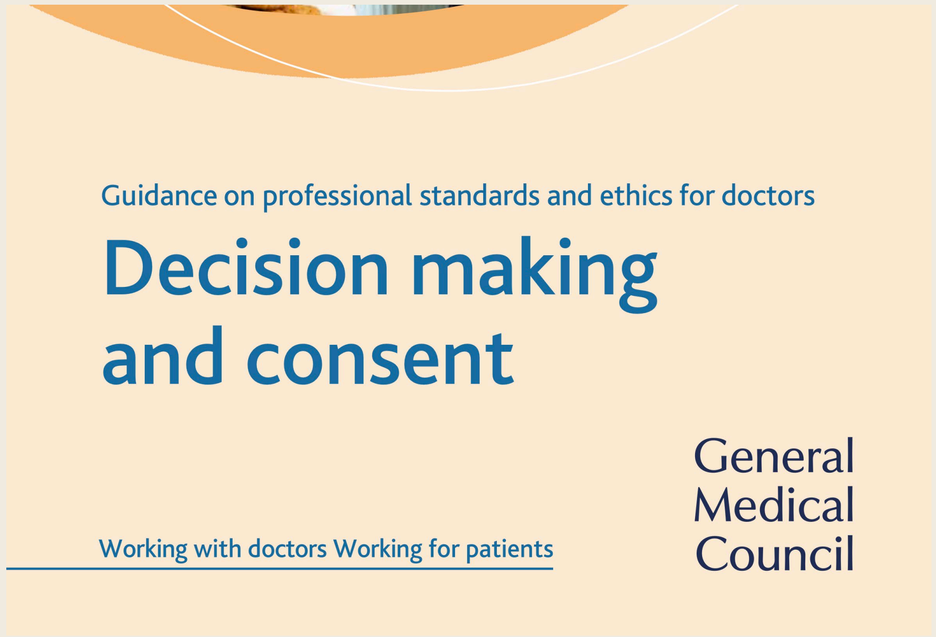
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Consent

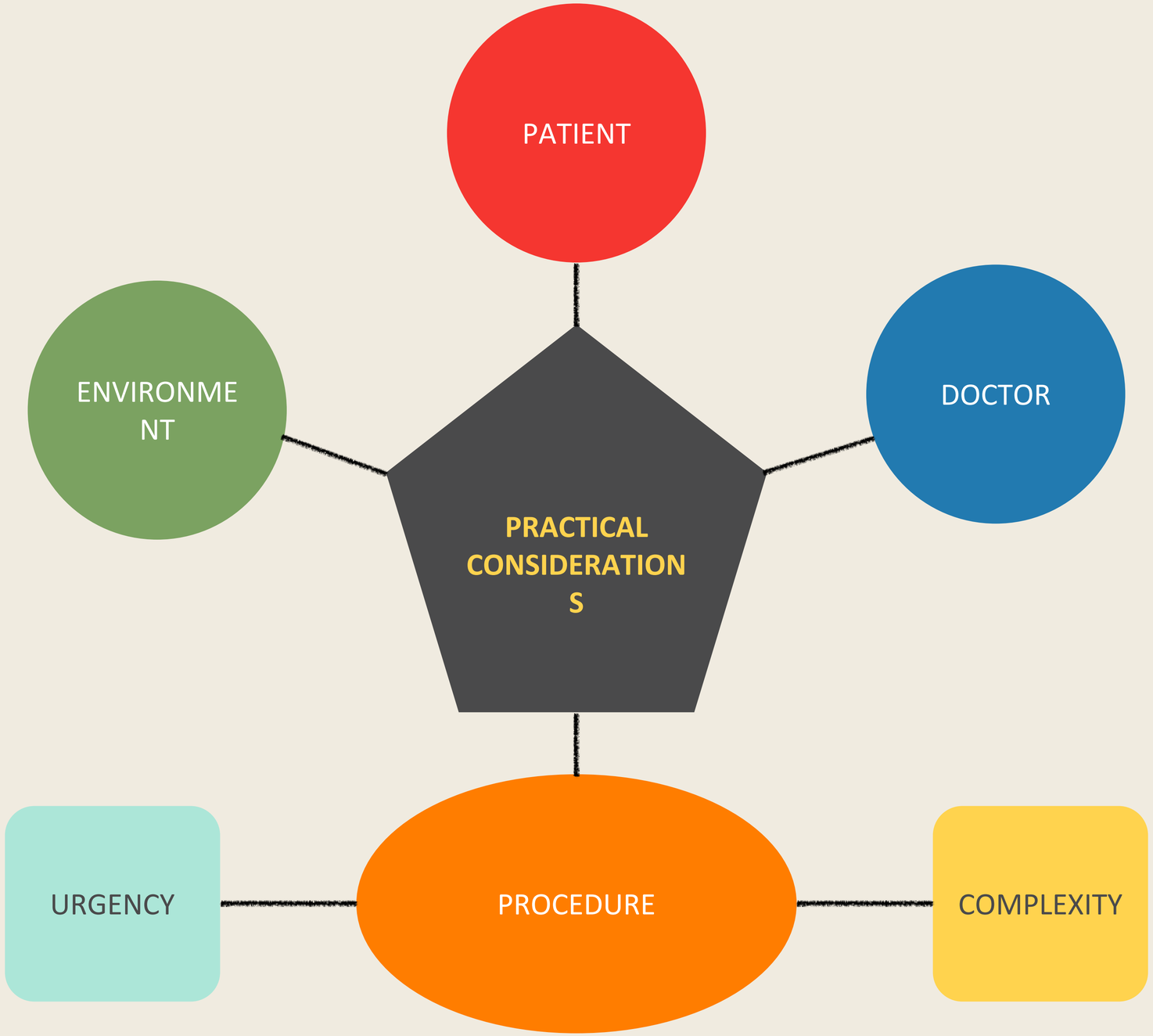
Dr Wing Yan Liu, Consultant Interventional Radiologist, UHCW

