**Purpose**

* To ensure that CLNZ Residents have as much freedom of choice and autonomy as possible.

**Underlying Principle**

* CLNZ seeks to empower the Residents to make informed choices and to take responsibility for all decisions relating to their life.
* The ability to make choices is an important part of any person’s lifestyle.
* Having choices adds to the dignity of a person’s life.

**Procedure**

* CLNZ ensures Residents are given choices in day to day matters relating to their care and support and other normal life decisions e.g. what drinks or food they want to eat, clothes they want to wear or activities they want to participate in.
* Staff training and policy reviews further enhance opportunities to discuss and evaluate CLNZ’s delivery on choice.
* A Resident must always to be asked their preference and no assumptions made.
* If an employee is faced with a dilemma to give a Resident their choice they must consider the following:
	+ Why am I refusing this request or desire? Is it a health and safety decision?
	+ In whose best interest is this refusal?
	+ Have I discussed this with a third party? Seek a second opinion.

**Resident meetings are held each month to allow people to express how life is for them**

**Topics of choice include**

* Menu
* Home environment
* Home Board updates and policy
* Cultural
* Complaints
* “Your Rights”
* Sharing updates about themselves
* Each person has access to all levels of CLNZ’s organisational structure and other people with whom they can talk to help them to make positive choices.
* Listening with respect is inherent in our philosophy and stressed often at staff training.
* Through the “My Goals” process each person is able to talk about what they want to do and the Residents key person takes steps to see if it is possible to assist the person to realise their goal, dream or ambition.
* The routine likes and dislikes of every person are outlined in their care plan.
* Consent is covered under cognition in the Residents care plan.

**Policy**

CLNZ provides Residents and their family/whãnau with the information necessary to make informed decisions in accordance with their rights and their ability to exercise independence, choice and control.

**Scope**

* People engaged with our service.
* Informed consent is about treatment/interventions and support. Consent to share health information is a different process covered by different legislation.

**References**

**Legislation**

* Code of Health and Disability Services Consumers’ Rights
* Health and Disability Commissioner (Code of Health and Disability Services Consumers’ Rights) Regulations 1996
* Health and Disability Commissioner Act 1994
* New Zealand Bill of Rights Act 1990
* Mental Health (Compulsory Assessment and Treatment) Act 1992
* The Privacy Act 2020
* Protection of Personal Property Rights Act 1988
* New Zealand Health Council Working Party on Informed Consent, 1989

**Health Industry Documents**

* Agreeing to treatment or services: The issue of “consent”
* Health law: Informed consent – something every single health professional needs to know
* Informed consent in the Aotearoa New Zealand Context

**Standards**

* NZS 8134:2021 Ngā paerewa - Health and Disability Services Standards

**Definition**

Consent may be defined as ‘granting someone permission to do something they would not have the right to do without such permission’.

It implies that relevant information is provided to enable a reasoned decision to be made, and that the information was understood. Without understanding what is involved, no one can make a reasoned decision.

The consent must be voluntary. There should no pressure on the person to give their consent. No undue influence or duress should be present.

**Informed consent: principles and processes**

* Sufficient information is provided to facilitate Residents & their whānau/family decision about services, and care supports.
* Information is provided in a manner that is understood by the Resident and their whānau/family.
* The Resident is competent to make an informed decision.
* The decision to give consent is made by the Resident without pressure or coercion.

**How we implement informed consent at CLNZ**

**We provide information on:**

* The services we provide – including the limitations of our services.
* The purpose of interventions, care and support
* Alternative interventions, care and support.
* Current best practice in the areas we provide care and support.
* Effect and side effects of treatments and interventions.
* Expected outcome of the services offered and care and support provided.
* The person’s right to determine their treatment/interventions, care and support.

**Means of communicating the information.**

* In writing.
* Through face to face discussions.
* Using the preferred language of the person and their whānau/family.
* By facilitating internet access.
* In a culturally appropriate manner.
* By developing a tikanga guideline how to discuss and obtain consent.
* In an age appropriate manner.
* By using an interpreter.
* As specified by the person and their whānau/family.

**We ensure that the person’s rights are adhered to if competence is queried.**

* We assist the person and/or their whānau/ family to initiate legal processes to clarify competence.
* We ensure the least restrictive interventions and service setting is provided.
* We ensure decisions made are in the person’s best interest.
* We acknowledge that competence is not necessarily all-encompassing.
* We determine that the person has understood the information.

**We provide additional support by**

* Including advocates in the consent processes.
* Including peer supports in the consent processes.
* Seeking advanced directives.
* Responding to the person’s right of refusing treatment and withdrawing consent.
* Determining that the Resident has made the decision voluntarily.
* Acknowledging that consent is an on-going process.

**Situations where consent is not required**

**Medical emergency**

* The person is unable to provide consent (for example, unconscious).
* Action is required to preserve health.
* Saving of life during serious injury or illness.
	+ Advanced directives are always followed and the required treatment will be applied.

**Lack of competence**

* The person lacks the capacity to make rational decisions.
	+ In this instance CLNZ will follow any legal processes or court ordered treatment.

**Waiver**

* A situation where the person specifically waives the right to information or decision making must be accompanied by clear documentation and where possible with whānau/family support.

**Additional informed consent information**

**Diminished competence**

* When a person has diminished competence, that person retains the right to make informed choices and give informed consent, to the extent appropriate to his or her level of competence. (‘Consumer Right’ 7(3)).

**Entitlement to information**

* Just because a section of law excludes someone from giving informed consent, the person is still entitled to information about treatment/interventions/support. Do not assume that the person is unable to understand the purpose of the services/interventions provided and its benefits or risks.

**Written Consent Required**

**Routine**

* At service entry.
* When referring to other services.
* At GP reviews – minimum three-monthly.
* For treatment/interventions.
* For support.

**Emergency Situations**

* Invasive treatment necessary to keep person alive.

**Experimental Procedures**

* Any drug or treatment trials.
* Unapproved medicines.

**Considerable Risk of Adverse Treatment Effects**

* Any treatments with possible severe side effects. For example:
* Electro convulsive therapy.
* Clozapine
* Opioid substitution treatment

**Advance Directives**

* Appointment of power of attorney.
* Preferred treatments.
* Preferred treatment setting.
* HDC advance directive guide.
* Advance directive brochure for service users.

**Teaching/Research**

* Ethical approval.
* Publications.
* People’s participation or identifiable case presentation in training/forum/workshops.
* Māori health research guidelines.
* Pacific health research guidelines.

 **Taking an image or voice**

* V Care and Medimap.
* Television programme.
* Posters.
* Newspaper or magazine.
* Articles.
* Brochures.
* Websites.
* Social media.

**Our routine consent to intervention and support documentation process**

People engaged with our service can choose how they document what services they need and want:

* Write their own plan involving others of their choice and CLNZ staff who have a mandate to be involved. All participants sign the care plan and their roles in it to confirm consent for the support and interventions has been given.