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## Standard of Practice: Informed Consent

### Introduction

Informed consent is the legal and ethical foundation on which healthcare professionals provide care and service to patients. It is a critical responsibility of health professionals that patients or substitute decision makers receive all of the information they require in order to make an informed choice about their healthcare.

Informed consent is a process achieved through a conversation between the denturist and patient or substitute decision maker. Merely asking a patient to sign a consent form does not meet the expectations of the public regarding informed consent nor does it meet the expectations in this Standard.

### Purpose of the Standard

This Standard of Practice articulates the College's expectations regarding the acquisition of informed consent in the course of the delivery of care and service to the public. Some of the elements in the Standard will mirror elements outlined in *Health Care Consent Act 1996* and the *Substitute Decisions Act, 1992*.

### The Standard

A denturist meets the Standard of Practice: Informed Consent when he/she:

1. Formulates an opinion about the patient's capacity to make an informed decision specific to the proposed treatment before entering into an informed consent conversation.
2. Identifies a substitute decision maker when concerns regarding capacity to provide informed consent are identified.
3. Provides the patient or substitute decision maker with clear, understandable information and explanations regarding:
  - a. the immediate, short-term and long-term expectations and outcomes associated with the treatment(s), particularly the expectations associated with the fit and function of any proposed prosthetic;
  - b. the nature, benefits, common side effects and serious risks of the proposed treatment(s);
  - c. any reasonable alternative courses of action;
  - d. the likely consequences of not engaging in the proposed treatment(s);
  - e. the fee structure and any financial arrangements regarding payment for services; and
  - f. the roles and responsibilities of everyone involved in the provision of care.
4. Provides the patient or substitute decision maker with an opportunity to ask questions regarding the proposed treatment and answers those questions in a manner that is easily understood.
5. Indicates in the medical record that consent was obtained, refused or withdrawn. When the level of risk associated with a proposed treatment warrants it, obtains written consent.

6. When consent is provided in writing, any notation or form that is made or used confirms that the patient was engaged in the informed consent process, that the dentist explained all the necessary information and allowed time to respond to the patient's or substitute decision maker's questions before obtaining any signature indicating consent to treatment.
  
7. Ensures that patients understand their right to refuse to give consent or to withdraw consent at any time during the course of treatment.

## Legislative Authority

*Health Care Consent Act, 1996 (HCCA)*  
*Substitute Decisions Act, 1992.*

## References

*Denturism Act, 1991: Ontario Regulation 854/93: "Professional Misconduct Regulations"*  
<http://www.ontario.ca/laws/regulation/930854>

*Health Care Consent Act, 1996, S.O. 1996, c. 2, Sched. A*  
<https://www.ontario.ca/laws/statute/96h02>

*Substitute Decisions Act, 1992, S.O. 1992, c. 30*  
<https://www.ontario.ca/laws/statute/92s30>

*A Guide to the Substitute Decisions Act. Ministry of the Attorney General of Ontario*  
<https://www.attorneygeneral.jus.gov.on.ca/english/family/pgt/pgtsda.pdf>

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