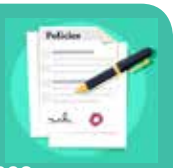
Informed consent do's and don'ts

Informed consent is one of the top issues we see when reviewing patient files, whether due to a complaint, a Peer and Practice Assessment, or an inspection. Although NDs may be having conversations with patients before obtaining consent, there is often no documentation that these conversations occurred. Documenting all relevant patient discussions and information is a hallmark of providing safe and competent naturopathic care.

Here are some do's and don'ts that align with the College's requirements.

DO

1. Let the patient review the consent form and your privacy policy before their first visit. Let them know they will be asked to sign the form if they are comfortable once the visit has taken place and all their questions have been answered.



2. Allow enough time to have a complete discussion with ample opportunity for the patient to ask questions. In order to give informed consent, a patient needs to understand and appreciate the reasonable foreseeable consequences of their decision about whether to consent to the proposed treatment. This can sometimes take time. When obtaining informed consent make sure you talk about:
   - the nature of the intervention,
   - expected benefits,
   - material risks and side effects,
   - available reasonable alternatives,
   - likely consequences of not receiving the intervention,
   - any associated costs, and
   - the right to withdraw consent at any time.

3. Be sure to include information specific to the risks and benefits of a proposed treatment based on the patient's individual health history and their presenting signs and symptoms. Naturopathic care provides individualized treatment plans to address each patient's unique situation, including changes over time.

DON'T

1.
   - Have the patient sign a consent form before the first appointment and patient intake have taken place.
   - Assume that because a form was signed, informed consent was given.

2. Rush the conversation when obtaining informed consent or, even worse, skip the conversation altogether.

> Informed consent is an ongoing conversation, not a one-time event.

3. Have a one-size fits all consent form for certain treatment plans such as IVIT.

DO	DON'T
Always obtain informed consent when you take a patient's health history, perform an assessment such as a physical exam, order tests, collect their personal health information, advise them of the costs for your services, and discuss a treatment plan.	Only get informed consent for proposed treatments.
Check in with your patient at the beginning of each visit to ensure they are okay going ahead with that day's treatment. Let your patient voice any concerns they have on that day and withdraw consent for treatment if they feel they want to. A patient may feel obligated to go through with a series of treatments they agreed to at the beginning, even though they may have concerns later that they are hesitant to bring up with their ND.	Assume that when you have planned a course of treatment over several weeks or months, such as a series of acupuncture treatments or IVIT, and obtained informed consent for the initial treatment, that the patient is consenting every time they come for their visit.
Treat consent as an ongoing process, not a singular event. Many things can change in the course of providing naturopathic care. A patient may present differently from visit to visit, which could require treatment adjustments or additional assessments and testing. Any new assessment or adjustment to treatment that is significantly different from that which the patient had previously consented to should be discussed and documented.	Have your patients sign a consent form at the end of the initial visit and assume that consent has been given for all subsequent treatments and assessments.
Make sure the patient file shows that informed consent was obtained. Documentation can include a signed consent form as well as a notation in the "SOAP" notes for each visit. You can note such things as the date consent was given, who was involved in the discussion, the information relayed to the patient or decision-maker, and the questions asked and answered.	Have a discussion and obtain informed consent from your patient without documenting it.

DO

Understand that certain factors may indicate that a patient is incapable of providing consent but that age, except for the very young, is not one of those factors. The *Health Care Consent Act, 1996* states that a person is capable of consenting to treatment if they are able to understand the information that is relevant to making a decision about the treatment, and are able to appreciate the reasonable and foreseeable consequences of a decision or lack of a decision.

Keep in mind that a patient may be capable of consenting to some aspects of their care, but not to others. For example, a patient may be able to consent to an initial assessment, but may not be able to consent to a treatment plan because they cannot understand complex information related to the treatment. Always clearly and fully document who provides consent if someone other than the patient is involved.

DON'T

Assume that a patient is incapable of providing consent because of their age (either young or old).

Leave the patient out of the process when a substitute-decision maker is providing consent.

Read our *Informed Consent Guideline* for more details and full requirements.

For additional guidance, contact our Regulatory Education Specialist Dr. Mary-Ellen McKenna, ND (Inactive) maryellen.mckenna@collegeofnaturopaths.on.ca or 416-583-6020.