ANNAPOLIS VALLEY DISTRICT HEALTH AUTHORITY

Policy/Procedure

TITLE:	Consent to Treatment, Procedure, Operations or Care Decisions	**Number:**	280.001
Date Issued:	August 24, 2011	Page	(1 of 25)
Applies To:	All Annapolis Valley Health Staff, Physicians, Volunteers		

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POLICY

1. The Annapolis Valley District Health Authority (AVH) values the involvement of patients as participants in the decision making process concerning their care. To this end AVH supports the principle that every human being of sound mind has the right to determine what will be done with his/her own body. Within this policy the "patient" refers to patient, client or resident.

2. The health care provider who is in the best position to explain the risks and benefits, as well as any alternatives and to answer any questions posed by the patient has the sole responsibility to obtain the consent in a given circumstance. In circumstances where this person is a physician, this responsibility may not be delegated to a non-physician and it is not the responsibility of other staff to ensure this documentation is present on the health record.

3. **AVH Physicians:** AVH requires written evidence of consent in the following instances and may request physicians to provide evidence of this written consent as part of quality review audits related to this policy:
    - All major surgery
    - Any procedure in which general anesthetic is used
    - All non-operative interventions which involve "material risk" of harm to the patient
    - Blood and/or blood components, plasma derivatives

4. Where a treating physician has obtained a valid consent (either oral or written as they deem appropriate) there will be no need for any further AVH consent form to be signed. AVH provides consent forms that may be used (Appendix C).

5. All physicians are required to produce satisfactory written evidence of patient consent either by using an AVH consent form or by documenting the consent in the patient's health record prior to conducting significant or invasive procedures within AVH services/facilities.

6. Written consents may be obtained and managed electronically through utilization of email and "pdf" formats provided the physician/health care provider is assured of the identity of the individual providing the consent.

7. Non-Physician Health Care Providers may need to obtain consent for procedures and or care decisions they are accountable for. Where a written consent may be required such as for continuing care decisions a form is provided and required to be used and maintained as part of the health record.

8. Where a physician or health care provider (HCP) becomes aware that a patient/client has significant concerns that would appear to question informed consent then he/she must advocate on the patient/client's behalf, notify the

physician/HCP who originally obtained the consent or the provider who is accountable for the care at that time and document this on the patient/client's health record.

9. Any audio/image recording, video and/or still of patients that is not taken to form part of the health
    - record and where that patient is identifiable requires consent using the "AVH Clinical Imaging
    - Consent form"

10. The only time, apart from legislative authorization, where a patient can be treated without consent is in a medical/legal emergency. In these situations only the treatment to immediately deal with the serious condition is allowed.

11. In situations where the individual does not meet the mental capacity required, consent will be obtained from a substitute decision maker (SDM).

12. Physicians and AVH HCPs shall not generally obtain consents by telephone. However in rare circumstances where it is reasonably necessary for the timely and effective treatment or care it will be permitted. The physician or HCP are fully responsible to ensure the adequacy of the consent in the particular circumstance.

13. Telephone consents obtained by AVH staff must be part of an approved protocol authorized by the District for that treatment or program.

DEFINITIONS

Capacity/mental capacity – is the ability to understand the information that is relevant to the making of a decision and the ability to appreciate the reasonably foreseeable consequences of a decision or lack of decision. The law presumes that an individual is mentally capable of authorizing medical treatment/personal care. A person may lack the capacity to make some decisions but have the capacity to make other decisions.

Common-law partner – means an individual who has cohabited with the individual in a conjugal relationship for a period of at least one year

Health Care – any examination, procedure, service or treatment that is done for a therapeutic, preventative, palliative, diagnostic or other health-related purpose, and includes a course of health care or a care plan **(***as per Personal Directives Act***).**

Health care provider – means any individual delivering health care services to a client in both a community and care facility environment

Legal Competency – There is a presumption that all patients are legally competent to give authorization for treatment. This presumption can be removed by either legislation or court order.

Medical/legal emergency – means the patient is unable to consent, a substitute decision maker (SDM) is not available, immediate threat exists to the patient's life or health; and treatment cannot be delayed without increasing risk or harm to the patient.

Spouse – means, with respect to any person, a person who is cohabiting with that person in a conjugal relationship as married spouse, registered domestic partner or common-law partner

Satisfactory written evidence – Documentation in the patient's health record that meets the standards/criteria/best practice for voluntary informed consent and as described in this policy.

Patient's health record – Physician office record or AVH Health Record

GUIDING PRINCIPLES AND VALUES

Autonomy, justice, fairness, honesty

POLICY REQUIREMENTS

A-1. Criteria for Valid Consent

Four elements must be present for consent to be valid.

