



# Consent Standard of Practice

## Applies to Registered Massage Therapists

The College of Complementary Health Professionals of BC was created on June 28, 2024 through the amalgamation of four health regulatory colleges:

- College of Chiropractors of BC
- College of Massage Therapists of BC
- College of Naturopathic Physicians of BC
- College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC

All current requirements for standards of clinical and ethical practice issued by the four colleges remain in place upon amalgamation.

This document was created by the College of Massage Therapists of BC and will be updated to reflect the amalgamation.

## **CMTBC Standards of Practice**

### **Purpose**

Practice standards define the minimum level of expected performance for registered massage therapists, and therefore define what constitutes safe, ethical, and competent delivery of care by RMTs.

RMTs are responsible for exercising their professional judgment to apply the standards to the situations that they face in practice.

### **Consent**

#### **Definition**

Consent to treatment is a cornerstone of patient-centred health care. Informing patients and involving them in decisions about their treatment is integral to care delivery.

Obtaining consent requires ongoing communication between the RMT and the patient. It is the RMT's legal and professional responsibility to make sure that this communication occurs, and that the patient's consent to treatment is both informed and voluntary. Patient consent supports good clinical decision-making, patient safety, and predictable and desired treatment outcomes.

In addition to RMTs' professional obligations, there are two statutes in British Columbia that set out legal requirements for patient consent. The [Health Care \(Consent\) and Care Facility \(Admission\) Act](#) (the "Consent Act") defines the scope and elements of consent for adults (individuals aged 19 and older). The [Infants Act](#) sets out the requirements for obtaining consent from a minor or "infant" (legally defined as an individual under the age of 19 years). These statutes form part of the basis for this standard.

Note: This standard applies only to consent for delivery of massage therapy. It does not apply to consent for collection, use or disclosure of patients' personal information, which is governed by different legal and ethical obligations. It also does not apply to obtaining consent to participate in research.

#### **Requirements**

The requirements below apply to all patients unless the requirements are stated to be age-specific (either 19 years of age or older, or under 19 years of age).

1. An RMT recognizes, respects and supports each patient's right to make decisions about the patient's own health care by:
  - a. engaging in shared decision-making with the patient; and

- b. respecting the patient's autonomy.
2. In obtaining consent, an RMT acts with integrity and in the patient's best interests, and does not use coercion, fraud or misrepresentation.
3. An RMT:
  - a. obtains consent prior to delivery of massage therapy (including assessment, treatment and re-assessment);
  - b. addresses the patient's goal(s) and expectation(s) in seeking massage therapy;
  - c. monitors and renews consent where appropriate throughout treatment; and
  - d. discontinues treatment if the patient withdraws consent.
4. An RMT provides sufficient information to enable the patient, (or, where required, parent or legal guardian or substitute decision-maker) to make an informed decision about treatment by:
  - a. describing the proposed treatment including:
    - i. initial intake of the patient,
    - ii. a treatment plan,
    - iii. assessment,
    - iv. massage therapy during a first session,
    - v. massage therapy during a subsequent session, and/or
    - vi. home care;
  - b. providing information about:
    - i. areas of the patient's body where treatment will be delivered,
    - ii. the anticipated benefits and possible negative effects of the treatment,
    - iii. the therapeutic rationale for the proposed treatment,
    - iv. options for disrobing, and
    - v. options for draping during treatment; and
  - c. communicating in a way that:
    - i. is appropriate to the patient's level of understanding, considering factors such as the patient's age, language and cultural background. (See the guidance in the "application to practice" section of this standard.)
    - ii. incorporates an evidence-based practice approach.
5. On initial intake, an RMT shows the patient (or, where required, a parent, legal guardian, or substitute decision-maker) a consent form that describes the treatment to be provided by the RMT and discusses the consent form with the patient before asking for the patient's signature or electronic indication of consent.
6. An RMT offers to provide the patient (or, if required by statute, a parent, legal guardian, or substitute decision-maker) with a copy of the signed consent form and retains the original signed consent form in the health care record for that patient.
7. During treatment, an RMT is aware of and responsive to any indication that the patient wishes to ask questions, or to modify or end the treatment.
8. An RMT seeks patient feedback during treatment and modifies treatment in response to verbal or non-verbal indications of pain or discomfort from the patient.
9. Before the delivery of a subsequent treatment, an RMT renews consent if appropriate. If renewal of consent is not necessary, an RMT reminds the patient to ask questions

about the treatment at any time, or to end the treatment at any time if the patient feels uncomfortable.

