

Giving Consent to A Plan for Minor Health Care in BC

This fact sheet does not apply if you (an adult/patient/client/resident) have a court-appointed committee of person. As part of the procedure, a judge declared you incapable of health care matters. Your committee of person will make any and all health care decisions on your behalf such as consenting to A Plan for Minor Health Care.

If you have a representative (in an RA7 or RA9), they must be involved to help you make your own decisions. If you are capable of consent to the types of minor health care decisions covered by A Plan for Minor Health Care, you do not need a representative or TSDM to consent on your behalf.

What is A Plan for Minor Health Care?

A Plan for Minor Health Care is defined in BC's Health Care Consent and Care Facility Admission Act. It is not a requirement.

If there is A Plan for Minor Health Care, it must cover expected health care you might need if you are determined incapable of consent to the minor health care matters included in the Plan.

Such a Plan was intended for residents of a long-term care facility in order to streamline the requirement to get consent from a legal authority on behalf of an adult, each time health care is offered.

For example, if someone is diagnosed with high blood pressure, it is expected they may have a daily prescription for this condition. The Plan would set out what medication is taken, when it is given, and the dosage. The Plan might also list the typical medication for a headache. However, recommended treatments can change and it is important to watch for negative side effects and to review the Plan or not include certain treatments if there is uncertainty how they might work.

Who can make up A Plan for Minor Health Care?

A Plan for Minor Health Care must be prepared by one or more health care providers.

Health care providers will likely discuss the content of A Plan for Minor Health Care with the authority who can give consent, as the requirements for informed consent apply to the Plan. See first heading on page 2 for list of authorities. Informed consent is explained in [Health Care Consent in BC: Your Rights & the Law](#)

What can A Plan for Minor Health Care include?

The Plan must be based on one or more of the health problems that you currently have and may be expected to have in the future as a result of your current condition.

For example, if you do not have diabetes and you do not have a health condition that is likely to lead to diabetes, then treatments related to diabetes will NOT be part of the Plan.

A Plan for Minor Health Care is only about health care and only about minor health care. It does not include personal care matters such as transfer to a hospital or authorizing a search for you if you wander away from home or a facility. Only a Representation Agreement covers personal care matters. See page 2 *More information from Nidus.*

What is minor health care?

Minor health care may include:

- Medications.
- Routine tests.
- Routine dental treatment (cavities, cleaning) as long as a general anesthetic is not required.
- Immunizations.
- Any health care that is not major health care. For a list of major health care, read [Health Care Consent in BC: Your Rights & the Law](#) or see p. 2 for More information from Nidus.

How is incapability for consent to health care determined?

If you have a court-appointed committee of person, you have been determined incapable of making health care and personal care decisions by a judge.

If there is no committee of person, a health care provider decides if you are incapable to give, refuse or revoke consent to health care based on you being able to demonstrate two things:

1. You understand the information provided by the health care provider:
 - Your condition or diagnosis;
 - The nature of the health care being offered in response to your condition;
 - The risks and benefits of the health care being offered that a reasonable person would expect to be told about; and
 - Alternative courses of health care. And,
2. You understand that the information, including the health care being offered, applies to your condition.

Who can give consent to A Plan for Minor Health Care?

Consent to A Plan for Minor Health Care can be given by:

1. A **committee of person** (personal guardian). This is someone who is appointed by a judge of the BC Supreme Court. A committee of person remains in place until discharged by a judge or the adult dies. Check the court order in case the judge put restrictions on the authority of the committee. If no committee of person, then,
2. A **representative** named in your Representation Agreement (RA7 or RA9) or, if none,
3. A **stand-alone Advance Directive** that includes an instruction that is specific to A Plan for Minor Health Care. If none, or it does not apply, then
4. A **Temporary Substitute Decision Maker (TSDM)**. This is a person selected by the health care provider from a list in the law, no other authority (as above) is in place.

How long does the consent last?

A Plan for Minor Health Care automatically expires (ends) after 12 months from the time consent is given. A Plan can be made for a shorter period of time.

If a Plan is in place and you are found capable to give or refuse consent to the health care offered, this would override the Plan. If you make a Representation Agreement section 7 that includes authority for minor health care, any existing Plan that as given consent by a TSDM needs consent from the representative to be valid — and it can remain in place, unless otherwise agreed — for 12 months after the representative gives consent.

More Information from Nidus

For other fact sheets, go to www.nidus.ca > Information (top menu bar) > [Health Care Consent](#)

- How Health Care Decisions are Made in BC if You are Incapable of Informed Consent
- Health Care Consent in BC: Your Rights & the Law
- Role and Scope of Authority of a TSDM for Health Care in BC
- Duty for Notice if a TSDM is Selected for Major Health Care in BC
- Representation Agreements in BC for Health Care
- Advance Directives in BC
- Adult Guardianship/Committeeship in BC

To view legislation and regulation

Go to www.bclaws.ca > Laws of BC > Public Statutes and Regulations > H > Health Care Consent and Care Facility Admission Act (see link for Regulations, click for Health Care Consent Regulation).

Different actions for consent

There are different actions for consent:

- Giving consent (yes);
- Refusing consent (no); and
- Revoking or withdrawing consent (stop/cancel).

Revoking consent can happen after giving consent and then, over time, if there are no benefits or there is increased risk, consent may be revoked or withdrawn.

What is the difference between an Act and a Regulation?

An Act is also called a Statute. In BC, an Act must be passed in the provincial legislature where all political parties get to debate and vote on it. An Act is called a Bill during its time before the legislature. This is also the first time the public gets to see a Bill.

A Regulation will spell out details from the Act (it cannot introduce new requirements). A Regulation is passed by the cabinet members of the current government. Cabinet, which usually meets weekly, is made up of Members of the provincial Legislative Assembly (MLAs) who have been appointed as Ministers.

Canadian or federal laws follow a similar procedure, however the Senate, a separate institution, also reviews Bills proposed in Parliament.

In Canada, health care is the responsibility of provinces and territories. Laws governing health care consent and planning for health care will be different by province or territory.

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