

# What does “best interests” mean?

When determining best interests, the SDM(s) should ask themselves the following:

- Will treatment likely improve the Resident’s condition, prevent or decrease the rate of deterioration?
- Is the Resident’s condition likely to improve, remain the same or deteriorate without treatment?
- Do expected benefits of treatment outweigh risks of harm?
- Is there a less intrusive treatment that would be as beneficial as the proposed treatment?



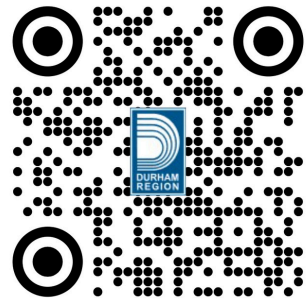
To act in the Resident's best interest, carefully evaluate all choices and reflect on your decision before making a decision.

## SDM Limitations

- The SDM cannot demand treatment.
- The SDM cannot make decisions for a Resident that is deemed capable for the specific decision.
- The SDM cannot determine if the Resident is incapable.
- The SDM cannot force the Resident to consent or agree to treatment or care.
- The SDM cannot contest the findings of a capacity evaluation.

# Before making a decision ask yourself...

- Is the Resident deemed incapable by a health care provider regarding this decision?
- Is the Resident informed of the treatment? Am I forcing something that they do not want?
- Am I informed? Do I understand the situation, plan and options?
- Have I considered the Resident’s prior capable wishes that are applicable to the situation?
- Have I considered the Resident’s beliefs, values and best interests?
- Have I eliminated personal bias?
- Is my decision going to benefit the Resident? What are the risks? Do the benefits outweigh the harms?



Scan the QR code for more information.



# Together in Care, Supporting Residents

## Navigating Decision Making in Long-Term Care




# What is Informed Consent?



Informed consent is more than just a signature on a form; it is a meaningful dialogue between the healthcare provider and the Resident.

This conversation involves sharing all relevant information about the proposed care or treatment, including its benefits, potential side effects, available alternatives, and the possible outcomes if the care or treatment is declined. Every resident in long-term care has the right to actively participate in decisions about their care and treatment, to the fullest extent possible.

**A Resident's Right to Consent**



Ontario law assumes that adults are capable of making decisions until it is proven they are not capable. There must be a clear rationale for finding a person incapable, before seeking a decision from a Substitute Decision Maker.

# How is capacity determined?



Where there is compelling evidence and reasonable grounds to believe the Resident is incapable for treatment or personal care decisions, an evaluation can be performed by the health care practitioner.

Capacity is time and decision specific. A Resident may be determined to be incapable to make one decision, and capable to make another.

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If a Resident is found to be incapable of making a care or treatment decision, it means they have demonstrated that they are unable to "understand" the information that is relevant to making that decision, and "appreciate" the reasonably foreseeable consequences.

For capacity determinations regarding financial matters, an assessment would need to be arranged with an external capacity assessor.

# What is a Substitute Decision Maker (SDM)?

According to the Health Care Consent act, 1996 (HCCA), a SDM is a person who is authorized to give or refuse consent to treatment, consent to admission to a care facility, or to make a decision with respect to personal care, on behalf of a person who is incapable.

The SDM must be:

- Capable of making decisions;
- 16 years of age or older;
- Available to make decisions;
- Not prohibited by a court order or separation agreement from having access to the individual they are providing consent for.

The SDM will only be contacted to make a decision when:

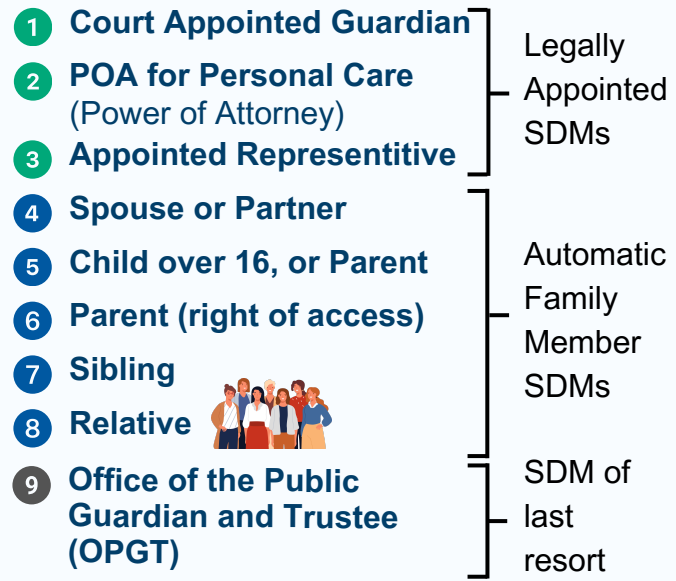
1. The decision requires capacity, and
2. The Resident was deemed incapable to make that decision themselves.

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# SDM Hierarchy

All individuals have a substitute decision maker under the HCCA that can be contacted to make a personal care or treatment decision on their behalf in a priority sequence, known as the SDM Hierarchy:



The Hierarchy does not apply to financial decisions, which can only be made by a POA for Property, or the OPGT as a last resort.

# Making decisions

The HCCA requires the SDM to make decisions based on the following principles:

- Previously expressed capable wishes of the individual (aged 16 or over) that are applicable to the situation; or
- If there are no previously expressed capable wishes as described above, **best interests** of the individual are considered.



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