

*Excerpts  
from*

# The Ethics of Touch



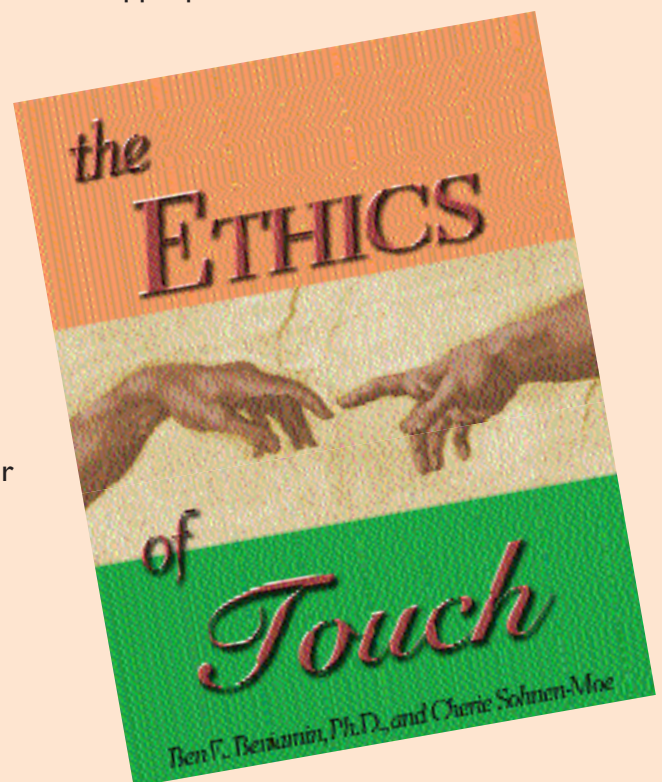
By Ben Benjamin and Cherie Sohnen-Moe

The following is the second of three excerpts published in *Massage & Bodywork* from the newly released text, *The Ethics of Touch*, by Ben Benjamin and Cherie Sohnen-Moe. (SMA Inc., Tucson, Ariz., 2003.)

# Ethical Practice Management

**T**he business management systems a massage therapist develops and implements set the tone for an ethically run practice. How you manage your business impacts how your clients feel about you and your practice. You may do wonderful work and be a caring and compassionate person, but your clients will not hold the same level of trust in you and your abilities if the foundation of your business is poorly considered. Ethical practice management involves the art and skill of managing daily working affairs with others from a base of honesty, integrity and forthrightness. This chapter focuses on: attitudes, policies and procedures relating to your conduct with clients; maintaining client records; honoring confidentiality; building alliances with other healthcare providers; working within the appropriate scope of practice; and accurately representing abilities.

The business management issues that relate to the topics of finances, marketing, negotiating contracts, legalities, employees and insurance claims are covered in another chapter.



### Professionalism

The root of the word professional is “profess,” which means to declare, claim or openly affirm a belief or an opinion. Webster’s Dictionary<sup>1</sup> defines a professional as a person who conforms to the standards of a profession; has or shows great skill; engages in a given activity as a source of livelihood; and follows a learned profession. Professionalism stems from your attitudes and is manifested through your technical competency, your communication skills, your ability to manage boundaries, your respect for yourself and clients, and your business practices. In the article, “What Is a Professional?” Jerry Buley, Ph.D.,<sup>2</sup> identifies six major factors of a professional: gives high quality performance; is predictable and consistent; is self-motivated, self-reliant and takes responsibility; works well under pressure; is always willing to learn; and understands her interconnectedness with humanity.

The term professionalism also relates to ethical behavior. High standards of action with clients result in both ethical and professional behavior. Obviously, ethical violations are unprofessional, although not all unprofessional behavior is an ethical violation. For example, a messy waiting room with visible dust bunnies is unprofessional but certainly not unethical.

