



Patient Consent

Brief Overview- Consent made simple

Consent is agreeing to something that we suggest

To be able to give consent you need to be able to:

- Understand the information you are given
- Use this information to come to a decision

If you are able to do these things, the law says that you can make your own decisions. No one can make you do anything you don't want to do. We are here to advise you.

If you are unable to do these things, then we can help you with advice from your family, carer, guardian or other people who know you well.

If you are worried about losing the ability to consent in the future, the law allows you to make a 'Living Will' or Power of Attorney to make decisions for you. If this interests you, please ask for a leaflet about this at reception.

You can read our detailed policy below.

Consent Policy

The following overview of consent is drawn directly from the Department of Health guidance – '[Reference guide for consent to examination or treatment](#)'. Please refer to this if further clarification is needed.

Consent is also explained clearly on NHS Choices

<http://www.nhs.uk/Conditions/Consent-to-treatment/Pages/Introduction.aspx>



Overview

For consent to be valid (legal and binding), it must be given voluntarily (freely) by an appropriately informed person who has the capacity to consent to the intervention in question. Agreement where the person does not know what the intervention entails is not 'consent'.

Capacity

A person lacks capacity and is unable to make a decision if they cannot do one or more of the following things:

- Understand the information given to them that is relevant to the decision
- Retain that information long enough to be able to make the decision
- Use or weigh up the information as part of the decision-making process
- Communicate their decision

People may have capacity to consent to some interventions (treatments) but not to others, or may have capacity at some times but not others. A person must be assumed to have capacity unless it is established that they lack capacity. If there is any doubt, then the healthcare professional should assess the capacity of the patient to take the decision in question. This assessment and the conclusions drawn from it should be recorded in the patient's notes.

All practical and appropriate steps need to be taken to enable a person to make a decision themselves. For example:

- Provide relevant information
- Communicate in an appropriate way
- Make the person feel at ease



- Support the person

Consent must be given voluntarily and freely, without pressure or undue influence being exerted on the person either to accept or refuse treatment.

What information to give to people

People need to understand the nature and purpose of the procedure. Any misrepresentation of these elements will invalidate consent.

It is therefore advisable to inform the person of any 'material' or 'significant' risks or unavoidable risks, even if small, in the proposed treatment; any alternatives to it; and the risks incurred by doing nothing.

Doctors should do their best to find out about patients' individual needs and priorities when providing information about treatment options. Discussions should focus on the patient's 'individual situation and risk to them'. It is important to check that people have understood the information given to them and have the opportunity to ask questions.

Taking video or photographs

Consent should be obtained for any visual or audio recording, including photographs or other visual images. The purpose and possible future use of the recording must be clearly explained to the person before their consent is sought for the recording to be made. If it is to be used for teaching, audit or research, people must be aware that they can refuse without their care being compromised and that when required or appropriate it can be anonymised.

Different sorts of consent



Consent may be expressed verbally or non-verbally: an example of non-verbal consent would be where a person, after receiving appropriate information, holds out an arm for their blood pressure to be taken. However, the person must have understood what examination or treatment is intended, and why, for such consent to be valid.

It is good practice to obtain written consent for any significant procedure, such as a surgical operation or when the person participates in a research project or a video recording (even if only minor procedures are involved). See Appendix A for how we interpret this guidance locally.

Advance directives

A person may have made an advance decision to refuse particular treatment in anticipation of future incapacity (sometimes previously referred to as a 'living will').

Healthcare professionals must follow an advance decision if it is valid and applicable, even if it may result in the person's death.

Consent for children

Children who have sufficient understanding and intelligence to enable them to understand fully what is involved in a proposed intervention will also have the capacity to consent to that intervention. This is sometimes described as being 'Gillick competent'.

If the child is Gillick competent and is able to give voluntary consent after receiving appropriate information, that consent will be valid and additional consent by a person with parental responsibility will not be required. It is, however, good practice to involve the child's



family in the decision-making process, if the child consents to their information being shared.

Where advice or treatment relates to contraception, or the child's sexual or reproductive health, the healthcare professional should try to persuade the child to inform his or her parent(s), or allow the medical professional to do so. If however the child cannot be persuaded, advice and/or treatment should still be given if the healthcare professional considers that the child is very likely to begin or continue to have sexual intercourse with or without advice or treatment, and that unless they receive the advice or treatment then the child's physical or mental health is likely to suffer.

Where a child under the age of 16 lacks capacity to consent (ie is not Gillick competent), consent can be given on their behalf by any one person with parental responsibility.

Appendix A – Practicalities of consent

Procedures requiring written information and signed consent:

- Minor operations
- Insertion of IUCD
- Insertion/removal of Nexplanon
- Immunisations
- Videoing of consultations

Procedures requiring written information and verbal consent:

- Therapeutic injections of steroid/lidocaine
- Ear suctioning

All other procedures require verbal information and verbal consent.

Protocols and Policies
The Lighthouse Medical Practice



EMIS WEB has our local consent and patient information forms embedded within it and they can automatically appear and be printed out for the patient to read.

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