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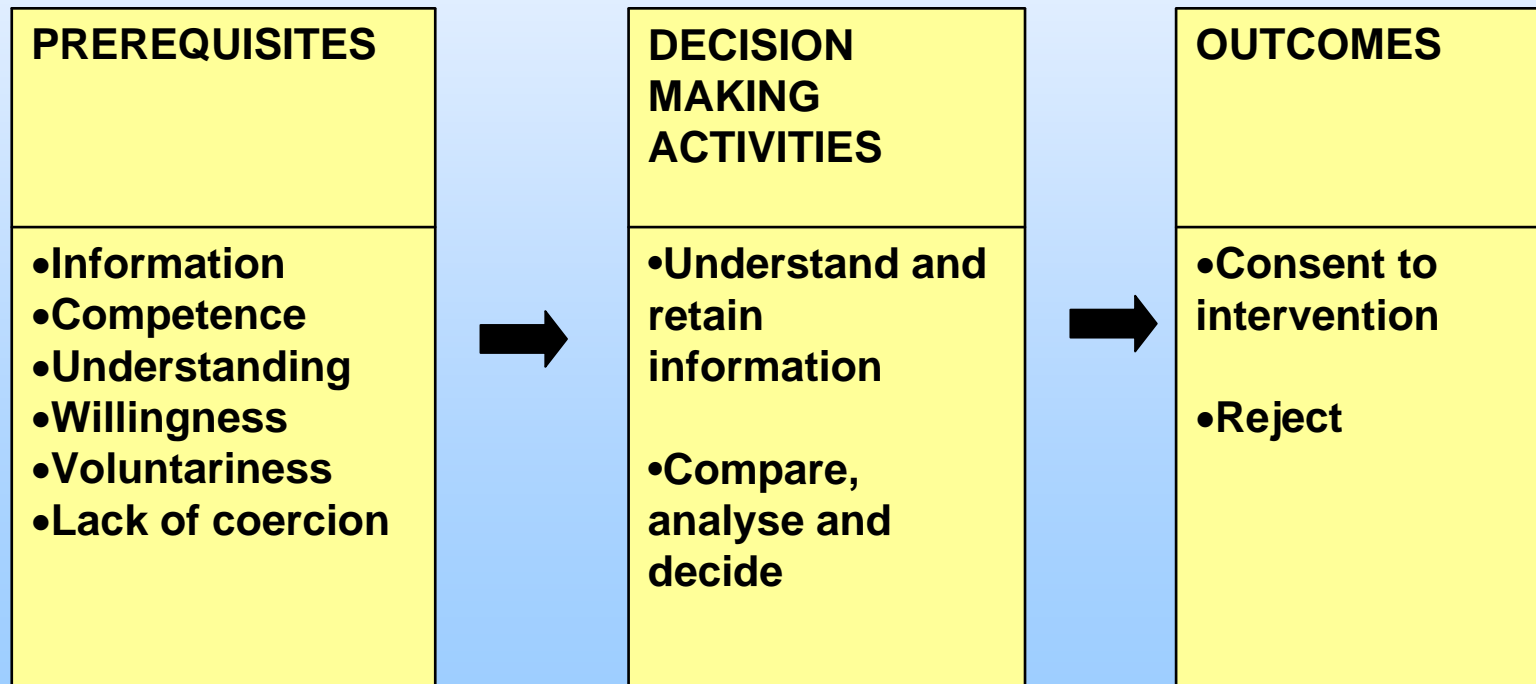
Informed Consent for Intervention/Treatment

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Process of Informed Consent



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Procedure



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- 1. Provide Information and Discuss Options**
- 2. Determine Capacity for Informed Consent**
- 3. Record Evidence of Informed Consent**
- 4. Determine Duration of Consent**

