Ethics in Massage Therapy

(3 CE hours)

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Learning objectives

- Outline key principles of professional ethics in massage therapy.
- Define the concept of power dynamics.
- Distinguish between transference and countertransference.
- Describe the nature of the fiduciary role.
- List four ways practitioners might work outside their scope of practice.
- Explain the risks of dual or multiple-role relationships between practitioners and clients.
- Explain the relationship between patient autonomy and agreements, including the client’s bill of rights, informed consent, and right to refuse treatment.
- List four strategies that reinforce appropriate boundaries.

Introduction

This course addresses a range of issues of concern to the professional massage therapist and introduces a number of concepts important to the ethical practice of massage therapy. Successful completion of the course equips massage therapists with the basic concepts and rationale for ethical decision-making in their practice, to help them navigate unknown ethical territory, identify questionable behavior, and identify “red flags” of potential conflict, as well as take steps to resolve these issues. Equally important, it will help therapists know when to seek professional guidance with a supervisor or mentor, or turn to other appropriate resources for professional assistance.

This course fulfills three credits of mandatory coursework in ethics. In addition, it:

- Explains concepts important to ethical theory and practice in professional massage therapy and bodywork.
- Examines the value and function of ethical codes and professional standards of conduct.
- Emphasizes the delineation of boundaries that define the therapeutic relationship.

Principles of professional ethics

Ethics refers to principles of morally right or good conduct. Professional ethics in massage therapy is the application of guiding principles of right conduct to the study, practice, and business of massage therapy. Unlike personal ethics, which are flexible and open to debate, professional ethical codes are formally defined, mandatory standards of conduct established by and for members of professional associations to ensure quality and integrity in the profession.

Because virtually all state licensing authorities, certifying/accrediting agencies, and professional associations establish their own standards of conduct and ethical guidelines for their members, massage therapists need to refer directly to the organizations and academic or training institutions with which they are affiliated, as well as state, local, and national associations, to review the ethical guidelines that apply. This course is based on standards of ethical behavior embodied in both the American Massage Therapy Association (AMTA) and National Certification Board for Therapeutic Massage and Bodywork (NCBTMB) Code of Ethics and Standards of Practice, and common to the ethical codes of other agencies regulating massage therapy.

A code of ethics states the ethical responsibilities of the massage and bodywork professional. Standards of practice further establish the expectations of professional conduct in regard to the law, confidentiality, business practices, roles and boundaries, and prevention of misconduct. This course intends to clarify the meaning of statements and concepts central to the ethical practice of massage therapy.

Broadly speaking, the code of ethics for massage therapists covers three areas of concern:

- Self-conduct in relation to performing a massage.
- Self-conduct in business dealings.
- Self-conduct when interacting with clients in both a professional setting, as well as within the public arena.

What follows is a generalized code of ethics for massage therapists based upon the ethical standards set forth by many professional massage therapy schools, professional massage therapy organizations, and massage licensing boards.

Regarding the practice of massage, massage therapists shall:

- Provide the highest quality massage therapy for clients or patients seeking a professional service.
Regarding business practices, a massage therapist shall:

- Provide therapy regardless of a client or patient’s gender or ethnicity.
- Provide a safe and secure setting that meets local and state health code regulations.
- Maintain adequate liability insurance in accordance with local and state laws.
- Maintain accurate records that pertain to appointments, billing, taxes, and legal obligations.
- Keep confidential all client or patient information, except when required by law enforcement officials.
- Securely store and destroy when necessary all client or patient files.
- Honestly and accurately represent experience and credentials as well as services when advertising and marketing.
- Refrain from any and all illicit, illegal, or prohibited activity.
- Conduct business transactions with honesty and integrity, disclosing fees for services clearly and concisely.
- File all applicable state and federal taxes.
- Refrain from the defamation of other therapists and health and wellness providers.
- Treat all co-workers, employers, and employees with respect.
- Clearly define the expectations of employees with a precise job description and internal company policies (if having employees).

Regarding client/patient interactions, a massage therapist shall:

- Act in a manner conducive to the best interests of the client or patient while safeguarding the reputation of the massage profession.
- Ask only for information that is relevant to the practice of massage or a course of therapy.
- Respect a client or patient’s privacy by not disclosing sensitive information discussed during therapy.
- Refuse to engage in any and all sexual relations with a client or patient unless such a relationship exists prior to the onset of therapy.
- Refrain from providing therapy when either the therapist or client/patient is under the influence of drugs or alcohol (except for prescription drugs).
- Refrain from providing therapy if a client or patient is physically or emotionally abusive in any respect.
- Refuse any and all gifts that are intended to influence a course of therapy or that result in personal gain.
- Retain the right to refuse therapy for reasonable causes, such as unwanted sexual advances made by the client.

The nature of the practitioner-client relationship is a fiduciary one. This means the client trusts that the practitioner will act in the client’s best interests, and it is the practitioner’s duty to do so. This concept is central to professional practice and the therapeutic relationship. While the practitioner and client share the same primary concern and objective – the client’s welfare – it is the practitioner, by virtue of professional status, who is ultimately responsible for the client’s safety, security, and well-being. Practitioners bear the burden of accountability, because they are in a position of authority or power in relation to the client.

Massage therapists treat individuals ethically not only by respecting their decisions and protecting them from harm, but also by making efforts to secure their well-being. Such treatment falls under the principle of beneficence. The term “beneficence” is often understood to cover acts of kindness or charity that go beyond strict obligation. In this context, beneficence is understood in a stronger sense, as an obligation. Two general rules have been formulated as complementary expressions of beneficent actions in this sense: (1) do not harm and (2) maximize possible benefits and minimize possible harms (beneficence and non-maleficence).

The principle of beneficence requires massage therapists, other things being equal, to do good or what will further the patient’s interest. The principle of non-maleficence requires massage therapists, other things being equal, to avoid harm to the patient, or what would be against the patient’s interests. Both principles rest on the fundamental importance of what is in the patient’s interest. The first is the positive requirement to further the patient’s interest. The second is the requirement to refrain from doing what damages the patient’s interest. Different claims covered by the principle of beneficence may come into conflict and force difficult choices.

Ideally, therapists’ relationship and interactions with clients is a partnership that promotes healthy behaviors; leads to sound, informed, health-care decisions; and ensures the client’s voice is heard. The client’s best interests should always be the therapist’s primary goal, and the guide for all actions and decisions. If therapists ever suspect they are acting out of an unhealthy need or motive, or feel the interactions or relationships with the client are impeding rather than facilitating the therapeutic process, they should seek assistance and/or supervision. Massage therapists can consult a professional massage therapy organization for guidance, supervision, and other professional resources.

The following sections discuss key points of ethical massage therapy practice in more detail.
Accountability

Professional organizations protect public safety by certifying the competence of their members through licensing and continuing education requirements. Accreditation and professional affiliations maintain quality control and show accountability to clients, colleagues, and the profession, as a whole. They confirm that massage therapists abide by prevailing health and safety standards, conduct themselves in accordance with relevant legislation and/or professional regulations, and possess the specialized knowledge and skills in their field.

