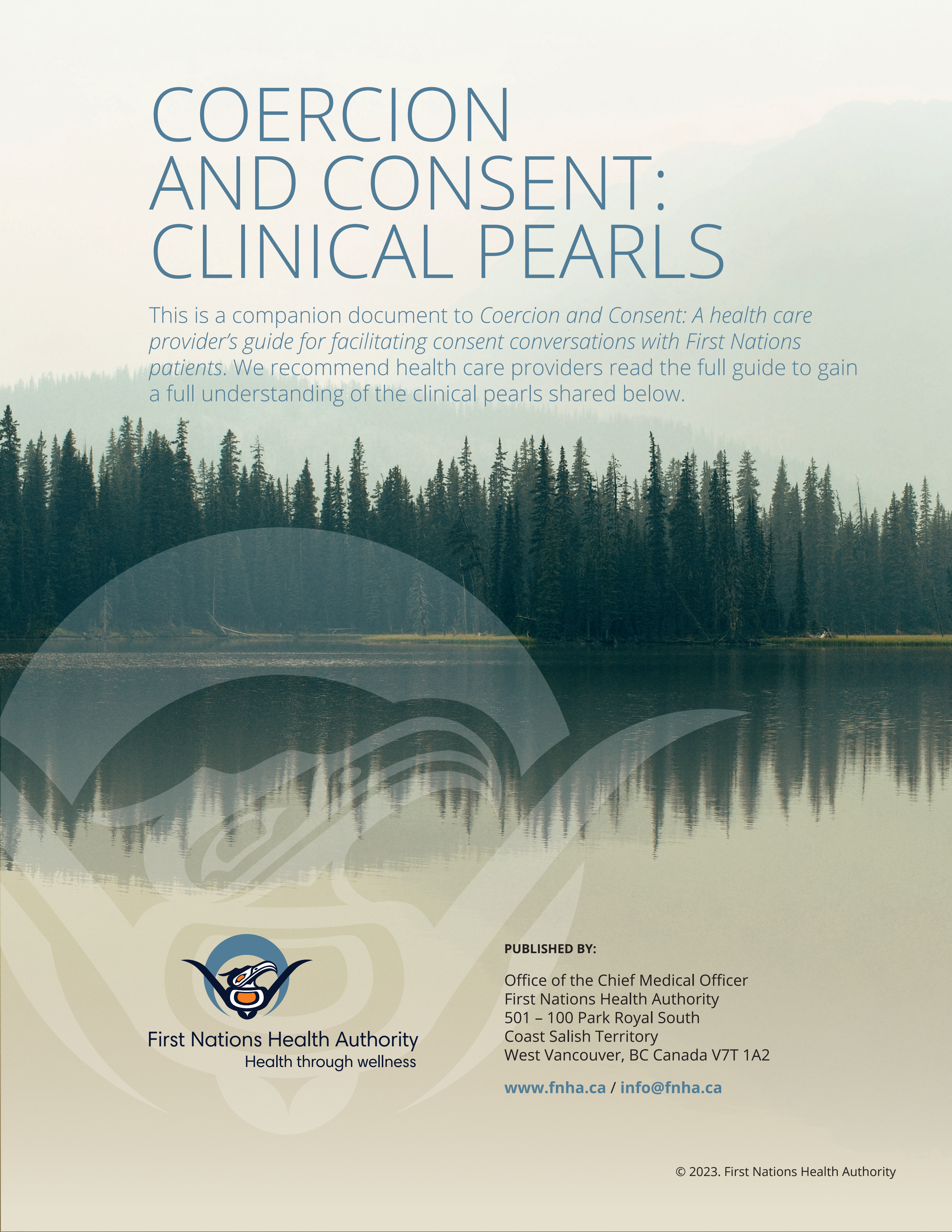

COERCION AND CONSENT: CLINICAL PEARLS

This is a companion document to *Coercion and Consent: A health care provider's guide for facilitating consent conversations with First Nations patients*. We recommend health care providers read the full guide to gain a full understanding of the clinical pearls shared below.

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Following are just some of the methods from the guide that health care providers can use to ensure free, prior and informed patient consent:

Ensure patient-led, shared decision-making over time.

- Give patients the time they need to make decisions.
- Make time to have a clear, plain-language conversation with the patient and ensure that they understand both their condition and the proposed treatment options
- Establish empowering conversations.

Provide complete, objective, and unbiased information.

Reflect on inherent power imbalances in patient-provider relationships.

- Create space for patients to make autonomous decisions.

Take the time to get to know the patient and their community. Listen respectfully and attentively, acknowledge their lived experiences, be genuine, and be collaborative and aware of stereotypes.

- Establish a trusting relationship and adopt a conversation-based approach to consent.
- Allow time for patients to tell their story.

Uphold the patient’s full decision-making power and autonomy over their health.

Translate and explain medical documentation in plain language.

- Ensure documents and forms are easy to understand.

Confirm the patient is emotionally ready for the conversation.

- Time your conversations thoughtfully.

Recognize that all interaction points within the clinic or health center that the patient has with staff are held accountable and are responsible for patient safety.

If a physical exam is required, communicate and explain what you are wanting to do and why, and obtain permission and consent before proceeding.

- If multiple areas or further examinations are required, ensure the patient is aware and provides consent.
- Allow a support person to be present if requested by the patient when a sensitive physical examination is being performed.

Understand that conversations about personal healthcare decisions should be patient-led; suggestions or sensitive topics should not be brought forward by the provider without medical reason, out of context, or repeatedly. Provider-led conversations should be respectful, thoughtful, and appropriate for the circumstances.

Practise open communication by using accessible language and expressing concern or reassurance; allow the patient to express their feelings and talk about their experiences without fear of judgment.

- Use a respectful tone.
- Ask questions and provide input and feedback.
- Respect the patient’s cultural beliefs, lifestyle, privacy, and confidentiality.
- Consider the patient’s geographic barriers as they might affect decisions.
- Learn about the patient’s challenges to accessing care.
- Uphold and respect the patient’s right to withdraw consent or change their mind.

Ultimately, people own their own health and wellness journeys and patients must be the final decision-maker.

PATIENT-LED DECISION-MAKING

is a type of shared decision-making in which the patient, not the provider, has the decisional responsibility. The provider shares their expert knowledge with the patient, and the patient makes their own informed decision about their care.

Kon AA. The Shared Decision-Making Continuum.
JAMA, 2010; 204 (8):903-4.

SHARED DECISION-MAKING (SDM)

is a collaborative process that engages health care professionals and patients in making health decisions. It is fundamental for informed consent and patient-centered care.

> *“Consent in the context of sterilization specifically requires acute attention to the fiduciary relationship between patient and physician, which always governs that relationship. Bodily autonomy is inalienable, and consent requires rigorous — not casual — adherence to the legal requirements of consent. The inalienable right to bodily autonomy is subject to the legal tenets of proper and informed consent, which include: capacity, specificity, voluntariness and information.“*
>
> — **Alisa Lombard**, LLM, counsel for survivors of forced sterilization in class-action lawsuits