

BOARD POLICY

Consent Related to the Care of Minors at YHSSA facilities	BP 061
Approved by: 	Date: November 25, 2008

PURPOSE

To provide direction to healthcare professionals in YHSSA clinics about when parental consent is needed for the care of patients who are “minors”. A patient’s consent is needed for such types of procedures as identified in the Administrative Directive about Consent for Invasive Medical Procedures.

SCOPE

This policy applies to healthcare professionals in YHSSA medical clinics.

POLICY STATEMENT

In the NWT, the age of majority is established by law and is 19 years of age. Persons who are younger than 19 years old are said to be “minors”. Just because an individual is a minor does not mean that he or she cannot provide consent for their own medical treatment. In fact, individuals under 19 years of age are frequently considered to be able to provide an informed consent. The “age to provide consent” is not established by a law. Every case of a minor patient must be assessed individually on its own unique circumstances by the healthcare provider to determine whether that patient is able to make an informed choice.

Children and adolescents (under 19 years old) should be involved in decision-making to an increasing degree as they develop, until they are capable of making their own decisions about treatment.

GUIDELINES

Informed consent is a decision based on a combination of known facts and personal values. *“For people to make a decision to provide or withhold consent, they must have the pertinent information, be able to understand how it applies to them and then make a voluntary or non-coerced decision. The following elements of decision-making define the hallmarks of informed choice:*

1. *Appropriate information – the information necessary to make a decision*

2. *Decision-making capacity – the ability to receive, understand and communicate information and the appreciation of the personal effects of interventions, alternatives or non-treatment.*
3. *Voluntariness – the decision-maker should not be manipulated or coerced and the option to change one’s mind should always be available.”¹*

In most cases, parents are the appropriate decision-makers for their children and are assumed to represent the best interests of their children. However, some older children and adolescents may have the decision-making capacity to make their own healthcare decisions. Many, but not all, adolescents are developing the decision-making capacity of adults. So, just as for adults, adolescents with decision-making capacity are able to understand and communicate relevant information, think and choose with some degree of independence, assess potential benefit, risk, or harms of multiple options.

PROCEDURES

- 1.1. Healthcare providers should briefly assess the decision-making capacity of a patient who is a minor. A patient, who has the capacity to understand the nature and consequences of a particular procedure, is able to consent for him/herself. Indicators of competence and capacity to understand and thus, consent can include:
 - 1.1.1. An ability to put the information provided in his/her own words
 - 1.1.2. Clear answers to questions
 - 1.1.3. Thoughtful questions and feedback
 - 1.1.4. Provision of consistent information
 - 1.2. The patient’s age, education and experience with the procedures, can also be considered.
 - 1.3. Other colleagues can assist, based on their experience with the patient.
 - 1.4. Discussion with the parent(s) is always a possibility.
 - 1.5. The healthcare professional considers and assists with personal support systems, especially when considering the results of diagnostic tests.
 - 1.6. The healthcare professional makes a record of the assessment of a minor patient’s capacity to consent.
 - 1.7. Written Consent is required for certain types of procedures as per Administrative Directive – Consent to Invasive Medical Procedures at YHSSA Clinics.
- 2.1. When a healthcare provider determines that a minor is not able to consent, the healthcare provider must seek the consent of the parent before undertaking any procedures for the care of the minor, including prescriptions, diagnostic tests, etc.
 - 2.2. Verbal parental consent for general clinical procedures can be obtained though the telephone and noted on the patient’s record.
 - 2.3. Written parental consent is required for certain types of procedures as per Administrative Directive – Consent to Invasive Medical Procedures at YHSSA Clinics.

IMPLEMENTATION

The Chief Executive Officer is responsible for the implementation of this policy.

REFERENCES

- ¹The Bioethics Committee of the Canadian Pediatric Society has published a paper titled Treatment Decisions regarding infants, children and adolescents, February 2008, available at:
- www.cps.ca/english/statements/b/b04-01.htm
- The Canadian Medical Protective Association has published a Guide titled Consent: A Guide for Canadian Physicians, Consent of Minors and Mature Minors Discussion Paper, available at their website members' only portal.

APPROVAL PROCESS

Approved by Board:



Date: Nov 25, 2008

Bring forward for review and evaluation:

Date: March 2010