Scope of practice

Scope of practice refers to massage therapists’ area of competence, usually obtained through formal study, training, and/or professional experience, and one for which they’ve received certification or other proof of qualification. Unlike other standardized training programs or fields of study, schools of professional massage therapy and state requirements vary significantly in the number of necessary hours of study and curriculum. Some schools provide substantial training in specialized procedures, such as lymphatic-drainage techniques or hydrotherapy, while others may only touch upon these subjects, if they are discussed at all.

Massage therapists who choose to provide services they are not appropriately trained or competent in is a dangerous personal decision that undermines the profession and may carry weighty legal implications. Personal level of discretion and ethical standards will largely determine the manner in which massage therapists advertise their services, describe their education and professional experience, and list credentials. Therapists must decide if they can rightfully claim substantive experience in a discipline for which they’ve attended a three-hour workshop or watched a series of instructional videos, or when they can properly call themselves an expert in one modality or another.

Misrepresenting one’s educational achievements, credentials, or abilities is a serious breach of responsibility that endangers client safety and reflects poorly on the massage profession as a whole. If a subject is outside massage therapists’ area of expertise, they should not hesitate to say so. The therapist should then direct the client to the appropriate informational resources or professional services. Massage therapists should make sure any information or suggestions they pass along are supported by the professional community and recent research findings, and are appropriate and safe for the client.

Health and safety

Practitioners must abide by industry standards of safety and hygiene. Client draping, towels, the massage table surface, and other relevant items or materials must be cleaned according to accepted standards of sanitation, and meet all legal health and safety requirements (including universal precautions relating to communicable diseases). Practitioners should know how to cover cuts and use sanitizing supplies, such as disinfectant hand wipes, effectively.

Practitioners must have the skills and knowledge to assess a client’s condition and provide safe and appropriate therapy. They must be attuned to verbal and non-verbal client feedback, and alert to possible contraindications for massage. Sometimes these decisions are less than clear-cut, requiring a bit of research or consultation with medical personnel more familiar with the client’s condition. Massage therapists should never allow the client, the client’s relatives, or even the client’s doctor to pressure them to proceed if the therapist has any doubts regarding the safety of a specific procedure for a specific client. Therapists are ultimately responsible for any injury sustained by the client during or resulting from massage and the medical and legal liability associated with it – even if the client’s physician specifically recommended or prescribed the bodywork.

If massage therapists have strong concerns about the client’s health related to medication or procedures received through another source, they should suggest that the client have a trusted healthcare professional review the course of treatment. Pronouncements like this should not be made flippantly, as they could be the basis of legal action against the therapist for practicing medicine without a license. If therapists believe a client has a serious medical condition or may have suffered an injury, they should tell the client immediately and refer the client to the appropriate healthcare professional. Therapists should not discuss the condition with the client’s doctor or anyone else unless they have explicit permission from the client to do so. Therapists should document the referral and the reasons for it in the client’s record.

Massage therapists should keep scope of practice in mind when they give advice or make recommendations to clients. While listening attentively to a client is a relatively risk-free venture, sharing opinions is not. Depending on the topic of conversation and the therapists’ specific comments, they may be engaging in high-risk behavior whenever they have casual conversations with a client. Therapists should resist requests for “advice” in any subject outside of their areas of expertise, even though it is natural to be drawn into discussions with a client, especially one they’ve come to know well.

Advice can be a dangerous and slippery slope for practitioners, in large part because they may have some knowledge and experience regarding a health-related topic, but that topic is not
strictly within their scope of practice. If therapists have found an effective nutritional supplement or exercise program that relieves the same symptoms the client is experiencing, therapists may have a strong impulse to share that information with their client. Therapists may also want to warn the client away from a health regime that they consider ineffective or potentially dangerous.

When giving their point of view, therapists should make sure they delineate a professional recommendation, based on years of experience and study, from suggestions or opinions of a more personal or general nature. They should help their clients distinguish between subject matter in which they, the therapist, are not professionally qualified. If a health or medical issue is outside of a practitioners’ scope of practice, they should recommend that the client see a qualified health professional regarding the matter.

Safety is not limited to hygiene, skill, and scope of practice concerns, however. For example, when considering the importance physical boundaries play in maintaining a safe environment for the client, in American culture, the generally accepted rule for personal space puts approximately three feet between one person and another. However, this distance is quickly minimized for the sake of treatment. In fact, the amount of personal space is reduced even before a massage session begins, as therapists welcome clients and subsequently review their intake information. During the massage itself, the distance of personal space is reduced to skin-on-skin contact. Although there is an agreement between the therapist and the client to reduce the amount of personal space during a massage, this is not an invitation by either party to circumvent any or all physical boundaries. The focus of both parties should be on therapeutic goals that are established in part by standard protocols for physical safety. Such protocols include but are not limited to consent for working sensitive areas such as the abdomen, gluteals, and female pectoralis muscles, what part of the therapist’s body touches the client, not touching the client inadvertently with loose clothing or hair, keeping a client draped in accordance with local laws and regulations, how the draping is moved, not working underneath draping, reassuring clients that they are allowed to remain clothed, and reassuring clients that they are empowered to stop the massage if they feel uncomfortable during the session. By respecting and adhering to such protocols, particularly with new clients, therapists establish the boundaries for future sessions.

Patient autonomy, informed consent, and right to refuse

Informed consent refers to patients’ right to understand their condition(s) and participate in decisions regarding care of that condition. The patient or patient’s guardian is required to sign a written statement acknowledging agreement to proposed treatment terms and awareness of the known risk factors associated with them.

Through this process, a healthcare practitioner informs a patient about the risks and benefits of a proposed therapy and allows the patient to decide whether the therapy will be undertaken. It is based on the moral and legal premise of patient autonomy, and is the formal application of clients’ rights to make decisions about their own health care.

Autonomy (self-rule) is based on the principle of respect for persons, which holds that individual persons have the right to make their own choices and develop their own life plan. In a healthcare setting, the principle of autonomy translates into the principle of informed consent: Therapists shall not treat clients without their informed consent. In order to affirm autonomy, every effort must be made to discuss treatment preferences with clients and to document them in written records.

In massage therapy, informed consent usually takes the form of an agreement between the practitioner and client that states their shared objectives, the proposed treatment plan, expected outcome(s), and the anticipated time frame for results. It may also refer to the client’s medical history, asserting that the client has informed the practitioner about all known physical or medical conditions and current medications, and will inform the practitioner if any of these conditions change.

Informed consent in massage therapy typically includes a statement explaining the role of massage therapy in pain and stress reduction other specified purpose, and its limitations:

- Massage therapy does not take the place of medical examinations, care, or treatment.

- The therapist is not a doctor and does not diagnose medical conditions or prescribe medication.

- Clients should continue to consult their primary caregivers or other specialists for ongoing health care and medical conditions.

