

Thames hospice

Policy: CLINICAL CONSENT

Date	Author / Reviewer	Approved by	Doc name	Comment	Next Review Due
July 2019	Head of Governance and Quality	Governance Committee	CLIN-P-0022 Previously CG-P-0001	<p><u>July 2019</u> Policy reviewed and amended to take account of EMIS System</p> <p><u>September 2018</u> Policy reviewed. Section 3 updated to clarify consent mechanisms. Note: Mental Capacity Act information is found in the Thames Hospice Policy DRS-P-0008</p> <p><u>May 2017</u> Policy reviewed minor changes to text and layout only.</p> <p><u>April 2016</u> Scheduled review.</p> <p><u>April 2015</u> Scheduled review.</p> <p><u>February 2014</u> Policy created.</p>	July 2021

Policy Summary:

This policy:

1. Relates only to those areas of activity under the remit of the Director of Patient and Family Services.
2. Explains four different levels of consent and the requirements for recording of consent.
3. Provides guidance on consent and mental capacity.
4. Acknowledges the complexity of this subject and the need for professional judgement.
5. Provides information on action in the event of a breach of policy.
6. Includes useful web references, which must be accessed as appropriate.

1 Purpose of Policy

- 1.1 To provide a robust framework which ensures that all care and treatment undertaken by Thames Hospice takes place within a context of appropriate consent. Where the patient lacks the necessary mental capacity to give or withhold consent, care and treatment will be provided within the framework of this policy in the best interests of the patient.
- 1.2 This policy should be read in conjunction with the Thames Hospice Mental Capacity Act Policy (DRS-P-0008) and the Thames Hospice Deprivation of Liberty Safeguards Policy (IPU-P-0033).
- 1.3 This policy relates only to those areas of activity under the remit of the Director of Patient and Family Services.

2 Responsibilities

2.1 Director of Patient and Family Services

- Overall responsibility for providing assurance that Thames Hospice operates within all relevant regulations, and within best practice guidelines as applicable.

2.2 Head of IPU, Head of Patient and Family Support, Head of Therapy Services, Head of Community Services, Consultant/s in Palliative Medicine.

These individuals are responsible within their areas of activity for ensuring:

- Staff and volunteer compliance with this policy.
- Attendance at any required training by staff and volunteers.
- Maintenance of timely and accurate records.
- Compliance with this policy by all staff and volunteers.

2.3 Staff and Volunteers

- Are responsible for acting within the codes of conduct of their own professional practice.

3 Policy Detail

3.1 References

Please note that the References (Section 5 below) are highly relevant and must be accessed and referred to as necessary by Thames Hospice staff and volunteers as an integral part of their roles at Thames Hospice.

3.2 Overarching Ethos

- Appropriate patient consent must be gained for all care and treatment delivered by Thames Hospice.
- The NMC and GMC each have guidance:
 - [NMC policy on consent](#), (the 'NMC Code')
 - [GMC guidance on consent](#)

- It is expected that staff and volunteers will normally work in partnership with patients and their families in providing care and treatment.
- Guidance on consent is not prescriptive and it is expected that staff will exercise professional judgement in their interaction with patients and families.
- **Where the patient lacks capacity, decisions must be made in the best interests of the patient. See the Thames Hospice Mental Capacity Act Policy (DRS-P-0008).**

3.3 Levels of Consent

Consent for the provision of any care or treatment will normally be sought directly from the patient. All staff and volunteers must award the same level of respect to the withholding of consent as to its giving. The withholding of consent must be appropriately documented in the patient's notes.

PATIENT WITH CAPACITY

3.4 CONSENT TO PERSONAL / DAILY CARE.

- 3.4.1 Consent to personal / daily care must be recorded within the patient's notes.

3.5 CONSENT FOR INVASIVE MEDICAL PROCEDURES

- 3.5.1 A signed form DRS-F-0001 (Medical Consent) for invasive medical procedures , must be completed and stored with the patient's notes on EMIS each time an invasive procedure is undertaken.

- 3.5.2 Such medical procedures include:

- Ascitic or pleural tap
- Abdominal paracentesis
- Epidural anaesthetic injection
- Mid-line insertion
- Supra-pubic catheter insertion

- 3.5.3 Photographs (e.g. of pressure ulcers) - Consent for photographs will be recorded and kept within the patient's notes.