The basis for true professionalism lies in integrity. Someone may talk, walk and look the part, but if that person does not come from a base of integrity, the facade wears thin quickly, ultimately resulting in the loss of clientele. The dictionary<sup>3</sup> defines integrity as the quality or state of being complete; unbroken



**Conscientious practitioners will integrate parents in sessions and bodywork decisions involving minor clients while honoring the children’s wishes as well.**

condition; wholeness; honesty; and sincerity. Integrity is an essential quality for a true healing professional. People who possess integrity behave ethically, honor confidences and keep their word. Integrity can be divided into three major levels: the first level is keeping one’s agreements; the second is being true to one’s principles; and the highest level is being true to oneself.

It is rare to find somatic practitioners who value professionalism without the integrity behind it. More often they love what they do and are genuinely concerned about the well-being of their clients, yet neglect to develop a professional demeanor. A truly effective practitioner combines outward professionalism with internal integrity.



## Confidentiality

Confidentiality can be defined as the client's guarantee that what occurs in the therapeutic setting remains private and protected. First and foremost, the issue of confidentiality concerns the client's rights to privacy and safety. These rights belong equally to every client you see regardless of age, status or relationship to you or another client. These same rights apply to both verbal and written interactions you have with anyone other than the client.

As a model for confidentiality in the somatic professions, we turn to the field of psychotherapy where these issues have been examined and developed over many years.<sup>4</sup> The ethical guidelines of most helping professions include a statement about confidentiality (with the goal of helping practitioners make ethical decisions regarding confidentiality). Nevertheless, these ethical statements often fall short of satisfactorily defining the parameters of the client's right to confidentiality. As with many ethical questions, practitioners may find it challenging to apply confidentiality guidelines in complex situations.

Most people are clear about major confidentiality breaches such as sharing important personal information about a client with a third party, yet subtle situations occur where boundaries are easy to cross. Consider the following scenarios:

A well-known politician comes to you for treatment. Do you think twice about sharing this exciting news with your friends?

Your best friend sends his wife to you for a session. Do you stop and consider if it is appropriate to answer his questions about her session?

You schedule a session with a 13-year-old boy who will be accompanied by his mother. Prior to the session do you think about whether to work with the boy alone or with the mother present?

If you answered "yes" to any of the questions posed in the scenarios, you have already begun to deal ethically with the issue of confidentiality in your work.

## Maintaining Confidentiality

Confidentiality guidelines for somatic professions generally state that information shared between client and practitioner during a session remains private. These guidelines are usually further interpreted to mean

that client names, details of treatment and information shared by clients during sessions are not discussed by the practitioner with anyone else.

Behind confidentiality issues are two assumptions: that an important and personal relationship exists between client and practitioner, and that trust is an essential element in this relationship. The client who knows that his right to privacy is honored is more likely to develop the trust necessary for a successful, healthy outcome of the therapeutic encounter. For example, it may be very tempting to tell your friends about the well-known politician/athlete/musician/film star who is your client, or to do a little name-dropping at a social function. You might even be tempted to use this client's name or title in your advertising (e.g., "acupuncturist to the mayor"). All of these actions, however, cross the ethical boundary of confidentiality. The mayor, like every client, has the right to privacy about her sessions with you.

If the mayor chooses to tell others that she knows your work, you have gained a valuable referral. You, however, are still bound by the ethics of confidentiality. Her reference to you does not give you permission to discuss her case with others. If you break this ethical policy, even in casual conversation, it looks as though you are trading on a well-known name and you always run the chance that what you have said could get back to your client. If the situation turns out negatively, you may lose not only the client but professional respect as well. If you work with celebrities or public figures and you want to let others know, obtain disclosure permission (preferably in writing) from the client.

All your clients deserve the same confidential treatment you would give the mayor. In the introductory scenarios, the spouse asking about his wife is, hopefully unknowingly, asking you to cross an ethical boundary. And though a number of your friends may know you treat each of them, you are not implicitly authorized to say anything about another's session. You can avoid unethical behavior by saying in a light-hearted manner, "You know it's against my policies to discuss anything that happens within a session to anyone. I'm sure (Terry) would enjoy talking with you about her session." Finally, if you trade sessions or otherwise treat a fellow health professional, he too benefits more from your work together if you maintain his privacy and safety.