1. **Capacity to consent**
   Two dimensions of capacity to consent, both legal competency and mental capacity, must be met in order for the consent to be considered valid.

   Assessing capacity encompasses:

   a. The ability to understand information and appreciate foreseeable consequences: Does the person have an impairment of, or a disturbance in the functioning of, their mind or brain?

      Such as:
      • dementia
      • significant learning disabilities
      • the long-term effects of brain damage
      • physical or medical conditions that cause confusion, drowsiness or loss of consciousness

- delirium
- concussion following a head injury, and
- the symptoms of alcohol or under the influence of licit or illicit drugs.

b. The requirement to provide relevant information in a way and at a time the individual can best understand it. Does the impairment or disturbance mean that the person is unable to make a specific decision when they need to?

   Capacity is temporal and can change/fluctuate over time. A person may lack the capacity to make some decisions but have the capacity to make other decisions. People must be given all practical and appropriate support to help them make the decision for themselves and at a time when they are best able to understand.

   It is important **not to** assess someone's understanding before they have been given relevant information about a decision. Every effort must be made to provide information in a way that is most appropriate to help the person to understand. Quick or inadequate explanations are not acceptable unless the situation is urgent.

2. Consent must be voluntarily given

Consent must be freely given, genuine, and voluntary; free of duress, coercion, or misinterpretation. The patient must be allowed to make his/her own decision, even if it conflicts with what the caregiver believes is appropriate. To this end, the patient must be free to refuse treatment/care. Further, consent should be obtained while the patient's emotional and physical state does not interfere with his/her capacity.

3. Consent must be informed

This requires that the physician/health care provider performing the procedure, treatment or seeking a care decision reveals information a reasonable person in the patient/client's position would want to know in light of their circumstances.

Engage in collaborative discussion:

- Fully discuss information and options
- Fully appreciate patient's views & reasons
- Support patient autonomy
- Look for a mutually agreeable decision

Specifically, this communication must disclose the nature of the proposed treatment/care decision, its gravity, any material risks, and any special risks including those, which, if known, would affect a person's decision to consent. These would include probable risks, as well as improbable risks, which would have serious consequences (e.g. paralysis or death if they materialized.

Information which should be disclosed to the patient includes not only the following, but also anything else a reasonable person in the patient situation would want to know before consenting:

a. Nature and purpose of the proposed treatment and or care decision.
b. Probable risks and benefits of treatment; and /or the likely effects of deciding one way or another, or making no decision at all.
c. Reasonable alternatives to treatment/care available within the province;
d. Impact of treatment/care decision on the patient's lifestyle;
e. Economic considerations of treatment/decision for the patient;
f. Who is to perform the treatment/procedure/operation; and
g. The consequences of foregoing treatment as well as alternate forms of treatment reasonably available.
h. Documenting the information and opinions given.

Even if the risk is slight, but the occurrence cause serious consequences (e.g. paralysis or death), it must be regarded as a material risk to be disclosed. The patient must be given the opportunity to ask questions. These questions must be fully answered in a manner and at a language level which the patient comprehends.

4. Consents must be related to a specific act(s) and or decision and to the person giving the treatment.

Only the acts consented to may be performed by the named caregiver. However, it is prudent to inform patients/clients of the various alternatives which may become necessary during the course of the procedure/care process and obtain consent for them from the beginning. Enhancement of a procedure/care process may be acceptable so long as the act is therapeutic/beneficial and it serves the same intention as the originally consented procedure/care process.

A- 2. Duration of Consent

AVH recommends physicians follow up with patients at least once following the initial consent process to ensure that all patient questions have been asked and initial consent process to ensure that all patient questions have been answered. Although the law does not dictate that consent automatically expires after a certain period of time, AVH recommends, subject to the discretion of the physician, that consent should be reconfirmed after six months. Ultimately, this will depend on the particular circumstances of the consent and the nature of the treatment in a given case. AVH acknowledges that there are no prescribed legal time limits in obtaining consent and this will be subject to the practice of each physician.

Health care providers should be cautioned that consent could in fact expire for reasons other than time. Consent remains valid until:

1. The investigation, treatment, operative procedure occurs
2. The patient withdraws consent (See Section A-4: Withdrawal of Consent)
3. The patient's condition changes to a point where the specified procedure/care decision would no longer meet the needs of the patient
4. Further risks become known
5. Alternative treatments/options become available
6. The point at which the risks and benefits may have changed

Given a situation where a patient loses capacity to consent after consenting to a procedure, the consent continues to be valid unless there is a change in the patient's medical condition which makes the procedure no longer appropriate. In such circumstances the caregiver must complete the consent process with a substitute decision maker. See Section B-13: Substitute Decision Maker.