- Clients should consult their primary caregiver to review healthcare recommendations before making significant changes in their health and exercise regimen or diet.

In addition to being an ethical obligation of caregivers, including therapists, legislation in all 50 states requires that clients be informed of all important aspects of a treatment and/or procedures, although the details of these laws and statutes differ greatly. General guidelines require clients to be informed of the nature of their condition and the proposed treatment or procedure, its purpose, risks and benefits and their probability, risks and benefits of alternatives, and risks and benefits of not receiving the treatment. Failure to obtain adequate informed consent renders a healthcare professional liable for negligence or battery and constitutes medical malpractice.

While informed consent is a well-established practice, it often fails to meet its stated purpose. Recent research findings strongly suggest that procedures to obtain informed consent may not adequately promote the patient’s comprehension of the information provided, rendering the consent not truly “informed.” Studies suggest that a majority of patients do not read a consent form before signing it, and less than half of the U.S. population understands commonly used medical terms. Additionally, clients with limited reading ability are at increased risk for medical errors, due to problems reading medication bottles, appointment slips, self-care instructions, and health education brochures. These clients are also likely to have trouble reading materials intended to aid in obtaining informed consent.

Several methods to improve the procedures used to obtain informed consent have been proposed, including improving the
readability of consent forms, asking clients for recall to establish understanding, adding additional stimuli, such as multimedia presentations, and providing written information. The following section discusses “best practices” for informed consent forms, but also applies to other written material intended for the client.

In order to ensure that clients understand the procedure to which they are consenting, all materials must be presented in a comprehensible manner. Written health-care materials, such as consent forms, are often written with a relatively complex sentence structure and vocabulary, making it difficult for the average adult to interpret the information. Therefore, providing these materials in the language the client finds most familiar is likely to increase comprehension substantially for many individuals.

Providing written information to clients regarding their diagnoses, proposed treatments, and other information given during informed consent discussion allows them to refer back to such information, which promotes comprehension. Some investigators have proposed that clients should receive written consent forms days before receiving a procedure.

Key principles include the following:

- **Informed consent is always specific**: The goal of the informed consent process is to ensure that clients have an opportunity to be informed participants in decisions about their health care. To achieve that goal, practitioners must explain the patient’s condition and inform the patient about treatment options and alternatives, including the risks and benefits of each, providing the information that a “reasonable person” in similar circumstances would want to know when making the treatment decision. A key element of the process is that practitioners explain why they believe recommended treatments or procedures will be more beneficial than alternatives in the context of the patient’s diagnosis. Thus, informed consent is always specific: to the individual patient, the clinical situation, and the recommended plan of care or recommended treatment(s) or procedure(s).

- **Consent for multiple treatments**: However, to say that consent is always specific is not the same as saying that separate consent is always required for every episode of repeated treatment. When the plan of care for a given diagnosis involves repeated treatments or procedures, practitioners should ensure that patients understand that they are consenting to multiple episodes of treatment. Separate consent is not required for each individual episode. If a patient’s condition changes enough to warrant a change in the care plan, the practitioner must explain to the patient how the situation has changed, establish goals of care in light of the new situation, recommend a new plan of care, and obtain informed consent for the new plan or for specific treatment(s) or procedure(s) now recommended.

- **Notification versus consent**: Informed consent also differs from “notification,” that is, providing general information relevant to clients’ participation in health care. Similarly, patients entering a healthcare facility must be notified that their records will be used for purposes of routine healthcare operations. Likewise, patients should be notified that their information may be used for quality improvement purposes to enable the organization to fulfill its obligation to monitor the quality of care it delivers and to carry out quality improvement activities for the benefit of all clients. Notification informs clients not only about their rights, but also about organizational activities and processes that shape how care is delivered. Like informed consent, notification serves the goal of respecting clients as moral agents.[14]

Informed consent should:

- Explain patients’ condition and diagnosis clearly and concisely, in language they can understand.
- Inform the patient about the recommended treatment(s) or procedure(s), including:
  - The name, nature, and details of the recommended treatment(s) or procedure(s).
  - Indications for the recommended course of action.
  - Likelihood of success of the recommended treatment(s) or procedure(s) for this patient.
- Describe the expected benefits and known risks of the recommended treatment(s) or procedure(s).
- Describe reasonable alternatives to the recommended treatment(s) or procedure(s), including the expected benefits and known risks of each alternative.
- Identify the practitioners who will be involved in performing the treatment or procedure.
- Advise the patient if the recommended treatment or procedure is novel or unorthodox.
- Encourage the patient to ask questions.

**Intake interview and documentation**

Clients should fill out a formal intake form on their first visit that includes:
- Client’s name, address, and telephone or other contact number(s).
- Reason for visit.
- Medical history.
- Insurance/payment methods (if applicable).
- Emergency contact information.

The client should also sign and date the following statements:
- Release of medical records.
- Notice of informed consent with scope and limitations of practice.
- Client’s bill of rights.

A client’s bill of rights typically includes the following information:
- Name of practitioner.
- Details of practitioner certification and list of credentials.
- Practitioner’s area of expertise, philosophy, and/or approach to massage.
- Fees and service schedule.
- Payment terms.
- Filing procedures for written complaints.
- A right to information statement, asserting the client’s right to the following information:
  - Practitioner’s assessment of the client’s physical condition.
  - Recommended treatment, estimated duration of treatment, and expected results.
  - Copy of client’s health forms/records held by practitioner.
• Statement of confidentiality.
• Statement of refusal, explaining the client’s right to terminate a course of treatment at any time and choose a new practitioner.
• Clients’ right to invoke, explaining client’s right to invoke these rights without fear of reprisal.

Both the practitioner and client are ensured the “right of refusal.” For a client, this means the right to refuse, modify, or terminate treatment regardless of any prior agreements or statements of consent. For a practitioner, this means the right to refuse to treat any person or condition for just and reasonable cause. These rights safeguard a client’s freedom to choose any practitioner, and a practitioner’s freedom to terminate treatment, if necessary. These rights might come into play in cases of negligence or abuse. For example, practitioners can refuse to work with an abusive or unstable client, and clients can refuse treatment from a practitioner they suspect is practicing under the influence of alcohol, drugs, or any illegal substances.

**Business management and promotion**

Conducting business in an ethical manner involves treating people fairly and decently, using skills and time effectively, and adhering to high standards. A massage therapist’s promotional materials, record keeping, financial dealings, and conduct in day-to-day business matters should also follow ethical guidelines. Maintaining a practice in good standing means:

• Filing local, state, and federal taxes.
• Discussing and/or displaying fee schedules and billing practices prior to a first meeting.
• Making the client’s welfare the paramount concern.
• Following generally accepted accounting practices.
• Keeping accurate financial records.
• Maintaining patient confidentiality.

• Respecting and collaborating with other professionals.
• Making appropriate referrals, if necessary.

