



## Voluntariness

The patient is able to freely make decisions.

### Consider

- Are there influences on the patient that may be coercing or manipulating him/her to make certain decisions?
- If so, is there a way in which you can address these?
- What is your deepest>truest intention in proposing this treatment?

### Remember!

It is important to consider what pressures may be placed on the patient to select a particular treatment. This includes being cognizant of the influence of other parties, such as friends and family, as well as healthcare providers



## Choice

At the end of the decision making process, a patient will either give consent for, or refuse, a particular treatment.

### Consider

- Is the patient simply agreeing to what was proposed, rather than making an informed choice about it?
- Are you confident that the patient has made an informed choice (even if you don't agree with the choice)?

### Remember!

- The patient's decision is valid until he/she withdraws authorization, the treatment is given and/or there are changes in the patient's condition or treatment options.
- The patient can change his/her mind about the decision at any time without jeopardizing his/her health care.
- Documentation of the decision is important, but is not binding.
- The patient's decision will be shaped by his/her values (what is important to him/her).

## Substitute Decision Making

A substitute decision maker is asked to make the decision if the patient does not have capacity, although the patient should be involved in the decision making process to the extent that he/she is able.

A substitute decision maker makes, first, a substituted decision if the patient's wishes are known. If the patient's wishes are not known, then the substitute decision maker must make a decision based on what he/she believes the patient would have wanted given what he/she knows of the patient's values and beliefs. If this information is not known, the substitute decision maker then makes a decision in the patient's best interests.

The legal hierarchy of substitute decision makers has recently changed in Nova Scotia (Personal Directives Act, 2010). If there is no delegate (a person named in a personal directive) or court-appointed guardian, then the following hierarchy is used for finding an adult statutory decision maker. This person must have been in contact with the patient over the past 12 months and be willing to act on the patient's behalf:

- Spouse (includes married, common law, registered domestic partners)
- Child
- Parent
- Person who stands in the place of a parent
- Sibling
- Grandparent
- Grandchild
- Aunt or uncle
- Niece or nephew
- Other relative
- Last resort, the Public Trustee's office

For ethics resources and support, please call the confidential request line: 902-473-1564.

Capital Health, Nova Scotia [www.cdha.nshealth.ca](http://www.cdha.nshealth.ca)  
Prepared by: Capital Health Ethics Support – Ethics Education  
ST85-1177 02/2013

# INFORMED CHOICE

A Reference for  
Healthcare Providers



INFORMED CHOICE is one of the cornerstones of good healthcare practice. Shared decision making promotes person centred care. Ethical and legal aspects support and shape what is important to consider and remember with respect to informed choice. Provincial legislation and Capital Health policy provide valuable guidance.

This brochure highlights five key aspects of informed choice – the “five fingers” approach.

This brochure is intended as a guide only for healthcare providers. The information provided is not intended to be legal advice.

 **Capital Health**  
*A different today. A better tomorrow.*

## Capacity

The ability to make healthcare decisions.

### Consider

- What information do you have about the patient's\* ability to understand:
  - The condition for which treatment\*\* is proposed?
  - The nature and purpose of treatment(s)?
  - The potential risks and benefits involved in undergoing treatment(s)?
  - The potential risks and benefits in not having treatment(s)?
- To what degree is the patient's ability to make an informed choice affected by his/her condition?

### Remember!

- Assume that a patient has capacity unless there is evidence to the contrary.
- Capacity is decision-specific.
- Capacity can change over time.
- Capacity and competency are distinct concepts in Nova Scotia legislation – competency refers to a patient's ability to make financial decisions.

\* Patient is understood broadly to be any person making healthcare decisions, including, patients, clients, consumers, residents, etc.

\*\* Treatment includes any health-related interventions and choices.



## Disclosure

The (minimum) standard for disclosure in Canada is, “What would a reasonable person in this patient’s position want to know?”

### Consider

- What does the patient want and need to know about:
  - The condition for which treatment is proposed (e.g., his/her diagnosis and prognosis)?
  - The nature and purpose of proposed treatment(s), including any relevant alternative and adjunct treatments?
  - The potential risks and benefits involved in undergoing proposed and/or alternative treatments, including any significant potential harms and the most common side-effects?
  - The potential risks and benefits in not having treatment(s)?
  - Qualifications and experience of the practitioners?
- This includes what information do you (the healthcare provider) know to be relevant to this person that will assist him/her to make an informed choice?

### Remember!

- The treating healthcare provider is responsible for providing relevant information.
- This responsibility can be delegated, but only to other healthcare providers or learners who have the appropriate knowledge necessary to explain harms, benefits and alternatives, and to answer patient questions.
- In a process of shared decision making, information should come from both parties – this entails that disclosure and understanding apply to both patients and healthcare providers.

## Understanding

Ability to retain, comprehend, and assess the information provided for decision making.

### Consider

- Does the patient understand what he/she is being told?
- Does the patient understand that he/she is an active participant in making decisions?
- Do you have the information you need to help the patient understand?

### Remember!

- In finding the most effective approach for communicating with patients, there are a variety of ways to help encourage and support understanding. These can include, but are not limited to:
  - addressing any language differences\*\*\*
  - providing clearly written patient information sheets
  - letting patients know a loved one or friend can be present with them
  - responding to patient questions
  - asking patients to repeat in their own words what they understand
  - spreading discussions out over time, if possible
  - being aware of cultural influences on the ability to understand\*\*\*

\*\*\* Language Line is available to all staff. For more information, visit the internet, select Services and click Interpretation Services.