**HC2: Bioethics**

**Informed Consent To Treatment**

Throughout Canada, before health care professionals may treat a client, he or she requires the

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The health care professional must determine

whether the person is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The individual’s capacity to give consent can change. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If a person becomes incapable (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_),

the issue of consent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Consent **\_\_\_\_\_\_\_\_\_\_\_** be both **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** and **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**Informed Consent** is based on the patient understanding:

1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Health care professionals have an obligation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

and to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(may require second explanations of the intervention when the client is in a calm frame of mind).

**Voluntary Consent:**

Clients \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

nor must they feel \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

by the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or anyone else.

At times only a fine line exists between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (i.e., \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

and making a recommendation especially when the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

According to the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, it is the basic right of every capable

person to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

It shows \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; it also improves client compliance with treatment regimes.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has its own legislation regarding informed consent. Health

care providers are \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Types of Consent:**

**Written Consent:**

* Major medical interventions require signed, written consent as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

and that the client has\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

* Client must \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ along with the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* Most forms must be \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the definition of a witness varies in different areas).

* For minor or major surgeries, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will usually witness the consent.
* The **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** must be sure the client understands what they are signing. If there

is doubt, there must be \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

* Most hospitals have a list of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ should the need arise, but interpreters who can deliver health-related information clearly and accurately are not always available. Often family members translate and what is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Oral Consent:**

* Given by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and is as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

* At times, someone other than the client offers consent to surgery.
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ must \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_that consent has been given.
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is still preferred for complex treatments.

**Implied Consent:**

* Consent assumed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, such as seeking out the care of a

health care professional or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. More and more health care professionals are requesting written consent even for treatments within a health clinic (e.g., receiving immunizations at the clinic).

* By allowing themselves \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, clients imply

their consent to certain interventions (e.g., \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_).

However, where possible \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_should be obtained. “Is it okay if I change your dressing in a little while?

\*Refusal to treatment are recorded on health records with reasons for refusal provided by the client\*

**Who Can Give Consent:**

* The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ most often gives consent for treatment
* If the person is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of providing consent (e.g. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_), the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ assumes the responsibility.

* The person who has **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (A legal document naming a specific person or persons to act on behalf of another in matters concerning personal care, personal estate or both) may take on this duty.
* If no power of attorney is present, most provinces and territories will allow a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) or another family member to provide consent legally. In some locations, there is a designated order depending on the availability of particular relatives –

typically, a **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** will have control before a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who

have control before a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ then \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and so on.

* In most regions, there is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_** (a person under the age of majority in a particular province or territory) when it comes to providing independent consent to treatment or to requesting treatment without a parent’s knowledge.
* As long as the minor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (along

with risks and benefits), he or she can make an \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

and health care professionals \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

* When a minor’s consent is accepted, the minor is referred to as a *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*. Frequently, a minor’s consent to treatment is made \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* – those \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, or showing independence from parents in

some way – may also \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

* When required, either parent with legal custody of the minor (or legally appointed guardian) can provide consent to treatment.

\*\*In the view of the courts, if the children are \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, courts will

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_made to intervene on the child’s behalf.

**Informed Consent Questions**

1. What are the three types of consent that are accepted?
2. What two conditions must be met in order for consent to be binding?
3. What is the minor referred to when he/she exercises the right to consent to treatment and it is accepted?
4. What five conditions must be met in order for consent to be considered *informed?*
5. Give at least three reasons why consent needs to be *voluntary* by the client.
6. What is the most preferred method of consent and why?
7. What are the three things that must appear on a written consent document?
8. How many people must witness oral consent?
9. What does it mean to have *implied consent?* Give an example of *implied consent*.
10. Who most often is the one to give consent?
11. Why would a person be unable to give consent in their own treatment? What happens if they are unable to provide consent?
12. Most regions have an order of next of kin. Who is the first to provide consent? Second? Third? Fourth?
13. How old does a person have to be in order to refuse treatment? Could a one year old child refuse a vaccination? Explain.
14. What does it mean to be an *emancipated minor*? And how does this affect this person’s right to consent to treatment?

**\*\*FOR THE FOLLOWING QUESTIONS (#15-18), answer on a separate sheet of paper with your answers typed and handed in.**

1. In early 2007, a Jehovah’s Witness woman gave birth to sextuplets in BC. Two infants died at birth, and physicians at the hospital determined that more would die unless they received blood transfusions. The parents adamantly refused the procedure.
   1. Research this incident and describe the final outcome.
      1. From the parent’s perspective, why would you not agree to the blood transfusions?
      2. As a doctor, what would be your argument to giving the infants blood transfusions?
   2. Provide clear arguments for each side and describe your own personal opinion on whether the correct decision was made.
2. Mary reads through the form the nurse has brought her which is a consent form for what she had discussed with her doctor - a hysterectomy. The surgery listed on the form is a “pan-hysterectomy”. Mary looks at the word and says, “I’m not sure what that means, but I’m sure it’s all right. The doctor said he was going to take out my uterus.” Research these terms.
3. If you were Mary’s witness, what would you tell her?
4. Jennifer has terminal cancer. She asks the doctor, “What is really best for me? You have more knowledge and experience.”
5. What criteria of consent is Jennifer trying to meet by asking questions? How do you know?
6. What if Jennifer said, “*Dr., I am not sure I want the chemotherapy. You sound almost angry with my decision. I know you think I should have it….I’m confused*.”
7. What is the problem in this situation?
8. What criteria of consent is the doctor not meeting for Jennifer?
9. What could be some reasons why Jennifer may choose not to go through with chemotherapy?
10. As her witness, what would you recommend her to do? Why?