A-3. Withdrawal of Consent

A patient may withdraw consent at any time before commencement or during the procedure (providing it is medically safe to do so) except in the circumstances outlined in Section A-5: Refusal of Consent.

If there is any question as to whether the patient/client is attempting to withdraw consent, it is incumbent upon a health care provider who becomes aware of this to advocate for the patient and to advise the provider who obtained the consent who will ascertain whether consent has in fact been withdrawn. If consent has been withdrawn, consent must be reinstated before the treatment/care decision can continue. While the "new" consent must be valid and informed, the physician/health care provider does not need to repeat the risks unless they have changed. If the risks have changed, then the patient/client must be advised as to the nature of these risks.

A patient/client's valid consent is not withdrawn if the patient attempts to withdraw it when he/she is mentally incapable. Therefore, in such cases the consent stands.

If a competent patient withdraws treatment, it is important to ensure the patient has been properly informed, understands the consequences of the decision, and is freely withdrawing. In such situations the physician/health care provider must record the details of the withdrawal discussion carefully both on the progress notes and consent/release forms (if applicable).

A-4. Refusal of Consent

As long as the patient has the mental capacity to consent, he/she has the right to refuse a proposed treatment, diagnostic procedure, care decision except in the following circumstances:

1. The patient is suffering from certain specified communicable diseases for which treatment is mandatory and has been ordered under the *Health Protection Act*.

2. The patient has been forcibly confined to a psychiatric institution or subject to community treatment orders pursuant to *Involuntary Psychiatric Treatment Act* under *Criminal Code*. Note: the patient /client do not automatically lose the right to consent to treatment/care or refuse treatment/care for all decisions. However, under the *Act* an assessment must be performed by a psychiatrist to determine the patient's capacity to make the decision. If the psychiatrist determines the patient is capable of making the decision, it follows that the patient is also capable to refuse treatment.

3. In the case of minors, when parents or guardians refuse to consent to allow the child to have life saving treatments, Children's Legislation may override the wishes of the parents.

4. Substitute decision makers cannot refuse treatment on behalf of a competent patient who has capacity. If a competent patient with capacity refuses treatment, it is important to ensure the patient/client has been properly informed, understands the consequences of the decision, and is freely refusing. In such situations the health care provider must record the details of the refusal discussion carefully in the progress notes. The provider is also encouraged to document the refusal using a consent/release form as well.

A-5. Physician & HCP Responsibilities

Health Care Provider
It has long been settled in the courts that a treating physician is most often the only individual capable of obtaining informed consent from a patient, as the physician is the only person legally capable of explaining material risks, benefits and alternatives. Obtaining informed consent is a "process" and not a piece of paper. A signed consent form is meaningless without adequate conversations surrounding it.

A-6. Witnessing

A witness signature is not legally required on a consent form.

A-7. Emergency

In a medical/legal emergency, the treating health care professional should:

1. Document the circumstances in the progress notes, including the medical condition of the patient as well as all attempts made to contact the patient's substitute decision maker;
2. Proceed with the treatment to which a reasonable, prudent individual in the patient's circumstances would be expected to consent; and
3. Obtain consent from the patient or substitute decision maker as soon as practical.

If in the event of a medical/legal emergency the decision to proceed with a procedure is best made with colleague consultation, and it is prudent for both parties involved in the decision to document this in the patient's health record.

In circumstances where the physician has knowledge of a patient's prior refusal to the proposed treatment, the physician should not provide the treatment against the express known wishes of the patient.

BEST PRACTICE GUIDELINES

The following guidelines are offered merely as a resource and are not determinative of consent procedures nor do they relieve physicians or other health care providers of their primary responsibility to obtain informed consent and determine, in their professional discretion, the sufficiency of consent.

B-1. Anesthetics

The administration of anesthetics is considered to be an invasive procedure independent of the actual surgery. All the principles of an informed consent apply. Therefore, the anesthetist should discuss the form of anesthesia proposed, alternative methods if any, any exclusions imposed by the patient and any material risks of the proposed anesthesia. Documentation of the discussion content and agreement of the patient to proceed must be made in the patient's health record. It is anticipated that the risks of anesthesia will be included in the consent discussions conducted by the treating physician in relation to the procedure generally.

B-2. Autopsy

When necessary, the attending physician or his /her delegate deemed will approach the substitute decision maker for permission to perform an autopsy. All criteria for informed consent apply. Particular attention should be paid to documenting the extent of the

autopsy to which the substituted decision maker has consented. In Nova Scotia, when the Medical Examiner takes charge of a body, consent for an autopsy is not required. The *Human Tissue Gift Act* has not been amended and therefore Common Law Partners **cannot** consent to donation of organs/tissue or autopsies.