Any negative perceptions of a massage professional’s marketing materials or advertisements tend to reflect poorly on colleagues and the profession as a whole. Promotional materials should:

• Include the therapist’s license number, place of business, and phone number.
• Refrain from using fear or guilt as motivational tactics.
• Avoid unrealistic, misleading, or sensational tactics, or promises to cure specific conditions or ailments.
• Avoid using words or images that might be construed as sexual in nature.
• Adhere to truth-in-advertising standards.

**Documentation and records**

Proper documentation and record keeping is a critical, routine aspect of a successful practice. Massage therapists or other staff members should keep notes legible and accurate. If therapists or other professionals refer to files at some time in the future (a medical emergency or legal proceedings, for example), the context and details of the notes should be clear. Other healthcare personnel will need to know the background, presenting status, actions taken and the results, with some discussion of treatment strategies and expected objectives.

Therapists should adhere to the following guidelines for preparing and maintaining records [9]:

• Maintain accurate and truthful records: record only factual information, observations, and actions. Don’t record opinions, or conjecture about a client’s condition. When recording statements made by a client (regarding an injury, for example), therapists should use quotation marks to demarcate the client’s words. Therapists should keep a separate file for personal notes or any material of a speculative nature.
• Make sure the forms they use to collect client information are appropriate for their practice and cover all pertinent areas. Therapists should also ensure forms are free of errors and are easy to read and understand. Questions should be stated simply. Therapists should avoid jargon or complicated medical terminology, or define terms as needed. In addition, they should review forms on a regular basis, and revise or simplify confusing formatting or content.
• Take a comprehensive case history and review it with the client before beginning treatment. This should include an overview of the client’s general state of health and thorough medical history, the reason(s) for seeking massage therapy, onset and duration of problematic symptoms, medical history of family members (if appropriate), and occupational background.
• Ensure staff members are trained to record client histories and other important information properly and thoroughly, and to ask appropriate follow-up questions if there is any ambiguity in a response. Therapists or organizations should implement some structure or mechanism to ensure this information is complete for every client and answers are recorded in sufficient detail. Therapists should review any personal or medical information taken by other staff members in a personal interview with the client to ensure information was recorded properly and in adequate detail.
• Areas that do not apply to a specific client should be marked “N/A” (non-applicable) rather than left blank.
• Develop a short, simple form that clients can use to note their progress (or lack of progress) at each visit.
• Document any client non-compliance with the care plan, including canceled appointments (DNKA = did not keep appointment), refusal or failure to follow healthcare instructions and/or take needed medication, activities or behaviors that pose a risk to the client’s health. Therapists should communicate the rationale for their opinion and should not proceed with any action that conflicts with their professional judgment.
• Have clients sign a form acknowledging they have been informed of the potential consequences of their action or inaction, and are choosing to refuse recommended treatment, if clients disregard recommendations for treatment.
• Notes should be legible and accurate. Therapists should pay attention to their handwriting and use clearly written and recognized abbreviations. They must remember that they and other people may need to refer to these notes years in the future, so they should be easy to read and understand.

• File records promptly and accurately. Establish a strict filing system and adhere to it, and be sure other staff members know the system and the importance of using it.

The following guidelines were established for litigation purposes and should be standard practice in all healthcare environments:

• Practitioners should alter records as minimally as possible, and only when necessary.

• Practitioners should not erase errors. They should cross out the error using a single line, so as not to conceal what is written underneath, and write the word “error” above the incorrect statement.

• If practitioners review their records and feel they need to clarify a point, they should write the date and the additional comments with the note (labeled “addendum”).

• If litigation is threatened, practitioners should not make any kind of change to the records.

Not all file contents are subject to the same retention times. Massage therapists should keep records for current and former clients for as long a period as is practically possible, but at least the length of time specified by federal and state regulations as the legal minimum. They should retain children’s records after they turn 18 for a length of time that equals the state’s statute of limitations.

Confidentiality

Massage therapists should keep all original records in their possession. They should provide copies of x-rays, notes, and records documenting client care for clients or healthcare facilities that require their own copies. Therapists should only share information in cases where disclosure is required by law, court order, or another appropriate, professionally approved manner, according to legal requirements.

Practitioners should emphasize the importance of confidentiality and retaining original file copies to all staff members. They should institute the following procedures when providing copies, and make no exceptions:

• Have the client sign and date a release authorization form.

• Keep a copy of the release authorization with the client’s records.

• Copy only the information requested.

• Note in the client’s file: the party requesting the copy, what specifically was requested, and the date, to whom, and where the copy was sent.

All information and matters relating to a client’s background, condition, and treatment are strictly confidential and should not be communicated to a third party (even one involved in the patient’s care) without the client’s written consent or a court order. Practitioners must treat clients with respect and dignity. They should handle personal information with sensitivity and keep the content of written records a private matter. Practitioners who can’t resist telling secrets or repeating gossip in their personal lives should be aware of the heavy penalties associated with jeopardizing client confidentiality in a professional context. Without an understanding that their disclosures will be kept secret, clients may withhold personal information. This can hinder caregivers in their efforts to provide effective interventions or to attain important public health goals.

Disclosure of personal health information should protect patient confidentiality as much as possible. Where confidentiality cannot be maintained, clients should be informed about how their personal health information will be used and whether the information will be identifiable or anonymous. Coordination of health care in daily practice, requires limited disclosure of information to other healthcare providers, companies related to client reimbursement or payment, etc.

New clients

Massage therapists should assume that a new client knows nothing about massage therapy. Many massage therapists create an information sheet to acquaint new clients with basic massage concepts. Office personnel, customary procedures, and other useful points regarding their place of business, such as bathroom locations, and what to expect in a typical session, can be distributed to clients in the waiting room before their first session. Providing basic instructions and answers to common questions in a brief information sheet can put new clients at ease, especially when these clients are new to the experience and unfamiliar with a facility’s personnel and way of conducting business.

During the session, the therapist should inform the client when moving from one area to another, especially when the movement is to a particularly vulnerable area, such as the abdomen. Therapists should also do the following:

• Assess sensitivity and tolerance and inform the client as they progress to deeper movements.

• Perform tapotement only with client permission, and after the individual is adequately informed about the process.

• Take care not to startle a client in a relaxed state.

• Inform the client regarding potential massage after-effects, such as tenderness or soreness, and the expected duration of such effects.

• Ask the client near the end of the session if any particular area needs further attention.

• Invite feedback and implement changes based on client comments.

At the end of each session, therapists should discuss the clients’ treatment plan and health objectives. They should ask the clients to assess their progress or lack of progress toward treatment goals. Massage therapists should also answer
Boundaries in the patient-practitioner relationship

Boundaries define the limits of appropriate behavior between professionals and their clients. By establishing boundaries, a massage professional creates a respectful and protective space for the therapeutic relationship to occur. A boundary violation occurs when a massage therapists’ behavior goes beyond appropriate professional limits.

