
Consent for healthcare:

A guide for parents of
children too young to make their
own healthcare decisions.

Developed by the healthcare professionals of Quality, Safety and Risk Management with assistance from the Department of Learning and Development.

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**CHILDREN'S & WOMEN'S HEALTH
CENTRE OF BRITISH COLUMBIA**

AN AGENCY OF THE PROVINCIAL HEALTH SERVICES AUTHORITY

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By law, healthcare professionals (doctors, nurses, therapists, and technicians) cannot examine or treat your child in hospital unless you agree to the care. This is called “consent” to care. When you consent, or refuse, you take responsibility for the choices you make about your child’s health. Decisions about health and wellness are important. Most of them need careful thought. This pamphlet will give you some ideas on how to think about consent.

Who gives consent – parent or child?

The law does not give an age when consent for healthcare shifts from you to your child. The law leaves it up to the doctor to judge your child’s knowledge and ability to act in his own best interest. Your child’s doctor may make the decision that your child is competent to make decisions about parts of his care, but not competent to make decisions about more complex parts of care. For example, your child may be judged a “competent minor”, when making a healthcare decision about a test, but an “incompetent minor”, when it comes to making a more serious decision such as accepting or declining chemotherapy drugs.

Even if your child is considered competent to give consent, healthcare professionals will include you when they can. Most young people are eager to involve their parents in the consent discussions and decisions. If your child is a competent minor and refuses to share information with you, the healthcare professional must respect your child’s privacy.

Whenever possible, it is a good idea to involve your child when you give consent on their behalf. Children who are included in decision-making feel more control over what is happening and are more likely to trust and cooperate with their treatment.

Are there others who can give consent for my child?

It is important to know that even after a divorce either parent can give consent unless a court order states that one parent is no longer a legal guardian of the child.

There may be situations in which you want to give others the right to provide consent for your child. This may be a grandparent, a nanny, or someone who spends a lot of time with your child. In this case, you need to give them a written note giving them the right to consent to treatment in an emergency. The note must be signed and dated. It should say what kind of medical decisions the person can make for your child.

What is true informed consent?

A true consent must be **informed**.

- You must have all the information you need to make a good decision for your child. The last section of this pamphlet provides some questions you might want to ask the doctor. If you need some time to consider or talk with your family, ask if you can delay signing consent. Sometimes the healthcare team has to act quickly and you may not have a lot of time to think. At other times, it is possible to take as much time as you need.

A true consent must be **valid**.

- You must feel free to make your own decision without pressure from anyone. This means you believe that the healthcare team and your family and friends will not change the way they care for your child, no matter what you choose.

Note: If you are feeling pressure to decide in a way that you feel is not right for you, please be brave and ask for help. You can ask to speak privately with someone, such as a nurse, who can refer you to the hospital chaplain or a social worker.

How is consent given?

You can give consent on behalf of your child in several ways. For example you can:

- Imply consent by holding your child's arm for a blood sample.
- Imply consent by nodding your head to agree to an offer to bathe your child.
- Give verbal consent by saying "yes" when the therapist says it is time for your child's exercises.
- Give written consent. This means signing a form that describes the treatment you have agreed to. Written consents are legal documents that show that you are an informed partner in your child's healthcare decisions. These consents are kept as part of your child's health record.

What needs written consent?

- Major procedures that involve some risks such as surgery.
- Accepting or refusing blood or blood products.

- ❑ Tests and treatments that put something into or take something out of your child's body. Examples are:
 - Taking blood, urine, tissue, or other body fluids for some very specific tests
 - Removal of tissue samples such as skin, muscle, liver, kidney, bone or bone marrow
 - Removal of whole organs or parts of organs
 - Removal of cysts or tumours
 - Giving certain drugs.
- ❑ General anesthetic that puts your child to sleep or regional anesthetic that numbs a part of their body.
- ❑ Taking part in a research study.
- ❑ Taking pictures of your child's body for diagnosis or treatment. This may include some x-rays, CT scans, MRI scans, photographs of wounds or possibly videos. These images are protected, private documents kept in your child's health record.

Note: Photographs, films and recordings are very useful for teaching new health professionals and for medical research. They cannot be used for these purposes without a special consent from you.

What does not need written consent?

In the following situations verbal or implied consent is given:

- ❑ In most cases taking blood, urine, or other body fluids
- ❑ Giving certain drugs.

Even though written consent is not required, you still need to be given the information you need to give verbal or implied consent.

What if there are disagreements about consent?

In most cases, competent minors, parents, and doctors can agree on the best decisions, but not always.

- ❑ Sometimes competent young people refuse a treatment their parents want for them. The healthcare team will listen to the youth's concerns and, if possible, work with the family to take away some of the treatment fears. At times, it is useful to ask the Ministry for Children and Family Development to help sort through the conflict. Asking the Ministry for help does not mean that you lose any of your ongoing rights as a parent.
- ❑ Sometimes parents refuse consent for a treatment that the doctor believes will save the child's life. If the child is at all capable of understanding and choosing to accept care, the doctor will take consent from them. If not, the law insists that the doctor refer your child to the Ministry for Children and Family Development. The Ministry will try to find the solution that is in the child's best interest.

Note: The hospital has an Ethics Committee that can help sort through some difficult conflicts about a child's best interests. You can ask to be put in contact with this committee.

Helpful questions to guide your discussions before consenting to care on behalf of your child

- How will my child benefit from the test/treatment you suggest?
- What happens during the procedure?
- How would you describe “success” for this procedure? What is the best outcome I can hope for? What is the worst outcome that might happen?
- Are there other options to get similar results?
- What may happen if we do nothing but watch for now? How serious are the risks of watchful waiting?
- What are the most common things that can go wrong (complications)? How often do they go wrong? How often has it happened to your patients? Is this the same number as for other doctors or hospitals?
- Who will do the procedure? What experience has s/he had with this type of procedure?
Note: In a teaching hospital students at different stages of their training may be part of the healthcare team responsible for your child’s care. This practice is an essential part of training new health professionals. You benefit from the extra attention your child gets and they benefit from the hands-on experience. Students are always supervised by senior qualified staff. Students only carry out procedures for which they have been trained. You have the right to know the qualifications of those caring for your child. If you are unclear, or have concerns, do not be afraid to ask.

- What are the risks and complications of the anesthesia planned for this procedure?
Note: It is important for you to tell the anesthetist and other health professionals about any problems, drug reactions or allergies your child has had. This information helps reduce some of the risks.
- What care will my child need after this procedure in the short and long term?
Note: Ask where and how your child will get the care if you are unsure.
- How will my child feel after the treatment/procedure? What changes should I expect in their ability to:
 - move, play and exercise?
 - go to school?
 - eat their usual diet?

Hints:

- Summarize and repeat back the information to make sure you have understood it correctly.*
- Make some notes so you can review later and explain to family or others caring for your child.*
- If you have concerns write them down so they are not forgotten during the discussion.*