B-3. Common-Law and Same-Sex Partners

Common-law partners are not able to provide consent for treatment unless the couples are registered under the Vital Statistics Act as a “domestic partnership”, or have been living in a marriage-like relationship for a period of one year.

However, the *Human Tissue Gift Act* has not been amended and therefore Common Law Partners **cannot** consent to donation of organs/tissue or autopsies.

B-4. Impairments: Visual & Hearing, Illiterate, and Persons of Other Languages

In order to fulfill the criteria for a valid consent, it is imperative that treatments are explained to these patients in a manner to ensure they understand. The method used to explain the procedure should be documented. In situations where a third person is used for translation or interpretation, this should also be documented.

The responsibilities of the person obtaining the consent and the person witnessing the consent remain the same. When a person is unable to sign their name but can make a mark on the form, this person should be asked to make the mark as an indication of their consent. The proper name of the person should be printed clearly under the mark. In this case the signatures of two witnesses are needed to verify the mark.

B-5. Incompetent Persons

An individual must have the mental capacity to consent in order for the consent to be valid. Under Section 56 of the Hospitals Act, there is a presumption of competency, unless a psychiatrist has determined that the person is not mentally capable of consenting.

If the patient has been found by declaration of capacity signed by a psychiatrist under Section 45 of the NS *Hospitals Act* to be incapable of consenting to treatment, then that person may be treated either upon obtaining the consent of the guardian if he/she has one. Should the patient not have a guardian, see Section B-13: Substitute Decision Maker.

B-6. Obtaining Blood Samples

Legal Purposes

Should a request to have a specimen drawn be made by law enforcement officials, a physician must obtain the consent of the patient. Any employee qualified to draw blood specimens may do so using the Forensic Blood Alcohol Kit supplied by the law enforcement official may do so*.* It should be noted that, no person is required to give a sample of urine or any other bodily substance other than blood or breath. However, a blood sample given under the Criminal Code, either by consent or pursuant to a warrant, may be tested for the presence of drugs.

A warrant can be issued to take a sample by a Justice of the Peace or a Provincial Court Judge on the basis of the statement by a physician. The opinion of the physician must be that due to the physical or mental condition of the person that resulted from the consumption of alcohol, the accident, or any other occurrence related to or resulting from the accident, the person is unable to consent to the taking of blood samples and that the taking of blood samples would not endanger the life or health of the person.

Where a warrant is issued either a copy of a warrant or a facsimile of the warrant must be given to the person from whom the blood sample is taken. Blood samples can only be taken pursuant to a warrant during such a time as a physician is satisfied that the conditions upon which the warrant was based are still in existence.

Notwithstanding the above, a physician or other health provider will not be found guilty of an offence by refusing to take a blood sample. Further, the physician will not incur any criminal or civil liability for anything necessarily done with reasonable care and skill in taking a blood sample.

The appropriate notation must be made in the patient record indicating what manner and at what time the consent was obtained, if applicable, from the patient.

Clinical Purposes

Should a request be made to have a specimen drawn for clinical purposes, a Lab Technician may draw the specimen.

Consent to have the blood sample taken should be obtained from the patient or substitute decision-maker. The patient record must indicate in what manner and at what time the consent was obtained.

B-7. Minors

There is no statutory legal age of the majority for consent in Nova Scotia. Valid consent therefore depends on the ability of the child to understand information regarding the nature and consequences of the treatment. The only exception to this principle currently

is the *Human Tissue Gift Act* which forbids individuals under the age of the majority (19 in NS) from making decisions on organ/tissue donations.

The physician performing the procedure should document that they have assessed the child's ability in light of the decision to be made. The younger the patient and the more significant the procedure, the greater care should be taken when evaluating capacity. Consideration may be given to whether the individual is living on his/her own, self-supporting, or married (emancipated minor). It should be noted that this does not mean that the physician cannot suggest that a parent or guardian should be consulted for clinical reasons. However, it cannot be said that their consent is required for anyone under the age of majority.

In situations where a child is not capable of consenting, the consent of a parent or legal guardian must be obtained. Should there be a dispute between two parents; the consent of either parent will suffice. If there is a Court Order providing sole custody to one parent, the consent of that parent must be obtained.

In a situation where a minor who has the mental capacity to consent does not and a parent does consent, the minor's direction would prevail. Physicians may find it worthy to contact the parents of minors not for consent but for their involvement and support. However, ***where a minor who has the mental capacity to consent does not want parents involved, parents should not be contacted***.