The intimate nature of massage therapy involves practitioners in important and sometimes highly stressful life events, and the mutual dependence of colleagues working in close concert, all of which present the potential for blurring of limits to professional relationships. Remaining within the bounds established by the purpose of the relationship can be especially difficult in prolonged or long-term relationships. Even so, in all encounters, practitioners are responsible for retaining their professional boundaries.

A variety of standards establish the limits of appropriate professional behavior, whether those limits are explicitly enumerated in standards of conduct, codes of ethics, or law, or tacitly conveyed through professional training and widespread acceptance. Individuals who seek help must rely on the professional they consult to be trustworthy: When practitioners behave in ways that calls their professional judgment and objectivity into question, the trust on which the relationship depends is compromised. And when trust is compromised, the efficacy of the therapeutic relationship is negatively affected.

Part of massage therapists’ responsibility in maintaining clearly defined boundaries is to protect the client should the therapist act or speak inappropriately, or be motivated by anything but the client’s best interests. Inappropriate behavior tends to make people uncomfortable. If therapists notice that a client is not responding positively to massage therapy, they should make sure their behavior or comments are not a contributing factor. Relieving stress and physical stiffness or pain should be a relaxing and comfortable experience. If a massage therapist’s behavior is appropriate but a client appears anxious or uncomfortable in the session, the therapist should discuss potential concerns with the client.
A boundary violation occurs when a professional’s behavior goes beyond appropriate professional limits. Boundary violations generally arise when a personal interest displaces the professional’s primary commitment to the patient’s welfare in ways that harm the patient or the patient-practitioner relationship. Interactions between massage professionals and patients or clients are ethically problematic when they can affect the care that other clients receive or they affect the massage professional’s relationships with colleagues – or when they give the appearance of doing so.

Boundaries may be breached in several ways. Some breaches are inadvertent or not intentionally exploitative. These are known as boundary crossings. Commonly cited examples are a goodbye hug initiated by a client at the completion of treatment; non-sexual physical reassurance at times of extreme stress; running a session overtime; or selective self-disclosure. Repetitive boundary crossings are potentially harmful because they blur boundaries, thereby increasing the chances of boundary violation. Boundary violation is a significant and potentially harmful breach where the practitioner overrides the client’s rights or actually does harm to the client. Some examples include: affectionate or flirtatious communication; self-disclosure about the practitioner’s personal problems; or breaking confidentiality.

### Personal boundaries and self-disclosure

Self-disclosure is the process in which the practitioner reveals personal (rather than general or professional) information about themselves to the client. There are many different motivations for and types of self-disclosure. An incident may be deliberate or accidental, initiated by either the client or the therapist, and can be spoken or unspoken. An example of unspoken intentional self-disclosure is how therapists choose to decorate their workplace (with careful selection of a meaningful poster or picture, or a family photo, for example). Some self-disclosure is unavoidable, as therapists’ presence communicates facts about their gender, approximate age, etc.

Some disclosure is accidental because it is not meant to be shared but is communicated through body language or tone of voice. Accidental self-disclosure also occurs in cases where a practitioner bumps into a client unexpectedly, when both are sitting in their doctor’s waiting room, for example. Therapists may or may not want to disclose information about why they are there, and it may be difficult to find a safe middle ground, revealing enough to be professional and friendly, but not enough to compromise their own personal space and privacy.

It’s difficult to know where to draw the line. Massage therapists should ask themselves two questions before self-disclosing:

- How will it benefit the client?
- How will it affect their professional boundaries?

Therapists should also consider their own privacy. For example, what if a therapist and a client attended the same Alcoholics Anonymous meeting? This might make it hard for both to get the full benefits of attending the meeting during times of stress or relapse. Self-disclosure is not always conscious and deliberate. Words can be blurted out, poorly thought out, or tinged with emotion. When in doubt, do not self-disclose.

In a similar vein, it is usually best for therapists to withhold emotional responses or judgments (both negative and positive). A good rule of thumb is for therapists to monitor their own feelings without imposing them on clients. If therapists are distracted by a strong feeling, they should mentally put it to one side, wait until after the session, and then talk with a peer or supervisor or deal with it personally. As with other boundary crossing, self-disclosure should be client-focused and based on the welfare of the client. Different clients and practitioners have different personal boundaries, so appropriate boundaries must function within the client’s comfort zone.

Personal and professional boundaries exist for the benefit of both the practitioner and the client. Changing or moving boundaries results in an unclear or ambiguous relationship that puts the safety of the client at risk, although it may not appear to have negative repercussions at that time. Transgressions often have delayed consequences that do not appear harmful initially. Detecting boundary violations is complicated by the fact that transgressions are more often a process than an individual event or occurrence. Boundary violations may be subtle, or masked by the professional/patient relationship.
**Dual/multiple role relationships**

A dual or multiple role relationship occurs when an individual either at the same time or different points in time engages in two role categories, for example, in addition to the professional therapeutic relationship, there is also another relationship, such as relative, friend, student, business partner, or instructor. While it is perhaps best to avoid dual relationships, it is not always possible or practical. In small towns, for example, it may be more difficult to avoid dual relationships.

There is a great range of opinion regarding the propriety of dual relationships. While some feel that not all dual relationships are negative, all have that potential. Some organizations suggest that dual relationships are acceptable, if not exploitive. To ensure that the relationships do not cross the line into exploitation, therapists should follow recommended procedures including informed consent, open discussion, consultation, supervision, and examination of personal motivation, all of which should be documented.

Some professionals consider it unethical to work on friends, while others consider it acceptable to proceed as long as appropriate measures are taken to ensure there are no detrimental effects to the therapeutic or preexisting relationship. It is always best to avoid multiple relationships if it appears likely that the relationship might interfere with the therapeutic relationship. However, existence of a dual relationship is not necessarily a violation of boundaries. This is usually referred to as a “prohibited dual relationship.” This means a dual relationship that might impair objectivity or effectiveness, or permit exploitation, or create an actual, apparent or potential conflict of interest.

It is the therapist’s responsibility, not the client’s, to maintain appropriate boundaries in the professional relationship. If a complaint is filed, it will be the massage therapist’s responsibility to demonstrate that a client has not been exploited or coerced, intentionally or unintentionally. Massage therapists should be especially vigilant regarding any conduct that could impair their objectivity and professional judgment in serving a client, and any conduct that carries the risk and/or the appearance of exploitation or potential harm to a client.

**Terminating a professional relationship**

If therapists feel it is appropriate, either because a specified, finite course of treatment with a client is concluding, or because they believe the relationship with the client has become dysfunctional, unproductive, or emotionally damaging, it may be necessary to terminate the professional relationship with the client. While this can be a difficult and uncomfortable task, it should not be postponed out of a desire to avoid confrontation or discomfort.

Terminating a potentially damaging relationship is an important professional obligation with specific responsibilities. Practitioners must realistically assess their own limitations and/or their client’s potential for therapeutic benefits, and make a determination in their client’s best interests, without feelings of failure or guilt. Therapists must develop a plan for termination that is considerate of the client, understanding that the client may receive the news with emotion or distress.

