**Introduction**

Obtaining consent is an ongoing communication process, not a one-time event. Its purpose is to provide information to enable patients to make informed decisions/choices about accepting/refusing proposed treatment. The consent process should include an explanation of the diagnosis and recommended treatment including: benefits, risks and other options for treatment. It is important that patients understand the nature/purpose of what is being proposed and have an opportunity to ask questions or get further clarification if required. The process is further helped by communicating to patients in plain, easy to understand language – technical terms or jargon is not recommended.

**Guidelines for Consent**

Consent must be:
- Given voluntarily;
- Given by a patient who has capacity;
- Referable both to the treatment and to the person who is to administer the treatment; and
- Given by a patient who is informed.

The guidelines are comprised of the following nine principles:

1. **The obligation and focus of informed consent is based on patient autonomy.**
   - Physiotherapists are ethically and legally bound to communicate with patients so patients can make informed choices regarding their own treatment.

2. **Consent must be given voluntarily.**
   - Consent is invalid if obtained by coercion, undue influence or intentional misrepresentation.
   - Consent should be given in an environment free of fear and compulsion from others, including family members.

3. **The patient must have capacity to give consent.**
   - Consent is only valid when the person consenting has legal capacity to do so.

- The patient must have the ability to appreciate the nature and consequences of the consent decision.
- Patients must be mentally competent and able to give informed consent. If not, consent must be given by family member/designate with legal authority to do so, legally appointed guardian or the court.
- If a patient is under 18, consent must generally be obtained from both the minor and the parent/guardian.
- A mature minor (under 18) may give consent on their own behalf if they understand the nature and purpose of the proposed treatment and consequences of receiving/refusing treatment.
- Translators, including sign language interpreter should be used if any doubt exists about a patient's ability to understand the implications and nuances of the English language.

4. **Informed consent is treatment specific and ongoing.**
   - Provided there is no significant changes in the nature, expected benefits or risks of treatment, a physiotherapist may presume that consent to treatment continues while the treatment is ongoing, however, informed consent should be obtained any time there is a change of treatment and considered if the patient's diagnosis, symptoms, or circumstances change.

5. **The physiotherapist providing the treatment is responsible to obtain the consent.**
   - Informed consent is personal and normally authorizes a specific person to carry out a specific treatment.
   - Patients have the right to treatment by a specific health professional with whom they have a relationship.
   - Patients can consent to a physiotherapist's delegation of treatment and responsibilities to another.
6. **Informed consent must be based on a careful discussion of relevant information and consideration regarding the proposed treatment. Patients must:**

- Be informed of the nature/purpose of the treatment;
- Be informed of the benefits of the treatment;
- Be informed of the both the material and special risks of treatment. Material risks are those risks that are known to be associated with the treatment or can commonly occur. Special risks are those risks that may be highly unlikely but have severe consequences or may have special relevance to that particular patient;
- Understand the consequences of these risks. When determining whether informed consent was established, the law asks whether the average, reasonable person in the patient’s position, would consent to the treatment, knowing of both the material and special risks;
- Be informed of “other material information” (which will include possible alternative treatments, the consequences of undertaking no treatment, economic considerations, impact on lifestyle, etc.); and
- Be given reasonable and understandable answers to any questions asked about the treatment, its risks, benefits or alternatives.

7. **Consent can be express or implied.**

- Express consent can be written or verbal. While the law does not generally require a “written consent”, a consent form signed by the patient provides evidence that consent (although not necessarily informed consent) has been obtained.
- Implied consent can be implied from the patient’s words or actions (e.g., a patient presents themselves for ongoing treatment).

8. **Documentation should reflect the consent process and when/how consent is obtained.**

- A signed consent form can provide evidence that informed consent was obtained, but cannot replace a detailed discussion of the relevant information.
- Different strategies may and should be used to ensure patient understanding (given the circumstances) including: verbal explanations, handouts, visual aids, consent forms, asking a patient whether they understand the information presented; providing updates and report throughout the course of service.

9. **Patients have the right to refuse treatment.**

- Patients have the right to refuse treatment, regardless of consequences and regardless how beneficial or necessary a treatment may be.
- Patients have the right to change their mind and withdraw previous consent at any time during care.
- It is important to document a patient’s refusal.