B-8. Minors Under Guardianship Orders or Wards of Children's Aid Society

The principles for treatment of such minors are the same as those, which generally apply to children. See Section B-7: Minors. If the child is able to understand and appreciate the issues involved in the treatment and the alternatives, the child can validly consent to the treatment without the involvement of parents or legal guardians.

In situations where the child does not have the capacity to consent, the responsibility for signing medical consents rests with the individual delegated this authority.

B-9. Organ Donation

Organ donation in Nova Scotia is allowed only if the requirements of the *Human Tissue Gift Act* are met, which describes consent for live donors and for donation after death.

Inter Vivos Transplant (Live Donor)
Pursuant to the Human Tissue Gift Act, any person who is:

1. Nineteen years of age or older
2. Mentally competent; and
3. Able to make a free and informed decision

may in a written/signed document consent to the removal of his/her body tissue specified in the consent, and its implantation into the body of another living person.

B-10. Post Mortem Gifts for Transplant and Other Uses (Donation after Death)

Pursuant to the *Human Tissue Gift Act*, any person who is nineteen years of age or older may consent in a written/signed document or orally in the presence of at least two witnesses, during his/her last illness, that his/her body or parts thereof be used after death for therapeutic purposes, medical education, or scientific research. However, the *Human Tissue Gift Act* has not been amended and therefore Common Law Partners **cannot** consent to donation of organs/tissue or autopsies.

In situations where a patient has not given consent and has not voiced any objection to consenting to organ donation dies, then written consent may be obtained from:

1. The patient's legal married spouse;
2. If there is no spouse, or the spouse is not readily available, any of the patient's children who are 19 years of age or older;
3. If there are no children 19 years of age or older, or if they are not readily available, either of the patient's parents;
4. If there are no parents, or if they are not readily available, any siblings who are 19 years of age or older;
5. If there are no siblings, or if they are not readily available, any one of the next-of-kin who are 19 years of age or older; or
6. If there are no other next-of-kin readily available, the person lawfully in possession of the body (except the administrative head of the hospital). This has generally been interpreted to mean that there is no one available to consent, and therefore donation is not appropriate.

The consent to organ donation form must be completed, if the patient had not previously completed an organ donation card. All the criteria for informed consent apply. Consent to organ/tissue donation is to be obtained by whoever is in the best position to explain the donation related issues. Commonly this would be the treating health professional or the Transplant Coordinator.

B-11. Clinical Audio/Image recording (Audio, Photography: video, still)

Should a treating health professional require either an audio recording or photograph(Video or still) of a patient for the patient's health record, clinical teaching, or medical publication reproduction, the health professional must explain the purpose of the request to the patient and obtain the patient's consent. This will not be considered mandatory (but best practice) where the patient is not identifiable.

Image capturing in the electronic delivery of patient care services
Consent for care/service delivery using telehealth and other electronic means follow the same principles and processes previously described. There is a need to explain how the technologies being used work, the risks involved with using these technologies and how confidentially, privacy and security is maintained. Where the patient is identifiable consent is required using the "AVH Clinical Imaging Consent Form".

Please note a separate administrative policy addresses consent for interviews and photography relating to public relations.

B-12. Prisoners

Incarceration does not remove the right to consent to medical treatment. Therefore, consent must be obtained from prisoners unless there is specific statutory authority authorizing treatment without consent.

B-13. Research

As with all consents, consent for research must be voluntary and informed. If a patient is to participate in a research study, additional information must be made available over and above the information required for a valid consent to treatment. There must be a complete disclosure of all material facts and probability of risk which a reasonable person in the patient's position may be expected to consider before consenting to participation in a research study.

It is suggested that one person on the research team be designated to inform potential research participants and answer questions. This would be the person who is in the best position to discuss with the participant the possible harms, benefits, and uses of the research.

The research participant is free to withdraw consent at any time. However it is important that the participant be made aware of any consequences relating to the withdrawal of consent during the research study.

If in addition to the research component, the research involves a medical intervention/treatment component as well, consent should be obtained by the treating health professional. The consent for research must be documented separately from any treatment consents, and must comply with the consent requirements both as discussed in this policy and as outlined in by the Research Ethics Board of AVH. Once complete, the research consent should be placed on the medical record of the patient.

Particular care must be taken to ensure a voluntary consent if the researcher is also the caregiver as the patient might feel an undue influence to participate. Such undue influence would render the consent invalid.

B-14. Substitute Decision Maker (SDM)

When a person lacks capacity and no Personal Directive exists the following hierarchy must be followed in rank order.

