



Understanding consent: Information for patients, clients and caregivers

Should you sign a contract without understanding what's in it? Or let a mechanic work on your car without getting an estimate and giving your approval? Not really. The same idea is true when it comes to working with an occupational therapist (OT) or any other health care professional.

Patients and clients have the right to make decisions about their treatment and other health care services. It's up to health care providers to make sure that happens. That's called informed consent.

For all health care providers, it's one of the standards of the profession. People can't consent without being informed. That means you need to understand:

- the purpose and expected outcomes of a treatment/service;
- the potential benefits and risks;
- any reasonable alternatives; and
- the consequences of refusing and not having the treatment/service.

It's all about getting enough information from a health care professional so that you can voluntarily make the best decision for you.

What does informed consent look like?

Consider someone who has had a stroke and is now transitioning back to life at home. Part of that might include a visit from an OT.

In this case, the OT would explain that they're going to look at the impact of the stroke and see how the individual manages around their home. How does the individual get dressed or make a meal, for instance. This may involve a physical assessment, like seeing how the person moves, so the OT will run through what's going to happen and why.

At various stages, the OT can check in: "Is that okay, can I keep going?" The OT can also invite questions and reinforce that the patient is in control: "If you feel uncomfortable at any point or want to ask me anything, we'll stop what we're doing."

The responsibility is on the OT to confirm that you comprehend (that's the informed part) and have either stated or otherwise signified agreement (the consent part).

Consent can be oral (like saying okay), written (signing a form) or implied. For example, if an OT needs you to move your arm and you stick it out and follow instructions, that can be implied consent. If, on the other hand, you grimace and move away, that can be taken as a sign you haven't consented.

As the patient or client, you're entitled to say yes or no, and take time to think first. Ask as many questions as you need. What is being done? Why? Will any information be shared (like the results of an assessment)? Get clear explanations, without any jargon.

"To confirm that it's okay to proceed, the OT needs to use language that meets the needs of the client," says Sandra Carter, Practice Advisor for the College of Occupational Therapists of Ontario.

You shouldn't feel rushed or pressured. The obligation is on the health care provider to ensure you're informed and have given consent (or not) to every aspect of a course of action, which means looking for obvious signs that you understand.

The choice is yours

Even after you're given consent, you have the right to change your mind – at any time, and for any reason. Consent must be specific to a treatment or service. So if you give consent to one thing, it doesn't mean you are consenting to everything. Turning down a recommended approach also doesn't necessarily mean you're not giving consent to anything at all.

Changing an approach requires new consent. Take an OT working with a client to find the right bath seat. Let's say the one being tested isn't suitable. So, the OT suggests an alternative piece of equipment, like a tub transfer bench, and gives the reasons (the seat would be unsafe), risks and limitations (the bench costs more and is harder to remove from the tub) and benefits (the bench is safer and sturdier, with less risk of a fall).

With all of that information provided and discussed, the OT asks for the client's approval to proceed with testing out a transfer bench.

In all instances, your OT needs to run through the options, and explain the pros and cons associated with each. And also respect your decisions. It's all about you, and your OT should never make decisions for you. This is all a legal right, covered in the Health Care Consent Act. The only exceptions are emergency situations, where someone is at serious risk if a treatment isn't delivered promptly.

An important principle is that consent is based on capacity. In other words, people must be capable of giving consent.

Not everyone is. A person is able to make decisions about a treatment if they're able to understand the relevant information and appreciate the implications of a decision or lack of decision.

A person is presumed to be capable of making health care decisions unless there are reasonable grounds to suspect incapacity, like an intellectual disability. If someone isn't capable, an OT can seek consent from

what's called their substitute decision-maker. That's someone who has been authorized to provide or refuse consent on someone else's behalf. It could be the patient's or client's spouse or child, for example. An OT would have to go through the same process with the substitute decision-maker as they would with the patient or client.

Remember that for any person, capacity can vary over time. Also, the same person might be capable of some decisions but not all.

The right to informed consent isn't a single event but an ongoing process – and a big part of working with a health care professional.

If you have questions about what to expect when working with an occupational therapist, contact the College at 1.800.890.6570/416.214.1177 x240 or practice@coto.org. We're here to help.