

Client Consent

DEFINITIONS

Express Consent:

Consent is specifically given by a client either verbally or in writing

Informed Consent:

Is an ongoing dialogue that begins at the initial visit and continues throughout the health care process

Implied Consent:

Consent can be inferred by the client's actions

Health care:

Anything being done for a therapeutic, preventive, palliative, diagnostic, cosmetic or other purpose related to health

Major health care:

Includes significant health care interventions which may involve: major surgery, risky or complex tests, treatment requiring general anesthetic, radiation therapy, chemotherapy and kidney dialysis and any health care designated by regulation as major health care.

Minor health care:

Includes regular or routine tests, immunizations, medications of any kind and other care that is not major

SCOPE

All Registrants of the College of Speech & Hearing Health Professionals of BC

STANDARD

All Registrants must comply with the BC Health Care Providers Guide to Consent to Health Care (Ministry of Health, 2011 adopted Clinical Practice Guideline-12). Other pertinent BC legislation includes: The Health Care (Consent) and Care Facility (Admission) Act (HCCA) and the Infants Act for individuals under 19 years of age.

Under the BC legislation, Registered Audiologists, Hearing Instrument Practitioners and Speech-Language Pathologists are considered health care providers regardless of their practice setting.

It is a Registrant's responsibility to understand and adhere to the clients' rights as outlined in the Health Care Providers' Guide to Consent to Health Care (CPG(A)-12). The guide includes aspects of:

- Obtaining and documenting informed consent
- Client rights regarding consent

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- Exceptions to consent rules
- Substitute decision makers
- Capability to provide consent
- Consent process and expiration of the consent
- Advanced directives

Registrants who work with children must also be aware of the parameters of informed consent for those persons under 19 years of age, considering that there is no age of consent in British Columbia. Specific information can be found in the Infants Act which explains the legal position of children. One of the topics covered in the Infants Act is the health care of children. The Infants Act states that children may consent to a medical treatment on their own, as long as the health care provider is sure that the treatment is in the child's best interest, and that the child understands the details of the treatment, including risks and benefits. It is up to the health care provider to assess and ensure the child's understanding of the treatment

Health care provided by Speech & Hearing Health Professionals is considered minor health care under the HCCA. There may be interventions that are closely aligned with major health care, such as the surgery required for Cochlear Implants or for the insertion of a Voice Prosthesis. It is unlikely that Registrants would need to be involved in obtaining the consent for provision of the major health care.

Note: 'client' includes Substitute Decision Makers (SDM) in this document

Obtaining Implied consent:

Implied consent may be sufficient if the client has voluntarily attended an appointment for a simple examination or non-invasive procedure that poses NO RISK of harm to the client (CPG(A)-12).

Obtaining Informed, Express Consent:

Express consent should be obtained when any assessment or treatment is required that poses a potential risk to the client, even if the likelihood for potential complications is low. This can include low risk tests or interventions (e.g. speech and language assessments) to more complex tests or interventions (e.g. vestibular testing).

Express consent must be informed. This is what a reasonable person, in the client's position, would need to know to make a decision. It is imperative that Speech & Hearing Health Professionals know their clients and tailor the information to the needs of each patient. It is prudent for a registrant to clearly explain all aspects of any interventions or treatment plan, including any physical contact, that may be necessary during treatment. (Where's the Line? Boundaries in the Therapeutic Relationship, (CPG-05).

Conditional Active Registrants, Students and Communication Health Assistants may assist in the consent process but must not be responsible for the overall process of consent and must not be the signatory for the consent documentation.

