



Purpose

This document clarifies and reinforces existing practice requirements and aims to provide guidance to Alberta denturists regarding their professional obligations to obtain consent, from their patient/client, prior to providing professional healthcare services.

Clarifying Alberta denturist consent expectations

The need for all healthcare professionals, like denturists, to obtain informed consent has been repeatedly reaffirmed in both Canadian and international law. Specifically, the Supreme Court of Canada has supported the right of every capable person to decide which medical interventions are appropriate for them.¹ This ultimately means that patient/client consent is considered an integral element of professional healthcare practice.

The College of Alberta Denturists (the “College”) **Code of Ethics** and **Standards of Practice** specifically define and identify the minimum requirements for Alberta denturists to obtain consent. Denturists are encouraged to review the required **informed consent** provisions detailed in these two policy documents.

While capturing patient/client consent may appear straightforward, integrating it into practice can be much more complex. The following term definitions and key practice principle are provided for guidance purposes:

Informed consent refers to treatment consent provided by a patient/client after they have considered the recommended assessment, treatments, costs, risks, and alternative care options.

Expressed consent refers to the expression of consent through verbal or written means and/or through an action. Within a healthcare context, a patient/client is most often required to provide written medical authorization for each proposed healthcare activity and for the overall recommended care/service plan.

Implied consent refers to a healthcare professional’s determination that a patient has consented to treatment by:

- A. providing their informed consent through expressive actions; or
- B. making a professional determination that the patient/client is incapacitated and unable to communicate and would consent to such care/service if they were not incapacitated and/or were able to communicate.

While some patient/client service interactions lend themselves to utilizing implied consent, for example when a patient is sedated and/or unresponsive/unconscious, most regulatory authorities hold the view that most professional healthcare service

interactions allow for, and highly benefit from, utilizing more formal informed and informed consent processes.

Hence, while Alberta denturists may utilize implied consent processes, as part of their daily practice, they should view this as more of an exception rather than the norm.

Consent as a dynamic process

Obtaining patient/client informed consent is a dynamic and continuous process within the overall patient/client treatment plan. That is to say that consent involves more than a one-time conversation or completion of a form and includes the re-verification and re-validation of consent throughout treatment and as the patient/client circumstances change.

The dynamic informed consent process generally includes five phases:

1. The denturist determines that informed consent is required.
2. The denturist provides relevant and required care/treatment information and creates a safe environment for the patient/client to ask questions, to consider all the provided information.
3. The denturist determines that the patient/client has the capacity to understand and make an informed decision after having considered all the presented information including the risks, alternative care/service options, and associated costs.
4. The patient provides their consent.
5. The denturist documents the consent in the patient/client record.

Determining need for consent

Denturists are encouraged to engage their patient/client in the consent process at the onset of every healthcare service interaction.

In keeping with the College's Standards of Practice, a denturist must, at minimum, obtain and document their patient/client's informed consent prior to actioning the items listed in Table 1.

Table 1 – Care/Service Actions Requiring Informed Consent

- Performing, or supervising others who are performing, medical examinations and assessments, which informs a diagnosis and/or the creation of a treatment plan.
- Dispensing and/or performing, or supervising others who are dispensing and/or performing, medical treatments, care procedures, medical interventions and/or restricted activities.
- Engaging a patient/client in research and/or educational activities.
- Providing episodic and emergent care to a spouse, family member or adult interdependent partner.

Who can consent?

Adults, over the age of 18, are generally presumed to have the capacity to consent to healthcare services, unless the healthcare professional has reasonable grounds to believe that they do not have the required capacity to consent. When this occurs, consent may be obtained from a legally appointed guardian or trustee.

In the case of minors, consent will generally be provided by a parent, a divorced parent with legal standing or a legally appointed guardian or trustee. Denturists are reminded that a stepparent, grandparents, significant other, family friends and/or general caregivers cannot legally provide consent for a minor. Special mature-minor consent circumstances are addressed later in this document.

Consent capacity

Throughout their consent process interactions, denturists must be reasonably assured that the patient/client understands the nature of the professional recommendations, and the risks, consequences, costs, alternative therapeutic options, and expected outcomes of the treatment plan.

Denturists should be mindful that a patient/client consent capacity may be impacted by a variety of reasons including language fluency, culture, literacy and cognitive abilities and by impairment, cognitive decline and/or psychological disability.

When a denturist is uncertain of a patient/client's ability to legally provide their consent, they should document their findings in the patient/client record and not proceed until they have obtained legal consent.

