PATIENT CONSENT POLICY

1. Objective

Chaperone guidance is for the protection of both patients and staff and this it is important to follow this guidance at all times. The key principles of patient support, communication and record keeping will ensure that the health professional/patient relationship is maintained and act as a safeguard for patients and staff.

• That patient is informed of risks, benefits, nature and consequence of any ultrasound examination.

- That staff are aware of issues regarding patient's ability to consent.
- To confirm that verbal consent is normally adequate.
- Scope.

This policy requires valid consent for all ultrasound examinations performed by Korus Health staff, including sonographers and chaperones.

This policy should be read in conjunction with:

- Chaperone policy
- Mental Health Act
- Introduction.

Before patients consent to an ultrasound scan they must be given enough information to ensure that they understand the nature, consequences and any substantial risks of the examination. They need to know the benefits and risks including declining the examination. Any concerns they have about the examination must have been answered.

Possible information may include the following:

- Examination is performed with an empty bladder/full bladder
- Minimum level of discomfort may be expected - the patient is encouraged to inform staff if they find the examination uncomfortable

• The examination can be stopped at the patient's request

- Expected duration of the examination
- The level of privacy & dignity – i.e. locked/unlocked door, patient covered
- In the case of a transvaginal examination; the Probe is protected with condom or probe cover for hygiene and then cleaned Examination with a TV probe may significantly add to the diagnostic value of the whole examination however in some instances a TV examination may not add further information

• If a patient declines a TV examination: complete diagnostic information may not be available

from the TA scan. The patient may also be asked to wait in the department to fill their

bladder when a TV would complete the scan.

4. Patient's ability to consent

Patient's ability to appreciate significance of the information and consent must be assessed. For example patient may be

- Shocked distressed or in pain
- Have impaired hearing
- Have difficulty understanding English
- Have been deemed not to have the mental capacity to make the decision

On these occasions and subject to the agreement of the patient it may be helpful to have another

family member or close friend with them. The use of the interpreting service is required if language

barriers prevent adequate consent.

5. Obtaining consent

Where there is doubt about the patient's ability to consent to examination, advice should be sought from the referring clinician.

If in doubt that the patient can give their consent to a TV scan; this scan should NOT be performed.

Validity of consent does not depend on written consent - this merely serves as evidence.

Voluntary consent depends on appropriate information and patient's capacity.

6. Types of consent

Consent to examination may be implied or expressed (verbally or written).

Verbal expressed consent is required prior to an intimate ultrasound examination.

7. Who obtains consent?

The member of staff performing the scan examination obtains verbal consent.

In the case of intimate examinations there must be a record of verbal consent has been obtained in

the report. It must also be recorded in the report if a patient declines an examination

8. When to obtain consent

Consent should be obtained just prior to a examination. When requiring consent for a TV scan it is

usual to perform a TA scan initially and consent can be discussed during this procedure.

Implied consent is given when the patient attends for follow-up

scans. However brief verbal consent is given and reported at

subsequent scans. If a significant time interval has elapsed

between scans it is good practice to fully consent the patient.

9. Special circumstances

Patients with a mental disorder or learning disability: The presence of a mental disorder or learning

disability does not in itself imply incapacity to consent. Each patient's capacity for giving consent has to be judged individually in light of the decision required and the mental state of the patient at the time. It is the personal responsibility of the Advanced Practitioner/GP to determine whether the patient has the capacity to give a valid consent.

Under English law, no one is able to give consent to the examination of an adult unable to give consent for him or herself. Therefore parents, relatives or members of the healthcare team cannot consent on behalf of such an adult.

However in certain circumstances it would be lawful to carry out such an examination. The key principle is that of the person's best interests.

9. Assessing capacity to give consent-

Refer to Mental Capacity and Liberty Deprivations Safeguards Policy

Examination or Treatment without Consent: there are no situations in ultrasound where this would be expected. If a TV examination is unacceptable or impossible a perineal scan can be offered but consent is still required.

References;

General Medical Council. Intimate examinations.

Royal College of Obstetricians and Gynaecologists. Gynaecological examinations: Guidance for Specialist Practice. 2002

www.rcog.org.uk/medical/intimateexamin.html (1997)