

Consent (medicolegal perspective)

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| [medicolegal,onthepods](#)

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Interviewees: Georgie Haysom, Jane Ingham, Peter Hingorani, interactions between hospital, medico and community clinicians

James ~~Jane Ingham~~ Georgie Haysom and Jane Ingham on consent and the medico-legal perspective on obtaining informed consent as a Junior Doctor with a shared decision making approach in negligence litigation.

Georgie Haysom

Georgie Haysom (BSC, LLB (Hons)), LLM (Bioethics) is the Head of Advocacy at Avant, Australia's largest medical defence specialisation, and a national role works to improve the legislative and regulatory environment for clinical practice and the education system as a whole. She has been actively involved in clinical practice and the education system as a whole. and research. In addition to working at Avant, she currently holds the position of

She has worked in health law for nearly 2 years, assisting and advising doctors on a

Jane holds academic appo

- The doctor obtaining consent should have sufficient skill and competence in understanding all information to be disclosed and be at a level of training in keeping with local policy guidelines for engaging in consent discussions
- **Voluntariness**
 - Patients must give consent free of coercion or undue influence
- **Capacity**
 - Patients must have the ability to understand, retain, and evaluate information relevant to the consent
- **Disclosure**
 - ~~And~~

- Learn to use silence during discussions to allow the patient to process information and feel less pressured to make an immediate decision
- If the person obtaining consent is unsure how to answer any questions the patient asks, it is their responsibility to source the answer for the patient from a senior or other resource
- For more complex and risky procedures, more information is required by the patient and the skills and knowledge needed to obtain the consent increase. In such circumstances, a junior doctor may not be the right person to obtain the consent. If you don't feel comfortable obtaining consent seek advice from your senior colleagues

4. Can family members be used as translators in consent discussions?

- The family of non-English speaking patients should not act as a translator due to a lack of appropriate training, risk of bias and potential conflict which may arise
- Family may be present during discussions (with patient consent) however hospital policies may require a trained healthcare interpreter to be consulted
- Healthcare interpreters are trained specifically to have an understanding of medical terms and experience in translating accurately to prevent miscommunication or loss of information

Take home messages

- A patient needs to give consent before undergoing an examination, investigation, procedure or treatment - except in the event of a life-threatening emergency
- Obtaining consent is a process requiring a patient-centred approach which can benefit from multiple consultations depending on the nature of the procedure
- Patient consent involves a teamwork approach and requires junior doctors to enquire and learn about certain procedures, risks and complications so they can conduct effective consent discussions
- Patient consent is a medico-legal requirement and only doctors with sufficient skill, competence and at a level of training in keeping with local hospital policy should engage in consent discussions