1. **Guardian with authority to make such decisions.**

2. **Nearest relative** (*who, except in the case of a minor spouse, is 19 years of age or older) &*
    a) *excepting a spouse, has been in personal contact with the person over the preceding twelve-month period or has been granted a court order to shorten or waive the twelve-month period;*
    b) *is willing to assume the responsibility for making the decision;*
    c) *knows of no person of a higher rank in priority who is able and willing to make the decision;*
    d) *makes a statement in writing certifying the relationship to the person and the facts and beliefs set out in section 142 of the PDA clauses a) to c.*

    Spouse
        1. Child
        2. Parent
        3. Person standing in loco parentis
        4. Sibling
        5. Grandparent
        6. Grandchild
        7. Aunt or uncle
        8. Niece or nephew
        9. Other relative

3. **Public Trustee**

B-15. Telephone Consent

Every effort should be made to obtain consent in person from the patient or substitute decision maker. However, should it be necessary to obtain consent via telephone, it should be in the same form and include the same information as a written consent.

REFERENCES

Hospitals Act
Personal Directives Act.
Involuntary Psychiatric treatment Act.
Human Tissue Gift Act
Human Rights Act

RELATED DOCUMENTS

FORMS:

1. Consent to Investigative, Operative, or Treatment Procedures (Short Form)
2. Suggested Consent Form Template (Physician Reference)
3. AVH Clinical Imaging Consent Form
4. NS Provincial Blood Coordinating Program Consent for Transfusion of Blood, blood Components and/or Plasma Derivatives
5. NS Provincial Blood coordinating Program refusal or Limited consent for transfusion of Blood and/or Blood Components, Plasma derivatives.

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CONSENT TO INVESTIGATIVE, OPERATIVE, OR TREATMENT PROCEDURES
(To be Completed by Physicians ONLY)

1. I, _____ of _____.
(Name of Patient) (City, Town, Etc.)
hereby consent to submit the following investigative procedure, operation, or treatment to be performed by such member of the Valley Regional Hospital medical staff as required, and with the assistance of such employees of the Valley Regional Hospital as required for the procedure, operation, and treatment.

2. The anticipated nature and effect of such investigative procedure, operation, or treatment, including all material risks and alternatives to treatment have been explained to me by Dr._____.

3. I also consent to such additional or alternative investigative, operation, or treatment procedures as may be found to be immediately necessary during the course of such procedure, operation, or treatment, including but not limited to use of blood products, and to the administration of general or other anaesthetics for any of these procedures.

4. I further agree to the retention by the Valley Regional Hospital for the purpose of study and diagnosis of any tissue that may be removed during the investigative procedure, operation, or treatment and for obtaining non-personally identifiable photographic records of the procedure.

5. No assurance has been given me that the investigative procedure, operation, or treatment will be performed or administered by any particular medical practitioner or employee of the hospital, nor has any assurance been given to me that the medical practitioner will be assisted by any particular employee or staff member of the above-named hospital.

6. I specifically do not consent to the following procedures or treatment : [list if applicable]

Dated this _____ day of _____ A.D. 20_____.

_____
(Signature of Patient)

(To be signed by legal representative in case of a minor or a patient who is not able to sign, otherwise by the patient.)

I confirm that I have explained the nature and effect of this investigative procedure, operation or procedure, operation or treatment to the person who signed the above form of consent

Dated this _____ day of _____ A.D. 20_____.

_____
Signature of Physician

Patient Consent to Investigation or Treatment

Patient details (or pre-printed label)

Patient's surname/family name……

Patient's first names ……

Date of birth ……

Responsible health professional……

Job title ……

MSI number (or other identifier)……..

Male Female

Special requirements ……
(eg other language/other communication method)

To be retained in patient's progress notes

Patient identifier/label

Name of proposed procedure or course of treatment (include brief explanation if medical term not clear) .....
.....
.....

Statement of health professional (to be filled in by health professional with appropriate knowledge of proposed procedure)

I have explained the procedure to the patient. In particular, I have explained:

The intended benefits .....
.....
.....
Serious or frequently occurring risks .....
.....
.....
Any extra procedures which may become necessary during the procedure

use of blood products
.....

other procedure (please specify) .....
.....

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment), questions were asked and answered, and particular concerns of this patient were addressed.

The following leaflet/tape has been provided .....

This procedure will involve:

general and/or regional anaesthesia local anaesthesia sedation

Signed:..... Date .. ..
Name (PRINT) .... Job title ....

Contact details (if patient wishes to discuss options later) .....

Statement of interpreter (where appropriate)
I have interpreted the information above to the patient to the best of my ability and in a way in which I believe s/he can understand.

Signed ..... Date .....
Name (PRINT) .....