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**An ethical practitioner will make sure the client understands what bodywork will be performed before a session begins.**

### Limits of Ethical Confidentiality

The limits of confidentiality can be an area of confusion and misinformation on the part of both practitioners and clients. Not all healthcare relationships are held to be “privileged” relationships. Unlike a psychotherapist, medical or psychological information about the client is not necessarily legally held in confidence by the practitioner. Therefore it is vital that a well-researched and clear policy statement

regarding confidentiality be presented and the practitioner discloses any exceptions to absolute confidentiality.

Two major considerations underlie the limits of professional confidentiality: the practitioner’s obligations to the law; and the practitioner’s obligations to others.

Regarding your obligations to the law: the legal system may have the right to subpoena your client lists or even your client records. Client files contain information so that you can properly work with any given client. Although you want your files to contain accurate and thorough information, your actual treatment records should only include information as it relates to the treatment and not superfluous notes (e.g., refrain from inscribing details about a client’s eccentricities or personal relationships).

Some reasons for breaking confidentiality include: there’s a clear and imminent danger to the client or another individual; a client discloses an intention to commit a crime; you suspect abuse or neglect of a child, an elderly person or an incapacitated individual.

Confidentiality and its limits do not exist in black and white terms. When making ethical decisions, practitioners choose among various levels of thinking and functioning. From one vantage, abiding by the law may seem clear-cut; from another vantage, doing what is best for your client may mean questioning the law; from still another vantage, protecting a third party may mean breaking the client’s trust. The practitioner

must combine knowledge of the situation with a clear understanding of the ethics involved, and temper these with wisdom and experience.

Practitioners may also reveal details of therapy encounters to their supervisors or supervision groups. In these discussions the names of clients are withheld although other pertinent information and treatment particulars may be shared.

## Actions That Minimize Confidentiality Problems

When you tell your clients up front about the limits to the confidentiality of your work together, they are much better able to give informed consent regarding treatment from you. Therefore, early in your professional relationships let your clients know that you hold your work together as confidential, and that you may discuss your work with your supervisor and that legal or ethical obligations may require you to break confidentiality in extreme circumstances.

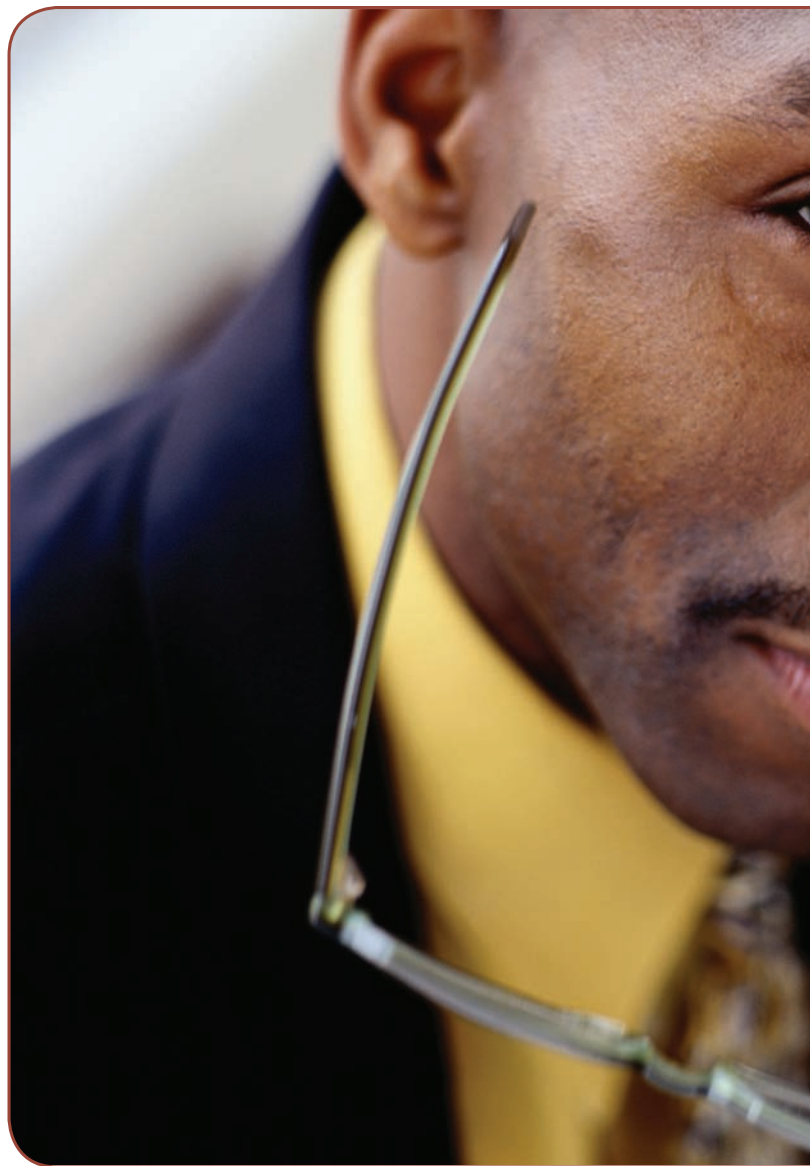
The practitioner should avoid making unilateral decisions about breaking confidentiality. Even in some of the legal instances described above, if you must make the decision to break confidentiality, you should discuss your decision with the client beforehand. In this way, while the client may not agree with your decision, she is informed of your reasons.

