

## Consent

**The public can expect open discussion with their licensed healthcare professionals to ensure that their needs and preferences are understood and that they receive sufficient information to make informed decisions about their care. The public can also expect their consent to be obtained before information about them is collected or any actions are taken with respect to assessment or care.**

This Practice Standard applies in all situations where a licensed healthcare professional is providing health services or conducting research with research participants. The term “patient” also encompasses an individual serving as a substitute decision-maker.

### **A licensee must:**

- 1. *Provide sufficient information to enable a patient to provide consent, which means to:***
  - 1.1. Explain the nature, purpose, intended benefits, limitations, risks, and alternatives to proposed health services and the consequences of not receiving the proposed health services in a way the patient can understand, using language and tools that are accessible and culturally relevant, and adapting for age, culture, language, cognitive ability, and health literacy.
  - 1.2. Describe how information collected may be used and the limits, if any, on confidentiality.
  - 1.3. Describe the procedures that will be used for any proposed assessment and any physical contact those procedures may entail, carefully detailing contact that may be perceived as intimate or sexual in nature.
  - 1.4. Refrain from making stereotypical or other assumptions when providing information for the purposes of obtaining consent.
  - 1.5. Provide clear and transparent information about all costs that will be borne by the patient, including billing arrangements, methods of payment for out-of-pocket expenses, and potential charges for optional or additional services or recommended products.
  - 1.6. Identify potential risks that may arise from the proposed assessment or treatment modality if the health service is to be provided virtually.
  - 1.7. Encourage the patient to ask questions and raise concerns during the process of obtaining consent.
  - 1.8. Advise the patient of their right to refuse to consent to the proposed health services and to withdraw consent at any time, and advise of the consequences of refusal or withdrawal, if relevant.
  - 1.9. Expressly confirm with the patient that they have understood the information, and document their consent to proceed in the patient record.



- 1.10. Respect the decision of any patient who may refuse or withdraw consent to proposed health services at any time, adhering to the requirements of the Discontinuing Health Services and Ensuring Continuity of Care Standard where applicable.
- 1.11. Meet all requirements of the *Health Care (Consent) and Care Facility (Admission) Act* (HCCFA).

## **2. Obtain consent before:**

- 2.1. Collecting (including where collection occurs through the recording of an interaction), using, or disclosing/releasing personal or health information (except where required or permitted by law).
- 2.2. Initiating assessment, treatment, a procedure, or an intervention for the patient.
- 2.3. Initiating physical contact with the patient.
- 2.4. Modifying a treatment plan or other aspects of the patient's health services.
- 2.5. Accessing the patient's records, unless the records were created by the licensee or are being accessed by a member of the patient's current care team for the purposes of delivering care.
- 2.6. Assigning or transferring any aspect of the patient's healthcare to a supervisee or another healthcare provider beyond the care team.
- 2.7. Including an individual or their information in research activities.
- 2.8. Using health information for purposes other than those for which consent was originally provided.

## **3. Ensure that the consent:**

- 3.1. Relates to the specific health service being proposed.
- 3.2. Is given voluntarily by the patient and not under duress or coercion.
- 3.3. Is not obtained through misrepresentation or fraud.
- 3.4. Is obtained from the patient or, if the patient does not have capacity to provide consent, from an adult who has been specified as the patient's substitute decision-maker.

## **4. In engagements with third-party involvement:**

- 4.1. When consent is waived by law, respect the individual's rights by seeking their assent<sup>2</sup> where appropriate and complying with all other Standards.

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<sup>2</sup> Seeking assent means involving the individual in decision making to the extent possible, in a way that respects their dignity, capacity, and expressed wishes, notwithstanding that consent is not legally required.



- 5. *Provide care without consent only when emergency healthcare is required, which means:***
  - 5.1. The person in need of emergency healthcare is incapable of consenting and a substitute decision-maker is unavailable.
  - 5.2. Emergency healthcare is limited to those services necessary to prevent serious physical or mental harm or to alleviate severe pain.
  - 5.3. Consent for additional health services is obtained as soon as the person is able to make decisions or a substitute decision-maker becomes available.
  
- 6. *Ensure the proper consent process is followed for providing health services to minors, which means to:***
  - 6.1. Recognize that a minor is considered capable of providing consent to health services if the state of their physical, mental, and emotional development enables them to fully appreciate the nature and consequences of their decision.
  - 6.2. Obtain consent from the minor, even when they are accompanied by a parent or legal guardian, where the licensee determines the minor is capable of providing consent.
  - 6.3. Obtain consent from a parent or legal guardian of the minor where the licensee determines the minor is not capable of providing consent.

### **Related Standards and Legislation**

[Freedom of Information and Protection of Privacy Act, RSBC 1996, c 1665](#)

[Health Care \(Consent\) and Care Facility \(Admission\) Act, RSBC 1996, c 181](#)

[Infants Act, RSBC 1996, c 223](#)

[Personal Information Protection Act, SBC 2003, c 63](#)