Top copy accepted by patient: yes/no (please circle and initial)

Guidance to health professionals (to be read in conjunction with consent policy)

What a consent form is for

This form documents the patient's agreement to go ahead with the investigation or treatment you have proposed. It is not a legal waiver – if patients, for example, do not receive enough information on which to base their decision, then the consent may not be valid, even though the form has been signed. Patients are also entitled to change their mind after signing the form, if they retain capacity to do so. The form should act as an *aide-memoire* to health professionals and patients, by providing a check-list of the kind of information patients should be offered, and by enabling the patient to have a written record of the main points discussed. In no way, however, should the written information provided for the patient be regarded as a substitute for face-to-face discussions with the patient. The form is simply evidence of discussion not a substitution. It is also important that this form be filled out by the primary treating physician and not nurses or other staff members.

Who can give consent

Everyone aged 16 or more is presumed to be competent to give consent for themselves, unless the opposite is demonstrated. If a child has "sufficient understanding and intelligence to enable him or her to understand fully what is proposed", then he or she will be competent to give consent for himself or herself. Young people and legally 'competent' younger children, may therefore sign this form for themselves, but may like a parent to countersign as well. If the child is not able to give consent for himself or herself, some-one with parental responsibility may do so on their behalf and a separate form is available for this purpose. Even where a child is able to give consent for himself or herself, you should always involve those with parental responsibility in the child's care, unless the child specifically asks you not to do so. If a patient is mentally competent to give consent but is physically unable to sign a form, you should complete this form as usual, and ask an independent witness to confirm that the patient has given consent orally or non-verbally. Also you will see that there is room for an "interpreter" to sign in some circumstances. You may feel that the patient is competent to understand the procedure and consent to treatment but does not have the capacity or literacy level to understand the actual form. This is not a "substitute decision maker", this is an "interpreter" for the form. The treatment and procedure must still be discussed with the patient directly in this instance.

Information

Information about what the treatment will involve, its benefits and risks (including side-effects and complications) and the alternatives to the particular procedure proposed, is crucial for patients when making up their minds. The courts have stated that patients should be told about significant or "material" risks which would affect the judgment of a reasonable patient. 'Material' has not been fully legally defined, but generally requires doctors to tell patients about serious or frequently occurring risks. There is always a balance of "likelihood of occurrence" versus "serious" of the harm to be disclosed. This is case specific and subject to the doctor's reasonable judgment. In addition if patients make clear they have particular concerns about certain kinds of risk, you should make sure they are informed about these risks, even if they are very small or rare. You should always answer questions honestly. Sometimes, patients may make it clear that they do not want to have any information about the options, but want you to decide on their behalf. In such circumstances, you should do your best to ensure that the patient receives at least very basic information about what is proposed. Where information is refused, you should document this on page 2 of the form or in the patient's notes.

SOURCE: This consent form has been adapted from the generally accepted national consent form template employed in the United Kingdom, including some of the reference information and text. The source documents may be found at:

http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/Consent/ConsentGeneralInformation (2005)

Clinical Recording Consent Form

(For Audio/Image/Video when the patient can be identified)

Patient Name (first and last):

Date of Birth(DD/MM/YYYY):

Health Care Number:

Health Provider: _____

(Print)

The nature, purpose and intended uses of this information is:

( ) Health Records ( ) Teaching ( ) Medical publications ( ) Other: _____

I consent to be:

□ Tape-recorded (may be digital recording)

□ Photographed (may be digital images)

□ Videotaped (may be digital recording)

I have confirmed:

□ My name may be used

□ My name may NOT be used

Patient Exceptions (if ny): _____

I _____ give permission to the above named Health Provider to use information and images about me for the purpose outlined above. I understand that I am entitled to refuse or withdraw consent at any time and that such refusal will in no way affect my care. I acknowledge that I understand the above request.

_____ _____

Patient/Client Signature Date (DD MM YYYY)

Witness

Date (DD MM YYYY)

If patient/client lacks the capacity to provide

consent signature of the substitute decision maker:

I _____ have explained to the patient/client the risks, privacy, and security (Health Provider) issues that are related to this clinical recording (i.e. use, storage, retention) and it is my understanding that the patient fully understands the intent for recording and is willing to proceed.

Signature of Health Provider:

Title:

Date (DD MM YYYY):

Note: Place original form on patient's chart.

NOVA SCOTIA PROVINCIAL BLOOD Coordinating Program

NOVA SCOTIA Health

Refusal or Limited Consent for Transfusion of Blood and/or Blood Components, Plasma Derivatives.

I _____ have been informed by my physician

_____, that in the course of my medical/ surgical treatment I may need a transfusion of blood, blood components or plasma derivatives (i.e.. red blood cells, plasma, platelets, factor concentrate or cryoprecipitate).

