

Channeling Healing Energy: Informed Consent is an ongoing process in Chiropractic encounters, Part Five

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Narrative: Due to rules, regulations, and legal ramifications informed consent is something that has entered into the healthcare arena to stay.

This article seeks to discuss how the doctor can view informed consent as an ongoing process, before rendering care, during treatments, and following the office visit.

With informed consent being an ongoing process it allows the doctor to continually check in with the patient and allow the patient to change their mind from day to day and moment to moment.

By giving the patient the ability to be fluid and an active participant in the clinical encounter it allows their mind and body to feel safe so they can relax and have an optimal response to care.

Indexing terms: Chiropractic; informed consent.

Introduction

Due to rules, regulations, and legal ramifications, informed consent is something that has entered into the healthcare arena to stay. Yet how often do patients actually read the informed consent forms they are signing?

What is becoming a more important consideration is, does the doctor review the informed consent form with the patient? How can the doctor view informed consent as an ongoing process, before rendering care, during treatments, and following the office visit?

Informed consent process

Generally when we think of informed consent we think of having the patient read a page or two about what might take place in an office visit and what they might feel following a treatment. In this process, the signing of a consent form, we are attempting to educate and inform the patient about what they might expect during and after a treatment and receive their consent to initiate the treatment.

While the reason for these signed consent forms is to develop transparency in the doctor patient relationship, they also can have legal repercussions to protect both the patient and doctor.

From the doctor's perspective informed consent forms are a necessary aspect of running a healthcare business and tend to be seen as more of a legal requirement. Most patients tend to view these informed consent forms as another annoying form they need to sign in order to get the healthcare they want. As Chiropractors who are *touching* patients, it is crucial to see informed

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consent as not just a form that gets signed, but also something that is constantly evolving and changing throughout the treatment.

Therefore informed consent needs to be seen as an ongoing process. Additionally the doctor needs to understand the nuances associated with what it means when a patient gives their consent.

An ongoing process

That informed consent is an ongoing process is not a new concept. (1, 2) In healthcare research it is believed that *'Informed consent should be seen as an ongoing process between researcher and participant, and not just as a once-and-for-all decision.'* (3) In psychiatry *'informed consent imposes many problems if one considers it to be a static process'*, but instead needs consent to be an ongoing consensual process that involves the healthcare practitioner making sure the *'patient is kept informed at all stages of the treatment process'*. (4) We see *'informed consent as an ongoing process'* in many healthcare arenas such as nursing, (4, 5) psychiatry, (4) oncology, (5) bioethics, (6) anaesthesia, (7) obstetrics, (1) and research. (3)

All doctors and offices have different types of ways they interact with their patients and the following are some typical and common dialogues I have with all my patients during the course of care.

Before starting the examination, evaluation, and treatment I say to the patient:

'Before I start assessing and treating you I want us to be very clear about things. Please understand that nothing I do should hurt you. If you feel anything that feels painful or even if your body feels apprehensive please let me know. Sometimes something I do may feel painful but it may be a *'good pain'* like if I press into a tight muscle and you feel that you can relax. However if I am contacting an area of your body and you feel yourself tensing or not liking the contact please share that with me. The more comfortable you can feel the more you can relax for the treatment, and ultimately the better the treatment will be for you.

'Please try not to judge what you may feel. That means you may feel like you don't like an area or way I am touching you but may not have adequate words to explain why you feel the way you do. Please don't wait for the words or an internal understanding but just trust that your body is telling you what it wants and know that I will always respect and support your body's wishes.

'If I am going to touch an area that I think might be sensitive to you I will ask your permission and you are allowed to change your mind at anytime during the treatment'.

'Does this seem clear to you?'

If am going to be pressing deeply into regions such as muscle trigger points, fascial restriction, or tendinous muscle attachments before I start that type of treatment I say to the patient:

'I know when we started care that I said nothing I do should hurt you but I may be touching areas that are normally sensitive. The goal is for us both to find a *'Goldilocks'* zone (9) of pressure so I can help you therapeutically but at the same time your body feels safe and can relax to the touch. If your body is bracing or you are not feeling comfortable then the pressure I am using is too much for you and your body. We need to honor that feeling, not judge it, or think you need to withstand the discomfort to have a *'good treatment'*.'

'Sometimes I may touch an area and it feels okay for you but during the course of continued touch it may start to feel uncomfortable. If you are feeling uncomfortable ask me to stop or to pause the treatment and please feel safe to share this with me. The treatment will always be more effective if you and particularly your body feels safe, respected, and listened to, at all times.

'Let's have a number system and excruciating painful pressure will be a 10, at a 7 it means you can't relax and it is uncomfortable, 4-5 means it is sensitive but you can relax, 2-3 means you don't feel much and if appropriate you could handle more forceful pressure. So for example when I press in this area with *'this'* amount of pressure can you tell me what number that feels like for you?''

