

# Standard of Practice: Consent

## Client Outcome

The client receives the information they need to make an informed decision about their care and is given the opportunity to ask questions of their RMT. Assessment and/or treatment only begins after the client has given the RMT consent. The client is aware they can withdraw their consent at any time.

## Registered Massage Therapist Outcome

The Registered Massage Therapist (RMT/MT) obtains **informed consent** (consent) from clients or their **substitute decision-makers** prior to and throughout assessment and treatment.

## Requirements

1. Prior to conducting an assessment, providing treatment, or modifying a **treatment plan** the RMT must obtain the client's consent. Consent must include a discussion with the client about the following six elements:
  - a. The nature of the treatment;
  - b. The expected benefits;
  - c. Risks and side effects;
  - d. Alternative courses of action;
  - e. Likely consequences of not having treatment; and
  - f. Their right to ask questions about the information provided and that assessment or treatment will be stopped or modified at any time at their request.
2. If the RMT does not have sufficient information about the risks, benefits and contraindications of a modality or product, including topical products and lubricants, then consent cannot be obtained, and the modality or product must not be used or applied during the treatment.
3. The RMT obtains the client's written<sup>3</sup> informed consent prior to every assessment and/or treatment of **sensitive areas** including the upper inner thighs; chest wall muscles; and the breasts. Breasts must not be touched except when assessment and/or treatment of the breast is requested by the client for a clinically indicated reason (for example, surgical intervention or perinatal care). Written informed consent must also be obtained prior to assessing and/or treating the buttocks (gluteal muscles) but can be obtained once per treatment plan (then verbally prior to every treatment).
4. Consent must relate to the assessment and/or treatment being proposed, be voluntary and not obtained through misrepresentation or fraud.
5. The client who is providing consent must be **capable**. If the client is **incapable**, then a substitute decision-maker can provide consent on behalf of the client. If a client is incapable and no substitute decision-maker is available, RMTs must refuse to provide assessment and/or treatment.
6. The RMT must monitor the client throughout assessment and treatment and, when appropriate, reverify consent.
7. RMTs must document consent conversations in the client **health record** within 24 hours of the assessment and/or treatment. When the RMT obtains written consent for assessment and/or treatment of sensitive areas, it must also be kept in the client health record.

<sup>3</sup> Applies whether in print or electronic.

## Relevant Legislation and Regulation

- *Health Care Consent Act, 1996 (HCCA)*
- *Ontario Regulation 544/94* under the *Massage Therapy Act, 1991*
- Professional misconduct in Section 26 of *Ontario Regulation 544/94* under the *Massage Therapy Act, 1991*

## Resources and Guidance

To meet or exceed the Standard, please see the following:

- *Practice Resource: Cannabis*
- *Code of Ethics*

## Related Standards of Practice

- Client-centred Care
- Communication
- Draping
- Prevention of Sexual Abuse
- Professional Boundaries

## Related Career-Span Competencies (CSCs)

- Act with professional integrity
- Apply the principles of sensitive practice
- Communicate effectively
- Comply with legal requirements
- Function in a client-centred manner
- Maintain comprehensive records