What happens when SDMs disagree?

There can be more than one SDM if more than one person has the same rank according to the Health Care Consent Act (for example, several children and/or parents).

The healthcare team can support the SDMs in the decision-making process and will explain important timelines.

All SDMs must agree on the health care decision.

If the SDMs cannot agree on a decision, the healthcare team will contact the Office of the Public Guardian and Trustee to help with decision-making.

Where can an SDM get support?

Making health care decisions for others can be difficult and emotional. SDMs can ask for support from:

- The healthcare team – doctors, nurses, social workers, spiritual care providers
- Family members and close friends
- Religious or spiritual leaders
- The REN Ethics Consultation Service (supports SDMs to consider different options and work with the healthcare team to develop care plans)

For More Information

Health Care Consent Act
https://www.ontario.ca/laws/statute/96h02

Consent and Capacity Board
www.ccboard.on.ca

Office of the Public Guardian and Trustee
www.ontario.ca/page/office-public-guardian-and-trustee

Advance Care Planning Ontario
www.advancecareplanningontario.ca

Contact

REN Ethics Consultation Service
regionalethics@hhsc.ca

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Regional Ethics Network

Making Health Care Decisions for Others

Understanding the Role and Responsibilities of a Substitute Decision Maker (SDM)

Affiliated Partners:

Brant Community Healthcare System
Guelph General Hospital
Joseph Brant Hospital
Norfolk General Hospital
West Haldimand General Hospital

Hamilton Health Sciences

Who is a Substitute Decision Maker (SDM)?

A Substitute Decision Maker (SDM) is someone who helps make a health care decision for a patient who is not able to make the decision for themselves according to the rules set out in the Ontario Health Care Consent Act.

First, a healthcare provider determines if the patient can:

- Understand the information they are given about the health care decision
- Appreciate what could happen if they say yes or no to the health care decision

If the patient does not meet these two criteria, they are determined to be incapable of making the health care decision. The SDM then will be asked to help with decision-making.

Who can be an SDM?

Ontario's Health Care Consent Act lists who can be the SDM in order of priority:

- Legally appointed guardian
- Person named in a Power of Attorney for Personal Care document
- Representative appointed by the Consent and Capacity Board
- Spouse or partner
- Child or parent
- Parent with right of access only
- Sibling
- Any other relative by blood or marriage
- Treatment Decision Consultant from the Office of the Public Guardian and Trustee

SDM's must be:

- Capable of making the decision
- Willing and available to participate in health care decision-making
- 16 years of age or older (except when they are the parent of the patient)

What decisions do SDMs make?

SDMs only make health care decisions that the patient is not capable of making themselves.

These include decisions about:

- Treatment (medication, surgery, etc.)
- Admission to Long Term Care facilities
- Personal care

How does an SDM make health care decisions?

An SDM is the voice of the patient and must focus on the wishes, beliefs, and values of the patient - *not the SDM's own preferences.*

To make a health care decision, SDMs must consider the patient's:

1. **Previously Expressed Wishes**

In the past, what did the patient say about their healthcare goals and wishes that might be relevant to their current situation?

Some people have their wishes written in an Advance Care Directive which can help guide the SDM in making health care decisions.

2. **Best Interests**

If the SDM does not know what the patient would have wanted, they must make decisions in the patient's best interests.

Ask "What would this person want if they could decide for themselves?"

How does an SDM know what is in the patient's best interests?

To figure out what decision is in the best interests of the patient, an SDM must ask:

- What are the patient's values and beliefs?
- What is the suggested treatment?
- What is the patient saying that they want right now?
- Is the treatment likely to:
  - Improve their health and well-being?
  - Prevent their health and well-being from getting worse?
- What will happen if they do not get this treatment?
- Is the treatment likely to cause more harm than good?

If an SDM does not seem to be making decisions in the patient's best interests, the healthcare team or another family member can ask the Consent and Capacity Board (ccboard.on.ca) to review and help with decision-making.