CTCMA

College of Traditional Chinese Medicine Practitioners and Acupuncturists of British Columbia

CONSENT TO TREATMENT Effective on May 24, 2008

It is the responsibility of each CTCMA registrant to read and be familiar with the consent requirements as set out in the *Health Care Consent and Facilities Admission Act (HCCFAA)* as amended (www.qp.gov.bc.ca/statreg/stat/H/96181_01.htm) and the Infant's Act as amended (www.qp.gov.bc.ca/statreg/stat/I/96223_01.htm). Consent rights and elements of consent are clearly and completely outlined in the *HCCFAA* and the *Infants Act* (applicable to those under 19years of age). This Practice Standard is to be read in conjunction with the above noted Acts, and is not a substitute for reading the Acts.

1. Obtaining informed consent from a patient or a person appointed under the Adult Guardianship Act as a substitute requires ongoing communication whereby the practitioner provides the patient with the information needed to make an informed choice about how to proceed. Clear and ongoing communication between the practitioner and the patient is necessary to obtain valid patient consent. If the treatment plan is altered, patient consent must be renewed to include the altered treatment (section 9(2) of the HCCFAA).

2. The practitioner may obtain consent from their patient in several ways. Consent to treatment may be expressed orally, in writing or may be inferred from the patient's words, writing, and or actions (section 9 HCCFAA).

3. A written consent form includes the patient's name and signature, the date, a brief description of the treatment or procedure and the name of the practitioner who will perform it, and any other relevant information communicated to the patient. Having the patient's signature witnessed may strengthen the reliability of the consent form.

4. The clinical record must contain documentation that informed consent has occurred. The practitioner must record a patient's refusal to consent to treatment, and to record that the consequences of the refusal have been explained to the patient.

5. The practitioner must ensure that the patient has been given adequate information on the nature, purpose and risks of the treatment, alternative treatments and the consequences of refusing treatment. Consider what information about risks, benefits, side effects, or consequences of treatment a reasonable person would need to make an informed decision on how to proceed (section 6 HCCFAA).

6. The practitioner must ensure that the patient has the capability to consent to treatment. The decision as to the patient's capability must be based on whether or not the patient demonstrates to the practitioner that he or she has understood the information provided (section 7 HCCFAA).

7. The practitioner must communicate in a manner appropriate to the patient's skills and abilities. Be aware of language barriers which may require a translator to facilitate accurate communication.

8. All patient records, including signature, must in permanent (e.g. ink) form.

Additional References

Consent to Treatment
"Consent to Treatment" is a CTCMA publication on obtaining a patient's consent to treatment.