

The Lomond Clinic Consent Policy

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Consent Policy

Healthcare Professionals may provide emergency treatment to patients without consent provided that the treatment is necessary to preserve life or to prevent a serious deterioration in the patient's condition.

The Lomond Clinic accepts that patients have a fundamental right to:

- 1) Receive sufficient verbal and written information to enable an informed decision to be made.
- 2) Grant or withhold consent prior to any examination or treatment.
- 3) Withdraw consent at any stage up to and during the procedure without prejudice to further treatment.

Healthcare professionals must seek explicit written consent for procedures that carry significant risk.

Valid consent to treatment is absolutely central in all forms of healthcare. Patients must be informed about risks, benefits and consequences of proposed treatment.

Consent forms are evidence of a process not the process itself

Consent is the voluntary and continuing permission of a patient to receive a treatment or undergo a particular procedure.

Good Practice for Therapists

- Has read the policy and considered what it means for them, in terms of how to conduct their duties.
- Has completed any mandatory education or training that may be required as part of the implementation of the policy.
- Has altered working practices as expected by the policy.

1. INTRODUCTION

Patients have a fundamental legal, ethical and moral right to determine what happens to their own bodies. Valid consent to treatment is therefore absolutely central in all forms of healthcare. Seeking consent is also a matter of common courtesy between all care providers and patients.

Successful relationships between clinicians and patients depend on trust. To establish that trust, staff must respect patient's autonomy – the right to self determination whether or not to undergo any medical / clinical intervention even where a refusal may result in harm to themselves or in their own death.

Patients must be given sufficient information, in a way that they can understand, in order to enable them to exercise their right to make an informed decision about their care. Key to effective communication is enabling patients to make informed decisions. Staff must take appropriate steps to find out what patients want to know and ought to know about their condition and available treatment.

Patients have a right to information about their condition and the treatment options available to them. The amount of information we give each patient will vary depending on the nature of the condition, the complexity of the treatment, the risks associated with the treatment or procedure and the patient's own wishes.

When it is believed that the patient has been given appropriate and adequate information it is for the patient (guardian or welfare attorney) not the healthcare professional, to determine what is in the patient's best interest. However, a healthcare professional can recommend a treatment or course of action to the patient but no pressure should be put on the patient to accept their advice or suggestion for treatment. Where there have been difficulties in making a decision it is appropriate to document such discussions and the rationale for final decision.

The Human Rights Act 1998 came fully into force throughout the UK in October 2000. The Act requires all public authorities, including healthcare professionals, to act in accordance with the rights set out in the Act. Whilst the implementation of the Human Rights Act has not created a major change in practice for healthcare professionals, the Act has been used to challenge some medical decisions. It is therefore essential that decisions taken, both about individual patients and in terms of medical policy, take account of the Act, are transparent and can withstand scrutiny. Accurate and detailed recording of both the decision and the decision-making process also take on added importance. (From The impact of the Human Rights Act on medical decision-making BMA 2007).

2. AIM OF POLICY

Healthcare professionals must also be aware of any guidance on consent issued by their own professional/regulatory body.

3. SCOPE

This policy relates to all patients receiving care at this practice, and all healthcare professionals working within a clinical environment providing care and / or treatment to patients

4. WHAT IS CONSENT?

Consent is a process rather than a one off decision. The steps in the process include discussions with patients, the giving of verbal and written information and the explanation of risks and benefits. All of these steps should be formally documented. A patient must be properly informed about the risks, benefits and consequences of any proposed treatment and that of possible alternatives before signing, a consent form. A fully informed patient is less likely to have cause to complain or to resort to litigation. A signature on a consent form is normally the concluding part of the consent process. It is important to realise that if the patient has not been given appropriate information then consent may not be valid despite their signature on the form. Consent forms are evidence of a process not the process itself.

Consent is the voluntary and continuing permission of the patient to receive a particular treatment or procedure based upon adequate knowledge and understanding of:

- The purpose
- The nature
- Any likely effects
- Any significant risks of that treatment including the likelihood of its success and outcomes
- Consequences of either no treatment or alternative treatment

Permission given under unfair or undue pressure is not a valid consent. Neither is consent obtained from a patient not proficient in English or who has communication needs without the use of appropriate language or communication. Failure to secure consent may constitute assault under common law in Scotland.

5. WHO SHOULD OBTAIN CONSENT

It is the responsibility of the healthcare professional providing the treatment, carrying out an investigation or performing a surgical operation or other procedure, to discuss it with the patient and provide any information necessary to enable the patient's understanding and to obtain consent.

Whoever is seeking a patient's consent and ensuring the completion of the consent form should:

- Have sufficient knowledge of the proposed investigation or treatment (including knowledge of the risk involved)
 - Act in full accordance with the consent policy and available professional guidance
- Additionally, there are situations in which it may be regarded as standard practice for one healthcare professional to refer a patient to a colleague to carry out a particular procedure or investigation or aspect of treatment.

Regardless of who has provided the information and obtained consent, all discussions and consent should be recorded in the patient's healthcare records. It remains the responsibility of the person performing the procedure to ensure:

- That the patient has been given sufficient time and information to make an informed decision

Where a patient has consented for treatment and / or investigation they have the right to withdraw consent at any time. This is inclusive of where a patient has given consent to a course of therapy and is partly through the treatment.

6. COOLING OFF PERIOD

You are entitled to a 10 day 'cooling off' period, after initial consultation and treatment.