

# COLLEGE OF PHYSICAL THERAPISTS OF BRITISH COLUMBIA

## PRACTICE STANDARD

Number 4

Effective: April 1, 2008

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December 1996

### CONSENT TO TREATMENT

It is the responsibility of each physical therapist to read and be familiar with the consent requirements as set out in the *Health Care Consent and Facilities Admission Act (HCCFAA)* as amended ([www.qp.gov.bc.ca/statreg/stat/H/96181\\_01.htm](http://www.qp.gov.bc.ca/statreg/stat/H/96181_01.htm)) and the *Infant's Act* as amended ([www.qp.gov.bc.ca/statreg/stat/I/96223\\_01.htm](http://www.qp.gov.bc.ca/statreg/stat/I/96223_01.htm)). Consent rights and elements of consent are clearly and completely outlined in the *HCCFAA* and the *Infants Act* (applicable to those under 19 years of age). This Practice Standard is to be read in conjunction with the above noted *Acts*, and is not a substitute for reading the *Acts*.

1. Obtaining informed consent from a patient or substitute decision maker requires ongoing communication whereby the physical therapist provides the patient with the information needed to make an informed choice about how to proceed. Clear and ongoing communication between the physical therapist and the patient is necessary to obtain valid patient consent. If the treatment plan is altered, patient consent must be updated (section 9(2) of the *HCCFAA*).
2. The physical therapist may obtain consent from their patient in several ways. Consent to treatment may be expressed orally, in writing or may be implied from the client's words, writing, and or actions (section 9 *HCCFAA*).
3. A written consent form includes the patient's name and signature, the date, a brief description of the treatment or procedure and the name of the physical therapist that will perform it, and any other relevant information communicated to the patient. Having the patient's signature witnessed may strengthen the reliability of the consent form.
4. In accordance with the Practice Standard on Clinical Records, the clinical record must contain documentation that informed consent has occurred. The physical therapist must record a client's refusal to consent to treatment, and to record that the consequences of the refusal have been explained to the patient.
5. The physical therapist must ensure that the patient has been given adequate information on the nature, purpose and risks of the treatment, alternative treatments and the consequences of refusing treatment. Consider what information about risks, benefits, side effects, or consequences of treatment a reasonable person would need to make an informed decision on how to proceed (section 6 *HCCFAA*).
6. The physical therapist must ensure that the patient has the competence to consent to treatment. The decision as to the patient's competence must be based on whether or not the patient demonstrates to the physical therapist that he or she has understood the information provided (section 7 *HCCFAA*).
7. The physical therapist must communicate in a manner appropriate to the patient's skills and abilities. Be aware of language barriers which may require a translator to facilitate accurate communication.