

Consultation on the Dental Council's DRAFT Informed consent practice standard

Capital & Coast District Health Board ('CCDHB')

Welcome the opportunity to respond to this draft practice standard

Q1. Do you agree/disagree with the proposed draft informed consent practice standard? If you disagree, please detail why.

We agree with the proposed draft informed consent practice standard. We have some comments on the guidance that accompanies the standard, as described below.

Q2. Does any element of the draft informed consent practice standard require clarification or further guidance? Please explain.

and

Q3. Are there areas you consider to be important that have not been covered in the draft informed consent practice standard?

Standard 3

We consider that the guidance would benefit from explicitly stating that patients should be advised of treatment options that might be available from other providers such as referral to a specialist (Standard 3). This might be accomplished by expanding the existing guidance as follows (bolded):

"Be sure to explain all the possible options for care – **this might include the option of referral to a specialist or other provider**; do not make assumptions about how the patient might view the affordability or the value of particular options.

Standard 4

We consider that the guidance may benefit from reminding practitioners that where other health practitioners may have been involved in obtaining informed consent for care or treatment that the treating practitioner retains responsibility for ensuring that the patient has given informed consent before initiating treatment.

Standard 6

The guidance associated with Standard 6 may be helped by including guidance on situations where parents of a child under 16 may disagree as between themselves or with the health practitioner. The guidance could helpfully include that if time, information and supportive resources cannot resolve the issues then advice should be sought including from peer groups and senior dental staff. In those cases where unanimity cannot be reached and further delay may seriously impair health outcomes you may need to obtain a legal opinion. This may include advice on whether to seek authority from a court.

Standard 7

We consider that the guidance may benefit from some indication of what is considered 'significant risk of adverse effects' (Standard 7). Elsewhere in the document (Standard 6) you have used an example of what a child of 14 may be

competent to consent to. A similar example with respect to ‘significant risk of adverse effects’ would be helpful.

This might be accomplished by expanding the existing guidance as follows (bolded):

“Additionally, obtain written consent when the patient’s care is complex and/or involves major procedures – **although it doesn’t involve the patient being sedated or under a general anaesthetic** OR when you are uncertain as to whether the care involves minor or major procedures, and/or is complex.

For example, [Dental Council to describe a suitable example].”

Standard 8

The guidance associated with Standard 8 may be helped by including guidance on situations where a Welfare Guardian or Enduring Power of Attorney refuses consent for necessary treatment. The guidance could helpfully include that if time, information and supportive resources cannot resolve the issues – that may include potential conflict of interest - then advice should be sought including from peers groups and senior dental staff. In those cases where unanimity cannot be reached and further delay may seriously impair health outcomes you may need to obtain a legal opinion on whether to seek authority from a court.

Q4. Do you have any further comments on the proposed informed consent practice standard?

We congratulate the Dental Council on the readability of the draft practice standard.