

CONSENT IN LONG TERM CARE

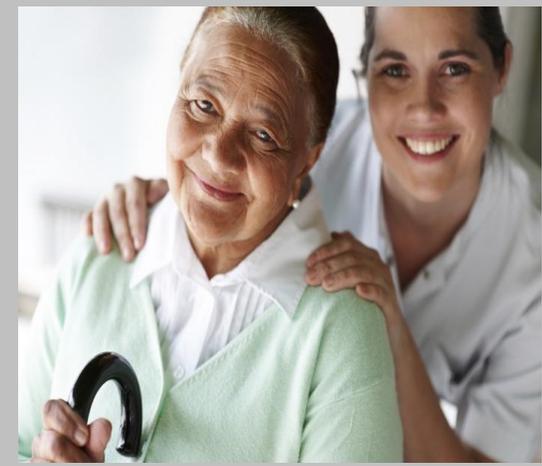
- All care provided in Long Term Care requires consent
- Everyone has the right to accept or refuse care. This means that the person can agree with or object to the care that is provided
- When a person loses his/her capacity to consent, a substitute decision maker (SDM) will make decisions for the person
- The health care providers are obliged to respect the choices a person or their SDM make
- If what the person wants or what the substitute decision maker has decided is unknown, the care of the person cannot proceed



CONSENT AND PERSONAL CARE

- Everyone has a sense of personal space that we are not always comfortable with strangers moving into or providing intimate care
- When a person is admitted to Long Term Care, there is an assumption that the health care team has consent to provide intimate care. However, this does not mean that the person is comfortable with more intimate invasions of personal space
- It is important to let the person know what you are going to do and that you ask permission to do it
- If the person is unable to give you consent, it is still important to explain what you are going to do and stop when the person shows signs that he/she does not want you to proceed
- The team, along with the person and the substitute decision maker, should make a plan on how to provide care
- When a person objects to care (verbally or nonverbally) the health care team, including the substitute decision maker should be engaged in order to resolve the situation

All people, regardless of their ability to give consent, deserve to be treated with dignity and respect



INFORMED CONSENT

- In medicine, *informed consent* is usually associated with *consent to treatment*
- A healthcare provider cannot perform a “treatment” without the consent of the person
- Treatment can be active (like changing a dressing) or preventative (like good skin care), but all require consent
- Most of the time, informed consent is implied if one does not object to the treatment (E.g, If you’re going to get an x-ray, no one asks you if you consent)

CONSENT AND DEVELOPMENTAL DISABILITIES

- People with developmental disabilities may or may not be able to give an “implied consent”
- Just because they are doing the same thing that others would do in the same situation does not mean that they understand the treatment that they are receiving (E.g., going for an x-ray but has no idea why he/she is there)
- They might be obeying a command rather than giving consent

How to determine if the person with a developmental disability is giving an informed consent:

- Does the person understand what the treatment is?
- Does the person know what will happen during the treatment?
- Does the person understand what the treatment is for?
- Does the person understand what will happen if he/she refuses treatment?
- Can the person choose between this treatment and alternatives? Is consent voluntary?
- **If the answer to any of these questions is “No” consent should be obtained from the substitute decision maker**

**SEE “SUBSTITUTE DECISION MAKER” HANDOUT FOR
MORE INFORMATION**