# Practice Standard

## Informed Consent

*Practice Standards are legally enforceable standards which set out requirements related to specific aspects of naturopathic doctors' practice. Practice standards are provided for under s. 19 of the Health Professions Act. They link with other standards, policies, and bylaws of the College of Naturopathic Physicians of BC, and all legislation relevant to the practice of naturopathic medicine.*

## Introduction

This standard sets out the requirements of registrants with respect to the informed consent by a patient.

## Definitions

Informed Consent: A written or oral notification indicating that the consent given by a person has been based upon a clear appreciation and understanding of the relevant facts, implications, and future consequences of a proposed action. Consent is the voluntary agreement made by a capable individual or from a substitute decision maker. Patients and their substitute decision makers have the legal right to agree to, refuse, or revoke permission for proposed care, service, or treatment provided by a health care professional, at any time.

Substitute Decision Maker: A substitute decision maker can be one of the following:

- Representative: A person authorized by the patient in a valid representation agreement to manage their personal and health care needs in the event they are not able to do so on their own under the *Representation Agreement Act*.
- Temporary Substitute Decision-Maker under the *Health Care (Consent) and Care Facility (Admission) Act*

## Principles

1. Registrants must ensure that consent is obtained prior to:
    a. obtaining a case history
    b. performing a physical examination
    c. initiating diagnostic or information gathering testing

d. initiating treatment
*e.* collecting personal health information in accordance with the *Personal Information Protection Act*

To be valid, informed consent must be:

f. related to the proposed interventions
g. informed
h. voluntary
i. not obtained through fear, misrepresentation, or fraud

2. Registrants must ensure that the patient or substitute decision maker understands the following with respect to the proposed course of action:
    a. the nature of the course of action or intervention including whether information will be obtained from other individuals
    b. the reason for the course of action or intervention
    c. the potential benefits and limitations of the course of action
    d. the risks and potential side effects or adverse effects
        i. Registrants must disclose the risks or side effects that are likely to occur as well as risks and side effects that can result in significant harm or death even though they are unlikely to occur.
    e. the associated financial costs to the patient
    f. the consequences of not receiving the intervention
    g. the reasonable alternatives
    h. the right to withdraw their consent at any time.

3. Registrants must ensure that informed consent is obtained from the patient or substitute decision maker at the start of and throughout the assessment and treatment process.

4. Registrants must provide the opportunity for the patient or substitute decision maker to ask questions and respond to them in a manner that helps the patient or substitute decision maker understand facts and information that are relevant to informed consent.

5. Registrants, when obtaining informed consent, must ensure that the patient or substitute decision maker understands the information provided and is capable of giving informed consent to assessment and/or treatment as per the *Health Care (Consent) and Care Facility (Admission) Act.*

6. Registrants must document the attainment of informed consent in the medical record, including:
    a. that a discussion regarding informed consent took place and the patient understands the proposed assessment or treatments and their risks, limitations, and benefits
    b. any modifications to the informed consent
    c. when informed consent was obtained using an interpreter, alternate means of communication, or a substitute decision maker, their identity and documentation related to their role should be recorded as well (e.g., power of attorney).

d. that the patient withdrew consent, why they did so, and what specifically was withdrawn.

7. Documentation of informed consent can take either of the following forms:
    a. a note in the patient record
    b. an informed consent form, which is dated, signed, and witnessed.
        i. The form is part of a patient doctor dialogue, used to record all the processes outlined in this standard have been adhered to. A form is not a substitute for dialogue.

8. The patient must be offered a copy of their signed informed consent form for their reference.

9. Minors (anyone under 19 years of age) may give informed consent for their own health care, if the health care provider is confident that they are able to comprehend the need for treatment, what the treatment is and what it involves, and the risks and benefits of having the treatment versus not having it, as per the *Infants Act*.

10. Registrants must obtain the patient's informed consent before communicating with any of the patient's other health care providers except in exceptional circumstances such as the presence of material risk of harm to self or others, and emergencies where the patient is unable to communicate their informed consent.

11. Registrants must recognize, respect, and promote a patient's or substitute decision maker's right to be informed and to make decisions about care, including their right to give, refuse, or revoke consent. This is a professional and legal obligation under the *Infants Act* and the *Health Care (Consent) and Care Facility (Admission) Act*.

