Lancashire Teaching Hospital NHS Foundation Trust

Induction information on consent

During your induction you will be informed about what procedures you are allowed to take consent for. This information will provide you with the generic issues on consent, which will form part of your assessment within your directorate.

Consent can be written, oral or non-verbal. A signature on a consent form does not itself prove the consent is valid – the point of the form is to record the patient's decision, and also increasingly the discussions that have taken place

The patient

Before you examine, treat or care for competent adult patients you must obtain their consent. Competent adult patients are entitled to refuse treatment, even when it would clearly benefit their health

No-one can give consent on behalf of an incompetent adult. However, you may still treat such a patient if the treatment would be in their best interests. 'Best interests' go wider than best medical interests and include factors such as the wishes and beliefs of the patient when competent. People close to the patient may be able to give you information on some of these factors. If an incompetent patient has clearly indicated in the past, while competent, that they would refuse treatment in certain circumstances (an 'advance refusal'), and those circumstances arise, you must abide by that refusal.

If you have doubts about a patient's competence, the question to ask is: "can this patient understand and weigh up the information needed to make this decision?" Unexpected decisions do not prove the patient is incompetent, but may indicate a need for further information or explanation.

Patients may be competent to make some health care decisions, even if they are not competent to make others.

In an emergency situation you can give treatment to a patient who lacks competency to sustain life. For all other occasions the decision of acting in the best interest should be considered opinion.

Where procedures are planned for consent form4 must be used

Giving and obtaining consent is usually a process, not a one-off event. Patients can change their minds and withdraw consent at any time. If there is any doubt, you should always check that the patient still consents to your caring for or treating them.

Before examining, treating or caring for a child, you must also seek consent. Young people aged 16 and 17 are presumed to have the competence to give consent for themselves but cannot refuse. Where difficulties arise always seek advice

Younger children who understand fully what is involved in the proposed procedure can also give consent (although their parents will ideally be involved). In other cases, an individual with parental responsibility must give consent on the child's behalf, unless they cannot be reached in an emergency. If a competent child consents to treatment, a parent **cannot** over-ride that consent, however legally, a parent can consent if a competent child refuses, but it is likely that taking such a serious step will be rar and advice should be sought .

Who is the right person to seek consent?

It is best practice that the person actually treating the patient should seek the patient's consent. However, you may seek consent on behalf of colleagues if you are capable of performing the procedure in question, **or** if you have been specially trained to seek consent for that procedure. If you do not feel you know enough about the procedure to take consent for it you **MUST** ask a senior colleague to take consent.

What information should be provided?

Patients need sufficient information before they can decide whether to give their consent: for example information about the benefits and risks of the proposed treatment, and alternative treatments and what will happen before during and after the procedure and the type of anaesthetic to be used. If the patient is not offered as much information as they reasonably need to make their decision, and in a form they can understand, their consent may not be valid. You should where available give them an information sheet on the procedure which details the risk benefits and side effects.

You should also discuss,

- Risks that are pertinent to them
- Other procedures which may be required
- Length of hospital stay
- After care
- Expected length of absence from work
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Contact details for further information

Consent must be given voluntarily: not under any form of duress or undue influence from health professionals, family or friends. Undertaking consent in the anaesthetic room is considered to be under duress

The forms

Consent form 1 is for adults and those patients having anaesthetic
Consent form 2 is for paediatrics
Consent form 3 is for procedures without sedation
Consent form 4 should be used when the patients lack capacity and should be completed by the professional doing the procedure. Where this is a member of staff who does not know the patient, then it should be completed by the referring doctor making the decision in the patients best interest.

There are also some procedures, which have specific conditions consent forms you will find these in your directorate. Using these forms ensures that the patients can read the information, saves time and importantly ensures consistency of information's for the patients so find out which are available. However you still have to include any risks specific to there condition, for example a patient on warfarin may have an increased tendency to bleed post op ect.

There are many difficult situations regarding consent and if in doubt ask you may seek legal advice by contacting the clinical risk manager on ext 2449 or bleep 07623621646
The consent policy is on the intranet under policies> corporate> consent