

## Chapter 1

1

# Informed consent

Informed consent 2



## Informed consent

This section is designed to provide a brief overview of consent, for a more detailed explanation readers are advised to read the GMC guidance on this subject.

This can be complex and difficult and you should seek advice from the hospital administration or your medical defence union.

### Who can take consent?

- Ideally this should be the doctor who is going to undertake the procedure but it can be any appropriately trained health professional who is familiar with the procedure and is aware of the risks and complications.

### Provide sufficient information

- The details of the diagnosis and prognosis, and the likely prognosis if the condition is left untreated.
- The uncertainties about the diagnosis including the options for further investigation prior to treatment.
- The options for treatment or management of the condition, including the option not to treat.
- The purpose of a proposed investigation or treatment; details of the procedures or therapies involved, including subsidiary treatment such as methods of pain relief; how the patient should prepare for the procedure; and details of what the patient might experience during or after the procedure including common and serious side effects.
- For each option, explanations of the likely benefits and the probabilities of success; discussion of any serious or frequently occurring risks and of any lifestyle changes which may be caused by, or necessitated by, the treatment.
- Advice about whether a proposed treatment is experimental.
- How and when the patient's condition and any side effects will be monitored or re-assessed.
- The name of the doctor who will have overall responsibility for the treatment and, where appropriate, the names of the senior members of his or her team.
- Whether doctors in training will be involved, and the extent to which students may be involved in the investigation or treatment.
- A reminder that patients are entitled to change their minds about a decision at any time.
- A reminder that patients have a right to seek a second opinion.
- Where applicable, the details of any costs or charges which the patient may have to meet.
- You must respond honestly to any questions that the patient raises and, as far as possible, answer as fully as the patient wishes.
- Use up-to-date written material, visual and other aids to explain the complex aspects of the investigation, diagnosis or treatment.
- Wherever possible meet particular language and communication needs.
- Where appropriate, discuss with patients the possibility of bringing a relative or friend to the consultation, or of making a tape recording of the consultation.

- Explain the probabilities of success, or the risk of failure, or the harm associated with the options for treatment, using accurate data.
- Allow patients sufficient time to reflect, before and after making a decision, especially where the information is complex or the severity of the risks is great. Where patients have difficulty understanding information, or there is a lot of information to absorb, it may be appropriate to provide it in manageable amounts, with appropriate written or other back-up material, over a period of time, or to repeat it.
- Involve nursing or other members of the health care team in discussions with the patient, where appropriate.
- Ensure that, where treatment is not to start until some time after consent has been obtained, the patient is given a clear avenue for reviewing their decision with the person providing the treatment.

### Ensuring voluntary decision making

- Give a balanced view of the options.
- Explain the need for informed consent.

### Emergencies

In an emergency, where consent cannot be obtained, you may provide medical treatment to anyone who needs it, provided the treatment is limited to what is immediately necessary in order to save life or avoid a significant deterioration in the patient's health. However, you must still respect the terms of any valid advance refusal which you know about, or which are drawn to your attention. You should tell the patient what has been done, and why, as soon as the patient has recovered sufficiently to understand.

### 'Best interests' principle

In deciding what options may be reasonably considered as being in the best interests of a patient who lacks the capacity to decide, you should take into account:

- The options for treatment or investigation which are indicated clinically.
- Any evidence of the patient's previously expressed preferences, including an advance statement.
- Your own and the health care team's knowledge of the patient's background, such as any cultural, religious, or employment considerations.
- Any views about the patient's preferences stated by a third party who may have other knowledge of the patient, for example the patient's partner, family, carer, tutor-dative (Scotland), or a person with parental responsibility.
- Which option least restricts the patient's future choices, where more than one option (including non-treatment) seems reasonable in the patient's best interests.

### Key points

- Patients, whether adult or child, need to know what is happening to them and why.
- What are the major or most frequently occurring complications and risks?

## 4 CHAPTER 1 **Informed consent**

- What benefits are there in having the procedure and what are the risks in not having it?
- The probability of success and alternative options.
- Will the results be long lasting?
- What are the options if it fails or recurs?
- Ask if the patients have any questions.

It is always best practice, for common procedures, to have leaflets or literature available for patients prior to the procedure. Many of these are available online from the RCR or SCVIR websites and will enable patients to have the time to understand and have questions ready.

Always use language a lay person can understand and ideally consent out of the interventional suite and on the ward or pre-assessment clinic in a non threatening environment.

A discussion may also take place on the phone prior to admission in order to save time.

Check again, immediately prior to procedure if they wish to undergo the procedure or if there are any issues.

### **Further reading**

General Medical Council. Seeking patients' consent: The ethical considerations. London GMC Publications, 178 Great Portland street, London W1N 6JE.