When you want permission to discuss the professional relationship elsewhere, you should have a specific reason for doing so. This reason should be discussed with the client, and the client needs to give specific written consent. For example, you may wish to correspond about the client with another healthcare provider, or to use details about the client's condition,

As soon as you perceive a potential problem surrounding confidentiality, the situation should be discussed with the client.

treatment and outcome in an article or presentation. The client's permission should specify exactly what details, such as name, dates of visit and treatment records he is authorizing you to share, as well as any specific limitations on where, when and how you may share the information.

In general, as soon as you perceive a potential problem surrounding confidentiality, the situation should be discussed with the client. When the 13-year-old boy and his mother are in your treatment room together, whatever one shares the other hears and confidentiality between the two of them is implicitly set aside. At the first session these clients should be



informed about whether you will work or speak with either of them privately; if so, specify whether you keep what one says to you confidential from the other and what limits you may put on this confidentiality. In this way both son and mother utilize the therapeutic encounter more successfully.

## Informed Consent

If you have ever felt the powerlessness of undergoing a medical procedure without fully understanding what to expect, you know the importance of informed consent. If you have ever felt the frustration of not having your hair cut the way you specifically requested, you know the importance of informed consent.





**Professionalism means maintaining confidentiality and resisting the temptation to talk about high-profile clients.**

Informed consent, a concept that arose in the medical field in the early 1960s, served as the initial nudge of a major shift in consumer empowerment known today as “patients’ (or clients’) rights.” Prior to the establishment of informed consent, the client was relatively powerless in relationship to a doctor’s authority over medical and healthcare matters. Doctors and other medical professionals held a certain power over their clients simply because they had knowledge to which patients were not privy. Diagnoses, prognoses and procedures were secretive and mysterious; patients were the uninformed bystanders in their own healthcare.

Because of informed consent, clients have the right to know about and fully participate in their own care. The client, or his guardian, must now give full consent for most care except in emergencies where the client is

incapacitated. The client also has the right to withhold or withdraw consent at any time. The consent given is not considered valid unless the client is informed about all procedures he is expected to undergo, the reason for it, the possible risks and benefits, and reasonable alternatives to the procedure. Most importantly, the client must understand the information given.

It has become customary practice for the providers of many services outside the medical venue to practice the concept of informed consent. The consumer is now advised about what needs to be done or what is expected to happen before the service is rendered and the consumer must agree, either verbally or in writing, to the service. For example, when you take a vehicle to be serviced for an undiagnosed problem, the mechanic contacts you after the diagnosis is made and before the work is done, to tell you what is needed and the estimated cost. You can opt to say, “Go ahead and do the work,” or “Don’t do the work.” If more complications arise during the repair process, you are notified, and you must give your consent again. Like clients’ rights, consumers’ rights are protected now more than ever.

In theory, informed consent appears to adequately protect both the service provider and the consumer. At least legally when the provider imparts information, offers an explanation of what is to occur, and the consumer gives full consent after being informed, litigation is less likely to occur. In the professional relationship that occurs between a somatic practitioner and a client, viewing informed consent only from a legally debatable standpoint is inadequate. Informed consent between a practitioner and client provides the foundation and framework of an ethical and safe experience.

