

## SCPT Practice Guideline # 25 – Informed Consent

### Background:

Physical Therapists must obtain informed consent prior to initiating treatment, as well as throughout the assessment, treatment, and discharge process. Physiotherapists are ethically and legally bound to communicate with patients so patients can make informed choices regarding their treatment. The process of obtaining consent ensures that physical therapy clients are involved in and able to make informed decision about their care.

### The SCPT Code of Ethics provides that:

3. Physical therapists must respect the client's right to be informed about the effects of treatment and inherent risks.
4. Physical therapists must give clients the opportunity to consent or decline treatment or alterations in the treatment regime and must obtain consent before providing any treatment or alterations in the treatment regime.
6. Physical therapists shall assume full responsibility for all care they provide.
10. Physical therapists shall respect all client information as confidential and shall not communicate client information to any person without the consent of the client except when required by law.
11. Physical therapists, with the client's consent, may delegate specific aspects of the care of the client to a person deemed by the physical therapist to be competent to carry out the care safely and effectively.

*SCPT Legislation references informed consent in a number of other areas including regulatory bylaw # 23, SCPT Practice Guidelines #1, #2, #4, #5, #8, #12, and # 22, and the National Core Standards of Practice for Physiotherapists in Canada.*

### Practice Guidelines:

#### 1. Informed Consent Defined:

- Informed consent refers to receiving permission from a client with the capacity to consent (or from their legally authorized representative) to proceed with an agreed course of physiotherapy service.
- Informed consent involves ongoing communication during the assessment or delivery of physiotherapy services.
- Informed consent guarantees each person the right to refuse treatment, to consent to treatment, and to withdraw consent to treatment.
- Informed consent must cover (this list is not all inclusive) the nature of treatment, potential benefits of treatment, potential risks of treatment, possible side effects of treatment, alternative courses of action and potential consequences of not receiving the treatment.

## **2. Obtaining and Documenting Informed Consent:**

- Express informed consent may be either verbal or written. In some situations informed consent may be implied (i.e. a client presents themselves at a follow up physical therapy appointment).
- Informed consent must be specific to the physical therapy service being provided (i.e. do not rely on a blanket or program consent).
- Informed consent must be obtained for each aspect of the care plan and whenever a new intervention will occur and this consent must be clearly documented.
- Informed consent must be obtained for delegation of physical therapy interventions to others (i.e. physical therapy students, physical therapy assistants, etc.).
- If a client refuses to consent to treatment, the consequences of this refusal should be clearly explained to the client and the refusal and subsequent explanation should be documented.
- Although consent may be verbal alone, it is prudent to consider including a signed written consent (particularly at the initiation of treatment). Written consent must be discussed verbally with the client for it to be valid (i.e. a written consent signed prior to the physical therapist meeting with the client would not be considered informed consent).
- Consideration must be given to language or other communication barriers and appropriate assistance must be arranged to ensure proposed physical therapy treatment is properly explained and understood (i.e. written instructions, translator, etc.).
- Therapists must ensure they obtain informed consent for sharing and release of information as well as be aware of their duty to report in certain situations (i.e. suspected child abuse). Please see [SCPT Practice Guideline 8](#), [HIPA](#), and [Saskatchewan Child Abuse Protocol 2017](#) for further information.

## **3. Consent from a Minor:**

- In Saskatchewan, there is no fixed age of consent identified within legislation. The determinant of capacity in a minor should be based on the extent to which the minor's physical, mental, and emotional development allow for a full appreciation of the nature and consequences of the proposed treatment.
- If a minor patient lacks capacity to consent, the parents or guardians are authorized to consent to treatment on the minor's behalf and must be guided by the best interests of the minor.

## **4. Mental Incapacity / Substitute Health Care Decision Makers and Consent:**

- Capacity means the ability of a client to understand information relevant to a health care decision regarding a treatment, the ability to appreciate reasonably foreseeable consequences of making or not making a health care decision respecting a proposed treatment, and the ability to communicate a health care decision with respect to a proposed treatment.
- Mental incapacity must be defined for each specific health care decision where consent is required. A person may be incapable of making decisions regarding one specific situation or matter but may have sufficient capacity to give valid consent for a specific physical therapy treatment.

