



Provincial Dental Board of Nova Scotia

Informed Consent Guidelines

Informed Consent

Informed consent is based on the right of each person to determine what will be done to his or her own body. Informed consent guarantees each person the right to refuse treatment, to consent to treatment, and to withdraw consent to treatment. Informed consent also ensures that the person understands the risks and benefits of each treatment option presented as well as the costs involved.

Consent may be either implied or express. Implied consent is usually ascertained by the actions of the patient, as with the patient who opens his or her mouth for an examination. Express consent may be oral or written.

Informed consent is not an event or specific form but rather an ongoing dialogue with patients that begins at the first visit to the office and continues as treatment progresses.

Implied Consent - Implied consent may be sufficient if the patient voluntarily comes to the dentist's office and the dentist is performing a simple examination or non-invasive procedure that poses no risk of harm to the patient.

Express Consent - Express consent should be obtained when any treatment is required that poses a potential risk to the patient, even if the likelihood for potential complications is low. This includes any procedure from something such as a simple filling to more complex procedures such as oral surgery, extraction or prosthetic rehabilitation.

Obtaining Consent

The standard for obtaining informed consent used to be what a reasonable prudent practitioner would disclose. In the early 1980s, the standard changed to a more patient-centered view. Now, the standard is what a reasonable person, in the patient's position, would need to know to make a decision. This makes it imperative that dentists know their patients and tailor the information that is provided to the needs of each patient.

In order for consent to be informed, the dentist must provide the patient with certain information: the diagnosis or problem noted, the treatment alternatives available (not just the ones that the dentist provides), the risks and benefits of each treatment, the estimated cost of each option, the nature and purpose of the proposed treatment, and the likely consequences of not having treatment.

The dentist should be certain that the patient understands what has been explained and has consented to the procedure(s).

Although both oral and written consent are legally acceptable, oral consent should be confirmed in writing where risks are significant.

Regardless of whether the patient consents in writing or orally, the dentist should keep a record of the nature of the conversation, the information provided and the patient's decision.

Other Significant Consent Information

There is no age of consent in Nova Scotia. If the dentist is of the opinion that a patient is capable of providing his or her own consent to treatment, then the dentist can rely on that consent. Consent for payment of the treatment may be a separate issue.

A legal guardian or other substitute caregiver must consent to dental procedures for incompetent patients or children who are not capable of understanding information that is relevant to making a decision about the treatment and not able to appreciate the reasonable foreseeable consequences of a decision or lack of a decision. Under the *Personal Directives Act of Nova Scotia*, a person may be treated in emergency situations by a healthcare provider without consent if:

- (a) The treatment is necessary to save the patient's life or health;
- (b) The time needed to find a delegate who has the authority to make a decision would put the patient at greater risk and;
- (c) There is no other information that states clearly that the person would not want the treatment such as a wallet card setting out directions for emergency personnel.

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