I have been informed of and understand the benefits and risks associated with receiving this therapy. I understand that risks exist even though the blood and/or blood components or plasma derivatives have been tested. I understand that all blood donors are volunteers and are carefully screened by medical history and sensitive laboratory tests in order to minimize the risk of infectious disease transmission, however these measures cannot completely eliminate these risks or the risks of other adverse reactions including serious injury and/or death.

Dr._____ and I have discussed the risks, including death, of not receiving a blood transfusion. We have discussed the possibility of using alternative treatments other than a blood transfusion. I understand the benefits and risks of these alternative treatments, including the risks of not receiving a blood transfusion.

Having been informed of the benefits and risks of consenting to or refusing this treatment I direct as follows (Initial only one):

Refusal:

☐ I direct that NO BLOOD TRANSFUSIONS (whole blood, red blood cells, white blood cells, platelets, plasma, plasma derivatives) are to be given to me under any circumstances, even if such treatment may, in the opinion of the attending physician and/or surgeon or his/her assistants be deemed necessary to save my life or promote my recovery.

OR

Limited Consent:

☐ I direct that NO BLOOD TRANSFUSIONS (whole blood, red blood cells, white blood cells, platelets, plasma, and plasma derivatives) are to be given to me under any circumstances, **except** where in the opinion of the attending physician and/or surgeon or his/her assistants be **deemed necessary to save my life**. I have indicated my consent to such treatments by placing my initials in the associated consent box in the following table:

Blood, Blood Component and/or Plasma Derivative	YES, I consent to the use of the following treatment(s) where it is deemed medically necessary:
Whole Blood	
Red cells	
Platelets	
Plasma	
Cryoprecipitate	
Plasma Derivative (specify):	

NOVA SCOTIA PROVINCIAL BLOOD Coordinating Program

NOVA SCOTIA Health

I have been given written information, including a pamphlet ("Benefits and Risks of a Transfusion") on blood, blood components and plasma derivatives and was given the chance to ask questions about the benefits and risks of a blood transfusion. I am satisfied that all my questions have been answered.

I hereby release the attending physician and/or surgeon, his/her assistants, (District Health Authority/Facility), and its officers, agents, employees and representatives from any responsibility whatsoever for any adverse results, including death, which may result from my refusal to permit the use of blood, blood components or plasma derivative transfusions.

I have read (or has been read to me) and understand what has been discussed.

_____ **Date:**_____

Signature of patient

Or

_____ **Date:**_____

Signature of Substitute Decision Maker

Substitute Decision Maker (Print Name):_____

STATEMENT OF TREATING PHYSICIAN

I confirm that I have explained the nature, associated benefits, potential risks, and likely consequences of consenting to or refusing the transfusion of blood, blood components or plasma derivatives and alternative therapies and provided an opportunity to ask questions and answered all questions that were asked.

Signature of Physician_____ **CPSNS#**_____

PRINT NAME_____ **Date:**_____

NOVA SCOTIA PROVINCIAL BLOOD COORDINATING PROGRAM

NOVA SCOTIA Health

Consent for Transfusion of Blood, Blood Components and/or Plasma Derivatives.

I _____ have been informed by my physician

_____, that in the course of my medical/ surgical treatment I may need a transfusion of blood, blood components or plasma derivatives (i.e. red blood cells, plasma, platelets, factor concentrate or cryoprecipitate). Autologous blood and other appropriate alternatives to the use of human blood have also been discussed.

I have been informed of and understand the benefits and risks associated with this therapy. I understand that risks exist even though the blood and/or blood components or plasma derivatives have been tested. I understand that all blood donors are volunteers and are carefully screened by medical history and sensitive laboratory tests in order to minimize the risk of infectious disease transmission, however these measures cannot completely eliminate these risks or the risks of other adverse reactions including serious injury and/or death.

I have been given information, including a pamphlet ("Benefits and Risks of a Transfusion") on blood, blood components and plasma derivatives and the chance to ask questions about the benefits and risks. My physician has answered all my questions to my satisfaction.

I have read (or has been read to me) and understand all the above. I consent to the transfusion of blood, blood components and/or plasma derivatives if it becomes necessary during the course of treatment.

_____ **Date:**_____

Signature of patient

Or

_____ **Date:**_____

Signature of Substitute Decision Maker

Substitute Decision Maker (Print Name):_____

STATEMENT OF TREATING PHYSICIAN

I confirm that I have explained the nature, associated benefits, potential risks, and likely consequences of consenting to or refusing the transfusion of blood, blood components or plasma derivatives and alternative therapies and provided an opportunity to ask questions and answered all questions that were asked.

Signature of Physician_____ **CPSNS#**_____

PRINT NAME **Date:**