3.6 CONSENT FOR CLINICAL CARE

- 3.6.1 Informed Patient consent for the following invasive procedures must be documented in the patient care plan, within the nursing evaluation or medical notes as appropriate to the clinical practitioner.

- Blood Transfusion
- Peripheral Cannulation
- Catheterisation
- Digital Rectal Examination (DRE)
- Venepuncture
- Intravenous Drug Administration
- PEG Feeding / Medication

3.7 CONSENT FOR OTHER PROCEDURES – SUCH AS DAY THERAPY UNIT, THERAPIES AND COUNSELLING

3.7.1 The Thames Hospice Day Therapy Unit, Thames Hospice therapists and Thames Hospice Counsellors have consent forms for agreeing to treatment, which also detail patient consent to contacting their GP if necessary.

3.8 CONSENT TO ENTER A PATIENT'S HOME

3.8.1 In addition to recording consent as normal when working with a patient in the community, nurses will record that they have requested and gained permission to enter someone's home. This will be documented in patient records.

3.9 Other forms of consent – not normally applicable at Thames Hospice

3.9.1 Implied consent: this is not normally applicable at Thames Hospice.

No documentation is required. Scenario: Nurse [holds out cuff]: '*May I take your blood pressure Mr Bloggs?*'. Mr Bloggs extends his arm and rolls up his sleeve. Implied consent only applies for non-invasive procedures.

3.9.2 Presumed consent: this is not normally applicable at Thames Hospice.

Staff and volunteers must always be mindful to check informally with the patient where for example new equipment is being provided or in offering personal care. In other words, they must be mindful not to presume consent.

PATIENT WITHOUT CAPACITY

3.10 Doctors and medical staff, in consultation with the patient's representative or Next of Kin, if available, will make decisions in the best interest of the patient if the patient does not have capacity to consent.

3.11 This consent will be recorded each time within the nursing evaluation or medical notes as appropriate.

4 Breach of Policy

4.1 Any deviation in practice from the above policy and procedure will be deemed a breach of policy.

4.2 Any breach of policy by Thames Hospice employees may lead to disciplinary action.

4.3 Any breach of this policy by Thames Hospice Volunteers may lead to formal action under the Problem Solving Policy and Procedure.

5 References

5.1 NHS South Central DNACPR leaflet

<https://www.ouh.nhs.uk/about/foi/disclosure-logs/2016/june/documents/DNRCPRAdultPolicy.pdf>

Accessed 20/08/2018. Includes at page 11 a decision process flowchart for the reference of staff and volunteers of Thames Hospice

5.2 GMC guidance on consent

http://www.gmc-uk.org/guidance/ethical_guidance/consent_guidance_index.asp

Accessed 20/08/2018

5.3 NMC Code of Conduct

<http://www.nmc-uk.org/Documents/Standards/The-code-A4-20100406.pdf>

Accessed 20/08/2018

5.4 The Mental Capacity Act (2005)

http://www.legislation.gov.uk/ukpga/2005/9/pdfs/ukpga_20050009_en.pdf

Accessed 20/08/2018. The five principles of The Act are defined on pages 5 and 6 of the pdf

5.5 Independent Mental Capacity Advocate (IMCA)

<http://www.justice.gov.uk/downloads/protecting-the-vulnerable/mca/making-decisions-opg606-1207.pdf>

Accessed 20/08/2018

5.6 Deprivation of Liberty Safeguards SCIE Reference

<http://www.scie.org.uk/publications/atagance/atagance43.asp>

Accessed 20/08/2018

5.7 Deprivation of Liberty Safeguards Archive Reference

<http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/SocialCare/DeliveringSocialCare/MentalCapacity/MentalCapacityActDeprivationofLibertySafeguards/index.htm>

Accessed 20/08/2018. (This website is now a part of government archives, but nonetheless holds useful information).

5.8 Advance Decision to Refuse Treatment (ADRT)

<http://www.ncpc.org.uk/sites/default/files/ADRT%20books.pdf>

accessed 20/08/2018