

Section I

Rank of Substitute Decision-Makers from the Health Care Consent Act

1. In writing, a **guardian** with the authority to give or refuse consent to treatment
2. A written **power of attorney** for personal care with the authority to give or refuse consent to Treatment
3. In writing, a **representative** appointed by the Consent & Capacity Board
4. A **spouse** or **partner**
5. A **adult child** or **parent**
6. A **parent** who has only a right of access
7. A **brother** or **sister**
8. Any other **relative** (related by blood, marriage or adoption)
9. **Public Guardian and Trustee**

Please ask questions. We are here to help our patients and their families.

At Health Sciences North, we are committed to providing excellent patient care and ensuring that patients and **SDMs** have appropriate information about their rights and obligations. Please feel free to talk to the staff here— including social workers, spiritual care providers and ethicists.

These professionals are here to help everyone through difficult time and to help ensure that you have the information you require to help you make decisions concerning consent to treatment in line with the wishes or best interests of **your loved one**.

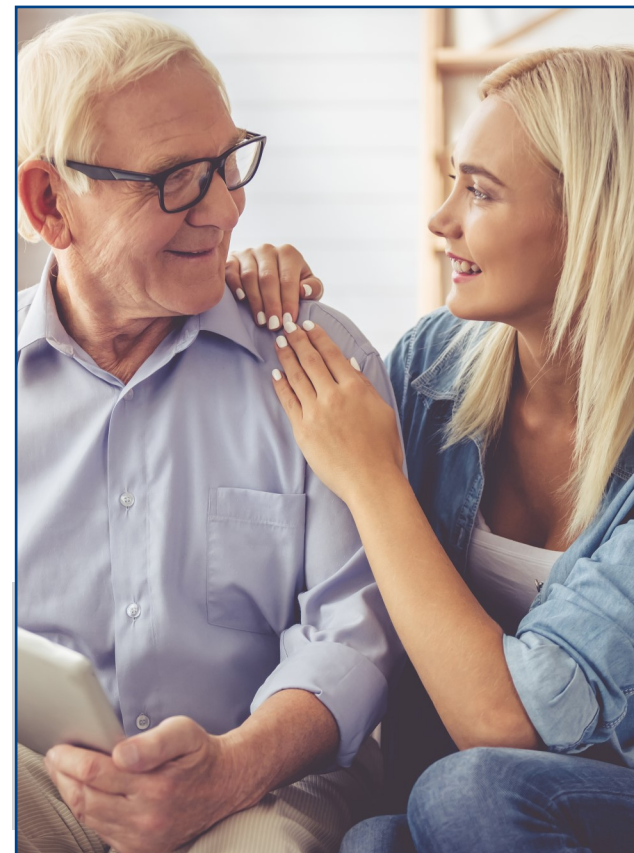
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Making Decisions for Other People

The Role of the Substitute Decision-Maker (SDM)



Health Sciences North
Horizon Santé-Nord

(disponible en français)

This cannot be an easy time for you and your family. A loved one is very ill, hospitalized and unable to make his or her own treatment decisions. Someone else must make them but, who? And how? This brochure is designed to answer those questions.

Who makes treatment decisions?

In Ontario, every person can make his / her own decisions about health care and treatment when they are capable of doing so. If the patient is not capable, a **substitute decision maker (SDM)** makes decisions about treatment. (See Section I)

How does the Substitute Decision Maker (SDM) decide?

There are rules in law about making healthcare decisions for someone else. An **SDM** is asked to make decisions for a patient when the patient can no longer speak for themselves.

The SDM must make decisions based on *prior expressed wishes of the patient*. If the SDM does not know of a wish applicable in the situation, or it is impossible to follow the wish, the SDM must act in the *patient's best interests*.

Ask yourself:

“Has my mother talked about this situation—what did she say?”

“Would my mother say she would want this treatment or not?”

Can Advance Care Planning help?

Wishes expressed by the patient when the patient was capable can help the **SDM** understand what the patient would want in different situations. Wishes can be expressed in a Power of Attorney for Personal Care, in other written forms or orally. Ask whether the patient has expressed wishes concerning treatment or has completed an Advance Care Plan.

What if you do not know what the patient would want?

If the **SDM** does not know what the patient would want, or there is no Advance Care Plan, the **SDM** must make the decision about treatment according to the patient's best interests. “**Best interests**” are determined by taking into consideration the values and beliefs that the **SDM** knows the patient held when capable and those treatment decisions that will improve a patient's condition. An **SDM** is able to receive information about:

- Types of treatments
- Expected benefits
- Potential costs
- Side effects
- Consequences of not having treatment

What happens when there are disagreements?

Sometimes, when there is more than one substitute decision-maker, they may disagree on treatment decisions. At the hospital, we are able to help SDM's and healthcare workers make decisions. There are trained professionals here to help you. If you still cannot agree, there are two choices:

- A public official in the office of the Public Guardian and Trustee will make the decision
or
- The Consent and Capacity Board may appoint a representative to make the decision. The representative may or may not be one of the prior substitute decision makers.

What is the role of the Consent & Capacity Board?

Sometimes when a team and SDM do not agree and the healthcare team cannot get consent, a neutral third party called the **Consent and Capacity Board (CCB)** can become involved. In this case, an application may be made to the CCB to see if the treatment decision is the right one according to law. This only happens after extensive discussions between **SDMs** and the treatment team have not produced a result that is satisfactory to everyone.