

Guide to Good Nursing Practice Informed Consent

Preamble

Respecting the right of every client to self-determination is a basic ethical principle that every nurse should observe. It is also a legal right of each client to decide what can and cannot be done to his/her own body in the treatment process. Therefore, when providing nursing care or treatment, a nurse has the legal and ethical obligations to obtain consent from client. Care or treatment without consent may amount to civil or criminal liability.

Definition

Informed consent is a process of communication between a client and a member of the healthcare team that results in the client's authorization or agreement to undergo a specific intervention/procedure. It is more than simply getting a client to sign a consent form.

Principles

In obtaining informed consent from the client, the nurse needs to consider the following:

1. Client receives sufficient information before making a decision for an informed consent.
2. Client is mentally competent when giving consent.
3. Client gives the consent voluntarily and is not under any duress.
4. Consent is given to cover a specific intervention/procedure.
5. Client has the right to refuse or withdraw consent to treatment.
6. If it is in the best interest of the client or the public, medical examination/treatment can be done without consent under the following situations:
 - 6.1 Prevention of the spread of infectious diseases (Chapter 141B, Laws of Hong Kong).
 - 6.2 Provision of emergency treatment under the common laws e.g. in unconscious adult client or in conscious client but incapable of giving consent.
7. Age limit is not the primary concern for a valid informed consent. The general principle is that the client is able to understand fully the information given and its implications when he/she gives consent by himself/herself.
8. Proper documentation is an integral part of the whole consent process.

Responsibilities of the nurse

1. Information provided in informed consent

The nurse provides adequate information specific to a client and the intervention/procedure for an informed consent. Examples of the information are:

- The nature of client's condition.
- The nature, benefits, possible risks and consequences of the intervention/procedure.
- Available alternatives to the proposed intervention/procedure.
- The likely outcome if the intervention/procedure is not taken.

2. Implied consent

The nurse accepts it as an indication of implied consent to an intervention/procedure based on the mere fact that the client presents himself/herself to the nurse and cooperates in going through the procedures. The intervention/procedure may vary from simple ones, such as temperature taking, inspection, palpation, percussion and auscultation, to invasive ones such as blood taking. For complicated procedures, expressed permission from the

client is required. The nurse explains to the client the subsequent actions.

3. *Written consent*

The nurse obtains written consent, or to ensure written consent is obtained, before carrying out certain treatment/intervention with particular consideration on the complexity, risks or consequences of the procedures. Examples of these situations are:

- the treatment/intervention is complex.
- the treatment/intervention carries significant risks.
- the treatment/intervention involves anaesthesia or sedation.
- the treatment/intervention might have significant consequences on the client's employment, social or personal life.

4. *Communication*

The nurse, as a member of the healthcare team, addresses to the client's needs and preferences for information content. The nurse explains by using language that the client can understand. He/she encourages the client/relative to express feelings, and to talk about concern, fears, anger and anxieties. As a client advocate, the nurse assures that adequate time is given for the client to consider the choice of treatment. The nurse uses fact sheet, where available, to provide information on particular procedures to the client. The fact sheet is to be updated regularly with indication of sources and revision date.

5. *Witness of consent*

It is preferred for a nurse to engage a person to be a witness in the process of obtaining informed consent for treatment/procedure. In circumstances that the nurse signs as a witness, he/she has to engage in the entire process of informed consent, from the explanation-giving to the signing of the consent form.

6. *Documentation*

The nurse ensures proper documentation, which is an integral part of the whole consent process. The essential elements include:

- 6.1 Indication(s) of intervention.
- 6.2 Explanation of the intervention.
- 6.3 Explanation of the consequences if intervention is not taken.
- 6.4 Post-intervention plan.
- 6.5 Potential risks.
- 6.6 Client's response to the explanation.

7. *Right of refusal or withdrawal of consent*

The nurse respects the right of client to refuse or withdraw consent given at any point of time and on any ground. The nurse documents the decision of client in these situations.

8. *Consent in minors*

There is no age limit for consent in minors under 18 years old. A minor can give consent if he/she is competent to understand fully the proposed treatment and intervention, its consequences and possible benefits and risks. Parental involvement is suggested when a minor gives consent, unless it is not in the minor's best interests to do so. A person with parental responsibility may give consent if a minor lacks the capacity.

9. *Mentally incapacitated client*

For the provision of treatment to a mentally incapacitated client, the nurse makes references to Part IVC of the Mental Health Ordinance (Chapter 136, Laws of Hong Kong). The nurse may need to consult Guardianship Board to protect the client's interests.

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