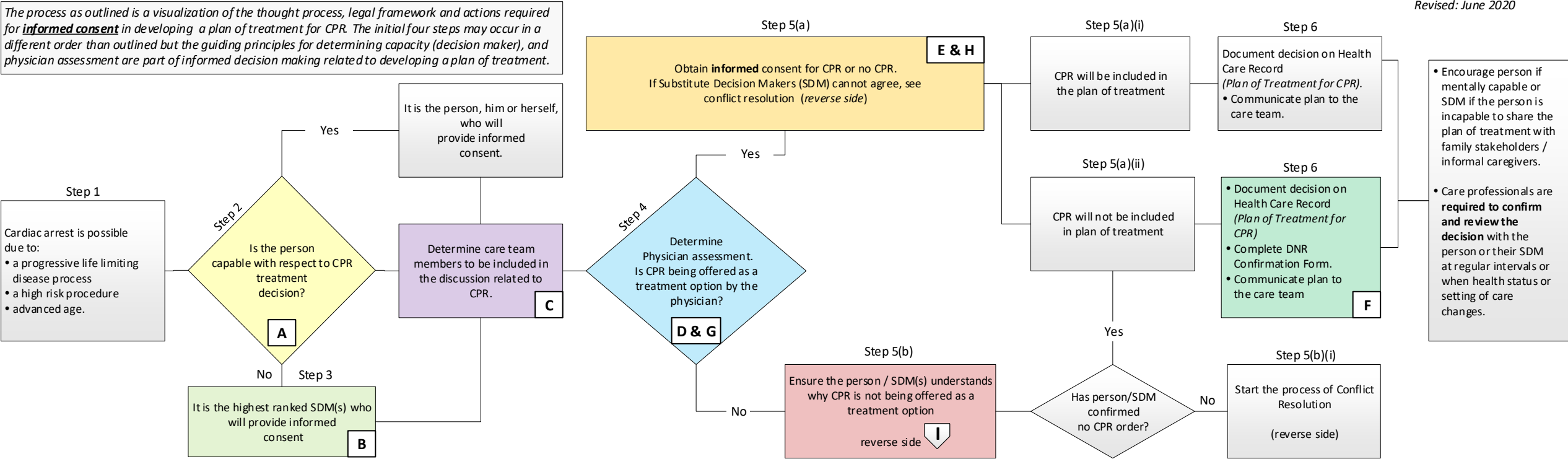


Algorithm for Informed Consent for a Plan of Treatment related to CPR and Completion of the DNR Confirmation Form

Grey Bruce Integrated Health Coalition
Original: March 2009
Revised: June 2020

The process as outlined is a visualization of the thought process, legal framework and actions required for **informed consent** in developing a plan of treatment for CPR. The initial four steps may occur in a different order than outlined but the guiding principles for determining capacity (decision maker), and physician assessment are part of informed decision making related to developing a plan of treatment.



Capacity to Consent **A**

Capacity is determined by the health care professional proposing the treatment.

A person is considered to be mentally capable with respect to the CPR treatment decision if:

- a) the person is able to understand the information that is relevant to making a decision concerning the CPR Treatment

and

- b) the person is able to appreciate the reasonably foreseeable consequences of a decision or lack of decision regarding CPR treatment.

Hierarchy of Substitute Decision Makers (SDM) **B**

- Guardian of the person
- Attorney in a POAPC with authority for treatment/admission decision making
- Representative appointed by the Consent and Capacity Board
- Spouse or partner
- Parent or child or Children’s Aid Society
- Parent with Right of Access
- Brother or sister
- Any other relative by blood, marriage or adoption
- Office of the Public Guardian and Trustee

The SDM(s) must be: (a) Capable with respect to the treatment; (b) At least 16 years old, unless he or she is the incapable person’s parent; (c) Not prohibited by court or separation agreement from having access to the incapable person or giving or refusing consent on his behalf; (d) Available; (a person is available if it is possible, within a time that is reasonable in the circumstances, to communicate with the person and obtain a consent or refusal) and (e) Willing to assume the responsibility of giving or refusing consent

Role of SDM – ACP in Ontario: A Summary » www.speakupontario.ca/resource/ace-tip-sheets/

CPR Discussion Planning **C**

- Identify lead for team
- Identify health care team members who will participate in the meeting
- Identify those individuals the person (SDM if incapable) wishes to include in the information sharing and decision making process
- Ensure all participants are informed of the specifics of the meeting

Guiding Principles **D**

Helping patient/SDM plan for EOL care (including discussion of CPR) involves:

- Understanding what is important to the person (goals of care)
- Communicating effectively and compassionately
- Providing pertinent medical and clinical information
- Clearly explaining palliative care and its focus of active care across all domains
- Being clear about outcomes and rationale for continuation or discontinuation of treatment or CPR
- Engaging continuously to review as health status and goals of care change

Reference:
College of Physicians & Surgeons of Ontario (CPSO) Policy - Planning for and Providing Quality End-of-Life Care September 2019

Elements of Consent **E**

The consent must:

- relate to the treatment
- be informed
- be given voluntarily
- not be obtained through misrepresentation or fraud

Informed Consent

Informed consent means that:

(a) The person received information that a reasonable person in the same circumstances would require in order to make a decision about the treatment with respect to the nature of the treatment, expected benefits, material risks, material side effects, alternative courses of action and likely consequences of not having the treatment.

(b) The person received responses to his or her requests for additional information.

See H on reverse side for discussion points for obtaining informed consent for CPR.

DNR Confirmation Form **F**

The DNR-C is a confirmation that there is a plan of treatment to not include CPR and that **informed consent** has been obtained.

The DNR-C directs paramedics and firefighters only and provides a directive when:

- 911 is called, or
- when the person is being transported by ambulance

The form belongs to the person and has a unique identification number. Copies of the most current DNR-C can be shared with all settings of care. Each setting of care is required to review, confirm and record informed consent to a treatment plan to not include CPR in their records. A replacement DNR-C form does not have to be completed for each setting of care if the decision to not include CPR remains the same

Patients and families are encouraged to present the form (or copy) to providers/ settings of care.