

Heaton Mersey Medical Practice

Patient Information Leaflet

CONSENT

Before a clinician examines or treats you, they must be satisfied that you understand and consent to the proposed treatment, immunisation or investigation. Sometimes you can simply tell them whether you agree with their suggestions; others, a written record of your decision is helpful, for example, if you are having minor surgery or a joint injection. Therefore, you may be asked to sign a consent form.

Implied Consent

Implied consent will be assumed for many routine physical contacts with patients. Where implied consent is to be assumed by the clinician the following will apply:

- An explanation will be given to you as to what he / she is about to do, and why.
- The explanation will be sufficient for you to understand the procedure.
- If you are under 18 years of age, a verbal confirmation of consent will be obtained and briefly entered into your medical record.

Where there is a significant risk to you, “Expressed Consent” will be obtained.

Expressed Consent

Expressed consent (written or verbal) will be obtained for any procedure which carries a risk that you are likely to consider as being substantial. A note will be made in your medical record detailing the discussion about the consent and the risks. A Consent Form may be used for you to express consent (see below).

Obtaining Consent

Consent (Implied or Expressed) will be obtained prior to the procedure.

The clinician will ensure that you are competent to provide a consent (16 years or over) or that you have “Gillick Competence”, if under 16 years. Further information about Gillick Competence and obtaining consent for children is set out below.

Consent will include the provision of all information relevant to the treatment.

Questions posed by you will be answered honestly and information necessary for the informed decision will not be withheld, unless there is a specific reason to withhold. In all

cases where information is withheld then the decision will be recorded in the clinical record.

The person who obtains the consent will be the person who carries out the procedure (i.e. a nurse carrying out a procedure will not rely on a consent obtained by a doctor unless the nurse was present at the time of the consent). The person obtaining consent will be fully qualified and will be knowledgeable about the procedure and the associated risks.

The Practice acknowledges the right of the patient to:

- refuse consent
- delay the consent
- seek further information
- limit the consent
- ask for a chaperone.

Clinicians will use a Consent Form where procedures carry a degree of risk or where, for other reasons, they consider it appropriate to do so.

No alterations will be made to a Consent Form once it has been signed by a patient.

Clinicians will ensure that consents are freely given and not under duress (e.g. under pressure from other present family members etc.).

If you are mentally competent to give consent but physically unable to sign the Consent Form, the clinician should complete the Form as usual and ask an independent witness to confirm that you have given consent orally or non-verbally.

Other aspects which may be explained by the clinician include:

- Details of the diagnosis, prognosis, and implications if the condition is left untreated;
- Options for treatment, including the option not to treat;
- Details of any subsidiary treatments (e.g. pain relief);
- Patient experiences during and after the treatment, including common or potential side effects and the recovery process;
- Probability of success and the possibility of further treatments;
- The option of a second opinion.

Emergency treatment

Consent needs to be sought for emergency treatment for competent patients. If consent cannot be obtained, doctors should provide medical treatment that is in the patient's best interests and is immediately necessary to save life or avoid significant deterioration in

the patient's health. However, there may be clear evidence of a valid advance refusal of a particular treatment, indicating that treatment should not be given. If a patient has appointed a welfare attorney, or there is a court-appointed deputy or guardian, this person, where practicable, must be consulted about treatment decisions.

Immunisations

Informed consent must be obtained prior to giving an immunisation. There is no legal requirement for consent to immunisation to be in writing and a signature on a consent form is not conclusive proof that consent has been given. It serves, however, to record the decision and discussions that have taken place with you, or the person giving consent on a child's behalf.

Consent for children

Everyone aged 16 or more is presumed to be competent to give consent for themselves, unless the opposite is demonstrated. If a child under the age of 16 has sufficient understanding and intelligence to enable him/her to understand fully what is proposed (known as Gillick Competence), then he/she will be competent to give consent for him/herself. Young people aged 16 and 17, and legally 'competent' younger children, may therefore sign a Consent Form for themselves, but may like a parent to countersign as well.

For children under 16 (except for those who have Gillick Competence as noted above), someone with parental responsibility should give consent on the child's behalf by signing accordingly on the Consent Form.