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- **Obtaining express consent verbally:**

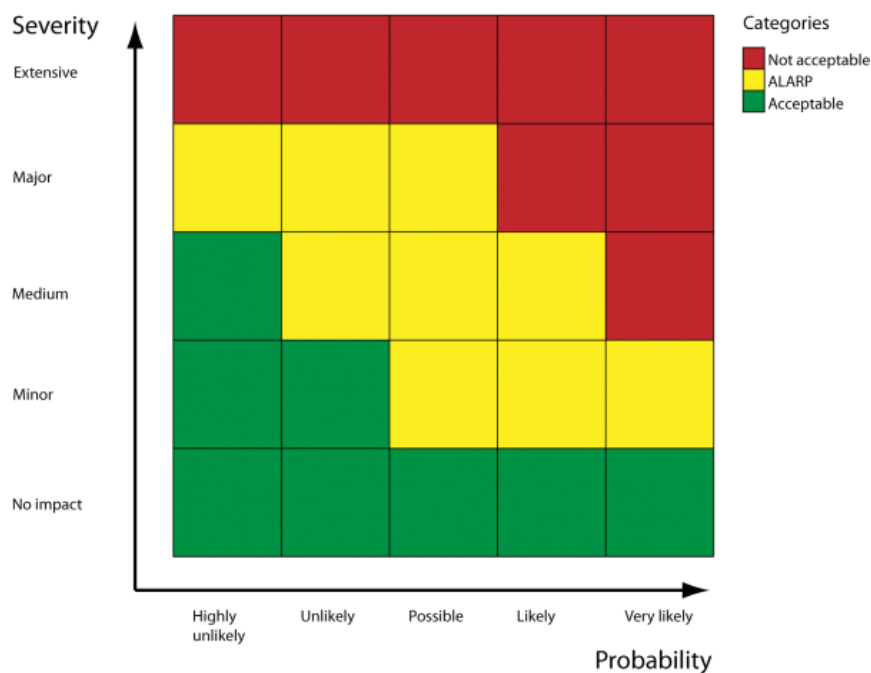
For the provision of minor health care, verbal consent may be sufficient. In **ALL** instances of verbal consent, the nature of the conversation, the information provided, and the client’s decision must be documented.

- **Obtaining express consent in writing:**

Registrants may prefer to obtain express consent in writing. This does not negate the necessity of continuing dialogue.

Assessing Risk and Probability of Occurrence:

It is imperative that registrants can articulate, in clear terms, the level of risk and the likelihood of occurrence for all services that they provide. The following chart is a guide to assessing risk and probability of occurrence.



Retrieved from CGE Academy www.cgerisk.com/knowledgebase/Risk_matrices

Red: not allowable

Yellow: as low as reasonably practicable (ALARP) -mitigation strategies to prevent harm may be necessary

Green: allowable

Validity of Informed Consent for Clients who have Communication and Related Delays and Disorders

The HCCA outlines the conditions necessary for an adult’s capability to make a health care decision. Clients with communication and related disorders pose special challenges to Speech & Hearing Health

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Professionals. A communication or related disorder does not mean that a client is incapable of making a health care decision. It is imperative that Registrants know their client's: level of understanding and language comprehension, usual mode and method of communication, necessary communication aids and equipment, and any other supports that may be necessary for effective communication (e.g. interpreter).

Registrants may be called upon to share their information (with the client's consent) regarding the client's communication status and to inform others about the client's capability for making health care decisions.

Violations of the Client Consent Standard and the Associated Clinical Practice Guideline:

Registrants may be asked by the Quality Assurance & Professional Practice Committee or the CSHHPBC Board to provide verification of obtaining and documenting informed consent. In instances where consent is unsubstantiated, a registrant will be asked to obtain and document the required consent. Should a registrant fail to comply, the matter can be referred to the Inquiry Committee for follow-up.

REFERENCES

CGE Academy, retrieved from: www.cgerisk.com/knowledgebase/Risk_matrices
Health Care (Consent) and Care Facility (Admission) Act, Ministry of Health, retrieved from:
www.bclaws.ca/Recon/document/ID/freeside/00_96181_01
Infants Act, BC Ministry of Health, retrieved from:
www.bclaws.ca/civix/document/id/complete/statreg/96223_01

RELATED CSHHPBC DOCUMENTS

Documentation and Record Management (CPG-04)
Documentation and Record Management (SOP-PRAC-01)
Health Care Providers' Guide to Consent to Health Care (Ministry of Health, 2011), (CPG (A)-12)
Where's the Line? Professional Boundaries in the Therapeutic Relationship (CPG-05)