

PRACTICE STATEMENT

Practice Statement
Number: 4.3

Effective Date: October 16, 2000
Revised Date: April 27, 2009
Review Date: April 27, 2014
Approving Body: Council
Authority: Council Chair
Implementation: October 26, 2009
Applies to: Practising Members

TOPIC: INFORMED CONSENT TO TREATMENT

Introduction:

Informed Consent is the voluntary agreement to a course of action, based on a process of clear communication between the client and the physiotherapist. Informed consent is both a legal requirement as well as a vital component of physiotherapy treatment.

Ensuring client provides informed consent is also described in the Essential Competency Profile for Physiotherapists in Canada¹

Practice Statement:

The physiotherapist is obligated to obtain informed consent for all assessment and treatment procedures. In order for consent to be informed, certain requirements must be met. Consent must be made voluntarily, without fear or duress, by the client. The client must be properly informed and the client must have the capacity to consent. The physiotherapist must understand that the client has the right to refuse treatment or withdraw consent for treatment at any time.

Guidelines:

A physiotherapist demonstrates the practice standard by:

1. Adequately informing the client. The physiotherapist is obligated to provide certain information and allow the client to ask questions. The information provided must allow the client to reach an informed decision. The following is a list of information to be discussed with the client:
 - The diagnosis, and/or clinical impression, as known;
 - Nature of treatment procedure(s) that is being suggested;
 - Significant risks, benefits of treatment and reasonable alternatives;

A Practice Statement is a formal position of the College with which members shall comply.

- Potential risks/consequences if treatment is refused;
 - Reasonable additional procedures which may be necessary, and;
 - Remote risks, where the potential problem is serious
2. Obtaining ongoing consent from their client. Consent may be obtained orally, in writing or may be implied from the client's words, writing or actions.
- It is preferable to seek a current, signed written informed consent from the client. A written consent form includes the patient's name and signature, the date, a brief description of the treatment or procedures and the name of the physiotherapist that will perform it, and any other relevant information communicated to the patient. However, in certain circumstances this may be difficult and a verbal or implied consent may be appropriate.
 - If the treatment plan is substantially altered consent must be updated.
 - The clinical record should contain documentation that informed consent or refusal to treatment has occurred (see Practice Statement 4.17 on Recording Keeping).
3. The physiotherapist must ensure that the client has the competence to consent to treatment. This implies that the client has the ability to understand the information provided and to make an informed decision about the proposed course of action.
- If the client is incapable of providing informed consent, it is acceptable to receive informed consent from immediate family members, guardians or the public trustee.
 - Other situations where exceptional care should be taken to ensure appropriate informed consent from the client, immediate family, guardians or the public trustee include:
 - Psychiatric or neurological problems
 - Speech or hearing impairment
 - Those who are confused, have severe pain or depression
 - Clients who are impaired through substance abuse
 - Unconscious clients
 - Clients who are unable to provide appropriate informed consent due to age (i.e. children)

A Practice Statement is a formal position of the College with which members shall comply.

References:

Consent: A Guide for Canadian Physicians, Third Edition. The Canadian Medical Protective Association.

Policy: Informed Consent (for Procedures, Treatments and Investigations). Winnipeg Regional Health Authority.

(2008). *Practice Guideline - Informed Consent.* The College of Physical Therapists of Alberta.

Practice Guideline - Informed Consent in Occupational Therapy Practice. College of Occupational Therapists of Manitoba.

(2008). *Practice Standard - Consent to Treatment .* College of Physical Therapists of British Columbia.

(2001). *Schedule A - Standards of Practice 1(3).* The Physiotherapists Act.

¹Essential Competency Profile for Physiotherapists in Canada (July 2004)

Dimension Five: Physiotherapy Diagnosis/Clinical Impression and Intervention Planning

Element 3: Facilitates informed decision making by clients

Performance Criteria

g. Ensures client provides informed consent prior to finalizing the physiotherapy intervention strategy and whenever changes are made.

Examples:

Obtains client consent to physiotherapy intervention in accordance with provincial legislation.

Explains client responsibilities relative to the plan, the purpose and effect of specific intervention, potential risks and benefits associated with the proposed plan.

A Practice Statement is a formal position of the College with which members shall comply.