

Consent Policy and Procedure

Purpose

- To ensure patients are treated with respect, in recognition of their dignity and rights as individuals.
- To recognise and promote patients' responsibility for making decisions about their bodies, their priorities and their care, making sure no steps are taken without patients' consent.
- To recognise that it is a general legal and ethical principle that you must get valid informed consent.
- To meet the requirements of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

Policy

- All staff will be trained in what consent means, including Implied Consent and Expressed Consent, and who can give it.
- Making decisions about treatment and care for Patients who lack capacity is governed in England and Wales by the *Mental Capacity Act 2005*, the *Mental Health Act 1983*, and the *Children Act 1989*. The legislation sets out the criteria and procedures to be followed in making decisions when Patients lack capacity to make these decisions for themselves. It also grants legal authority to certain people to make decisions on behalf of Patients who lack capacity. It is the responsibility of the individual clinician to be aware and up-to-date on all legislation. However, the Service Provider may give guidance on the current policies in induction training for new health care workers.

Procedure

- For `Informed Consent` patients are given all the information they need to make a decision. See Treatment Planning Policy, particularly -
 - Information is given to the patient concerning their proposed treatment, including risks and alternative treatments.
 - This information is given in a way that patients understand, and this understanding is checked.
 - The patient is given clear indication which treatment is provided under the NHS, and which is not.
 - The patient knows how much treatment will cost, and has a written Treatment Plan which is adjusted if treatment alters part way through.
- Consent is checked with the patient at all stages, not just at the beginning.
- Communication is assured, through measures such as a `hearing loop` for the hard of hearing, or through an interpreter (may be a friend of the patient).
- The patient is given time to agree to treatment, and is not pressurised in any way.
- The clinical staff will respond to questions concerning treatment at any stage.
- The patient must make the decision.
- Everyone is aware that the patient can refuse consent at any point. If this happens, the decision is respected. However, information may be given as to what refusal may mean in terms of risk.
- Written consent is obtained for procedures carried out in situations where consent cannot be checked, such as under sedation. A written consent must not be altered once it has been signed by the patient.
- Consent is recorded for every treatment.
- Advice from the GDC says –

`Every adult has the right to make their own decisions and must be assumed to be able to do so, unless they show otherwise. If there is any doubt, assess whether the patient is able to give informed consent. Consider whether or not the patient understands and can weigh up the information needed to make the decision in question`.