Procedure

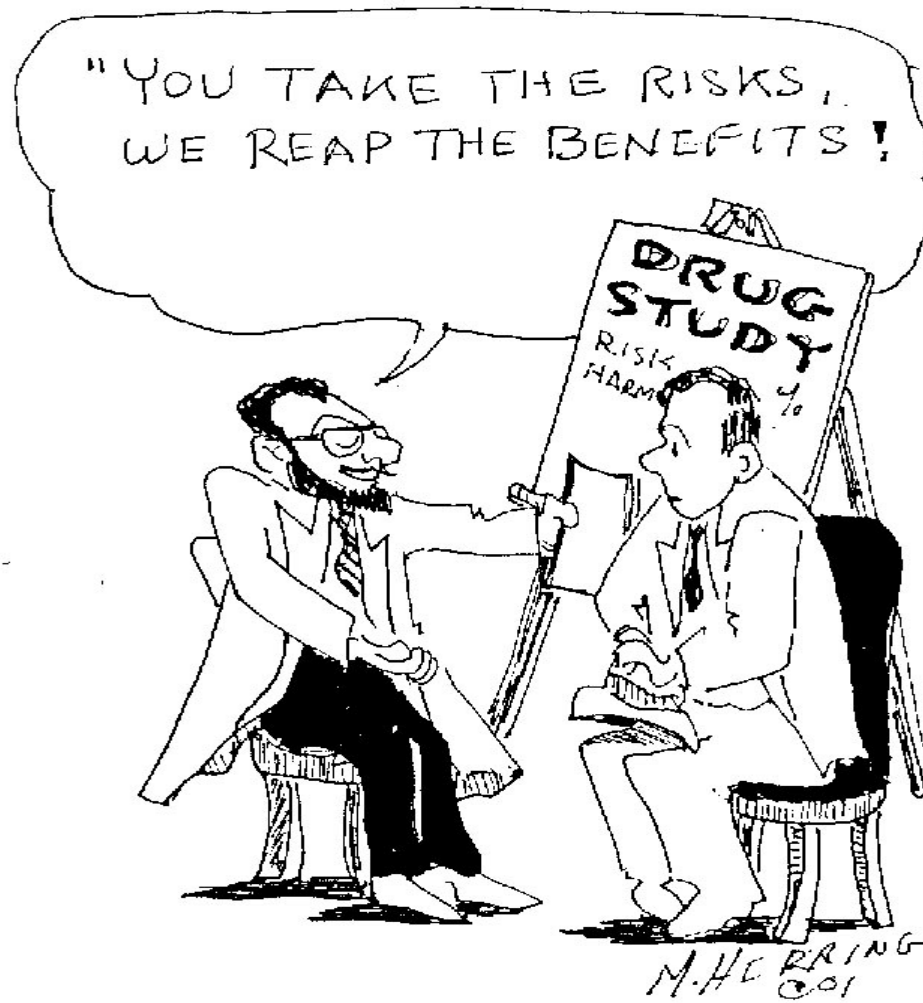


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Provide Information and Options



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- Precondition: Develop client agreed goals
- Provide information:
 - The nature of the condition
 - Proposed intervention
 - Benefits and how likely those benefits are
 - Disclosure of any likely material risk.
 - Who will be involved?
 - Other Intervention options including no intervention option
 - Time
 - Costs

Provide Information and Options



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- Use appropriate language/terminology
- Opportunities for client questions
- Repeat information when necessary
- Give the client time to make a decision
- Use a qualified interpreter when needed

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Capacity for Informed Consent



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Capacity: the ability to understand and make a specific decision at a particular time

Capacity involves:

1. Understanding and Retaining Information
2. Analysing Information and Deciding

E.g. 80% of people with schizophrenia were able to provide informed consent to research studies

(Moser DJ et al Am J Psychiat 2002; 159: 1201-7)

Capacity for Informed Consent



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Capacity involves:

1. Understanding and Retaining Information

Explore the clients ability to explain their presenting problem or issue

'How do you think your problem/issue is going to effect your life?'

'What is your understanding of how (proposed intervention) can help you?'

Capacity for Informed Consent



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Capacity involves:

2. Analysing Information and Deciding

Explore whether the client is able to compare options available and the associated risks

'Tell me, in your own words, what you decided and why?'

'Which of the options do you feel comfortable with and why?'

'What is your understanding of what could happen if you don't have (proposed intervention)?'

'What alternatives could you choose instead?'

Capacity for Informed Consent



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- Documentation

'Assessment of capacity for informed consent: Client demonstrated understanding of condition through explanation and was able to discuss pros and cons of intervention options listed below. Client assessed as having capacity for informed consent'

Or alternatively if no capacity a substitute consent must be sought

Substitute Consent



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END-OF-LIFE
Decision-Making Involving
Those Closest to the Patient



Substitute consent



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- For medical and dental treatment under G&A act
 1. A person appointed by a patient under the *Medical Treatment Act 1988 (Vic)*.
 2. A person appointed by the Victorian Civil and Administrative Tribunal to make decisions in relation to the proposed treatment.
 3. A person appointed under a guardianship order with power to make decisions regarding medical treatment.
 4. An enduring guardian appointed by the patient while competent, and given the power to make decisions regarding medical treatment.
 5. A person appointed in writing by the patient with power to make such decisions.
 6. The patient's spouse or domestic partner.
 7. The patient's primary carer.
 8. The patient's nearest relative.

Substitute consent



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For general healthcare

- No legally defined list
- Balance nature of intervention with level of substitute consent required

Procedure



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Evidence of Informed Consent



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- Documentation of informed consent should include:
 - Client identification
 - Service provider who obtained consent
 - Date of consent
 - Diagnosis
 - Intervention Options
 - The benefits and risks
 - The alternatives
 - Time and costs
 - The exact treatment to which the client is consenting
 - The name of the service provider performing the intervention
 - Notes about opportunity for clients to ask questions
 - Client signature (where forms are provided)

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Determine Duration of Consent



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- Gain consent at/or near time of intervention
- Check validity of consent
 - new episode of care
 - change in health status
 - over time (organisation procedure)

Questions to the sector



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- What areas of community health do we need informed consent?
- How should we introduce informed consent?
- How might we link the process for informed consent to care planning processes?
- What tools would support improved informed consent?
- Is there a need to support agencies with up-to-date information on evidence-based guidelines/information to be provided to clients as decision support resources?