

## Valid Consent in Shared Decision-Making

Good communication is a necessary part of the practice of medicine and dentistry. The honesty and integrity that independent healthcare professionals (IHP) exemplify in their daily practice is, for Christians, an expression of the command that we love God and that we love our neighbor as ourselves (Matt 22:37-40).

Truthfulness in the presentation (Eph 4:25) and representation (Eph 4:15) of medical information is an integral part of medical and dental care. When engaging in the medical or dental decision-making process, the doctor is obligated to disclose accurately, and in a manner that the patient can comprehend, the information needed for the patient<sup>1</sup> to make an autonomous decision. The Christian IHP seeks not only to abide by legal standards for informed consent but also, respecting that our patients are persons made in the image of God, to invite them to share actively in medical decision-making and setting goals of care. This requires our commitment to the process of consent and also to our patients' care, relieving their suffering and avoiding harm. Our purpose is to communicate this commitment effectively and foster patients' trust throughout the shared decision-making process.

Valid consent should include presenting the information to the patient appropriately, assessing the decision-making capacity of the patient, and ensuring a voluntary decision. Shared decision-making also includes a discussion and understanding of the values and goals of the patient. The IHP of record is responsible for ensuring adequate discussion of the risks and benefits of, as well as alternatives to, the planned medical or surgical intervention. The IHP is not obligated to a course of action that is unsupported by scientific evidence or that is contrary to his or her conscience or professional judgment (see CMDA statement on Healthcare Right of Conscience).

There are certain situations in which the IHP may not be able to obtain consent directly from the patient. Typically, this occurs when the patient does not have decision-making capacity<sup>2</sup> or when such has been delegated to another person. In these situations, the IHP communicates with the patient's healthcare agent to discern the best course of action (see CMDA document on Healthcare Agent). Additionally, in clinical practice urgent situations may arise when no healthcare agent or family member is available, in which case implied consent and patient's best interest standards apply.

The Bible instructs the people of God to act justly, love mercy, and walk humbly with God (Micah 6:8). CMDA believes that these virtues are honored in patient care by listening to the patient and engaging in shared decision-making in the process of obtaining valid consent.

*Approved by the House of Representative  
Passed unanimously  
April 24, 2014, Green Lakes, WI*

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<sup>1</sup> Throughout the document "patient" also includes surrogates for decision making.

<sup>2</sup> The patient does not comprehend the information or has an unrealistic understanding of the situation.