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CONSENT IN PATIENT CARE

For Professional Associations and Their Members

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Consent in Patient Care
A GCMT Perspective

Consent has a moral and a legal role to play in patient care and underpins the whole of clinical practice. It is axiomatic that consent should be obtained before an examination or treatment is carried out.

It may be defined as the voluntary submission to treatment following an understanding of the nature, purpose and consequences of that and alternative treatments.

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Consent has three essential characteristics:

1. **Capacity.** The patient has sufficient ability to understand the nature of treatment and the consequences of undergoing or refusing treatment.
2. **Voluntariness**. The patient freely agrees to submit to the treatment.
3. **Knowledge.** Sufficient comprehensible information is disclosed to the patient regarding the nature and consequences of the proposed and alternative treatments.

These elements are interdependent and for ethically and legally valid consent, all three elements must be present. These are the yardstick by which healthcare regulators assess valid consent.

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Voluntary and informed consent

Practitioners should recognise and respect a person's autonomy as a fundamental principle in medical ethics and it is reflected in the necessity to obtain a voluntary and informed consent from the patient before any clinical intervention. In addition, as a caring practitioner, it is appropriate to act in the patient's best interests. However, it may be challenging because acting for the benefit of the patient may be difficult to assess and there may, for example, be a conflict between general and musculo-skeletal health in making a judgement about the best possible care. Other factors may be treatment duration, cost, assistance and even transport.

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