Informed consent provides a framework for termination because it specifies the need for an ongoing discussion between the client and practitioner regarding the expected goals and anticipated timeline for therapeutic benefits. Therapists should involve clients in the process so they are aware of treatment objectives and can ask questions and make determinations about clients’ progress toward them. Therapists should discuss obstacles to client progress as they come up, so the client is not surprised by an unexpected pronouncement or abrupt changes in assessment of the client’s condition from one session to the next. Therapists should follow customary procedures for
Sexuality and massage

Sexual misconduct, one of the most egregious examples of inappropriate behavior, refers to any sexual activity between the massage therapist and client. While women are less likely than men to be accused of sexual misconduct, they are not immune to such allegations. Some practitioners employ strategies of avoidance, ignoring the issue of sexuality entirely, either

- **Consult appropriate information resources and supervising personnel.** They can also contact a professional colleague or supervisor about the situation with the client, post a question on a professional massage therapy website, or refer to professional organizations with which they are affiliated. Therapists may be able to find an alternative to terminating the client, or a sensitive way to present the issue. If therapists appeal to any of these resources, they must maintain strict rules of confidentiality and privacy, ensuring that the client’s name or other identifying information is never revealed.

- **Do a reality check.** Therapists should make sure that they are “on the same page” as the client. Therapists should compare their understanding of a therapeutic relationship with the client’s, and discuss disparities in the way the relationship is perceived, difficulties and desired objectives. This kind of clarification can help to determine the scope of the problem and whether it is the result of miscommunication or misinterpretation, something that can be remedied or requires termination.

If it is necessary to terminate the client, therapists should ensure it is done when they have sufficient time to discuss the subject fully. Massage therapists should take the time to respond to any questions the client may have, and give the client sufficient time to react to the news, respond to it, and regain composure. Massage therapists should try to leave the client with positive feelings about them and the practice of massage therapy. In addition, therapists can provide referrals to other massage practitioners or healthcare professionals, as appropriate.

Strategies for client safety

The emotional, financial, and legal consequences of professional misconduct for both the client and professional community are profound. Preventive policies should include an educational component that explains power dynamics in the therapeutic session, what constitutes appropriate and inappropriate conduct with individuals of the same and opposite genders, and strategies for speaking and acting in ways that delineate and reinforce appropriate boundaries.

For massage therapists to ensure clients’ safety, they must actively and consciously “desexualize” the experience of massage; that is, make something with potential sexuality no longer sexual, or de-emphasizing that dimension. Desexualizing massage is a process of deconstructing the massage experience into its component parts, acknowledging human sexuality as a given, and accepting the practitioner and client as sexual beings.

It is natural for clients to feel some degree of anxiety or insecurity related to the process of disrobing and draping. Massage therapists can minimize anxiety or concern by stating and/or providing written information regarding disrobing. Before the client undresses, therapists should state that a draping procedure is required for purposes of modesty and physical comfort. Therapists can also mention or have a written notice that explains draping; that it will cover all parts of the client’s body except the specific area receiving attention. Once therapists finish work in that area, they will recover it, and move to the next area. Massage therapists can tell clients to let them know if they have a question or concern, or feel uncomfortable in any way. If therapists encounter a client who prefers not to be draped, therapists should explain that they are unable to proceed with the session until the client agrees to this customary procedure.

Therapists should explain to clients what can and cannot be removed or left on without impeding access to parts of the body that will receive therapeutic attention. Therapists should reassure the client that it is not necessary to remove any more clothing than personal comfort or modesty will allow. In addition, therapists should request that clients wait to undress until after they have left the room. Therapists should never allow the client to dress or undress in their presence. Before they begin, therapists should inform the client of what areas they’ll focus on and ask permission to proceed. Therapists should expose and work on only one area of the body at a time, and cover the exposed part before moving on to another area.

Massage therapists should avoid ambiguity or the appearance of impropriety in their words and manner. For instance, therapists should dress appropriately in a professional manner, avoiding any outfit that could be construed as revealing or provocative. The therapist’s demeanor should approximate that of other professional healthcare personnel. In addition, massage therapists should use appropriate language and avoid cussing or indecent comments. When referring to physical conditions or parts of the body, therapists should use appropriate medical terminology. Therapists should never discuss sexual topics with or in front of the client, joke about sexual matters, make sexual remarks or jokes, or use sexual innuendo.

Several precautionary measures can help massage therapists to maintain a comfortable and professional environment. Massage therapists should avoid meeting new clients at unknown locations, at hotels, or in the client’s home, where personal safety may be at greater risk. If therapists meet a client on-site, they should set up the massage table in a neutral location,
rather than a bedroom. Therapists can encourage relaxation through the client’s visual, auditory, and olfactory senses, but should keep the look and smell of the environment subdued and professional; avoiding creation of an overly perfumed, romantic, or sensual atmosphere. Therapists should also remember that a client may be allergic to certain odors, have strong negative reactions to certain smells, or associate a given odor with an unpleasant memory or incident. Music should also be soothing and subtle, and played only after therapists have asked the client about a preference for music or silence during the massage.

Misconduct

Misconduct has been a persistent and troubling issue in health care and medical professions since the early days of modern medicine. Written more than 2,000 years ago, the Hippocratic Oath urged members of the medical profession to refrain from “mischief, and in particular, sexual relationships with both female and male persons.”[4] In recent years, accusations of misconduct in the healthcare and personal service industries have become increasingly common, due in part to formal regulation of the complaint process and greater awareness of the issue among the general public.

Misconduct takes many different forms that vary considerably in type and degree of severity. The following examples of misconduct demonstrate the need for ethical vigilance in every aspect of business practice, from organizational matters, to billing, to social interactions. Even in cases where inappropriate behaviors are the unintended result of thoughtlessness, errors in judgment, or improper planning, they risk potentially serious repercussions for the client and heavy penalties for the practitioner. Victims may face emotional and physical scarring with lifelong implications, and allegations of misconduct – even false ones – wreak havoc with practitioners’ lives and livelihoods.[5] Misconduct takes many forms. The following list provides some examples of each type of misconduct:

- Misrepresentation of educational status: Identifying oneself as a craniosacral therapist after taking a two-hour course.
- Substance abuse: Practicing under the influence of alcohol, drugs, or any illegal substances (with the exception of prescribed dosage of prescription medication that does not significantly impair the practitioner).
- Financial impropriety: Charging a cash-paying client a different fee than an insurance-paying client.
- Exploiting the power differential: Asking a stockbroker for financial tips during a treatment.
- Misleading claims of curative abilities: Guaranteeing a client that her pain will be gone in two sessions.
- Accessibility: Refusing to adapt the office (or making some reasonable accommodation) for those with physical challenges.
- Bigotry: Refusing to work with someone due to race, religion, size, or sexual orientation.
- Inappropriate advertising: Using a provocative picture in advertising; presenting misleading qualifications.
- Dual relationships: Dating a client.
- Violation of laws: Practicing out of one’s home, when it is not permitted by law.
- Confidentiality: Name-dropping famous clients; telling a spouse details about his partner’s session.
- Contraindications: Treating a client while sick or infectious; ignoring signs of conditions that preclude physical contact.
- Informed consent: Working on a minor without parental knowledge; treating someone’s injury without permission.
- Practicing beyond scope of practice: Doing spinal adjustments, massage or counseling without appropriate training.
- Sexual misconduct: Watching a client undress or hugging a client in a sexual way.

