

Consent to Nutrition Care

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Authority: *Health Professions Act*, section 16(2)(g); *Health Care (Consent) and Care Facilities (Admission) Act*, *Infants Act*, *Mental Health Act*, *Patients Property Act* and *Representation Agreement Act*.

Background:

One of the duties and objectives of a college legislated under the *Health Professions Act* is to inform individuals of their legal rights, including consent to health care legislation.

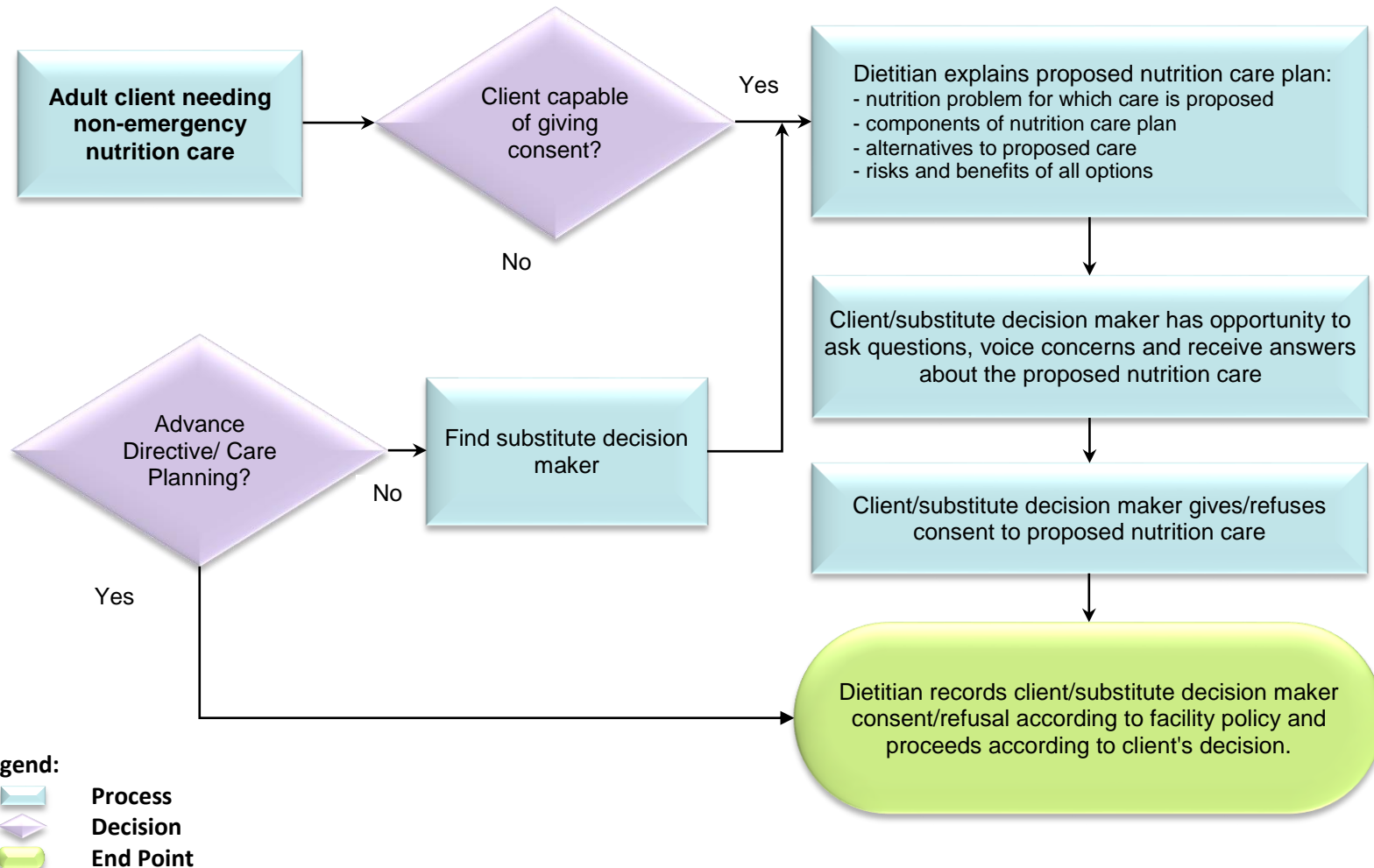
Policy:

