the highest rank in mortality rate.[2] Typically affecting young women, anorexia nervosa is a perplexing and horrifying disorder in which the victims purposefully starve themselves to the point of extreme and life-threatening thinness.[3] Women with anorexia nervosa have a 6–12 times increased risk of dying young.[4]

Anorexia Nervosa (AN) is characterized by an extreme fear of gaining weight despite being underweight, distortion of one's body image and denial of one's low weight, reluctance or inability to maintain a normal body weight (via disordered eating behaviors), and

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amenorrhea. An extreme dread of gaining weight, a disturbance in how one experiences their body, or a steadfast failure to recognise the gravity of the low body weight are all symptoms of this psychiatric condition.[5,6]

Bulimia Nervosa (BN) is more common and the central features of this condition are regular and frequent food binges (often very large quantities and consumed in a rapid, out-of-control manner), typically followed by a compensatory purge (often self-induced vomiting).[7]

Different factors predispose to, induce, and perpetuate EDs, which have a multifactorial origin. Many genetic and environmental factors that may increase a person's chance of acquiring unhealthy eating habits have been the subject of extensive discussion. Despite some correlations between certain genetic markers and eating disorders, a variety of contextual factors, including media, personality, neuro-cognitive effects, and parents, also have a significant causative impact.[8,9]

Recent studies show a decrease in quality of life (QOL) among people suffering from ED and there are very few studies conducted on the Indian population. Therefore, reviewed adolescents with bulimia and anorexia nervosa and treatment-related legal and ethical issues.

The purpose of this narrative review is to critically examine the legal and ethical issues involved in providing physiotherapy treatment to adolescents diagnosed with eating disorders, specifically bulimia nervosa and anorexia nervosa. This study aims to explore how physiotherapists can deliver safe, evidence-based, and ethically responsible care while adhering to legal frameworks related to consent, confidentiality, safeguarding, professional boundaries, and interprofessional collaboration.

## Methodology

This is a narrative review, designed to explore the legal and ethical issues surrounding physiotherapy treatment of adolescents with eating disorders, primarily focusing on anorexia nervosa and bulimia nervosa. A literature search was conducted across various databases, including PubMed, Scopus, Google Scholar & Web of Science, along with relevant legal and ethical sources such as WHO guidelines, national physiotherapy council policies, safeguarding frameworks, and adolescent consent laws.

Keywords such as *physiotherapy, adolescent, eating disorders, anorexia, bulimia, legal issues, ethical issues, informed consent, and confidentiality* were used in various Boolean combinations. Literature published between 2010 and 2024 and written in English was considered. Studies were included if they addressed ethical or legal aspects of healthcare in adolescents with eating disorders or provided insights relevant to physiotherapy practice. Non-English papers, adult-focused studies, and articles unrelated to ethics or physiotherapy were excluded.

Out of 85 initially identified sources, out of which 45 articles were extracted on the basis of title and abstract analysis, later data were extracted and synthesized on the basis of eligibility criteria. Finally, 12 articles, including narrative reviews, clinical guidelines, ethics codes, qualitative studies, and legal frameworks studies, were included in the final data selection.

## RESULT

### *Mental Health and Physiotherapy*

Globally, Physical activity is recognized by medical professionals as a crucial element of a healthy lifestyle all over the world. Physical activity has been observed to have broad positive effects on children and adolescents, improving psychological functioning, body acceptance, quality of life, and physical and mental health in general.[10,11]

The distorted body experience with an emphasis on perception, attitudes, and behaviour, as well as the compulsive and excessive physical activity that is typical of AN patients, are the two main reasons that physiotherapy is recommended for AN patients. In order to treat the distorted bodily experience and hyperactivity that are frequently observed in AN, physiotherapists are urged to choose the techniques (such as relaxation, breathing exercises, awareness exercises, and exercise regimens) that are most personally appropriate to the patient.[12]

When a physiotherapist was a part of the therapy team, Davila et al. discovered a significant improvement in the psychopathological characteristics, the body image, and the patients' reported quality of life. They came to the conclusion that physiotherapists should be trained with a significant emphasis on mental health in order to include them in the multidisciplinary team managing these conditions.[13]

In order to establish the advantages of physiotherapy in patients with eating disorders, Vancampfort et al. conducted a systematic review that covered a variety of therapies, such as yoga, resistance training, massage, aerobic activities, and BBAT. There were 227 people included in the eight investigations, but only three were judged to have excellent methodological quality; the sample size and blinding techniques were the main problems in the other studies. However, their group

highlights the value of physical therapy in the treatment of certain mental illnesses, pointing out that a reduction in psychiatric symptoms may help patients' quality of life as well as their physical health (anxiety and depression).[14]

A narrative review focusing specifically on Indian studies has concluded that Physiotherapy interventions such as structured exercise, relaxation training, breathing techniques, and posture correction help improve mood, reduce anxiety, regulate stress responses, and enhance overall well-being. Regular physical activity stimulates positive neurochemical changes, improves sleep, boosts confidence, and promotes a sense of control over one's health. By addressing both physical symptoms and behaviour-related barriers, physiotherapists contribute meaningfully to holistic mental health care and work effectively within multidisciplinary teams.[15]

