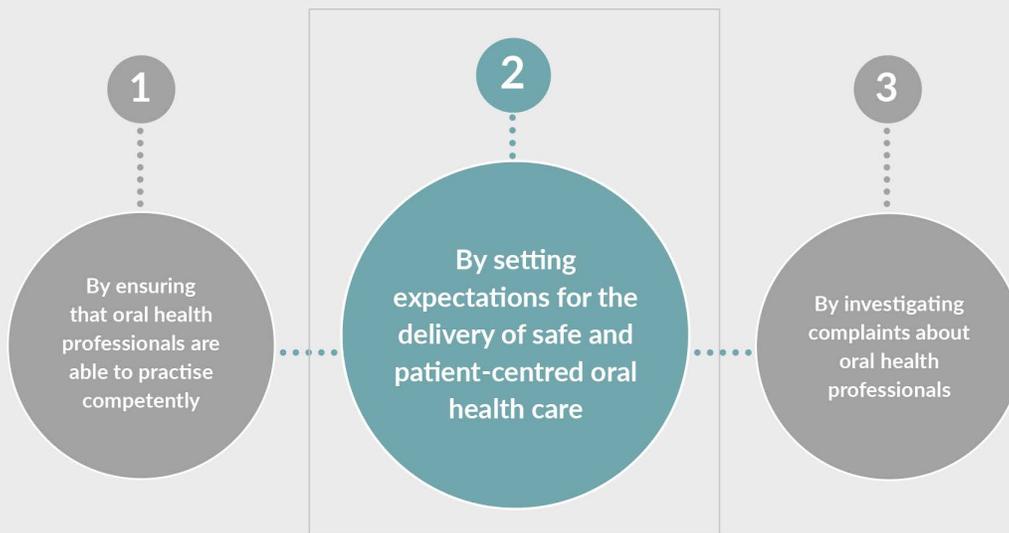


Expectations for clinical and ethical practice

Interpretation Guidelines: Consent of Minors to Treatment

Applies to Dental Hygienists

There are three main ways that the BC College of Oral Health Professionals protects the public:



The British Columbia College of Oral Health Professionals (BCCOHP) was created on September 1, 2022 through the amalgamation of four health regulatory colleges: the College of Dental Hygienists of BC, the College of Dental Surgeons of BC, the College of Dental Technicians of BC, and the College of Denturists of BC. All current requirements for standards of clinical and ethical practice issued by the four colleges remain in place upon amalgamation. This document was created by the College of Dental Hygienists of British Columbia and will be updated to reflect the amalgamation.

Consent of Minors to Treatment

May 5, 2020 Update: The CDHBC Interpretation Guidelines are under review. The content of these guidelines remains in place at this time; however, they need to be applied in the context of the new Dental Hygienists Regulation and CDHBC Bylaws. Readers are welcome to contact the CDHBC office if they have questions about the application of these guidelines in the interim time.

PURPOSE

To provide guidelines on consent of minors to dental hygiene treatment.

BACKGROUND

Dental hygiene falls within the definition of “health care” in s. 17 of the *Infants Act*, RSBC 1996, c. 223 which encompasses “anything that is done for a therapeutic, preventive, palliative, diagnostic, cosmetic or other health related purpose”. There is no statutory minimum age limit for child or youth clients to be able to consent to dental hygiene care in B.C.. Under section 17 of the *Infants Act*, a child under the age of 19 may consent directly to health care treatment, without parental/guardian consent, if:

- the health care provider has made reasonable efforts to determine and has concluded that the proposed treatment is in the minor’s best interest, and
- the health care provider has explained to the minor and is satisfied that the minor understands the nature and consequences and the reasonably foreseeable benefits and risks of the health care proposed.

While minors are a vulnerable group in society, some may be more vulnerable than others, particularly those who have experienced childhood trauma or abuse or whose family members have experienced historic abuse or trauma (e.g. residential school survivors). Minors who have had such experiences or have family members who have had such experiences may find it difficult to trust health care providers. When determining a minor’s capacity to provide consent to treatment, it is important to be aware of and sensitive to these issues and to consider whether the minor has any heightened anxiety which may adversely affect their ability to provide consent. The dental hygienist can demonstrate sensitivity in these circumstances by speaking gently, showing concern for their anxiety, allowing time for discussion and questions

from the minor, and conveying that they are welcome to bring a family member or support person to appointments.

POLICY

When obtaining consent from a minor, the dental hygienist should discuss the proposed treatment using plain language at a level that the client can understand. The dental hygienist should clearly explain the nature of the proposed treatment, the associated risks and benefits, and any reasonably foreseeable potential consequences of not proceeding with the proposed treatment. Dental hygienists must use their professional judgment in assessing whether a minor is capable of consenting to care while having regard for such factors as their level of maturity, ability to ask questions and understand answers, and comfort with making treatment decisions.

The dental hygienist should record a summary of the discussion with the minor regarding consent in the clinical record and include the following information:

- the proposed treatment was determined to be in the minor's best interest
- the proposed treatment was explained at a level that the client could understand
- the risks and benefits of the proposed treatment, and any reasonably foreseeable consequences associated with the treatment options were discussed

If any of these criteria are not met, and if the proposed treatment is not an emergency, health care cannot be provided without parental/guardian consent.

REFERENCES

- Government of British Columbia. Infants act. Victoria: Queen's Printer; 2013. Available from:
http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/00_96223_01
- CDHBC Code of Ethics. Victoria: College of Dental Hygienists of British Columbia; 2013.

Added to Handbook: Prior to June 2004

Updated: May 2019