**HC2: Bioethics**

**Informed Consent To Treatment**

* Throughout Canada, before health care professionals may treat a client, they must require the **informed consent of the client**. The health care professional must determine whether the person is **capable of giving consent to treatment.**
* The individual’s capacity to give consent can change. One day they may be capable, the next, incapable. If a person becomes incapable (**unable to understand the nature of an intervention**, the issue of consent must be readdressed.

Consent **MUST** be both **Informed** and **Voluntary.**

**Informed Consent** is based on the patient understanding:

1. **the treatment or procedure**
2. **the nature and purpose of the proposed treatment**
3. **risks, side effects, benefits and expected outcomes**
4. **implications of refusing recommended treatment**
5. **be made of alternatives (if any) to the proposed treatment so the client has choices**

* Health care professionals have an obligation to use language that is at an appropriate level and to discuss the information when the client is not stressed or unhappy (may require second explanations of the intervention when the client is in a calm frame of mind)

**Voluntary Consent:**

Clients must not feel compelled to make a decision for fear of criticism, nor must they feel pressured toward any particular decision by the information provider or anyone else.

* At times only a fine line exists between coercing (i.e., bullying) and making a recommendation

especially when the health care professional feels strongly that the client should consent to a

treatment, and the client is leaning toward refusing it.

According to the Supreme Court of Canada, it is the basic right of every capable person to decide which medical interventions he or she will accept or refuse. It shows respect for the client and the person’s right to autonomy; it also improves client compliance with treatment regimes.

Every province has its own legislation regarding informed consent. Health care providers are encouraged to obtain written consent for all medical services even minor medical services like immunizations.

**Types of Consent:**

**Written Consent:**

* Major medical interventions require signed, written consent as confirmation that the appropriate process for obtaining consent was followed and that the client has agreed to the intervention.
* Client must understand the intervention along with the risks and benefits
* Most forms must be signed by the client, dated and witnessed (the definition of a witness varies in different areas)
* For minor or major surgeries, physicians or registered nurse will usually witness the consent
* The witness must be sure the client understands what they are signing. If there is doubt, there must be further explanation and clarification.
* Most hospitals have a list of volunteer interpreters should the need arise, but interpreters who can deliver health-related information clearly and accurately are not always available. Often family members translate and what is presumed to be “informed consent” may not be.

**Oral Consent:**

* Given by spoken word over the phone or in person and is as equally binding as written consent
* At times, someone other than the client offers consent to surgery
* Two people must validate that consent has been given
* Written consent is still preferred for complex treatments

**Implied Consent:**

* Consent assumed by the client’s actions, such as seeking out the care of a health care professional or failure to resist or protest. More and more health care professionals are requesting written consent even for treatments within a health clinic (e.g., receiving immunizations at the clinic).
* By allowing themselves to be admitted into a hospital, clients imply their consent to certain interventions (e.g., allowing the nurse to give them a bath or take vital signs). However, where possible oral consent should be obtained. “Is it okay if I change your dressing in a little while?” \*Refusal to treatment will be documented with reasons provided\*

**Who Can Give Consent:**

* The person receiving intervention most often gives consent for treatment
* If the person is incapable of providing consent (e.g., is unconscious or not mentally competent), the person’s legal representative or next of kin assumes the responsibility.
* The person who has **power of attorney** (A legal document naming a specific person or persons to act on behalf of another in matters concerning personal care, personal estate or both) may take on this duty.
* If no power of attorney is present, most provinces and territories will allow a spouse (legal or common law) or another family member to legally provide consent. In some locations, there is a designated order depending on the availability of particular relatives – typically, a spouse will have control before a mother and father who have control before a sibling, then aunts and uncles and so on.
* In most regions, there is no specific age defining a **minor** (a person under the age of majority in a particular province or territory) when it comes to providing independent consent to treatment or to requesting treatment without a parent’s knowledge.
* As long as the minor fully understands the treatment (along with risks and benefits), he or she can make an informed decision about accepting or rejecting treatment, and health care professionals MUST respect his or her wishes.
* When a minor’s consent is accepted, the minor is referred to as a *mature minor*. Frequently, a minor’s consent to treatment is made along with the parents.
* *Emancipated minors* – those married, living on their own, or showing independence from parents in some way – may also consent to medical care.
* When required, either parent with legal custody of the minor (or legally appointed guardian) can provide consent to treatment.