10. An RMT renews consent when the treatment approach changes for any reason, and revises the treatment plan or creates a new one.
11. An RMT documents the patient's consent, both initial and ongoing, or refusal to consent in the health care record for that patient. (See the guidance in the "application to practice" section of this standard.)
12. An RMT understands and follows the legal requirements set out in the *Consent Act* and the *Infants Act*.
13. When the patient is 19 years of age or older, an RMT determines the patient's capacity to give consent in accordance with the *Consent Act*. If necessary, an RMT will identify the individual who is authorized and able to make health care decisions on the patient's behalf (the substitute decision-maker). (See the guidance in the "application to practice" section of this standard.)
14. When the patient is under 19 years of age, an RMT determines whether the patient can consent to the patient's own treatment. If necessary, the RMT identifies the parent(s) or legal guardian(s) who may consent on the patient's behalf. (See the guidance in the "application to practice" section of this standard.)

## **Appendix – Defined Terms**

*Substitute decision-maker*: A person who is authorized to make health care decisions on another person's behalf as one of the following:

- a "temporary substitute decision-maker" under [section 16 of the Consent Act](#);
- a "committee" under [section 1 of the Patients Property Act](#); or
- a representative who, under a representation agreement, is authorized to make the particular health care decision.

*Evidence-based practice*: an approach to professional practice that involves the integration of research evidence specific to the condition being treated or approach to treatment; practice context, including an RMT's scope of practice; patient's values and circumstances; and clinical expertise.

## **Application to Practice**

### *Determining Capacity to Give Consent*

Section 13 of this standard requires an RMT to determine the patient's capacity to give consent in accordance with the *Consent Act*, where the patient is 19 years of age or older.

The RMT must presume that the patient is capable of giving, refusing, or revoking consent to health care unless there is a reason to believe otherwise.

A patient is seen to be capable of giving consent if the patient is able to:

- understand the information that is relevant to making a decision about the proposed care, including how the information applies to the patient's situation; and
- appreciate the reasonably foreseeable consequences of a decision or lack of decision.

Some strategies to apply during the process of determining capacity include:

- remembering that incapacity in one legal area does not necessarily imply incapacity in another;
- assessing capacity more than once to accommodate fluctuations in the person's cognitive abilities; and
- considering whether to seek assistance from the patient's family or the patient's general physician.

### *Obtaining Consent from Minors*

Section 14 of this standard requires an RMT to determine whether a patient under 19 years of age is able to consent to the patient's own treatment under the *Infants Act*, as a mature minor.

The RMT must understand the legal requirements for determining if a minor patient is able to give consent to the minor's own health care and know who may give consent if the minor cannot.

A mature minor's consent is sufficient if the RMT is satisfied that the minor understands the nature, consequences, and reasonably foreseeable benefits and risks of the proposed health care.

However, valid consent can only be obtained if the treatment is in the minor patient's best interests. It is the responsibility of the RMT to make reasonable efforts to ensure that the treatment is in the minor patient's best interests.

When determining whether the minor is capable of consenting to the minor's own health care, the RMT should:

- consider:
  - the age and maturity of the minor;
  - the nature of the proposed massage therapy and the area of the body where the proposed treatment would be delivered;
  - the condition or impairment for which massage therapy is proposed;
- discuss (with the minor):
  - the condition or impairment for which massage therapy is proposed;

- the areas of body where the proposed massage therapy would be delivered, whether it would be necessary to remove clothing, and explain how the minor would be draped during the treatment;
- the nature, the anticipated positive effects of the proposed treatment, and any anticipated negative effects that may be associated with the proposed treatment;
- the therapeutic rationale for the proposed treatment approach;
- alternatives to the proposed treatment approach;
- ask open-ended questions to determine the minor's level of understanding;
- give the minor time to think over the information provided;
- invite questions; and
- consider whether the proposed massage therapy serves the minor's best interests.

The RMT must then assess whether the minor has understood the discussion, whether the minor is capable of providing consent, and whether the proposed massage therapy serves the minor's best interests.

If the minor is not capable of providing consent, the RMT must obtain consent from the patient's parent(s) or legal guardian(s).

#### *Communication During the Consent Process*

Section 4(c) of this standard requires an RMT to communicate in a way that is appropriate to the patient's level of understanding.

RMTs can strengthen their communications by giving explanations in ways best understood by the patient and by using a combination of strategies. These might include:

- giving verbal explanations;
- using visual aids and handouts;
- asking patients for feedback about what they understand;
- asking patients if they have any questions;
- engaging any family or friends who are supporting the patient to help the patient understand;
- using plain language and age-appropriate terminology;
- using the services of a qualified interpreter if a language barrier exists; and
- providing information through an alternate mode (e.g., using sign language or speaking in the patient's mother tongue).

#### *Documenting Consent*

Section 11 of this standard requires the RMT to document the patient's consent, both initial and ongoing, or refusal to consent, in the health care record for that patient.

Documentation should reflect the consent process, and include:

- confirmation that criteria for valid consent were met;
- when and how consent was obtained;
- concerns raised during the consent process, and actions taken to address concerns;
- reason for refusal or withdrawal from massage therapy services; and
- reasons for determining that a patient was not capable of making an informed decision, and action taken to identify a parent/guardian or substitute decision-maker.