Avant
By doctors for doctors

Consent *essentials*

Consent is an essential requirement for any medical procedure, intervention or prescription, except in emergencies. It can be verbal or written. In some facilities or for larger interventions, such as surgery, there may be policies about the type of documentation and the required experience level of the doctor undertaking the consent process.

Note: This content is a brief summary of the key issues on this topic. Further insights and information can be found on the Avant Learning Centre or by seeking medico-legal advice.

Requirements for patient consent

Capacity to make a decision

A patient's capacity to make a decision about their medical treatment is the ability to understand the facts involved and their main choices, think through their decision, and evaluate and weigh up the consequences of their choice. This is specific to the decision being made at that time.

Disclosure of information – informed consent

The term informed consent is used a lot. Unless patients have sufficient information, they are not in a position to make an informed decision. Fundamental to the consent process is an explanation of the process, rationale, benefits, risks, complications and alternatives that may occur with a procedure or treatment. Remember this acronym YMCA = Why, Method, Complication, Alternative. The informed consent discussion is patient-centred and involves shared decision-making. Discussion of the risks must include those that are significant to the individual patient in their particular circumstances. It is also important to mention the possibility of no treatment as an alternative and what this would mean.

Voluntary consent

Patients must give their consent voluntarily and free from undue pressure or coercion. This will depend on the circumstances and could include things like avoiding asking for patient consent immediately prior to a procedure when the team is already waiting for it to start.

More on informed consent

You are expected to discuss the following with the patient in a way they can understand:

- The proposed approach to investigation, diagnosis or management:
  - what the approach entails
  - the expected benefits
  - common side-effects and risks of any intervention.
- General, procedural specific and material risks to a particular patient (material risks are what risks, if any, would be of special importance to a particular patient, taking into account the patient's individual circumstances).
- Whether the intervention is conventional or experimental.

- Who will undertake the intervention.
- Other options for investigation, diagnosis or treatment.
- The likely consequences of not choosing the procedure or treatment, or of not undergoing any procedure or treatment at all.
- Any degree of uncertainty about the therapeutic outcome.
- Any significant long-term physical, emotional, mental, social, sexual or other outcome which may be associated with the intervention.
- The time involved (including expected recovery time and limitations within this period).
- The cost involved, including any out-of-pocket expenses. It is preferable to obtain financial consent separately.

Frame this discussion by reference to what is relevant and important to the patient in their particular circumstances. For example, a retired patient who cares for a young grandchild will potentially have different needs to a young adult in their first job.

Explaining the risks

When explaining the risks of a procedure or treatment, ensure the patient understands what the risks mean for them. For example, 'bleeding' might require a transfusion and longer hospital admission; 'nerve damage' might affect the patient's mobility (such as foot drop). Ensure each specific risk that is discussed is documented in the patient's medical record or consent form.

It can be helpful to give the patient written information to take with them confirming what you've discussed. Many colleges have information sheets available on common procedures.

Make sure the patient understands what you have discussed – ask them to paraphrase the information and ask open questions. Take into account the patient's circumstances and that they may be nervous, distressed or in pain during these discussions. It can be useful to have a family member or friend present if the patient wishes. If so, document the people present, as well as details of the discussion and any questions raised by the patient, and the responses, and any information you give them. Allow the patient time to digest the information and if appropriate, have a further discussion with them at later date.

If you are doing something for the first time

Patients may ask how many times you have performed the procedure during the consent discussion. You should, of course, answer honestly, and it is okay to say if you are doing something for the first time. The discussion can also include who will be with you or supervising you. Sometimes, a facility's consent forms also include that someone else may do the procedure, particularly in teaching hospitals.

Checklist

- Have any issues with the patient's capacity been addressed?
- Have you asked the patient what is important to them?
- Have you discussed the benefits, alternatives and risks that may occur with the procedure or treatment?
- Have you discussed the general, procedure specific and material risks?
- Have you documented the discussion and any questions raised in the patient's medical record?
- Has the patient signed the consent form or has verbal consent been documented?

Want more?

Visit the Avant Learning Centre – avant.org.au/avant-learning-centre, for resources including webinars, eLearning courses, case studies, articles and checklists.