There are many types of patients and many types of chiropractic methods of care. For some patients, for whatever reason, a high velocity low amplitude adjustment (HVLA) to the cervical or lumbar spine may be scary to them. They may feel apprehensive and even clearly state *'Whatever you do, I don't want you to "crack" (adjust) "my neck or back"'*. I then explain to my patient that I have been in practice for over 40 years and during that time have developed many methods to treat the spine, cranium, and extremities. Some of these methods can involve HVLA adjustments or manipulations and other methods that tend to have similar outcomes can be achieved with slow sustained pressures.

With patients that want HVLA Spinal Adjustments

Because of my experience and multifaceted background, before I contemplate a HVLA adjustment to a patient's spine I always ask their permission. Sometimes a patient may say please *'crack'* my neck and spine, that is what I am here for and I want you to help me. Even with this type of consent at some point early on with the first few treatments I still ask the patient permission to adjust their neck and spine. I have some patients say to me that I don't have ask that again, but I always say, *'Please bear with me because I will always ask, since every day is a new day for you and for whatever reason I want you to feel you have the ability to change your mind'*.

With patients that do not want HVLA Spinal Adjustments

I tell my patients who clearly state they do not want their neck and spine *'adjusted'*, that I will always honor their request. Very very rarely if my alternative procedures are not helping and it is clear to me that a spinal HVLA adjustment would be the optimum treatment we can discuss that, however generally that only happens with one or two patients in a calendar year.

Sometimes during the course of care a patient that was adverse to an HVLA adjustment begins to trust me and may say if I like I could adjust them. I tell these patients that I will do that only if the other type of care I am rendering them is not successful. I emphasise that while I appreciate their trust I want to honor that a part of their body initially felt apprehensive and I want to make sure that the "deep" part within their body feels safe and honoured.

Previously ...

In the [previous article that introduced concepts of transference and countertransference](#) (8) we discussed how some patients might be over accommodating and wanting to please the doctor. They want the doctor to approve of them and 'like' them and these types of internal dialogues are being processed often within the patient's psyches unconsciously. With a patient that is 'over accommodating' we need to understand that informed consent becomes a clouded issue necessitating the chiropractor to look deeply within their awareness to protect their patient.

How might this present itself in the chiropractic clinical encounter?

Sometimes an over accommodating patient might not want to let the doctor know that a treatment might be uncomfortable, either physically or emotionally, because they want to please the doctor and make sure they feel the doctor *'likes them'*. An over-accommodating patient might not want to let the doctor know they aren't improving, or are afraid to share that they aren't doing their home exercises or following instructions for ergonomic modifications. Finding ways of bridging this disconnect is important for the doctor patient relationship, so keeping the communications and discussions open about how the doctor is there to help and not judge them, can be an important consideration.

How might a patient's consent be considered ongoing even after a treatment was rendered?

Something often hidden beneath the surface are issues associated with adverse childhood events (ACEs) that affect our patients, their interpretation to touch, and communication with figures of authority, such as their doctor. Commonly patients coping with ACEs may be resistant to direction or conversely overly accommodating. They are often not fully in touch with their intuition, inner voice, and body. That is why with patients I sense may be dealing with the challenges of healing from ACEs, I may say something to them as the treatment is coming to a close:

'Sometimes it may be difficult to know what feels good during a treatment and what does not.'

'For some patients they may know immediately while many others may find it takes them an hour or even a full day or more to really grasp how they might have felt when they were treated. I want to make sure that we tailor the treatments so that you feel safe and can relax. In case you change your mind about what sort of care feels good for you or not, please feel free to share that with me at our next office visit'.

'The best type of care you can receive in my office will occur if you feel comfortable to share what you are feeling along with your preferences. If you understand that your feelings are always correct and share them with me accordingly, that will be what is best for you and help guide me to offer you your ideal type of care'.

Much of what is involved in maintaining an ongoing informed consent is for the doctor to tap into their intuition and awareness to determine when a patient's behaviour does 'not make sense' or seems incongruent with their stated goals. Being aware of the various types of patient doctor internal dynamics is an important start of knowing how to maintain ongoing consent, what things to discuss, and when to discuss them. Ultimately it is always better to be overly concerned with patient comfort and safety, and this can even be letting them know ahead of time at the beginning of care that you will be frequently checking in with them during and after the treatment. This checking in may occur often in the first office visits but may decrease as both the doctor and patient gain understandings of what types of care is preferred. Yet still the onus is upon the doctor to realise that a patient's body and mind may be continually changing.

Heraclitus, a philosopher who lived nearly 500 years before the common era, made the assertion that *'Life is Flux'*, emphasising that change is the only constant in life. He is noted for his statement that *'No man ever steps in the same river twice, for it's not the same river and he's not the same man'*. We need to remember that while our patients may look the same visit to visit, they have had a multiplicity of experiences between the times we see them. It may be important to give our patients space to be different and therefore whenever indicated revisit issues of consent from visit to visit.

With informed consent being an ongoing process it allows the doctor to continually check in with the patient and allow the patient to change their mind from day to day and moment to moment. By giving the patient the ability to be fluid and an active participant in the clinical encounter it allows their mind and body to feel safe so they can relax and have an optimal response to care.

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