### *Ethical and legal issues*

Laws pertaining to mental health are crucial to providing high-quality care and are especially important to safeguard the rights of those receiving that care. Many nations currently do not have adequate mental health legislation, which leaves many people without access to secure, efficient, person-centered care. This has a big effect on work, personal life, and family life.[16] India formerly led the developing world in efforts to transition the care of people with mental illness from asylums to community-based therapies,[17] but results were less than ideal due to unclear legislation and policies as well as a shortage of community-based services.[18]

The first mental health legislation in India was introduced by the British colonial government in 1858, when three Acts relating to mental health were adopted: the Lunacy (Supreme Courts) Act, the Lunacy (District Courts) Act and the Indian Lunatic Asylum Act.[19]

According to a review, Adult anorexics who have been ill for a long time pose a challenge because, despite being classified as mentally ill under the Mental Health Act, they have the legal right to refuse treatment.[19]

If mental health legislation is to be considered, then a thorough competence assessment should be carried on and by using guardianship legislation in the best interests. Mostly, anorexic patients are young adolescents, and parents or guardians can make decisions on behalf of the child.

Some academics suggest that athletes who refuse treatment be barred from participating in sports, training, and competition until they accept the recommended course of treatment. There is still debate over whether anorexics should be given forceful therapy because refusal to receive treatment is one of their symptoms. The physiotherapist's skill set is crucial in these situations.[21] Forced treatment cannot be implemented because there are very few national rules in India that regulate physiotherapy education and practice. Some anorexics love their thinness, are concerned about the dangers of hunger, and resist getting help because they are afraid of gaining weight. As a result, evaluating the effectiveness of different treatments is quite challenging.[20]

Thus, in the medical sector, we must recognise the autonomy of the patient and cannot infringe upon it unless the therapeutic benefits outweigh the potential risks.[22]

Only if these conditions apply can the treatment of anorexics be required ethically:

- He rejects treatment.
- His welfare and health are in jeopardy.
- There is treatment that works (and would not be undermined by the use of compulsion).
- His capacity to make pertinent decisions on his own has been hampered by his mental illness.

Parents or coaches of adolescent anorexics may disagree with the treating physician and be biased in thinking that the athlete would do better if they compete in a lighter weight division.[23]

## Discussion

The management of adolescents with eating disorders presents a complex interplay of ethical responsibilities and legal obligations that differ significantly from those applicable to adults. While existing mental-health legislations and ethical frameworks offer guidance on principles such as autonomy, confidentiality, informed consent, and duty of care, their direct application to adolescents with anorexia nervosa or bulimia nervosa is not always straightforward. This review highlights that although these frameworks provide a foundational understanding, they often fail to address the developmental, psychosocial, and medical vulnerabilities specific to adolescent populations.

The multidisciplinary setup of eating disorder care often makes day-to-day decision-making more complexes for physiotherapists. In most services, they are expected to work alongside mental health clinicians, pediatricians, and dietitians or nutritionists, and to coordinate their input with the wider team. Yet, existing Indian and international documents rarely spell out physiotherapy roles in detail, so expectations within the team are not always clearly defined. This lack of clarity can leave physiotherapists uncertain about the scope of

their legal accountability, especially when prescribing physical activity that might unintentionally aggravate symptoms if it is not carefully monitored and tailored to the adolescent's medical and psychological status.[24]

Physiotherapists face a number of ethical and legal dilemmas when treating adolescents with eating disorders. Working from general mental health laws and ethical codes is not always enough, because principles such as consent, confidentiality, and duty of care become more complicated when the patient is under 18. Adolescents with anorexia or bulimia may struggle to fully understand the consequences of treatment decisions, so parents or carers often need to be involved, which can strain the balance between respecting a young person's autonomy and prioritizing their safety. Questions about when to uphold confidentiality and when to share information are particularly difficult when there is concern about significant physical or psychological harm.[25,26]

A further problem is that physiotherapists have limited access to adolescent-specific guidance on how to handle exercise prescription, treatment refusal, or safeguarding problems in this group. As a result, clinicians may feel unsure about where their legal responsibilities begin and end, and about how accountable they are for decisions made in complex situations. Because the care of young people with eating disorders is usually multidisciplinary, unclear role boundaries and inconsistent communication can add to this uncertainty. Together, these issues highlight the need for clearer, more practical guidance to help physiotherapists make decisions that are both ethically defensible and legally robust in adolescent eating disorder care.[27]

## Conclusion

Physiotherapy is essential for helping adolescents with eating disorders feel better and regain their strength. It supports their physical recovery and helps manage symptoms like muscle weakness and pain. However, because these young patients may not fully understand their health decisions, and because treatment can be complex, physiotherapists need to follow ethical rules and legal guidelines closely.

In simple terms, physiotherapists should work closely with the whole healthcare team to provide safe and effective care. They must always respect the young person's rights and involve parents or guardians when needed, while making sure all treatments are safe and appropriate. By doing so, physiotherapists can help adolescents recover physically while protecting their well-being and legal rights.

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