1. Dietitians have a legal obligation to understand rights and elements of consent to nutrition care. Key legislation concerning consent to nutrition care: *Health Care (Consent) and Care Facilities (Admission) Act*, *Infants Act*, *Mental Health Act* and *Representation Agreement Act*. Other pertinent legislation regarding consent to nutrition care: *Adoption Act*, *Adult Guardianship Act*, *Child, Family and Community Service Act*, *Patients Property Act*, and *Public Health Act and Communicable Disease Regulation*.
2. The ethical obligations of Dietitians to obtain consent are outlined in Principles 4 and 5 of the CDIBC [Code of Ethics](#).
3. The Dietitian must inform the client or substitute decision maker on the nature, purpose and risk of the nutrition care, alternatives and the consequences of refusing nutrition care (risks, benefits, and side effects to help the client make an informed decision).
4. Consent may be granted for a course of treatment or nutrition care plan (e.g. overall parenteral or enteral feed; modified texture diet; diabetic diet, etc.) If there is a change in the nutrition care plan (e.g. transitioning from enteral nutrition to oral intake; minced texture diet to regular food, etc.), consent to the new nutrition care is required.
5. The Dietitian may need to determine the client's ability to consent/refuse nutrition care based on the client's understanding of the information discussed in point 3. If the client is incapable of giving consent, the Dietitian must refer to the client's substitute decision maker to obtain consent.
6. The Dietitian must communicate in a manner appropriate for the client's skills and abilities and provide opportunities for the client to ask questions.
7. Consent/refusal may be obtained in writing, verbally or may be implied from the client's words or actions (e.g. a nod of the head).

8. Consent/refusal must be documented in the patient's clinical record, according to facility policy.
9. Consent/refusal to nutrition care is a dynamic process that requires renewal (re-confirmation) as the client's treatment changes. Consent should be renewed if more than 12 months have passed since the last consent was given (e.g. client seen in private practice).
10. Consent is not required:
 - a. for preliminary examination, treatment or diagnosis
 - b. for urgent or emergency health care
 - c. when the health care that was consented to is in progress
 - d. when the client is unconscious or semi-conscious, and
 - e. when additional or alternative health care is medically necessary to deal with conditions that were unforeseen when consent was given.

References:

- BC Laws. Health Care (Consent) and Care Facilities (Admission) Act: www.bclaws.ca.
- BC Laws. Infants Act: www.bclaws.ca.
- BC Laws. Mental Health Act: www.bclaws.ca.
- BC Laws. Representation Agreement Act: www.bclaws.ca.
- College of Dietitians of BC, CDBC Bylaws, Schedule A: Code of Ethics: www.collegeofdietitiansofbc.org/home/legislation.
- College of Dietitians of BC, Consent to Nutrition Care Guidelines: www.collegeofdietitiansofbc.org/legislation.
- College of Physical Therapists of BC, Consent to Treatment: www.cptbc.org/pdf/Consent.pdf; accessed Sep 14/10.
- College of Physical Therapists of BC, Practice Standard, Consent to Treatment: www.cptbc.org/pdf/PracticeStandards/PracticeStandards4.pdf; accessed Apr 26/11.
- College of Registered Nurses of BC, Consent: Practice Standards Principles: www.crnbc.ca/Standards/Consent/Pages/Default.aspx; accessed Sep 14/10.
- College of Registered Nurses of BC, Consent: Practice Standard for Registered Nurses and Nurse Practitioners: www.crnbc.ca/Standards/Lists/StandardResources/359ConsentPracStd.pdf; accessed Sep 14/10.
- Ministry of Health. July 2011. Health Care Providers' Guide to Consent to Health Care: <http://www.health.gov.bc.ca/library/publications/year/2011/health-care-providers%27-guide-to-consent-to-health-care.pdf>; accessed Apr 21/15.



Definitions

Consent: May be communicated by speaking, writing or alternative or augmentative communication system or by conduct implying consent (e.g., nod of head, offering arm for injection, blinking eyes once or twice at request of health professional, etc.)

Substitute decision maker: Substitute decision makers are Personal Guardians (Committee of the Person), appointed by the court under the Patients' Property Act; Representatives appointed under the Representative Agreement Act and Temporary Substitute Decision Makers appointed under the HCCCFAA (Health Care Consent Act).