

# Informed Consent - understanding the rights, responsibilities and safeguards that protect every care recipient

**Informed consent in Australian aged care is a mandatory legal and ethical process** where residents or their representatives authorize care decisions after understanding risks, benefits, and alternatives. It upholds autonomy, is vital for high-risk treatments, and is mandatory under Aged Care Quality Standards.

**Consent is not a signature**

Documentation is not just an administrative task - it is the evidence that consent was informed, the practice was justified, and the person's rights were upheld.

### Voluntary and Informed:

The person must agree willingly without coercion, having received all necessary information, presented in a way they can understand, about their condition, treatment options, risks, and benefits.

### Capacity Assessment:

All adults are presumed to have capacity, but if in doubt, a formal assessment is needed. If the person has capacity, they give consent directly - their decision is central and must be respected.

### Substitute Decision Maker:

If the care recipient no longer has capacity, a Restrictive Practices Substitute Decision Maker (RPSDM) can give informed consent on their behalf.

### Continuous Process:

Consent is not a one-time event and must be reviewed when care needs change. Clinical guidance requires providers to record target symptoms, anticipated outcomes, effectiveness and adverse events to support meaningful review and person-centred care.

## What are Restrictive Practices?



Chemical



Environmental



Mechanical



Physical

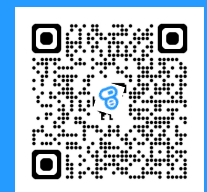


Seclusion

### Informed consent is mandatory before using restrictive practices (shown left) in residential care

- Restrictive practices may only be used when necessary to prevent harm to the care recipient or others - never for convenience or staff preference.
- Alternatives Must Be Tried First**
- Providers must trial and document alternative strategies in the Behaviour Support Plan before any restrictive practice is considered.

Scan this QR code to view our **Psychotropics education sheet!**



### What Counts as Chemical Restraint?

When medication targets behaviour rather than a clinical diagnosis, its use may be classified as chemical restraint - triggering additional legal and ethical obligations.

### Consent is the protection against chemical restraint

When psychotropics are being used for chemical restraint, informed consent must be specific, understood, last-resort, and tied to documented alternatives, goals, and review so behaviour care is person-centred, not control by default.