



**College of  
Occupational Therapists  
of British Columbia**

**COTBC Practice Standards for Consent**

# **Practice Standard #1: Obtaining and Maintaining Consent**

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## Practice Standards for Consent



# Practice Standard #1: Obtaining and Maintaining Consent

### Principle Statement:

The occupational therapist will ensure that valid consent is obtained from the client or substitute decision maker at the start of and throughout service delivery.

### Practice Expectations

The occupational therapist must do the following:

1. Respect the client's right to make decisions regarding their own health care.
2. Presume that the client is capable of giving, refusing, or withdrawing consent for occupational therapy services until the contrary is demonstrated.
3. Determine the client's capability to give consent when a potential concern is identified (Refer to Standard #2).
4. Identify the person who is authorized to make a decision on the client's behalf (i.e., substitute decision maker) when necessary.

## Practice Standards for Consent



### Practice Standard #1: Obtaining and Maintaining Consent, continued

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5. Obtain consent directly from the client or substitute decision maker prior to providing occupational therapy services, unless there is an exception in legislation. Examples of exceptions include
  - when urgent or emergency health care is required, the adult is incapable of consenting, and a substitute decision maker with authority to consent is not available (HCCCFAA, section 12); and
  - for preliminary assessment or examination, such as triage, where the client indicates that they want to receive care or, “in the absence of any indication by the client, the client’s spouse, near relative or close friend indicates that he or she wants the client to be provided with care” (HCCCFAA, section 13).

## Practice Standards for Consent



### Practice Standard #1: Obtaining and Maintaining Consent, continued

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6. Provide the client and/or substitute decision maker with the information a reasonable person would require to make a decision regarding proposed occupational therapy services. The information provided is specific, sufficient, and evidence based and includes details regarding
  - the condition for which the services are proposed;
  - the nature of the proposed services, including but not limited to details such as the background and skills of the occupational therapist, the involvement of any support personnel and students, and the timing, length, costs, and expected outcomes of the services;
  - the risks and benefits of the proposed services; and
  - alternatives to the proposed services.

## Practice Standards for Consent



### Practice Standard #1: Obtaining and Maintaining Consent, continued

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7. Ensure that consent is given voluntarily, without coercion, fraud, or misrepresentation.
8. Provide the client an opportunity to ask questions and receive answers about proposed health care. This includes respecting the client's wishes to seek further information or involve others when making their decision.
9. Consider factors such as culture, language, abilities, and preferences when providing timely and appropriate information regarding proposed occupational therapy services to the client and/or substitute decision maker.

## Practice Standards for Consent



### Practice Standard #1: Obtaining and Maintaining Consent, continued

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10. Recognize that consent can be given orally, in writing, or through alternative communication systems, or inferred from behaviour that implies consent.
11. Revisit consent if there are doubts regarding the client or substitute decision maker's wishes, when the client is moving from one component of occupational therapy service to another, or when there are changes to the nature or scope of the proposed services.
12. Respect the right of the client or substitute decision maker to withdraw consent at any time and for any reason, provided that they are capable of doing so and there is no legislation that removes that right. When consent is withdrawn, the occupational therapist will seek to understand the reasons. The occupational therapist will ensure that the client or substitute decision maker understands their right to withdraw consent and the implications of withdrawing consent.

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13. In very limited circumstances, base the decision about a client's health care on what is in the best interests of that client, as the occupational therapist can best determine and in consultation with others. This occurs only when all of the following conditions apply:
  - The client is unable to provide consent.
  - There is no advance directive.
  - No substitute decision maker is readily available.
  - The care or treatment must be provided without delay (e.g., in order to preserve life or to prevent serious physical or mental harm).

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14. Recognize that the occupational therapist is responsible for ensuring that valid consent was obtained when initial access to occupational therapy services was obtained through a third party consent process. This includes ensuring that the elements of consent were met and may require the occupational therapist to speak directly with the client.
15. Take action if there is concern related to obtaining consent, including seeking assistance as needed.
16. Apply any workplace consent policies and procedures provided that they are consistent with legal and ethical requirements. Where they do not exist or are insufficient, advocate for, or participate in, their development.