Harassment

Harassment is a specific kind of misconduct or boundary violation in which an individual of equal or greater authority is inappropriately familiar with a co-worker or junior employee. Harassment can manifest itself in abusive remarks or behavior, belittling statements and actions, and discussion or commentary of an overly personal or offensive nature. Sexual harassment is misuse of power, typically exercised within the context of work, containing a sexual or gender-specific component.

The Equal Employment Opportunity Commission defines sexual harassment as any unwelcome advance, request, verbal statement, or physical conduct of a sexual nature, including visual displays, in which any of the following occurred. The therapist was:[6]

- Repeatedly asked out on a date by a manager, co-worker, or client after the invitation was initially declined.
- Propositioned to have sex with a manager, co-worker, or client.
- Propositioned to have sex with a manager, co-worker, or client as a condition of employment or in order to receive promotions or other awards.
- Continually touched on the body by a manager, co-worker, or client after they were asked not to.
- Touched on or near the genitals, buttocks, or breasts by a manager, co-worker, or client.
- Instructed to massage a manager, co-worker, or client that the massage therapist has declined to provide therapy for (due to sexual harassment) as a condition of employment or in order to receive promotions or other awards.
- Instructed to massage a manager, co-worker, or client in a specific manner so as to elicit a sexual response.
- Harassed, intimidated, or offended by the ongoing sexually explicit language of their managers, co-workers, or clients (language that either references the massage therapist directly or is explicit in nature within the massage therapist’s vicinity but is not directed towards him).
- Asked to undrape the genitals, buttocks, or breasts during a massage or expose themselves to clients or patients who undrape themselves in a manner that is in violation of local and state laws.
Sexual harassment, like sexual misconduct, is not defined by any specific sexual interaction between two individuals. Harassment may include the discussion of sexually explicit topics at a place of business, unnecessary or inappropriate references to specific body parts or functions, and visual depictions of a provocative or offensive nature, such as posters or calendars featuring photos of nude or scantily clad models. Sexual harassment can occur between men and women, women and women, men and men, or any other combination of sexual or gender identity. Sexual harassment may feel humiliating or shameful, making the victim reluctant to report the incident.

Case studies

**Case Study 1:** A massage therapist and client have had a professional relationship for four months now. During this time, the client has received a massage once per month. There has not been any inappropriate activity during this time, and there has not been any non-professional contact outside of the massage sessions. Lately, however, the client has been scheduling weekly massages. Moreover, the appointments have been at the home of the client, and the conversations during a massage appointment have typically been personal in nature, often speaking freely. Although it is unspoken, both the client and the therapist believe they would make great partners socially. The client has been physically attracted to the therapist since their first appointment, and the therapist has become increasingly attracted to the client as well. The client is aware that the therapist is also getting over the recent dissolution of a long-term relationship and has few social outlets. During the massage, the client occasionally makes sounds that signify pleasure and possibly even sexual arousal. The therapist finds the feedback flattering and puts extra effort into making the massage an increasingly sensual experience for the client.

**Analysis:** This case potentially violates several areas of ethical concern. The first is an abuse of the power wielded by the massage therapist in the therapeutic relationship. Having forged a close relationship with the client, the therapist has allowed an emotional response to escalate into a physical one and let a small impropriety on the part of the client escalate into egregious misconduct on the part of both parties. Whether intentionally or unintentionally, the client’s transference (all the feelings experienced by the client, related to his or her past experiences and relationships, stirred up by or in the session) has tested the boundaries of the professional relationship leading to countertransference on part of the therapist (all the feelings experienced by the practitioner, related to his or her previous relationships and experiences, that are stirred up during the session, including the practitioner’s conscious and unconscious response to the client’s transference of emotions). Although transference and countertransference is generally neither negative nor positive, the risk of raising unrealistic expectations on the part of client or practitioner in this situation is high. Ultimately, the therapist is responsible for maintaining the therapeutic relationship and as such, is required to maintain boundaries that do not compromise professional judgment and objectivity. This case is also a clear example of an ethical violation of sexual misconduct, as the therapist intentionally seeks to gain the client’s approval in a manner that is not within the therapist’s scope of practice. In this situation, the therapist may want to consider how a potentially negative end to any personal relationship with this client may adversely affect the massage business in the future, both legally and in the court of public opinion.

**Case Study 2:** A massage therapist has a private massage therapy practice in a small town. The therapist works at a clinic located in the center of town where five therapists share the office. One of his clients, an unemployed housewife, noted on her initial intake form that she rarely leaves the house, and that she arrived late because she got lost on the way to the clinic. Since then, she has been a punctual client for several months. Recently, though, she has been arriving to her appointments with bruises on her back and shoulders. Today, she arrived early with a bruise over her eye, which was covered up with make-up. When asked about the bruises, the client said that she “fell down.” Although the client has not mentioned anything personal to the therapist, he gets the sense that she is being physically (and possibly verbally) abused. The therapist has heard rumors that the client’s husband is involved in illegal activities and organized crime. The client begins to visit the massage clinic even when she does not have an appointment scheduled. Sometimes, she just reads the magazines and asks questions about massage. On appointment days, she arrives very early and lingers long after her session is over. She continues to increase the frequency of her appointments so that she receives two massages a week. The therapist senses that this is not a case of physical attraction and that the client just wants someone to talk to.

**Analysis:** In this situation, it may be difficult for the therapist to avoid a breach of the client’s confidentiality, as she has not disclosed that she is either being physically or emotionally abused, regardless of appearances or hearsay. All information and matters relating to a client’s background, condition, and treatment are strictly confidential and should not be communicated to a third party without the client’s written consent or a court order (and in this case, there is no method for obtaining a court order). If the therapist finds that he cannot in good conscience let the alleged abuse go undetected by the proper authorities, the therapist is left with one or two of the following options: either refer the client to a social worker and/or terminate the therapeutic relationship. In giving the client
a referral to a social worker, the therapist does not violate the client’s principle of autonomy (self-rule), which holds that individual persons have the right to make their own choices; if the client wants to seek support for abuse (if it is taking place) she may do so of their own volition. And, in giving the client the referral, the therapist does not violate any professional boundaries, since he is remaining within his scope of practice. But the therapist may also choose to terminate the therapeutic relationship because the relationship with the client has become dysfunctional. The obstacle for the therapist should be relayed to the client as early as possible so that the client is not surprised by any unexpected pronouncement that the therapeutic relationship will come to an end.