\*\*In the view of the courts, if the children are too young to hold and express beliefs or understand the consequences of receiving or not receiving treatment, courts will uphold requests made to intervene on the child’s behalf.

**Informed Consent Questions**

1. What are the three types of consent that are accepted?
   1. **Written, oral and implied**
2. What two conditions must be met in order for consent to be binding?
   1. **Informed and voluntary**
3. What is the minor referred to when he/she exercises the right to consent to treatment and it is accepted?

**Mature minor**

1. What five conditions must be met in order for consent to be considered *informed?*
   * 1. **understanding the treatment or procedure**
     2. **the nature and purpose of the proposed treatment**
     3. **risks, side effects, benefits and expected outcomes**
     4. **implications of refusing recommended treatment**
     5. **be made of alternatives (if any) to the proposed treatment so the client has choices**
2. Give at least three reasons why consent needs to be *voluntary* by the client.
   1. **Eg. Health care professional may have something to gain if they carry out specific medical treatments, someone may take advantage of family members, health care facilities may want to save money so they avoid certain treatment options, a person may not have been given all the options.**
3. What is the most preferred method of consent and why?
   1. **Written consent is preferred because it is a legal document and proof that the client has agreed to treatment.**
4. What are the three things that must appear on a written consent document?
   1. **Signature of client, date and signature of a witness**
5. How many people must witness oral consent?
   1. **Two people needed to validate**
6. What does it mean to have *implied consent?* Give an example of *implied consent*.
   1. **Implied consent means that the individual has sought out care of a physician or other health care professionals and accepts the care that they will receive. Eg. being admitted to the hospital, you are accepting the care they will provide like taking vital signs.**
7. Who most often is the one to give consent?
   1. **Person receiving treatment**
8. Why would a person be unable to give consent in their own treatment? What happens if they are unable to provide consent?
   1. **Mentally not competent, unconscious. The legal representative or power of attorney OR the next of kin provides it.**
9. Most regions have an order of next of kin. Who is the first to provide consent? Second? Third? Fourth?
   1. **Spouse, Mother or Father, Sibling, Aunts/Uncles**
10. How old does a person have to be in order to refuse treatment? Could a one year old child refuse a vaccination? Explain.
    1. **There is no set age for a minor to accept or refuse treatment but they MUST be able to fully** **understand the treatment (along with risks and benefits), he or she can make an informed decision about accepting or rejecting treatment, and health care professionals MUST respect his or her wishes.**
    2. **No. Because the child is incapable of understanding all the risks and benefits and cannot make an informed decision.**
11. What does it mean to be an *emancipated minor*? And how does this affect this person’s right to consent to treatment?
    1. **Those who are not the age of majority that are married, living on their own or separated from their parents in some way. They may consent to medical treatment.**

**\*\*FOR THE FOLLOWING QUESTIONS (#15-17), answer on a separate sheet of paper with your answers typed and handed in.**

1. *In early 2007, a Jehovah’s Witness woman gave birth to sextuplets in BC. Two infants died at birth, and physicians at the hospital determined that more would die unless they received blood transfusions. The parents adamantly refused the procedure.*

Research this incident and describe the final outcome. From the parent’s perspective, why would you not agree to the blood transfusions? As a doctor, what would be your argument to giving the infants blood transfusions? Provide clear arguments for each side and describe your own personal opinion on whether the correct decision was made.

**The BC hospital successfully applied to the provincial government, gaining temporary guardianship of the three sickest babies. Two of the babies received blood transfusions against the express wishes of the parents. The babies were later returned to their parents.**

1. *Mary reads through the form the nurse has brought her which is a consent form for what she had discussed with her doctor - a hysterectomy. The surgery listed on the form is a “pan-hysterectomy”. Mary looks at the word and says, “I’m not sure what that means, but I’m sure it’s all right. The doctor said he was going to take out my uterus.”* Research these terms. If you were Mary’s witness, what would you tell her? **She should not sign because she will lose more than just her uterus. A pan-hysterectomy is the surgical removal of a woman’s fallopian tubes, ovaries and uterus.**
2. *Jennifer has terminal cancer. She asks the doctor, “What is really best for me? You have more knowledge and experience.”* What criteria of consent is Jennifer trying to meet by asking questions? How do you know? **Informed consent – seeking to understand her treatment options**
3. What if Jennifer said, “*Dr., I am not sure I want the chemotherapy. You sound almost angry with my decision. I know you think I should have it….I’m confused*.” What is the problem in this situation? **She is feeling judged and coerced.** What criteria of consent is the doctor not providing for Jennifer? **Voluntary consent** What could be some reasons why Jennifer may choose not to go through with chemotherapy? As her witness, what would you recommend her to do? Why? **She wants to live out her life at a higher quality during the time she has left rather than living longer and enduring the side effects of chemotherapy. Seek a second opinion or have the doctor discuss reasons why she should embark on this regime.**