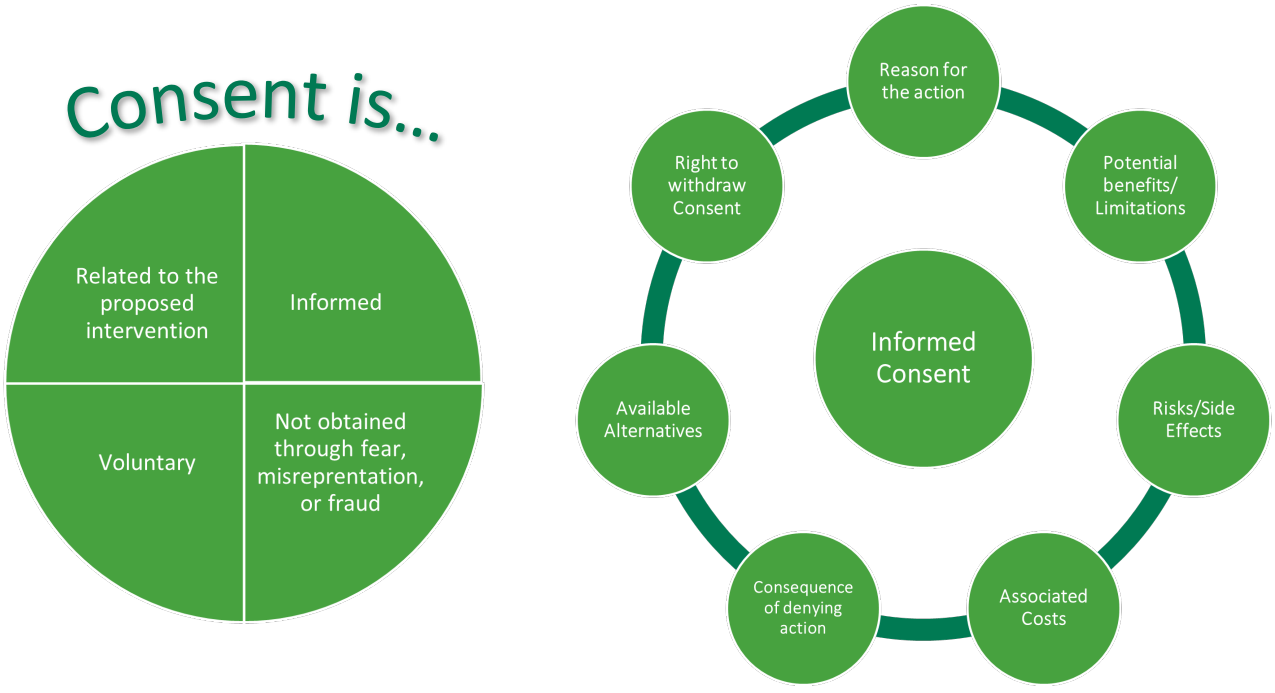
12. A registrant may provide health care to an adult without the adult's informed consent if (in accordance with the *Health Care (Consent) and Care Facility (Admission) Act):*
    a. the adult is impaired by drugs or alcohol, unconscious, semi-conscious or otherwise unable to give or refuse consent, there is no substitute decision maker available, and it is necessary to provide the health care without delay to preserve the adult's life, to prevent serious physical or mental harm, or to alleviate severe pain.

## Applying the Principles

- A naturopathic doctor (ND) informs and engages with the patient to enable the patient to freely make their own decisions about their health care. NDs are responsible for ensuring, on an ongoing basis, that informed consent to treatment is obtained from the patient or their substitute decision maker. NDs ensure the patient or substitute decision maker has the information needed to make an informed decision.

- Informed consent may be given verbally, in writing, or through an alternative communication system (e.g., computer assisted). As per the *Health Care (Consent) and Care Facility (Admission) Act*., consent can be implied through the behaviour of a patient (e.g., cooperating with your actions). NDs need to have a reasonable belief that the patient is consenting.

- NDs can assist patients in communicating and understanding informed consent by:
  - Giving verbal explanations
  - Using visual aids and handouts
  - Asking patients for feedback about what they understand
  - Asking patients if they have any questions
  - Engaging any family or friends who are supporting the patient to help the patient understand
  - Helping the patient obtain information from the most appropriate health professional
  - Using plain language, consistent terms, and age-appropriate terminology
  - Using the services of a qualified interpreter if a language barrier exists




- NDs must be aware of advanced directives and the roles and responsibilities of substitute decision makers and representatives. In circumstances when the patient's right to consent has been taken away (e.g. when a patient is certified under the *Mental Health Act* and deemed incapable), patients have a right to know what care is being provided.

- NDs must be aware of the power dynamic between themselves and patients/substitute decision makers, and how it may influence either party's decisions regarding care.

- In accordance with the *Infants Act*, section 17, minors (anyone under 19 years of age) can consent (or agree) to their own medical care if they are capable and the health care is in the minor's best interest. The law considers a minor capable if they understand the need for medical treatment, what the treatment involves, and the consequences (benefits and risks) if they receive or do not receive the treatment. There is no set age when a minor becomes capable. It depends on the maturity of the minor and the seriousness of the proposed treatment. NDs use their judgment in each case to determine if a minor is capable. NDs understand the legal requirements for determining if a minor can provide valid informed consent and know who may give informed consent if your minor patient cannot.

- In an emergency, where the patient or the substitute decision maker is unavailable to provide informed consent, NDs may provide care that is immediately required. This situation is exceptional, and only applies to an urgent threat to life or extreme suffering, or imminent harm to self or others. The known wishes of the patient in such a situation must be respected. Informed consent should be obtained as soon as possible, and the reasons for proceeding before obtaining it must be clearly documented.

## References


- Health Professions Act
- CNPBC Bylaws
- Naturopathic Physicians Regulation
- Health Care (Consent) and Care Facility (Admission) Act
- Infants Act
- Child, Family and Community Service Act section 29(1))
- Representation Agreement Act
- Mental Health Act


*Disclaimer*

*In the event of any inconsistency between this standard and any legislation that governs the practice of naturopathic doctors, the legislation shall govern.*



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