Informed Consent – Position Paper
Canadian Society for Transfusion Medicine

Introduction:

The purpose of this position paper is to affirm The Canadian Society for Transfusion Medicine's (CSTM) commitment to promote best practices in Transfusion Medicine by providing information that may be useful for hospitals in Canada who provide Transfusion Services.

Informed consent is legislated nationally under the Canadian Common Law of Consent entrenched within the Constitution Act of 1982. In British Columbia, Ontario, Prince Edward Island and the Yukon informed consent is also legislated provincially. As a result of this legislation it is clear that Canadians have a right to be informed of the risks, benefits and alternatives to a proposed treatment. The federal and provincial legislations do not specifically address consent for transfusion, however it is clear from Justice Krever's interim report of the Commission of Inquiry into the Blood System and subsequent legal opinions related to the interim report, including that of the Canadian Medical Protective Association[1], that transfusion should be included in the list of interventions requiring informed consent.

The following are the elements required for consent to treatment[2]:

- The consent must relate to the treatment.
- The consent must be informed.
- The consent must be given voluntarily.
- The consent must not be obtained through misrepresentation or fraud.

Informed consent specific to blood and blood components is incorporated into the Canadian Society for Transfusion Medicine Standards for Hospital Transfusion Services[3] and the Canadian Standards Association Standards for Blood and Blood Components.[4]

Issue:

In the interim report of the Commission of Inquiry into the Blood System of Canada released in1995, Justice Horace Krever noted that "it is time for transfusion medicine to deal with the informed consent issue".[5] In a subsequent article published in the Canadian Medical Association Journal, Karen Capen states that: "one common misconception that continues to exist among some physicians is that consent is necessary only for major invasive interventions or treatments.... [P]hysicians tend to believe that explicit consent is largely unnecessary because the patient's permission for treatment or a procedure is implied by virtue of the existence of the patient-physician relationship.... It

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[1] General Counsel(2008). Canadian Medical Protective Association Abstract. IL0010-2-E © CMPA 2008
[2] Health Care Consent Act(1996). Stat. of Ontario 1996
url: *www.e-laws.gov.on.ca/html/.../elaws_statutes_96h02_e.htm*
[3] Canadian Society for Transfusion Medicine(2011). Standards for Hospital Transfusion Services Version 3
[4] Canadian Standards Association(2010). Blood and Blood Components CSA-Z902-10
[5] Capen(1995). Informed Consent and Blood Transfusion: What does Krever's interim report mean for doctors? Journal of the Canadian Medical Association May 15, 1995; 152 (10)

is important for physicians to know that these assumptions have been challenged by both ethical and legal policy."[6]

Recommendation:
To facilitate the process of informed consent to transfusion, the CSTM recommends the following for hospitals with Transfusion Services:

1) Education must be provided for laboratory physicians responsible for Transfusion Medicine about their responsibility to ensure appropriate processes exist to obtain informed consent for transfusion within their institutions.
2) Up to date information related to risks, benefits and alternatives is available for physicians who order blood and blood components and healthcare personnel who administer blood and blood components.
3) A process for orientation and ongoing education of physicians and other health care personnel involved in Transfusion Medicine should be established.
4) A process for obtaining informed consent specific to transfusion should be established.
5) Similarly, a process for refusing transfusion should be established.
6) The informed consent process, once established, should be audited to determine compliance. Where compliance is <90%, action should be taken to improve compliance. The process should be re-audited periodically.

[6] Capen(1998). There's more to the Krever report than the blood issue – much more. Journal of the Canadian Medical Association 1998;158;92-94