Informed Consent

Definition: Informed consent refers to permission given by the patient for treatment with the patient’s full knowledge of the procedure, risks, benefits, costs and alternatives. For hospital admission and for invasive or specialized treatments, surgery or diagnostic procedures, the consent must be written and signed by the patient or the person legally responsible for the patient.

Best Practice: To be valid, an informed consent should include:

- **Completeness** – include nature of the procedure, risks, benefits, post procedure care, considerations and alternatives.
- **Clarity and comprehension** – language used to explain the procedure should be appropriate to the patient’s education level; barriers such as health literacy, English as second language, sensory impairments or cognitive impairments must be assessed and fully overcome to ensure consent is ‘informed’.
- **Competence** – the person must have the ability to understand the information and make a choice.
- **Volition** – the patient must be free to accept or reject the treatment. He must not be pressured or coerced to give consent.

Nurses’ Role: As an LPN, your legal role regarding written informed consent is to determine that the elements of a valid consent are in place. Therefore, you must assess and verify that the patient understands the treatment, its risks and alternatives. It is part of your ethical and legal duty to advocate for the patient and communicate the patient’s need for more information to the physician if required, and advise the physician if the patient wishes to change his mind.

You may witness a patient’s signature on a consent form, but you are not legally responsible for explaining the treatments and procedures that another care provider is performing.

If a patient is unable to provide consent (unconscious; mentally or cognitively incapable, or in any way does not have the capacity to provide informed consent such as disabilities or language barriers), the nurse must determine if he or she has an appointed substitute decision-maker and/or a personal directive.

**Substitute decision-maker:** This person has been selected by the patient to act as decision-maker in the event of his/her own incapacity to make health decisions. The substitute decision-maker has the legal authority to make healthcare decisions on the patient’s behalf and can...
provide informed consent. Appointing an individual as a substitute decision-maker is legislated in Alberta through the Adult Guardianship and Trusteeship Act.

**Personal directives** or ‘living wills’ are legal documents that allow an individual to name a decision-maker and/or provide written instructions to be followed when, due to illness or injury, the person no longer has the capacity to make healthcare related decisions in the future. These directives can be registered with a central registry that healthcare providers can access to find out if a person has a personal directive and how to contact the substitute decision-maker when needed. The Office of the Public Guardian maintains this information. Personal directives are legislated through the Personal Directives Act.

Links:

Information about Personal Directives and the Personal Directives Act:  

Information about adult guardianship and the Adult Guardianship and Trusteeship Act:  