GMC Good Medical Practice

- GMC Guidance on professional standards and ethics for doctors - Decision making and consent.
- Mental capacity tool
- Ethical guidance






PATIENT
ENVIRONMENT
DOCTOR
PRACTICAL CONSIDERATIONS
URGENCY
PROCEDURE
COMPLEXITY

Patient

- Has the patient got the capacity to consent?
- Assess capacity - Mental capacity tool on GMC website.
- Power of Attorney - need to see documentation and consider legal advise
- How much does the patient know about his/her condition?
- Has the patient been given enough time to consider before consent?
- Has the patient been given all the relevant information?
- Can the procedure be postponed if patient is not capable to consent at this moment?

Doctor

- What is your goal behind this consent? - DO NOT just complete a task!
- Do you understand why the patient is having this procedure? Is this in patient's best interest?
- Do you understand what the procedure involves and the potential complications?
- Do you know all the alternative options?
- How much information can you give to the patient at this stage?
- What are your options if that patient CANNOT consent?
- What are your options if the patient WOULD NOT consent?
- Can you consult other member of the healthcare team/ people involved in the patient's care?
- Is it more appropriate for other member of the healthcare team to take the consent?

Environment

- Is this the a suitable environment for the patient to receive and retain the information?
- Can the patient gain assess to what and who they need to make the decision?
- Is this the right time for getting consent?
- Is an interpreter needed?
- Is any other tools required? - visual / audio / pictorial aids, recordings

The Procedure

- Take into account the urgency and complexity of the decision on this procedure.
- How quickly does the decision need to be made?
- Urgency does not mean patient has to consent.
- How invasive is the procedure?
- Is the procedure going to lead to restriction of patient’s freedom after?
- Do you understand the complexity of the decision?

Clinical Scenarios - Will you consent?

Scenario 1

- 89-year-old female, history of learning disability.
- Presented with jaundice and not eating.
- Admitted under Acute Medicine.
- CT showed extensive liver metastases.
- MDT discussion - not a candidate for surgery or chemotherapy, therefore best supportive care.
- Acute medical team requested PTC on HPB surgery team’s advice.
- Patient’s power of attorney has not been informed regarding PTC.

Scenario 2

- 83-year-old retired nurse.
- Presented with right sided abdominal pain.
- CT has shown multiple liver lesions likely metastases.
- US guided liver biopsy requested.
- Patient asked you during consent process whether she has cancer.

