



Documenting Consent

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Many RDs work in practice settings where common policies and procedures exist or are being developed for all health professionals (i.e., RDs, OTs, PTs, SLPs). In an attempt to streamline the process for documenting consent, program managers have asked their employees to contact their respective Colleges to determine the professional obligations for documenting consent.

There are four key considerations when documenting consent in your dietetic practice:

1. The *Health Care Consent Act, 1996*;
2. Professional Requirements;
3. Organizational Policies; and
4. Professional Judgment.

1. The Health Care Consent Act

It is important for RDs to be aware of the laws that affect the profession. The *Health Care Consent Act, 1996* (HCCA) states that consent is required for treatment, and "treatment means anything that is done for therapeutic, preventive, palliative, diagnostic, cosmetic or other health-related purpose, and includes a course of treatment, plan of treatment or community treatment plan."¹

The College requires RDs to comply with the HCCA and ensure that they obtain informed consent for treatment, including consent for conducting nutrition assessments. However, this informed consent can often be implied. For example, an RD walks into a client's room, introduces him/herself and informs the client that they are going to ask some questions about their health and nutrition history for the purpose of conducting a comprehensive nutrition assessment. If the client answers the questions, the RD can rely on implied consent.

Whether express (verbal or written) or implied, consent must always be informed. This means that the client must understand the nature of the treatment, the expected benefits, the potential risks and side effects, alternative courses of treatment or action and the potential consequences of not having the treatment.

2. Professional Requirements

The College of Audiologists and Speech Language Pathologists of Ontario, the College of Physiotherapists of Ontario, and some other regulatory health Colleges require their members to

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1. RDs must obtain informed consent for conducting nutrition assessments and implementing nutrition intervention.
2. The College does not stipulate when informed consent should be implied or express (written or verbal).
3. Consult organizational policies for any additional facility protocols for documenting consent.
4. Always document express consent and use professional judgment as to when implied consent should be documented. Your decision will usually factor in the risk to the client.

document consent for screening, assessment, and treatment. This is because the nature of their assessments may be more invasive and carry more risk than what an RD's nutrition assessment/intervention entails.

CDO's [Standards of Consent](#) (2016)² require RDs to document express (verbal or written) consent and use professional judgment as to when implied consent should be documented. As far as consent to conducting a nutrition assessment is concerned, RDs are not always required to document consent, as consent can often be implied. However, it is advisable that RDs (or someone else) document express (verbal or written) consent for nutrition intervention.

3. Organizational Policies

Some organizations are looking to standardize the process for documenting consent among multiple health professions. In addition to complying with your professional obligations, consult organizational policies to determine if there are any facility protocols for obtaining and documenting consent.

4. Professional Judgment

It is often a matter of professional judgment as to when to take the extra step of documenting implied consent. This decision would be based on a number of factors, most importantly, the risk to the client. For example, if a client held out her finger for an RD to perform a capillary skin prick, the RD can rely on implied consent. If however, the client then felt light-headed and needed to sit down, the RD may wish to consider documenting the implied consent for the performance of the skin prick.

1. Health Care Consent Act, 1996, c. 2, Sched. A, s 2 (1); 2000, c. 9, s. 31. <https://www.ontario.ca/laws/statute/96h02>

2. College of Dietitians of Ontario. (2016). *Standards of Consent to Treatment and for the Collection, Use and Disclosure of Personal Health Information*. <http://www.collegeofdietitians.org/Resources/Standards/NormesConsentmentFevrier2016.aspx>