

Consent in clinical practice

Information

Patients should be given sufficient information to understand their treatment and give valid consent.

Free will

Patients should give their consent voluntarily and not be coerced.

Capacity

Patients must be able to understand the information given, retain the information for a long enough period to make a decision, use the information in the decision-making process and be able to communicate the information back to their doctor.

Is the patient unconscious?

Where a patient is unconscious, doctors should provide medical treatment that is in the patient's best interests and immediately necessary to save their life.

Is it an emergency?



Consent is required before any clinical examinations, investigations or treatment. This can be verbal instead of written but must be documented in the patient's notes.

The patient must not be pressured into making a decision but must be made aware of any potential harm that could be caused by delay.

Does the patient speak English?

????!!

If a patient does not speak English, professional interpreters should be used where possible. Hospital employees should not be used as interpreters except in emergency situations.

Family and friends should not be used as translators as they can unfairly influence the decision-making process.

In an emergency, where a translator cannot be found, the clinician should act in the best interests of the patient and document all decisions in their notes.

What if the patient withdraws consent?

A patient can withdraw consent to treatment at any time.

If a procedure has already started it should be stopped when safe to do so.

I've changed my mind



This is a summary of a review article published in TOG. For further details on best practice for taking consent read the full article: Treharne A, Beattie B. Consent in clinical practice. The Obstetrician & Gynaecologist 2015; DOI: 10.1111/tog.12219.



Consent In Clinical Practice

S. Wear



Consent In Clinical Practice:

Informed Consent Jessica W. Berg, Paul S. Appelbaum, Charles W. Lidz, Lisa S. Parker, 2001-07-12 Informed consent as an ethical ideal and legal doctrine has been the source of much concern to clinicians Drawing on a diverse set of backgrounds and two decades of research in clinical settings the authors a lawyer a physician a social scientist and a philosopher help clinicians understand and cope with their legal obligations and show how the proper handling of informed consent can improve rather than impede patient care Following a concise review of the ethical and legal foundations of informed consent they provide detailed practical suggestions for incorporating informed consent into clinical practice This completely revised and updated edition discusses how to handle informed consent in all phases of the doctor patient relationship use of consent forms patients refusals of treatment and consent to research It comments on recent laws and national policy and addresses cutting edge issues such as fulfilling physician obligations under managed care This clear and succinct book contains a wealth of information that will not only help clinicians meet the legal requirements of informed consent and understand its ethical underpinnings but also enhance their ability to deal with their patients more effectively It will be of value to all those working in areas where issues of informed consent are likely to arise including medicine biomedical research mental health care nursing dentistry biomedical ethics and law

Informed Consent Deborah Bowman, Head of School of General Practice John Spicer, Rehana Iqbal, 2014-05-14 The process of seeking the consent of a patient to a medical procedure is arguably one of the most important skills a doctor or indeed any clinician should learn In fact the very idea that doctors may institute diagnostic or treatment processes of any sort without a patient's consent is utterly counter intuitive to the modern practice of medicine It was not always thus and even now it can be reliably assumed that consent is still not sought and gained appropriately in every clinical encounter To say that it should be sought and gained in this manner elevates the value of consent to a high level It can be instructive to ask oneself why such a value might be held to be the case The answer to this question lies in the philosophical underpinning of clinical consent which sits within a notion of personal autonomy and respect for autonomous decision making

Consent in Clinical Practice Margaret Mayberry, John Mayberry, 2018-12-14 This is a practical guide to successfully achieving a fully computerised system in primary care It shows how to source a primary care clinical system that does what you need it to do and how to use it effectively The book is easy to read with numerous examples and copies of useful documents throughout Helpful features include charts to map progress at a glance icons to point out www links details of additional resources for further information and highlights cautions and key points are highlighted The author has drawn together ten years practical experience working with over 200 practices and incorporates the best national and international expertise This is an essential guide for GPs practice nurses managers and all members of the primary care team For downloadable resources accompanying this book [click here](#)

Consent in Clinical Practice Margaret Mayberry, John F. Mayberry, 2003 This concise practical guide provides doctors and nurses with the appropriate

information needed to ensure that the patients have the knowledge to give informed consent It identifies ways in which accusations of negligence can be minimised and includes explanations of the new NHS consent procedures that have recently being implemented

Informed Consent in Medical Practice Kalidas D Chavan,Rajendra S Bangal,2019-06-30 1
Concepts and Principles of Informed Consent 2 Informed Consent in Special Circumstances 3 Suggested Formats of Informed Consent 4 Case Laws on Consent in Medical Practice 5 Informed Consent in Forensic Medicine Suggested Reading

Abbreviations *Informed Consent* Paul S. Appelbaum,Charles W. Lidz,Alan Meisel,1987 Written from the combined perspectives of a physician lawyer and social scientist this book is the first reference work to provide a concise and practical overview of informed consent Topics include the ethical theories and history of the principle of informed consent all legal requirements for practitioners and suggestions for making the interaction between doctor and patient clinically meaningful

