

A Primer for Developing Medical Directives

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Medical directives can be useful in helping dietitians exercise their full scope of practice. In response to members' questions, CDO has presented several articles in past issues of *résumé* to address various aspects of this topic. This primer offers a comprehensive review of these articles and other sources to further clarify medical directives by:

- Defining terms;
- Showing how legislation can impact on developing medical directives;
- Understanding what factors need to be considered when developing a medical directive; and
- Providing samples of directives and policies that Ontario dietitians have developed.

Defining Terms:

The term medical delegation is sometimes used interchangeably with medical directive, which is sometimes used interchangeably with medical orders. These are all distinct terms. A clear understanding of each is a necessary first step in developing medical directives.

An **order** is a prescription for a procedure, treatment, drug or intervention. It can apply to an individual client by means of a direct order, or to more than one individual by means of a medical directive. A therapeutic diet order relates to prescriptions for diet-related interventions and treatment.¹

A **direct order** is client specific. It is an order for a procedure treatment, drug or intervention for an individual client. A direct order may be written or verbal (by telephone).²

A **medical directive** may be implemented for a range of clients when specific conditions are met, and when

specific circumstances exist. A medical directive is always written.³

A **medical delegation** is a transfer of authority to perform one or more of the 13 controlled acts from a regulated health professional authorized to perform them to another registered regulated health profession or non-registered individual. This is commonly accomplished through formal procedures and policies established by individual regulatory health colleges and institution.⁴

Relevant Legislation:

The scope of practice for dietitians as legislated by the *Regulated Health Professions Act* (RHPA) and the *Dietetics Act* (1991) allows dietitians to recommend diets and set treatment plans. Dietitians can implement therapeutic diets based on a client's nutritional assessment because this is not a controlled act. It is well within the scope of practice for dietitians to prescribe therapeutic diets unless legislation specific to work settings or employer policies prohibit them.

In certain settings such as public hospitals and long term care facilities, for example, other rules may apply. A sound understanding of facility-specific legislation is a requisite for developing medical directives for dietitians so that they can exercise their full scope of practice while still adhering to laws over and beyond the RHPA and *Dietetics Act* (1991). Please refer to a recent article appearing in *résumé* for an interpretation of relevant work-setting legislation pertaining to diet orders.⁵

A medical delegation is required when a dietitian orders a procedure, treatment, drug or intervention that is a controlled act. In this case, a clear understanding of the *Controlled Acts and Delegation* and the RHPA is required.^{6,7}

¹ College of Nurses of Ontario, *When, Why and How to Use Medical Directives* (Revised 2000). This document is not available on-line but a copy can be purchased from the *College of Nurses of Ontario* for a nominal fee.

² *Ibid.*

³ *Ibid.*

⁴ College of Physician and Surgeons of Ontario, *The Delegation of Controlled Acts* (2000). A copy can be downloaded from the *College of Physicians and Surgeons of Ontario* web site at www.cpso.on.ca.

⁵ "Your professional Practice Question: Therapeutic Diet Orders, *résumé* (Spring 2003), p. 7-8.

⁶ Jacinthe Boudreau. "Controlled Acts and Delegation: An Overview of the RHPA" (December 2003 Conference); Medical Directives and the Delegation of Controlled Acts. www.cdo.on.ca>Resource Room>Publications>Professional Practice

⁷ Randy Zettle. "The Use of Medical Directives: Why, When & How?" (December 2003 Conference); Medical Directives and the Delegation of Controlled Acts. www.cdo.on.ca>Resource Room>Publications>Professional Practice

When is a medical delegation needed versus a medical directive? When should both be considered?

These questions must be weighed when considering a medical directive. If a medical directive is being sought for a procedure, treatment, or intervention that is a controlled act, then it will be necessary to seek a delegation.⁸ This does not mean that it would not be appropriate to also seek a medical directive in addition to the delegation. In this case, the medical delegation transfers authority from one professional who has the authority to perform that act to one who does not. The medical directive clarifies the parameters of a procedure, identifies the client or group of clients the directive applies to and specifies the conditions that should be met for its implementation. The complexity of weighing the need for a medical delegation versus a medical directive was exemplified with regard to insulin adjustments in the *Fall 2002* issue of *résumé*.⁹

Important Factors to Consider When Developing Directives:

There are a number of factors to consider when developing directives, which should never be overlooked:

- Addressing competency to perform a directive is paramount;
- The assessment of risk is an important step in developing medical directives. Increased risk to clients should be avoided;
- Buy-in by all stakeholders is an essential ingredient for successful implementation; and

- Finally, the issue of informed consent should be addressed.

Randy Zettle offers a more comprehensive discussion of the factors to consider in his article “Drafting a Medical Directive – Some Useful Tips and Pitfalls to Avoid”.¹⁰

Registered Dietitians in Ontario are at different stages in their knowledge and application of medical directives. More than 50 dietitians from across the province shared their experiences in a teleconference organized by the College in July 2003. They highlighted the types of directives they had already established at their hospitals and shared helpful strategies for developing medical directives. The issues of competency to perform medical directives as well as monitoring and evaluation strategies necessary when you have medical directives in place were discussed.¹¹

In sum, obtaining delegations and developing medical directives are complex and often time-consuming procedures. A good understanding of terms, applicable legislation and policies established by health regulatory colleges is necessary. There are a number of important factors that should be attended to when obtaining a delegation or developing a medical directive. Short cuts should be avoided to ensure high quality client care and minimize risks to clients and professionals. Dietitians can learn from others who have successfully obtained delegations and developed medical directives for their facilities. Furthermore, they can exercise their full scope of practice by seeking delegations and developing medical directives in order to benefit and enhance client care.

⁸ Richard Steinecke, LL.B, BSc. and College of Dietitians of Ontario. *The Jurisprudence Handbook for Dietitians of Ontario*. Toronto: University of Toronto Press (2003), chapter 3, p. 25-37.

⁹ “Your Professional Practice Question: Insulin Adjustments”, *résumé* (Fall 2002), p. 5-7.

¹⁰ Randy Zettle. “Drafting a Medical Directive – Some Useful Tips and Pitfalls to Avoid” (December 2003 Conference); Medical Directives and the Delegation of Controlled Acts. www.cdo.on.ca>Resource Room>Publications>Professional Practice

¹¹ “Members Share Their Experience in Developing a Policy and Procedure for the Prescription of Therapeutic Diet”, *résumé* (Winter 2000), p. 3-4.

Assessors Needed

The College of Dietitians of Ontario is looking for French speaking Assessors for the Practice Assessment component of the PA program. Assessors are members in good standing who have greater than five years of experience working as a dietitian. The College provides training and financial reimbursement for time and travel. If you are interested, please submit a résumé to the attention of Sue Behari, Quality Assurance Manager.