

## Building consent: an ethical challenge

As a counterpoint to legal considerations, Balizet et al. (2024) emphasise that consent is also a functional, experiential (active or passive), clinical phenomenon, i.e. embodied in the form of manifestations of agreement, disagreement, construction and co-elaboration of adhesion between the child and their various interlocutors over the course of their life (Balizet et al., 2024). The authors also mention the need to base care on an approach that involves both parents and child in the decision, respecting the autonomy of the subject. The field of care poses an ethical challenge, based on the internal dispositions of the child's immediate environment, in order to consider moving away from a hierarchical relationship, in which the child is always an actor who can claim ascendancy over the other, dispensing with their opinion, whether it be the parent, the doctor or the adult in the broadest sense (Poirier and Mendes, 2013; Debarre, 2017; Lelievre, 2005).

Consent has a fundamental "clinical" aspect, which is built into a dynamic, evolving process. We approach the notion of this clinical field with reference to the work of René Roussillon, i.e. as a space for relationships, encounters and human experience, warm, lively and personalised, adapted to the needs of the subject, which plays a part in the construction of the self and subjectivation.

Compliance with care is therefore a radically different form of consent from signing a form, which is nonetheless essential for certain medical procedures to be carried out. Vaucher (2022) uses the notion of **discreet consent** to describe the ways in which a child may manifest their adherence to the care being offered (nodding, moving, grasping the hand, etc.), and the way in which this discreet consent is constructed in an interaction, in an "ecological act", which goes beyond that of the signature collected beforehand, consisting of mechanisms and stages designed to shape it (based on the demonstration of the act, the ability to distract from the anxiety-provoking act, the possibility of rewarding the subject's attitude, etc.). Consent becomes

an act that stems from the subject's agency, taking place in a relational, bodily, mimo-gestural-postural space, in silence as in negotiation, and necessarily in a relationship of trust.

In research, consent is also described as a dynamic process that is not fixed in a single form of data collection (Rouyer et al., 2020). Consent is not constructed in a dichotomous way - yes or no - but in an evolving, situated and relational manner. In ethical terms, the aim is not to comply with a formal standard with a targeted outcome, but to pay attention to the conditions in which consent takes on shape and meaning for the child. This form of consent, which we can perhaps refer to as "canonical", in that it is explicit, written, supported by a rational understanding of the protocol and the possibility, at least in theory, of freely withdrawing it, most often meets the legal requirements. However, it is rarely "ideal" or sufficient, because it presupposes, including for adults and parents, cognitive stability, trust in institutions and a capacity for abstraction that is not always found in disadvantaged social situations or complex psychological contexts. A more fluid approach is based on consent built on dialogue. It is anchored in an interaction between researchers and children (and their legal representatives where applicable), where the terms of participation are discussed, reformulated and integrated. In observational research, consent can also be implicit in the sense that it is 'reconstructed' over time: spontaneous returns, absence of overt opposition, continuity of commitment.

In view of these factors, the fundamental issue of consent for the internal experience of the young subject is more a question of the ethics of the carer or researcher than of legislation. The subject's autonomy is necessarily caught up in their environment, and all decision-making should take this into account.