

Informed Consent: Standards for Nurse Practitioners

(Not in effect until approved)

Purpose

This standard ensures that nurse practitioners (NPs) uphold the principles of informed consent by providing patients with the necessary information to make informed decisions about their care. NPs must clearly explain the diagnosis, proposed treatments, potential risks, benefits and alternatives, including the option to decline treatment. Consent must be obtained freely, without coercion, and patients must be made aware of their right to withdraw consent at any time. While NPs cannot perform formal capacity assessments unless designated, they are responsible for identifying capacity concerns and requesting assessments from **designated capacity assessors** when necessary. NPs must also engage **substitute decision-makers** in cases where a patient lacks capacity and ensure compliance with legal and ethical obligations. Additionally, NPs must document consent discussions comprehensively and address patient-specific needs.

Criteria

To meet this standard, NPs must:

1. Obtain a patient's informed consent (**implied consent** or **express consent**) prior to an examination, assessment, treatment or procedure, which requires a clear explanation of the proposed treatment or procedure. This explanation must include:
 - 1.1. The diagnosis or health condition being addressed.
 - 1.2. The nature, purpose and expected outcomes of the treatment or intervention.
 - 1.3. Significant and common risks associated with the treatment or intervention.
 - 1.4. Alternatives to the proposed treatment, including the option of no treatment and its consequences.
 2. Obtain consent that is given freely, without pressure, coercion or undue influence.
 3. Ensure patients understand that they can withdraw consent at any time.
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4. If delegating the task of obtaining consent, ensure the delegate has the necessary knowledge, skills and judgment to perform this responsibility.
 5. Presume adults can make their own health care decisions unless there are clear indications that affect their decision making ability.
 6. Assess the patient's capacity to:
 - 6.1. Understand relevant information.
 - 6.2. Recognize the consequences of their choices.
 - 6.3. Communicate a decision.
 7. Address concerns about a patient's capacity by:
 - 7.1. Evaluating external factors that may influence capacity (e.g., confusion, delusion, pain, depression).
 - 7.2. Request a capacity assessment from a qualified professional when needed to determine the patient's ability to understand and provide consent.
 - 7.3. Engaging a substitute decision-maker if the patient lacks capacity.
 8. Obtain consent for patients under the age of 18 by:
 - 8.1. Assessing whether they have the capacity to provide informed consent as a **mature minor**.
 - 8.2. A legal guardian if the patient is not deemed a mature minor.
 9. Seek legal advice when the NP has reasonable grounds to believe an informed consent by a legal guardian or substitute decision-maker is not in the best interests of the patient.
 10. Proceed with necessary treatment, in emergencies:
 - 10.1. To prevent serious harm if the patient lacks capacity and no decision-maker is available.
 - 10.2. Only until communication is established with the patient or substitute decision-maker.
 11. Obtain express consent for **intimate exams**, procedures likely to cause pain or those carrying significant risk.
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12. Address the patient's unique needs, lived experiences and communication barriers by using appropriate tools, such as interpreters, to support consent discussions and avoiding the use of family members as interpreters to minimize influence.
13. Document consent by recording the date of the consent discussion, participants involved including the name of the patient or substitute decision-maker, specific risks and alternatives discussed, and whether consent was given or refused.

Glossary

DESIGNATED CAPACITY ASSESSOR – In Alberta, physicians, psychologists, and other professionals who have completed specialized training, including nurse practitioners, may be designated capacity assessors. These individuals are authorized to perform decision-making capacity assessments under the Adult Guardianship and Trusteeship Act (Alberta Government, 2024).

EXPRESS CONSENT – Consent given verbally or in writing for a specific procedure or treatment.

IMPLIED CONSENT – Consent inferred from a patient's actions (e.g. a patient rolling up their sleeve for a blood draw).

INTIMATE EXAM – Medical examinations or procedures that involve the private areas of a patient's body, typically those related to sexual or reproductive health, or other areas that are considered highly personal. These exams often include, but are not limited to, pelvic exams, breast exams, rectal exams and genital examinations.

MATURE MINOR – The mature minor doctrine allows children who are sufficiently mature to make their own treatment decisions (Government of Canada, 2023).

SUBSTITUTE DECISION-MAKER – A person authorized to make health care decisions on behalf of a patient who lacks capacity.

References

Alberta Government (2024). *Capacity Assessment: Adult Guardianship and Trusteeship Act*. <https://open.alberta.ca/dataset/7fb814d2-f8c3-4f52-92a7-33af656d9df3/resource/754363df-b234-4cb2-8f8d-2fc005093faa/download/scss-opgt-capacity-assessment-2024-10.pdf>

Government of Canada (2023). *Article 12 of the Convention on the Rights of the Child and Children's Participatory Rights in Canada*. <https://www.justice.gc.ca/eng/rp-pr/other-autre/article12/p3a.html>

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