

INFORMED CONSENT TO MEDICAL TREATMENT POLICY

CRITERION 1.3

Patients attending the practice are given sufficient information about the purpose, importance, benefits and risks associated with investigations, referrals or treatments proposed by their doctor to enable patients to make informed decisions.

INTRODUCTION

Information is given by direct communication between doctors and patients, and by means of written information such as booklets, pamphlets and leaflets distributed by the doctor to the patient. These are kept in the consulting rooms and the medical library situated in the tea room.

Patients are entitled to make their own decisions about medical treatments or procedures and should be given adequate information on which to base these decisions.

A parent or guardian is responsible for giving implicit (verbal) consent for medical treatment (with the exception of emergency or treatment of a minor nature) for a minor, generally agreed to be under sixteen. A child can consent to their medical treatment if the doctor, parent or guardian deems that they are of a sufficient maturity to fully understand and comprehend the consequences. When a parent or guardian consents to treatment on behalf of a minor, they must be given all relevant information to assist them in their decision-making. Doctors seeing children attending without their parent/guardian (e.g. from camps) must record that they have sighted parental consent for treatment.

Doctors are to document as fully as practicable in the patient's file that appropriate information has been provided to the patient and that implicit consent has been given.

Implicit consent is obtained prior to an immunisation or vaccination. The Blue Book signifies that information/consent has been given. Doctors are to note which parent gave consent. Patients who require further information are directed to the information displayed in the waiting room.

When an appointment is being made for a child from a camp to see a doctor, the receptionist is to ascertain whether the camp organizers have written parental consent for medical treatment. If there is no parental consent, the receptionist is to inform the person responsible that the child may be seen only if it is an emergency or if the doctor can contact the parent to obtain verbal permission. The receptionist is to request that the person responsible for transporting the child to the surgery brings the parents' contact numbers.

Written (or explicit) consent is to be obtained in the following circumstances:

- Complementary and alternative treatments (See Complementary and Alternative Medicine Policy)
- The presence of a third party (See Criterion 2.1.8).
- The gathering of health data for research projects (See Criterion 2.1.9).

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INFORMATION TO BE GIVEN

Information should be provided in a form and manner which helps patients understand the problem and treatment options available, and which are appropriate to the patient's circumstances, personality, expectations, fears, beliefs, values and cultural background. There should be no coercion and the patient is free to accept or reject the advice given.

Doctors should normally discuss the following information with their patients:

- the possible or likely nature of the illness or disease
- the proposed approach to investigation, diagnosis and treatment:
 - what the proposed approach entails
 - the expected benefits
 - common side effects and material risks of any interventions
 - whether the intervention is conventional or experimental
 - who will undertake the intervention
- other options for investigation, diagnosis and treatment
- the degree of uncertainty of any diagnosis
- the degree of uncertainty about the therapeutic outcome
- the likely consequences of not choosing the proposed diagnostic procedure or treatment, or of not having any procedure at all
- the time involved
- the costs involved, including out of pocket cost

INFORMING PATIENTS OF RISKS

Doctors should give information about the risks of any intervention, especially those that are likely to influence the patient's decisions. Known risks should be disclosed when an adverse outcome is severe if rare.

A doctor's judgement about how to convey risks will be influenced by:

- the seriousness of the patient's condition, for example, the manner of giving information might need to be modified if the patient were too ill or badly injured to understand a detailed explanation;
- the nature of the intervention, for example, whether it is complex or straight forward, or whether it is necessary or purely discretionary.
- the likelihood of harm and the degree of possible harm. More information is required where there is greater risk of harm
- the questions the patient asks. When giving information, doctors should encourage the patient to ask questions and should answer them as fully as possible. Such questions will help the doctor to find out what is important to the patient;

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- the patient's temperament, attitude and level of understanding.
 - Every patient is entitled to information, but these characteristics may provide guidance to the form it takes
- current accepted medical practice

PRESENTING INFORMATION

The way the doctor gives information should help the patient understand the illness, management options, and the reasons for any intervention.

It may sometimes be helpful to convey information in more than one session.

The doctor should:

- communicate information and opinions in a form the patient can understand:
- allow the patient sufficient time to make a decision. The patient should be encouraged to reflect on opinions, ask more questions, consult with the family, a friend or adviser. The patient should be assisted in seeking another medical opinion where this is requested
- repeat key information to help the patient understand and remember
- give written information or use diagrams, where appropriate, in addition to talking to the patient
- pay careful attention to the patients' responses to help identify what has or has not been understood
- use a competent interpreter when the patient is not fluent in English (see Non-English Speaking Patient Policy)
- acknowledge the right of the patient to refuse treatment, advice or procedure

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