

ORCHID POLICY DOCUMENT CONSENT

Orchid NNS cannot cover all situations on Consent Law but in this profile we aim to demonstrate 'Best Practice'. The law in its many interpretations and published documents suggests that whenever you lift, move, wash, bathe or feed any resident or patient or even assist with a procedure affecting the person you must ask their permission.

Orchid always ask that you talk to the person all time and tell them exactly what you propose in doing – simply by saying 'we are going to the table now is that alright?' or 'its time for bed, shall we get ready?' and by simply talking to him or her in that way you are gaining their consent for the move. Your conversation should represent that of a question.

Before you examine, treat or care for competent adult patients you must obtain their consent. Adults are always assumed to be competent unless demonstrated otherwise. If you have doubts about their competence, the question to ask yourself is:

"Can this patient understand, and weigh up the information needed to make this decision?" Unexpected decisions do not prove the patient is incompetent, but may indicate a need for further information or explanation. Patients may be competent to make some health care decisions, even if they are not competent to make others.

Giving and obtaining consent is usually a process, not a one-off event. Patients can change their minds and withdraw consent at any time and if there is any doubt, you should always check that the patient still consents to your caring for or treating them.

- Can children consent for themselves?

Before examining, treating or caring for a child, you must also seek consent. Young people aged 16 and 17 are presumed to have the competence to give consent for themselves. Younger children who understand fully what is involved in the proposed procedure can also give consent (although their parents will ideally be involved).

In other cases, some-one with parental responsibility must give consent on the child's behalf, *unless they cannot be reached in an emergency.*

If a competent child consents to treatment, a parent cannot over-ride that consent. Legally, a parent can consent if a competent child refuses, but it is likely that taking such a serious step will be rare.

- Who is the right person to seek consent?

It is always best for the person actually treating the patient to seek the patient's consent. However, you may seek consent on behalf of colleagues if you are capable of performing the procedure in question, or if you have been specially trained to seek consent for that procedure.

- What information should be provided?

Patients need sufficient information before they can decide whether to give their consent: for example information about the benefits and risks of the proposed treatment, and alternative treatments. If the patient is not offered as much information as they reasonably need to make their decision, and in a form they can understand, their consent may not be valid.

- Is the patient's consent voluntary?

Consent must be given voluntarily: not under any form of duress or undue influence from health professionals, family or friends.

- Does it matter how the patient gives consent?

No; consent can be written, oral or non- verbal. A signature on a consent form does not itself prove the consent is valid – the point of the form is to record the patient's decision, and also increasingly the discussions that have taken place. Please record everything in the persons care plan that has taken place, clearly and accurately.

- Refusals of treatment

Competent adult patients are entitled to refuse treatment, even where it would clearly benefit their health. The only exception to this rule is where the treatment is for a mental disorder and the patient is detained under the Mental Health Act 1983 . A competent pregnant woman may refuse any treatment, even if this would be detrimental to the fetus.

- Adults who are not competent to give consent

No- one can give consent on behalf of an incompetent adult. However, you may still treat such a patient if the treatment would be in their best interests. 'Best interests' go wider than best medical interests, to include factors such as the wishes and beliefs of the patient when competent, their current wishes, their general well-being and their spiritual and religious welfare. People close to the patient may be able to give you information on some of these factors.

Where the patient has never been competent, relatives, carers and friends may be best placed to advise on the patient's needs and preferences. If an incompetent patient has clearly indicated in the past, while competent, that they would refuse treatment in certain circumstances (an 'advance refusal'), and if those circumstances arise, you must abide by that refusal.

This is 'Orchids' Policy and views on 'Consent' if you require any further clarification please ask.