

## ETHICS STANDARD

# Nurses: Consent

## Introduction

**Consent** is a voluntary, informed agreement to an act or purpose made by a capable individual. A client is capable if they can understand and appreciate the nature and consequences of the decision. A **client** (or the **client's representative**, if applicable) has the legal right to agree to, decline, or withdraw consent for proposed care, service, treatment, or research provided by a health professional at any time. Specific legislation may apply to consent in different settings.

## Standards

1. **Nurses** recognize, respect, and promote the client's right (or client's representative, if applicable) to be informed and make decisions about their care. This includes their right to give, decline, or withdraw consent at any time.
  - a. If applicable, nurses verify the person authorized to make health-care decisions on the client's behalf.
2. Nurses understand that a client's ability to give, decline, withdraw consent may vary at different times. Nurses continually assess the client's ability to give consent and facilitate the client's decision-making when the client is able.
3. Nurses acknowledge the power imbalances that can occur for clients seeking care and facilitate culturally safe environments and experiences where the client (or client's representative, if applicable) can make decisions about their care.
4. Nurses recognize factors such as trauma and Indigenous-specific racism as potential barriers to consent and are aware of non-verbal cues that may indicate the client (or the client's representative, as applicable) has questions or concerns about the proposed care, service, treatment or research.
5. Nurses obtain consent according to:
  - a. Relevant legislation and regulations,
  - b. The BCCNM bylaws and standards, and
  - c. Organizational/employer policies and processes.
6. Nurses obtain or verify consent before providing care unless legislation allows an exception.
7. Nurses inform the client about any care they provide before it is given, even if the client has been deemed incapable of consenting and consent was given by the client's representative.

8. Nurses who participate in care proposed or provided by other health professionals:
  - a. Assist the client (or client's representative, if applicable) to understand the information provided by others as required, and/or
  - b. Notify the health professional who proposed the care if there are concerns about consent.
9. Nurses acting within their autonomous scope of practice (acting without a client-specific order) are responsible for obtaining consent from the client (or the client's representative, if applicable) before providing care or issuing an order.
10. When acting within their autonomous scope of practice and obtaining consent, nurses:
  - a. Identify, and when possible, take action to address barriers affecting a client's (or the client's representative, if applicable) ability to consent to care;
  - b. Assess the client's capacity to give, decline, or withdraw consent, and document and communicate to the health-care team any findings of incapacity;
  - c. Provide factual and clear information to the client (or the client's representative, if applicable) about the proposed care, service, treatment, or research appropriate to their needs, skills, and abilities, including:
    - i. The reason for the proposed care,
    - ii. The nature of the proposed care,
    - iii. The potential risks and benefits, including those specific for the client, and
    - iv. Alternative options for care, and their risks and benefits;
  - d. Give the client (or the client's representative, if applicable) the opportunity to ask questions and receive answers; and
  - e. Allow the client (or the client's representative, if applicable) to make voluntary decisions about the proposed care, service, treatment, or research. This includes providing sufficient time within the context of the clinical situation for the client (or the client's representative, if applicable) to make an informed decision.
11. When obtaining written consent, nurses document the consent discussion and outcome, following organizational/employer policies and processes.
12. Nurses respect the rights of the client (or the client's representative, if applicable) to seek further information or other opinions and to involve others in the decision-making and consent process.

## Glossary

**Consent:** voluntary, informed agreement to an act or purpose made by a capable individual.

**Client:** individual receiving nursing care or services from a nurse.

**Client's Representative:** individual with legal authority to give, refuse, or withdraw consent to health care on a client's behalf, including, as appropriate:

- a. "committee of the patient" under the *Patients Property Act*,
- b. parent or guardian of a child under 19 years of age with parental responsibility to give, refuse or withdraw consent to health care for the child under section 41(f) of the *Family Law Act*,
- c. representative authorized by a representation agreement under the *Representation Agreement Act* to make or help in making decisions on behalf of a client,
- d. temporary substitute decision maker chosen under section 16 of the *Health Care (Consent) and Care Facility (Admission) Act*, or
- e. substitute decision maker chosen under section 22 of the *Health Care (Consent) and Care Facility (Admission) Act*.

**Nurses:** licensed practical nurses, nurse practitioners, registered nurses, registered psychiatric nurses, licensed graduate nurses, employed student nurses, and employed student psychiatric nurses.

## Revision history

Version #	Approved by board	Bylaw in-force	Description
1.0	March 1, 2026	April 1, 2026	Initial publication

Effective April 1, 2026, this ethics standard, and any amendments to it, is made a bylaw under the authority of the *Health Professions and Occupations Act, B.C.*

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