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Obtaining Consent Effectively

Health professionals in all healthcare services have a duty to fully inform patients of the treatment being offered before giving voluntary consent. Voluntary consent denotes to that which is free from coercion by any person or persons that has contact with the patient. Professionals have to be sensitive to this as some patients are highly suggestible, making coercion more probable.

The process of informing patients involves a full explanation of the risks and benefits of all alternative treatment options, including both treatments that the health professional cannot offer and the choice of doing nothing. The material information of the treatment should be explained, meaning any statistics or facts that would be significant to that individual, thus specific risks may be explained to some patients but not others on their circumstances. For instance, a woman who is blind in one eye and is having an operation in the other eye will attach significance to the extremely rare statistic of going blind in her other eye as a result of the operation, however a patient that has sight in both eyes may not. Thus, professionals have to consider each patients circumstance when tailoring the consent process. Material information may be disseminated in many formats such as leaflets, DVD's and/or web links. Patients should additionally be informed about information that is readily available on the internet to limit any surprises or worries they may read, because nowadays it is common practice to search the internet for medical information.

A vital part of the consent process entails professionals documenting how the patients consent was obtained. The five minute appraisal (FMA) method is a quick an effective way to ensure the accuracy and language used to record consent is of the highest quality. The FMA involves one piece of a professionals' documentation being read once a week, by a peer, for five minutes to receive critical feedback and ways of improvement. Doing the FMA once a week allows continual improvement of every professional, having a peer review could make it more probable that mistakes are noticed and allowing five minutes to complete the task is a manageable time to put aside. For instance, on a consent form using the statement 'risks and benefits advised' to explain what was discussed between the patient and practitioner fails to state what the risks and benefits were, the importance to the patient, the patients concerns and whether alternative treatments were mentioned. It is documentation issues like this that the FMA aims to address.

Another consideration when making the process of consenting more effective, is that both the health professional and the patient offer different expertise and both have an invaluable role. Health experts offer the medical knowledge of treatments, whereas patients offer knowledge regarding their personal values, beliefs and social circumstances and both types of knowledge equally influence the decision to consent to treatment, demonstrating that consent is a collaborative process and patients should be made aware of this. Another consideration in making the process more efficient is health services adopting the use of Personal Concerns Inventory; a new tool trialled in health services to improve patient centred care (Ghazali et al, 2013). They are forms that can be adapted and constructed to each

services needs as an item- checklist format, offering a multitude of topical options that patients tick to indicate what they want to discuss during their consultation. It allows patients and their families to choose what individual concerns they may have and want to discuss, making the information received about their treatment more in depth, meaningful and individual to their circumstances. It not only allows the patients to have a more personal consultation but additionally allows the professional to dedicate their limited time more effectively, explaining the information the patient wants rather than guessing or assuming the information the patient may want.

Practitioners need to be aware that to process of gaining consent may differ for different health populations. For instance, unborn babies and children under 16 do not give consent but rather doctors or a parent can on their behalf. Mothers can always consent to treatment but fathers can only if they are married at time of the child's birth or on the birth certificate if they are divorced after 2003. Older adults can create Anticipatory Care Pathways (ACP) to plan for illnesses such as dementia in order to give consent if they lack capacity to do so at the time of treatment. Those with a mental illnesses, learning disabilities or vulnerable adults have the right to consent however practitioners need to ensure consent is not coerced and appropriate support is given as these population groups are highly suggestible.

Obtaining informed consent may be challenging if patients refuse treatment. In these situations, patient autonomy is to be respected. However, if professionals strongly believe treatment is the best option for the patient, communication is essential to ensure they have been accurately informed to make that decision. Alternatively, professionals may seek a second opinion or obtain advice from the Clinical Ethics Committee to gain an external perspective on how to approach a patient who does not consent. Importantly, if a patient who lacks capacity at that specific time for that specific decision refuses treatment, certain laws and acts are in place to treat the patient for their own wellbeing and in their best interest.

References

Information gathered from speakers at the healthcare conference 'Effective Consent Practice' attended on 9th February 2016.

Ghazali, N., Kanatas, A., Bekiroglu, F., Scott, B., Lowe, D., & Rogers, S. N. (2013). The Patient Concerns Inventory: a tool to uncover unmet needs in a cancer outpatient clinic. *The Bulletin of the Royal College of Surgeons of England*, *95*(3), 1-6.