**Case Study 3:** A massage therapist working in a clinical setting has been treating a client who seems like a good person: fun, smart, and dedicated. During massage appointments, there has been no indication of either client dependency or physical attraction. The verbal and non-verbal feedback that the client provides during the session seems to facilitate the professional relationship. After the last appointment, though, the client began to discuss what appears to be a great business opportunity that he thinks the therapist might be very interested in. The client feels that this opportunity is so good that the therapist will probably want to share it with her friends, acquaintances, and other clients. He wants to meet with the therapist over lunch to describe the opportunity. He also wants the therapist to meet his spouse during lunch, since she is heavily involved in the business. The therapist doesn’t know much about the client beyond the clinic, and has never spoken to him about anything but massage therapy and his treatment plan.

**Analysis:** Here, the client is seeking to engage in a dual relationship with the massage therapist; in this case, the client is proposing a business relationship that goes beyond the therapeutic relationship. Although it generally considered best to avoid dual roles or multiple relationships if it appears that the relationship might interfere with the therapeutic relationship. The possibility of a dual role or multiple relationships is not necessarily a violation of ethical boundaries. However, what is the potential impact of agreeing to accept this business opportunity with the client? Conversely, what consequences may follow from turning down the client’s business opportunity, regardless of the reason? Any dual role or relationship may impair objectivity or therapeutic effectiveness, or permit exploitation, or create an actual, apparent or potential conflict of interest. Furthermore, engaging in any business besides massage therapy with this client may lead to other conflicts, such as the lending and borrowing of money, gift giving, soliciting donations, and the unsolicited marketing of massage to other business partners. Maintaining proper boundaries is critical to the effective and ethical practice of massage therapy.

**Case Study 4:** A massage therapist works at a spa where he believes the employer’s standards for cleanliness do not meet professional standards. The employer does not require oil or lotion containers to be cleaned as they are filled or at the end of the work day, does not require massage room surfaces to be cleaned on a daily basis, does not send dirty linens to a laundry service to be sanitized, and only requires hot stones to be sprayed with a disinfectant between clients.

**Analysis:** The answer to this problem may lie in each state’s particular regulations or the regulations suggested by each state’s massage licensing board, although it should be noted that the suggestions for cleanliness advanced by a massage therapy board may not have legal precedence. Where the law is applicable, sheets, towels, table surfaces, and other relevant items or materials must be cleaned according to all legal health and safety requirements. Where the law is lacking in comparison to a code of ethics or standards of practice a massage therapist may accept, therapists may have to take it upon themselves to protect themselves and their clients from potential safety hazards. In establishments where hot stones are used, for example, the standard of practice is such that hot stones should be scrubbed with hot water and soap between clients, and the water in the hot stone caddy exchanged for clean water before the next client receives a hot stone massage. One reason for this is that an undetected pathogen from one client may be transferred to the hot stones during a hot stone massage and possibly transferred to the next client who receives a hot stone massage if the same stones and water are used. It would be a clear violation of a therapist’s “do no harm” ethos to allow this happen, regardless of the employer’s standards of cleanliness. Ethically speaking, the therapist should consider educating the employer about the fundamentals principles of infection prevention as outlined by the Centers for Disease Control.

**Reporting misconduct**

Many states require a “duty to report” by their licensees. If therapists believe they have first-hand knowledge of another practitioner acting unethically or illegally, they have a responsibility to report it. They should contact their state board, the certifying organization (NCBTMB, AMTA, etc.), or the Agency for Healthcare Administration (AHCA) to file a complaint. The AHCA is responsible for analyzing complaints and reports involving potential misconduct and initiating investigations. The boards and councils within statewide organizations determine probable cause and disciplinary action.
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ETHICS IN MASSAGE THERAPY
Final Examination Questions

Select the best answer for each question and complete your test online at Massage.EliteCME.com.

1. Because virtually all state licensing authorities, certifying/accrediting agencies, and professional associations establish their own standards of conduct and ethical guidelines for their members, massage therapists need to:
   a. Memorize the AMTA and NCBTMB ethical codes.
   b. Ignore external ethical codes and create their own.
   c. Refer to the literature or websites of prominent organizations in other fields of study.
   d. Refer directly to the organizations and academic or training institutions with which they are affiliated, as well as state, local, and national associations, to review the ethical guidelines that apply specifically to them and their practice.

2. Accountability is:
   a. The protection of public safety by professional organizations that certify its members through licensing and continuing education requirements.
   b. Practitioners’ area of competence, usually obtained through formal study, training, and/or professional experience, and one for which they’ve received certification or other proof of qualification.
   c. Doing what will further the patient’s interest.
   d. Abiding by industry standards of safety and hygiene.

3. If massage therapists suspect they are acting out of an unhealthy need or motive, or feel their interactions or relationship with the client are impeding rather than facilitating the therapeutic relationship, they should:
   a. Respectfully and courteously discuss the topic with their client.
   b. Encourage the client to take an active interest in health concerns.
   c. Seek assistance and/or supervision with a professional massage therapy organization.
   d. Explain their fiduciary responsibilities to the client.

4. If massage therapists believe their client has a serious medical condition or may have suffered an injury, which of the following is not recommended:
   a. Tell the client immediately and refer him/her to the appropriate health-care professional.
   b. Discuss the condition with the client’s doctor, even if they do not have explicit permission from the client to do so.
   c. Document the referral and the reasons for it in the client record.
   d. Keep scope of practice in mind when you give advice or make recommendations to clients.

5. A client’s Bill of rights typically includes:
   a. Emergency contact information.
   b. Preferred amount of pressure to be utilized.
   c. Access to a restroom.
   d. The name of their medical practitioner.

6. A critical and routine aspect of a successful practice is:
   a. Documentation and record keeping.
   b. Conducting business in an ethical manner.
   c. Monthly promotions.
   d. Providing referrals.

7. A power differential is:
   a. The amount of force a massage therapist exerts in massage.
   b. The imbalance in authority or power that results from the massage therapist’s greater expertise in massage therapy.
   c. Egregious misconduct or improprieties.
   d. Always unprofessional.

8. Transference and countertransference can:
   a. Activate strong emotional reactions and/or feelings of sexual attraction.
   b. Raise realistic expectations on the part of clients and practitioners.
   c. Keep a massage therapist from overreacting.
   d. Identify red flags.

9. An example of an inappropriate dual relationship is:
   a. Scheduling two clients at once.
   b. Scheduling a new client who is a relative of an existing client.
   c. Being married to another massage therapist.
   d. Bartering with clients for the provision of services.

10. If massage therapists uncharacteristically deviate from normal session structure or protocol, they should suspect their impulses may be motivated by self-interest, or are having strong emotional responses to a client, they should:
    a. Seek peer support or supervision.
    b. Discuss their concern with the client.
    c. Provide services outside of their scope of practice.
    d. Defer responsibility for maintaining protective boundaries.

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