GCMT Guidelines and Recommendations for Good Practice on Informed Consent

Informed consent is a controversial topic, one which has the potential to be divisive within professional associations. The principles of informed consent permeate through the client therapist relationship. As a professional organisation, the GCMT aims to support professional associations by safeguarding standards and practice, influencing and shaping qualifications, and providing guidance on controversial, complex, and involved areas of practice. These guidelines aim to provide some background to informed consent as well as suggesting areas for good practice.

Understanding Informed Consent

In its simplest form informed consent is a process of asking a client for permission before conducting a massage/treatment. Informed consent is a technical term which sets out standards to establish the following conditions:

1. **That a client agrees to a massage therapy intervention based on an understanding of it**

2. **The client has multiple choices and is not compelled to choose a particular one**

3. **The consent includes giving permission**

Informed consent is difficult to assess and evaluate, because neither expressions of consent, nor expressions of understanding of implications, necessarily mean that full consent is given nor that full comprehension of relevant issues is understood. Consent may be implied within the discourse of human communication, rather than explicitly negotiated verbally or in writing. There are cases where consent cannot legally be possible, even if the person claims an understanding of the treatment parameters.

In massage therapy practice there is a degree to which informed consent must be assumed or inferred based upon observation, or knowledge, or legal reliance. The fact that the client has presented for massage, may be sufficient to suggest that consent has been inferred.
In establishing informed consent, three components must be present:

1. **Disclosure** – supply of all relevant and necessary information so that the client is able to make a reasoned and informed decision about the treatment.

2. **Capacity** – ability of the client to fully understand the information provided by the practitioner so that a reasonable judgement on potential consequences of the decision to proceed with the treatment can be made.

3. **Voluntariness** – a client’s right to freely exercise their decision making without being subjected to external pressure or influence.

In the United Kingdom, informed consent in health related procedures requires proof of the standard of care to be expected as a recognised standard of acceptable professional practice. Registered practitioners have a professional duty to adhere to a code of practice which sets out core standards and competencies. Within this duty of care there is a requirement to keep updated client records.

Practitioners should further consider cultural specific factors when establishing informed consent procedures. For example, people from Mediterranean and Arab Countries appear to rely more on the context of the delivery of the information, with the information being carried more by who is saying it and where, when, and how it's being said, rather than what is said, which is of relatively more importance in "Western" countries.

The ability to give informed consent will be governed by a general requirement of competency.

**Some Recommendations**

What can massage therapists do to ensure that informed consent is given, understood and that the client has made reasonable assessment of risk based on information disseminated by the practitioner. Below are some practical guidelines.

1. Informed consent should be established. Whilst most would argue that verbal consent is binding, without adequate pre-treatment discussions with the client, the practitioner could be placed in a vulnerable position.

2. Practitioners may wish to produce literature in the form of brochures and leaflets to fully explain the nature of massage therapy treatment especially when this pertains to delicate and/or sensitive areas. This could further be supported by having anatomical models to explain the need to the client for accessing sensitive areas,
3. Assessment and informed consent clauses and forms could be completed, signed by both parties, and dated before the treatment commences, or therapist could document this in their client records to illustrate that informed consent was established.

4. It is important to include the client in their health decision making process. Clients could complete a post treatment questionnaire that assesses improvements to their health as a result of the treatment. This could potentially mitigate any ulterior motives, on behalf of the practitioner.

5. Finally, establish clear professional boundaries and operate within the massage therapy scope of practice.

Informed consent is complex and demands a thorough understanding of a range of skills and processes. Remember by a client agreeing to a said course of treatment should not necessarily be interpreted that they agree to all elements of the treatment should the treatment change. Practitioners have a duty of care to inform the client of any changes to treatment so that client records can be maintained and monitored. Each practitioner should have the freedom to decide on how best they manage their clients, establish client/therapist rapport, and adhere to safe practice guidelines.