Consent process & sharing of information

As previously indicated, obtaining patient/client consent is a dynamic process which includes the open sharing of information between the denturist and their patient/client. More specifically, the College's Standards of Practice identify that the following information must be shared as part of the consent interaction:

- ☒ Required examinations, assessments, and/or tests.
- ☒ Diagnosis and prognosis, suggested treatment plan and interventions.
- ☒ Anticipated benefits of the examination, assessment, treatment, and intervention.
- ☒ Actual or potential risks, available alternative options, and risk comparisons.
- ☒ Risks and consequences of forgoing denturist advice.
- ☒ Treatment recommendations, assessment, and treatment costs.
- ☒ Other information deemed to be important to the care or service plan.

Please note that in all instances, consent must be obtained without undue influence, duress, coercion, and/or inducement.

Professional consent documentation

As previously indicated, patients/clients most commonly provide their consent by verbal or written means or through an action/inaction (in the case of implied consent). Regardless of the consent method, Alberta denturists must appropriately

document the consent process in the care record prior to each professional care/service interaction.

Professional consent documentation includes having timed and dated entries which details the information provided to the patient/client, questions they may have had, and any subsequent information provided by the dentist.

Special consent circumstances

Document/forms

Denturists may use a consent document or form as part of their consent process. Any such document must, at minimum, contain all previously detailed information.

Language and literacy proficiency

Healthcare professionals, like denturists, are required to consider the language and literacy abilities of their patient/client. This means that a dentist must be reasonably assured that they had the ability to understand the presented verbal and/or written information.

Rescinding consent

Patients/clients have the right, and must be reminded of their right and ability, to withdraw/rescind their consent at any time. Denturists may determine the required method for a patient/client to withdraw their consent. For example, a dentist may request that the patient withdraws their consent in writing or may accept a verbal request and document this themselves.

When a patient/client rescinds their consent, a dentist must collaborate with them to determine if referral is required/desired and must openly discuss with the patient/client how they or other healthcare professionals, may access their information.

Mature minor consent

Alberta courts have established that a minor may be deemed a mature minor if they understand the information relevant to their proposed medical treatments and if they are able to appreciate the reasonably foreseeable consequences of their decision or lack of decision.² In determining if a minor is a mature minor, Alberta denturists must consider and document all the factors and rationale associated with making a determination that the minor can themselves consent to medical/physical assessments and treatments.

Supervising dentist

Supervising denturists are professionally, ethically, and legally responsible for ensuring that professional dentist care/services are ethically, competently, and safely delivered. When supervising dentist students, and/or other denturists, they must ensure that the patient/client is informed of the on-going supervision and that all documented consent information is verified, confirmed, and countersigned prior to care/service delivery.

References

1. Ciarlariello v. Schacter, 1993 CanLII 138 (SCC), [1993] 2 SCR 119 retrieved from: <https://canlii.ca/t/1fs48>
2. J.S.C. and C.H.C. v. Wren, (1986) 76 A.R. 115 (CA) retrieved from: <https://ca.vlex.com/vid/j-s-c-v-681117649>

APPENDIX A - Reflecting on Patient/Client Consent

Denturists may wish to reflect on their consent obligations and processes. The following questions are provided to assist in this reflection.

Questions for Reflection Consideration:

General

- ❏ Must I review the consent requirements in the Code of Ethics and Standards of Practice?
- ❏ Do I understand my legal and professional consent obligations?
- ❏ Do I have the required continuous informed consent processes for my practice setting?
- ❏ Do my consent processes sufficiently consider required clinical, administrative, legal, and financial matters?
- ❏ Do I have a process to determine who has legal authority to provide consent?
- ❏ Have I defined what information a “reasonable” person might need to provide their consent given the different types of healthcare service interactions I may have with them?

Decision-Making Capacity

- ❏ What types of patient/client related capacity/ability issues might I encounter in my practice?
- ❏ How do I determine that a person has the capacity to provide consent?
- ❏ What processes do I have in place if feedback confirms that the patient/client does not understand the service information provided may not have the capacity/ability to consent?
- ❏ What consent process do I have in place when a guardian or trustee decision-maker is providing patient/client consent?
- ❏ Are patient /client’s provided information regarding their ability to withdraw their consent?

Diversity and Cultural Competency

- ❏ Do I sufficiently consider and have processes in place when I am uncertain of my patient/client’s literacy and language proficiency?
- ❏ Are there special cultural consent elements which apply to my practice and for me to consider?
- ❏ Do I have access to translation/language support services, if needed/required?

Documentation

- ❏ What legal and professional consent documentation requirements apply to me and my practice?
- ❏ Do I have a format or method for documenting consent? And consent withdrawal?
- ❏ Does my consent documentation include all required elements? If not, how can I improve this?

- Do I have a formalized consent verification process when I am supervising a student or other denturist who are obtaining patient/client consent?

Emergencies

- How would I handle consent within the context of an episodic and emergent care episode?
- Do I have a process in place to transition from an episodic and emergent care episode in terms of the patient/client consent and the post care referral process?