

4.3 Informed Consent

Standard

The physiotherapist obtains clients' ongoing informed consent for the delivery of physiotherapy services.

Expected Outcome

Clients can expect that they will be informed of the options, risks, and benefits of proposed physiotherapy services, asked to provide their consent, and that the physiotherapist will respect their right to question, refuse options, rescind consent and/or withdraw from physiotherapy services at any time.

Performance Expectations

The physiotherapist must:

- A. Explain to clients the risks and benefits of physiotherapy assessment and treatment options and the consequences of participating or not in the proposed assessment or treatment. This includes, but is not limited to:
 - i. Seeking to understand the client's perspective, concerns, values and goals.
 - ii. Adapting the approach to the consent discussion according to the client's needs.
 - iii. Providing treatment option(s) to address the client's needs.
 - iv. Disclosing **material** and **special** risks relevant to the client's perspective, concerns, values and goals.
 - v. Facilitating and answering the client's questions. And
 - vi. Making a reasonable effort to ensure the client understands the risks and benefits of the proposed assessment and treatment.
- B. Obtain the client's consent following a discussion of the proposed assessment or treatment and prior to the assessment, treatment or provision of a plan of care.
 - i. Recognize that a written consent form signed by the patient is not the "consent." The explanation given by the physiotherapist and the dialogue between physiotherapist and patient about the proposed treatment are the key elements in the consent process.

- C. Obtain informed consent from the client in writing or verbally, in a manner reasonable and consistent with the frequency, nature and severity of rare and common risks of the proposed physiotherapy services.
- D. Document that consent was obtained and relevant details of the consent process reasonable for the clinical situation.
- E. Re-establish and document consent in instances where treatment plans change.
- F. Respect the autonomy of clients to question, decline options, refuse, rescind consent and/or withdraw from physiotherapy services at any time.
- G. Obtain informed consent from the appropriate individual, according to applicable legislation and regulatory requirements, in cases when clients are incompetent, incapacitated, and/or unable to provide consent.
 - i. Capacity to consent to treatment can vary over time or because of the complexity of the treatment. Physiotherapists must continuously re-evaluate the patient's capacity and their ability to participate in decision making about physiotherapy interventions.
- H. Act in accordance with ethical principles of beneficence and least harm in instances where urgent or emergent care is required for a client who is incompetent, incapacitated and/or unable to provide consent, if consent cannot be obtained from the appropriate alternate decision maker.
- I. Obtain informed consent from clients prior to their participation in physiotherapy research studies consistent with the requirements of the appropriate research ethics authority.
- J. Obtain informed consent to involve others in the patient's care, such as physiotherapists assistants, students , and volunteers. These individuals should not be present during the initial discussion with the patient, allowing the patient to feel comfortable asking questions and/or choosing to decline having observers or additional care givers involved.
- K. Obtain informed consent for the release of information in accordance with applicable legislation.

Informed Consent in Social Media

The Physiotherapist must:

Obtain explicit informed consent from patients or individuals before using their pictures, videos or images on social media platforms.

- L. Obtain written consent from patients or individuals before capturing and using pictures for any purpose related to professional engagement or educational content on social media.
- M. Clearly communicate the intended purpose and context of the image usage to the patient or individual during the consent process. This includes specifying whether the images will be used for promotion, educational material, case studies, or any other professional content.

- N. Informed patients or individuals of their right to withdraw their consent at any time without facing any repercussions. Physiotherapists must promptly cease the use of images upon withdrawal of consent.
- O. Store consent forms in compliance with relevant privacy and data protection regulations.

Definitions:

Material Risk includes risks that occur frequently as well as those that are rare but very serious, such as death or permanent disability.

Special Risks are those that are particularly relevant to the specific client, when typically, these may not be seen as material. Consents discussions and requirements extend to what the physiotherapists knows our ought to reasonably know their client would deem relevant to making a decision about whether or not to undergo a treatment.

Client can be interchanged with the term **Patient**. “Clients are recipients of physiotherapy services, and may be individuals, families, groups, organizations, communities, or populations. An individual client may also be referred to as a patient.