

Informed consent

Policy statement

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Informed consent

The World Confederation for Physical Therapy (WCPT) expects physical therapists to ensure that the patient/client or responsible party (parent, spouse, partner, guardian, caregiver, etc) has given appropriate consent before any physical therapy is undertaken.

Informed consent¹ is based on the moral and legal premise of patient/client autonomy, whereby a patient's/client's decision to participate in examination/assessment, evaluation, diagnosis, prognosis/plan, intervention/treatment and re-examination, as well as in any research activity, is freely given by a competent individual: who has received the necessary information; who has adequately understood the information; and who, after considering the information, has arrived at a decision without having been subjected to coercion, undue influence, inducement, or intimidation.

Patients/clients or their caregivers in case they do not have the capacity have the right to make decisions about their participation in examination/assessment, evaluation, diagnosis, prognosis/plan, intervention/treatment, re-examination, as well as in any research, without their physical therapist trying to influence the decision.

Consent must be specific and is only valid in relation to the treatment for which the patient has been informed and consented. Consent remains valid until it is withdrawn by the patient or until the patient's circumstances have changed. Interpreters should be used where required

Patient autonomy does allow for physical therapists to educate the patient/client, but does not allow the physical therapist to make the decision for the patient/client. Informed consent protects the individual's freedom of choice to accept or refuse treatment and respects the individual's autonomy.¹⁻⁴

Competent individuals should be provided with adequate, intelligible information about the proposed physical therapy. This information should include a clear explanation of:

- the planned examination/assessment
- the evaluation, diagnosis, and prognosis/plan
- the intervention/treatment to be provided
- the risks which may be associated with the intervention
- the expected benefits of the intervention
- the anticipated time frames
- the anticipated costs
- any reasonable alternatives to the recommended intervention

The physical therapist should ascertain the ability of the patient/client to understand the above before seeking consent. When the individual is not deemed competent or when the patient/client is a minor, a legal guardian or advocate may act as a surrogate decision-maker.

Physical therapists should record in their documentation in a format required by their jurisdiction that informed consent has been obtained.⁵

Physical therapists working in team situations are responsible for ensuring that appropriate consent arrangements have been made prior to any examination/assessment, intervention/treatment or research. While another member of the team may acquire the consent, it does not negate the physical

¹ WCPT understands the term informed consent to be valid consent.

therapist's responsibility for ensuring that the patient/client is properly informed about the physical therapy service to be rendered.

WCPT encourages its member organisations to ensure that:

- physical therapists comply with all national and local legal and procedural requirements for informed consent
- the responsibility of the physical therapist in relation to informed consent is an essential component of entry level professional physical therapist education programmes
- the responsibility of the physical therapist in relation to informed consent is included in professional standards, codes of conduct and ethical principles

Glossary (<https://world.physio/resources/glossary>)

Documentation

Informed consent

Clinical record

Approval, review and related policy information	
Date adopted:	Originally approved at the 13th General Meeting of WCPT June 1995. Revised and re-approved at the 16th General Meeting of WCPT June 2007. Revised and re-approved at the 17th General Meeting of WCPT June 2011. Revised and re-approved at the 18th General Meeting of WCPT May 2015. Revised and re-approved at the 19th General meeting of WCPT May 2019.
Date for review:	2023
Related WCPT policies:	WCPT ethical principles WCPT policy statements: <ul style="list-style-type: none">• Patients'/clients' rights in physical therapy• Ethical responsibilities of physical therapists and WCPT members WCPT endorsements: <ul style="list-style-type: none">• Endorsement: Rights of the child• Endorsement: The United Nations standard rules on the equalisation of opportunities for persons with disabilities

References

1. Chartered Society of Physiotherapy. Core standards of physiotherapy practice. London, UK: CSP; 2005. www.csp.org.uk/publications/core-standards-physiotherapy-practice (Access date 10 March 2017)
2. Council of International Organizations of Medical Science. Ethical Guidelines for Biomedical Research Involving Human Subjects. London, UK: CIOMS; 2016. <https://cioms.ch/wp-content/uploads/2017/01/WEB-CIOMS-EthicalGuidelines.pdf> (Access date 16 August 2019)
3. European Region of World Confederation for Physical Therapy. European Quality Assurance Standards of Physiotherapy Practice and Delivery. Brussels, Belgium: ER-WCPT; 2008. www.ercwpt.eu/physiotherapy_and_practice/standards_of_practice (Access date 16 August 2019)

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4. World Confederation for Physical Therapy. Policy statement: Research. London, UK: WCPT; 2019.
www.wcpt.org/policy/ps-research (Access date 5 September 2019)

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