Scenario 3

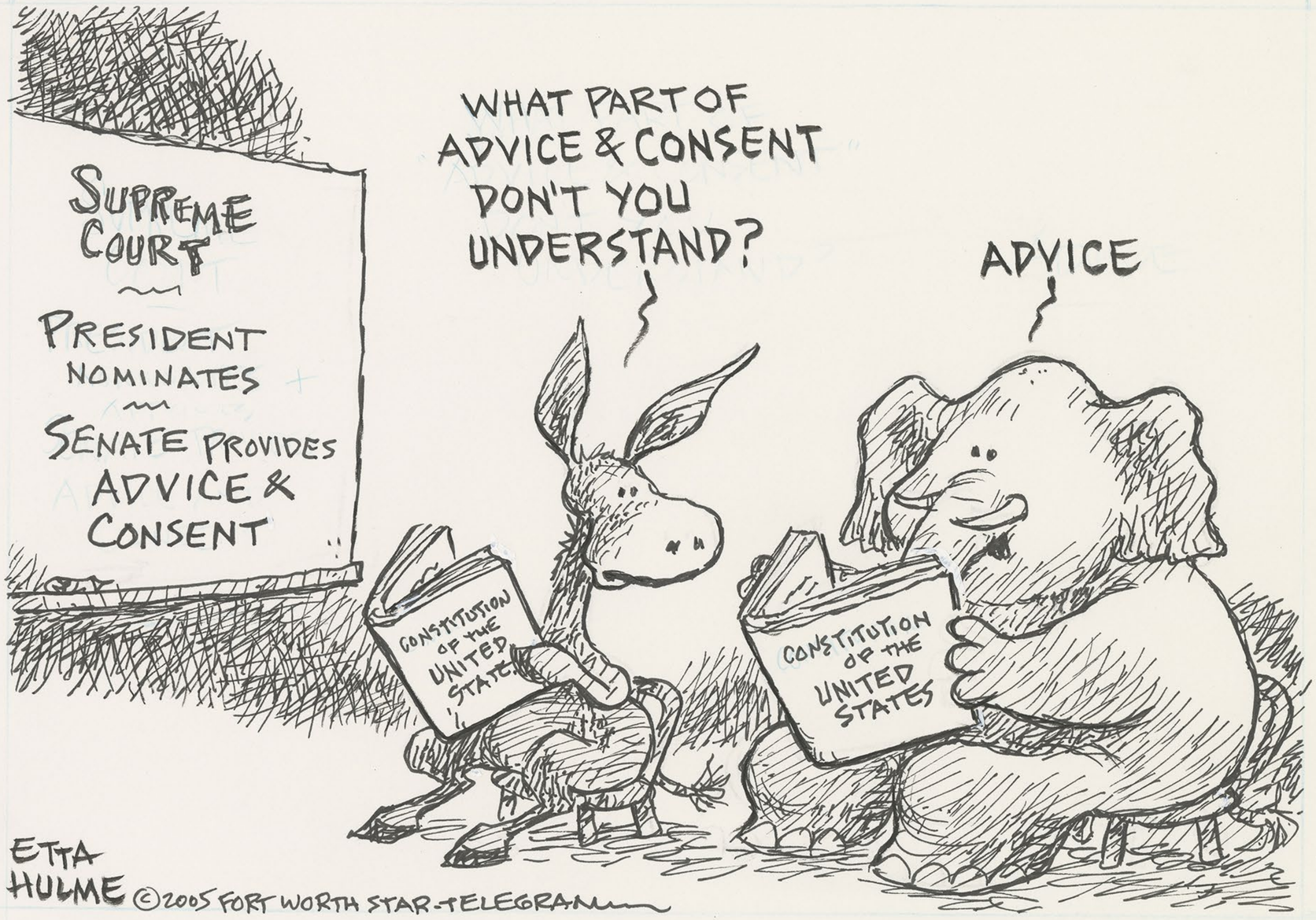
- 67-year-old male admitted with AKI.
- US kidneys showed bilateral hydronephrosis.
- Bilateral nephrostomy requested.
- Seen by Urology Consultant at ward round who decided patient had no capacity to consent, due to history of dementia and patient was reported to be intermittently confused.
- Before going down to IR department, patient tells you that he understands that he needs to have tubes inserted to his kidneys, but he does not want the procedure today because he is tired after the US and a restless night.

Scenario 4

- 78-year-old female
- History of ESRF on haemodialysis through dialysis line and presented with arm swelling.
- Patient had central venous stent via right common femoral vein approach.
- Developed a rapidly expanding haematoma at right groin on the ward.
- CT angiogram confirmed active bleeding from a branch of profound femoral artery.
- Embolisation was suggested.
- Patient is becoming tachycardia and hypotensive.
- Patient states that she does not want treatment and she just wants to die.
- Daughter is contacted and states that patient has been under investigation for dementia by GP.

Scenario 5

- 54 year-old male, history of alcoholic liver disease
- admitted with decompensated liver failure and encephalopathy
- Acute onset of bleeding small bowel varices, no accessible for endoscopy
- Referred to IR for embolisation/sclerotherapy of small bowel varices


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SUN 07/17/05