Informed consent also entails informing clients of what professional services you can legally and ethically provide as well as any limitations. Under the best of ethical conditions, informed consent is a twofold agreement in which the client and practitioner share an objective for the treatment or procedure and its outcome. The objective is explained, discussed, fully understood and agreed upon by both the client and the practitioner before the treatment begins. Ethically speaking, the client needs to be well-informed, not merely informed. Most practitioners are very adept at offering information to their clients. The following ideas are presented for your consideration, and as reminders, of the many ways in which we can keep our clients well-informed:

- Introduce yourself when a new client arrives for her appointment with a firm and friendly handshake and let her know that you are the practitioner with whom she will be working.

- Use a client agreement form to eliminate any misunderstandings about what your services are and are not.

- Be aware of why the client is seeking your services. Ask this question during the initial contact or add the question to your medical history form, but be sure to ask, "Why are you seeking these services at this time?" Follow this up in subsequent visits by asking the client at each pre-treatment assessment what her goal is for the session. When possible, meet her expectations; if it is not feasible or possible, explain why.

- A client reports on the medical history form that he is seeking massage to lower his stress and relieve his low back and hip pain. During the pre-treatment assessment, you ask the client his goal for today's treatment, which is his very first massage experience, and he says, "To help my back pain." Before beginning the massage you inform the client: "After assessing you, (your complaints of pain, postural and range-of-motion assessments and medical history), I would like to do a general relaxation massage treatment with some special focus to your low back and right hip area where you're experiencing pain. Since this is your first massage, I'll introduce your muscles to being massaged and use this first session to evaluate your response before I use deeper treatment methods. Does that sound like what you had in mind for today's treatment?"

- Do not assume that your client is familiar with your treatment process. Inform clients about what to expect by referring them to that section of your Policy Statement or offering them a "Welcome" form to read after they fill out their medical history.

- During the treatment, verbally inform the client when you are moving to more vulnerable areas, such as the anterior neck, medial thigh and abdomen.

- Verbally inform the client when you are about to lean your own body against the table or climb onto the table to assist your body mechanics or to facilitate stretches.

- Inform the client when your work deepens and check if it is tolerable.

- Get permission from the client before varying from the agreed upon treatment plan or using a new modality.

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- Several minutes before the treatment ends, inform the client that the session is nearing completion and ask if she would like you to focus on an area that may need more attention.

- If a client is in a semi-sleep state, gently get her attention and tell her if you are about to do something that could be considered jarring (e.g., performing tapotement, applying stimulation to acupuncture needles).

- Keep in mind that there should be no surprises for the

client. Remember that information, knowledge and the right to refuse offer personal power to the client who is in a vulnerable or relaxed state.

- Inform the client about what to expect after the session. For example, when suitable, tell the client that he may experience soreness or tenderness the next day.

- Cover all bases so that neither you nor the client face a situation without some preparation about what to expect beforehand. Let the only surprise be how much the client enjoyed the experience and how impressed she was by the way she was considered and nurtured during the treatment.

## In Conclusion

Ethical practice management calls for high standards and personal integrity on the part of every somatic practitioner. Respecting the responsibilities of belonging to a profession, the practitioner can feel confident in interactions with governing bodies, colleagues and clients. In addition to the practitioner enjoying a sense of pride from maintaining an ethical practice, clients will receive the best possible treatment and the whole field is enhanced. **M&B**

## References

1 Webster, N. Webster's New Universal Unabridged Dictionary. Cleveland, OH: Dorset & Baber; 1983: 1436-1437.

2 Buley, J., Ph.D. What Is a Professional?, Arizona Communication Association, The Hugh Downs School of Human Communication, 2000, <http://com.pp.asu.edu/ACA/Professional.html>.

3 Webster, N. 953.

4 Corey, G., Corey, M.S., and Callanan, P. *Issues and Ethics in the Helping Professions*, 5th ed. Pacific Grove, CA: Brooks/Cole Publishing Company; 1998: 16-17.

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