Informed Consent S. Wear,2012-12-06 Substantial efforts have recently been made to reform the physician patient relationship particularly toward replacing the silent world of doctor and patient with informed patient participation in medical decision making This new ethos of patient autonomy has especially insisted on the routine provision of informed consent for all medical interventions Stronly supported by most bioethicists and the law as well as more popular writings and expectations it still seems clear that informed consent has at best been received in a lukewarm fashion by most clinicians many simply rejecting what they commonly refer to as the myth of informed consent The purpose of this book is to defuse this seemingly intractable controversy by offering an efficient and effective operational model of informed consent This goal is pursued first by reviewing and evaluating in detail the agendas arguments and supporting materials of its proponents and detractors A comprehensive review of empirical studies of informed consent is provided as well as a detailed reflection on the common clinician experience with attempts at informed consent and the exercise of autonomy by patients In the end informed consent is recast as a management tool for pursuing clinically and ethically important goods and values that any clinician should see as meriting pursuit Concurrently the model incorporates a flexible anticipatory approach that recognizes that no static generic ritual can legitimately pursue the quite variable goods and values that may be at stake with different patients in different situations Finally efficiency of provision is addressed by not pursuing the unattainable and ancillary Throughout the traditional principle of beneficence is appealed to toward articulating an operational model of informed consent as an intervention that is likely to change outcomes at the bedside for the better

Harwood-Nuss' Clinical Practice of Emergency Medicine Allan B. Wolfson,Gregory W. Hendey,Louis J. Ling,Carlo L. Rosen,2009-09-15 Organized for easy reference this comprehensive concise and clinically focused text covers all aspects of emergency medicine A new two color design will help readers find critical elements of each chapter easily A companion Web site includes the fully searchable text more than 400 self assessment questions with answers and additional images and tables

MAXIMIZING PATIENT AUTONOMY BY UNDERSTANDING INFORMED CONSENT IN CLINICAL PRACTICE Pamela Summers,2020

Medical decision making is complicated and requires a full understanding of the options being presented. It is easy as a practitioner to assume that a patient has capacity when in fact they might not. Evidence indicates that frequently with the best intentions health care practitioners allow people to make medical decisions when they do not understand the implications of that choice. I believe that this happens when practitioners feel that the patient is autonomously making a choice that promotes beneficence. This too creates an ethical dilemma as it does not fully promote autonomy if the patient does not have capacity to make the decision. I believe that further reflection can help physicians understand what motivates their patients and their own decision making.

Molecular Medicine R.J. Trent, 2012-08-22. *Molecular Medicine* is the application of genetic or DNA based knowledge to the modern practice of medicine. *Molecular Medicine 4e* provides contemporary insights into how the genetic revolution is influencing medical thinking and practice. The new edition includes recent changes in personalized medicine, new growth in omics and direct to consumer DNA testing while focusing on advances in the Human Genome project and implications of the advances in clinical medicine. Graduate students, researchers, clinicians and allied health professionals will appreciate the background history and clinical application of up to date molecular advances. Extensively revised to incorporate the results of the Human Genome Project, it provides the latest developments in molecular medicine. The only book in *Molecular Medicine* to reach its fourth edition, it identifies current practice as well as future developments. Presents extensive tables, well presented figures and resources for further understanding.

Alexander's Nursing Practice E-Book Ian Peate, 2019-08-20. The latest edition of this popular volume has been fully updated throughout to meet the needs of the 2018 NMC Standards of Proficiency. Richly illustrated throughout, the book comes with real life Case Studies to help readers contextualise and apply new information, pathophysiology to explain disease processes, enhanced discussion of pharmacology and medicines management to assist with prescribing, readiness and helpful learning features which include Key Nursing Issues and Reflection and Learning What Next. Available with a range of supplementary online tools and learning activities, *Alexander's Nursing Practice* fifth edition will be ideal for all undergraduate adult nursing students, the Trainee Nursing Associate and anyone returning to practice. New edition of the UK's most comprehensive textbook on Adult Nursing. Retains the popular three part structure to ensure comprehensive coverage of the subject area: Common Disorders, Core Nursing Issues and Specific Patient Groups. Illustrative A/P and pathophysiology help explain key diseases and disorders. Real life Case Studies help contextualise and apply new information. Explains relevant tests and investigations and when needed the role of the nurse in the context of each of them. Helpful learning features include Key Nursing Issues and Reflection and Learning What Next. Encourages readers to critically examine issues that are related to care provision. Useful icons throughout the text direct readers to additional online material. Glossary contains over 300 entries to explain new terminology and concepts. Appendices include notes on the International System of Units (SI) units and reference ranges for common biochemical and haematological values. Perfect for second and third year.

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Handbook of Clinical Nursing Practice Jeyanthi Asheervath,Dorothy R. Blevins,1986 Conflicts of Interest in Clinical Practice and Research Roy G. Spece,David S. Shimm,Allen E. Buchanan,1996 Our society has long sanctioned at least tacitly a conflict of interest in medical practice and research as an unavoidable consequence of the different interests of the participants in health care the physician or clinical researcher the patient or research subject insurance companies or research sponsors the government and society as a whole This multidisciplinary effort draws from philosophy medicine law economics and public policy to identify and categorize conflicts of interest in medical practice and clinical research and where possible to offer a mechanism for resolving them Part I reviews the theoretical background including basic concepts and analytical frameworks The second part discusses two topics prominent in current health care policy debates self referral and financial incentives to limit care Part III examines conflicts of interest generated by pharmaceutical industry involvement in clinical practice and research The final section deals with clinical research in several contexts including institutional review boards clinical trials research agreements between the government and private researchers brokerage of research subjects by contract research organizations and cost effectiveness studies

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The Cincinnati Lancet and Clinic ,1882

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