

SP 2.0 Informed Consent

Approved by Council May 2004
Effective June 1, 2004

Purpose and Objective

As a regulated and primary care provider, it is appropriate to demonstrate professional competency in the area of informed consent. The purpose and objective of informed consent is to facilitate the appropriate examinations, care and treatment of patients by ensuring members comply with their professional obligations relating to consent. The assurance of informed consent provides the vehicle for patients and the public to be aware of the mutual benefits of fully informed, voluntarily given consent to chiropractic examination and/or treatment. Further, informed consent ensures patients receive appropriate information about the benefits, risks, and side effects of chiropractic examination and treatment. The process of informed consent provides a structured opportunity for patients to discuss questions, concerns or uncertainty with the chiropractor.

Definition(s)

The informed consent must disclose to the patient or the guardian of the minor patient, the nature of the proposed examination, treatment or procedure along with any potential risks including those that may be of a special or unusual nature. Members must obtain written informed consent before commencing any examination, diagnostic procedure or treatment from every patient or the guardian of the minor patient.

Members must provide patients the opportunity to ask questions concerning the risks involved and should answer these questions to the patient's satisfaction prior to the commencement of the examination or treatment.

The best record of consent is one that has been objectively documented. Informed consent must be obtained in writing and must indicate to patients that their consent includes permission for future treatments. The consent must also indicate that it is the doctor's obligation to keep patients informed and to advise them of any new or changed material risk.

Written informed consent must be present on all existing patient files. In the event that patient files exist where verbal informed consent is noted, this must be replaced by written consent on the next patient visit.

Enforceability

Any member identified to the Complaints Director as non-compliant in the Standard of Practice related to informed consent is subject to the investigations and complaints process under Part 4 of the *Health Professions Act*. Identification may occur as a result of Practice Visit process, patient complaint or any other means by which this information may be brought to the attention of the Complaints Director.



SP 2.0 Continued

Penalty

It is the position of the ACAC that members have a professional responsibility to ensure that their obligation related to informed consent has been met. The ACAC believes it appropriate that first time offenders in this arena generally be provided with the opportunity to remediate their behaviours. Subsequent failure to comply with this Standard of Practice related to informed consent will be dealt with in an increasingly severe manner up to and including suspension of licensure.

First Time Offenders	Second Time Offenders	Third Time Offenders
<ul style="list-style-type: none">• Letter of direction from Complaints Director• Practice visit or re-review in three months time, at member's expense• Minimum 50 patient files reviewed	<ul style="list-style-type: none">• Formal reprimand letter from Complaints Director• Automatic financial penalty of \$2,000• Letter of direction from Complaints Director• Practice visit or re-review in three months time, at member's expense• Minimum 50 patient files reviewed	<ul style="list-style-type: none">• Referral to Hearing Tribunal for hearing• Allegation of unskilled practice filed against member• ACAC will seek minimum of three month suspension

