



**College of
Occupational Therapists
of British Columbia**

COTBC Practice Standards for Consent

**Practice Standard #2:
Determining Capability to Give
Consent**

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Practice Standards for Consent



Practice Standard #2: Determining Capability to Give Consent

Principle Statement:

When obtaining consent for service, the occupational therapist will ensure that the client is capable of giving consent.

Practice Expectations

The occupational therapist must do the following:

1. Presume that the client is capable of giving, refusing, or withdrawing consent for occupational therapy services until the contrary is demonstrated.
2. Avoid presumptions of incapability based on factors such as a diagnosis of a psychiatric or neurological condition, a communication disorder or impairment, a disability, the client's age, or a client's decision to refuse an intervention.

Practice Standards for Consent



Practice Standard #2: Determining Capability to Give Consent, continued

Principle Statement:

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3. When a concern is identified, apply a variety of strategies to determine a client's capability to provide consent. This includes but is not limited to using a variety of communication strategies (e.g., using an interpreter or alternative communication systems), collaborating with the client and those close to the client, using a functional approach, assessing the client more than once to accommodate fluctuations in cognitive abilities, and consulting with other health professionals. When possible, the occupational therapist will support the client to make decisions that are within their capability.
4. Use clinical reasoning and base decisions regarding a client's capability of consenting to services on whether or not the client understands the information that is relevant to make a decision regarding the proposed services, including how the information applies to their situation.

Practice Standards for Consent



Practice Standard #2: Determining Capability to Give Consent, continued

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When obtaining consent for service, the occupational therapist will ensure that the client is capable of giving consent.

5. Use clinical reasoning and base decisions regarding a minor's capability of consenting to services on whether or not the occupational therapist has
 - explained to the minor and has been satisfied that the minor understands the nature, consequences, and the reasonably foreseeable benefits and risks of the health care, and
 - made reasonable efforts to determine and has concluded that the health care is in the minor's best interests.

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Practice Standard #2: Determining Capability to Give Consent, continued

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6. Communicate to the client any findings of incapability to provide consent, the reasons, and process for challenging the determination.
7. Engage the client to the greatest degree possible when a substitute decision maker is involved. This includes telling the client about any care or treatment before it is undertaken, regardless of their ability to provide consent.