- A number of factors need to be considered including the physical, mental, and emotional status of the client and the extent to which they are able to fully appreciate a specific situation and the risks and benefits associated with it.
- In situations where a client has been determined to not have the mental capacity to provide consent for treatment, the treating physical therapist must consider who is authorized to make the decision for that client (refer to Advance Care Directives documents when available).
- Please see the [Health Care Directives and Substitute Health Care Decision makers Act, 2015](#) for further information.

#### 5. Disclaimer:

- Please note that this practice standard is not all inclusive and does not address all situations that may arise regarding consent. It is the individual therapist's responsibility to be aware of the requirement of informed consent in all practice situations. You may wish to consult personal legal counsel to address specific circumstances or situations.

#### References:

**College of PT Alberta – Practice Guideline: Informed Consent**

[https://www.physiotherapyalberta.ca/physiotherapists/resources\\_to\\_help\\_you\\_meet\\_practice\\_standards/informed\\_consent](https://www.physiotherapyalberta.ca/physiotherapists/resources_to_help_you_meet_practice_standards/informed_consent)

**College of PT Ontario – E-Learning Modules: Consent** <http://www.collegept.org/resources/elearningmodules/consent>

**College of PT Ontario – Rules and Resources: Consent** <http://collegept.org/physiotherapists/consent>

**Novia Scotia College of Physiotherapists - Standard – Informed Consent**

[http://nsphysio.com/resources/Informed+Consent+2014+Final+copy+\\$282\\$29.pdf](http://nsphysio.com/resources/Informed+Consent+2014+Final+copy+$282$29.pdf)

**College of PT Manitoba – Practice Statement: Informed Consent to Treatment** <http://www.manitobaphysio.com/wp-content/uploads/4.3-Informed-Consent-to-Treatment.pdf>

**College of Physical Therapists BC – Practice Standard: Consent to Treatment** <http://cptbc.org/wp-content/uploads/2013/10/PracticeStandards4.pdf>

**College of OT BC – Practice Guideline: Obtaining consent to occupational Therapy Services** [https://cotbc.org/wp-content/uploads/COTBC\\_ObtainingConsentGuideline.pdf](https://cotbc.org/wp-content/uploads/COTBC_ObtainingConsentGuideline.pdf)

**College of Physicians and Surgeons Saskatchewan – Guideline: Informed Consent**

<https://www.cps.sk.ca/imis/Documents/Legislation/Policies/GUIDELINE - Informed Consent.pdf>

**Saskatchewan Substitute Health Care Decision Makers Act, 2015**

<http://www.publications.gov.sk.ca/freelaw/documents/English/Statutes/Statutes/H0-002.pdf>

**College of Respiratory Therapists of Saskatchewan – Standard 6: Consent**

**College of Dental Surgeons of Saskatchewan – CDSS Informed Consent Process Standard**

[https://www.saskdentists.com/images/13 - CDSS\\_Informed\\_Consent\\_Process\\_Standard\\_Approved\\_April\\_21\\_2016.pdf](https://www.saskdentists.com/images/13 - CDSS_Informed_Consent_Process_Standard_Approved_April_21_2016.pdf)

**Saskatchewan College of Physical Therapists - Regulatory Bylaws**

<http://www.scpt.org/document/3553/Regulatory%20Bylaws.pdf>

**Saskatchewan College of Physical Therapists – Practice Guidelines** <http://www.scpt.org/site/practiceguidelines?nav=sidebar>

**National Core Standards of Practice for Physiotherapists in Canada** - <http://www.scpt.org/site/corestandards?nav=sidebar>

**Saskatchewan Child Abuse Protocol 2017** <http://publications.gov.sk.ca/documents/17/18812-Saskatchewan-Child-Abuse-Protocol-2017.pdf>