AMA
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INFORMED CONSENT RESOURCE HANDBOOK

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INFORMED CONSENT WORKSHOP - FEEDBACK SURVEY

[Consent Workshop Feedback Survey - Google Forms]

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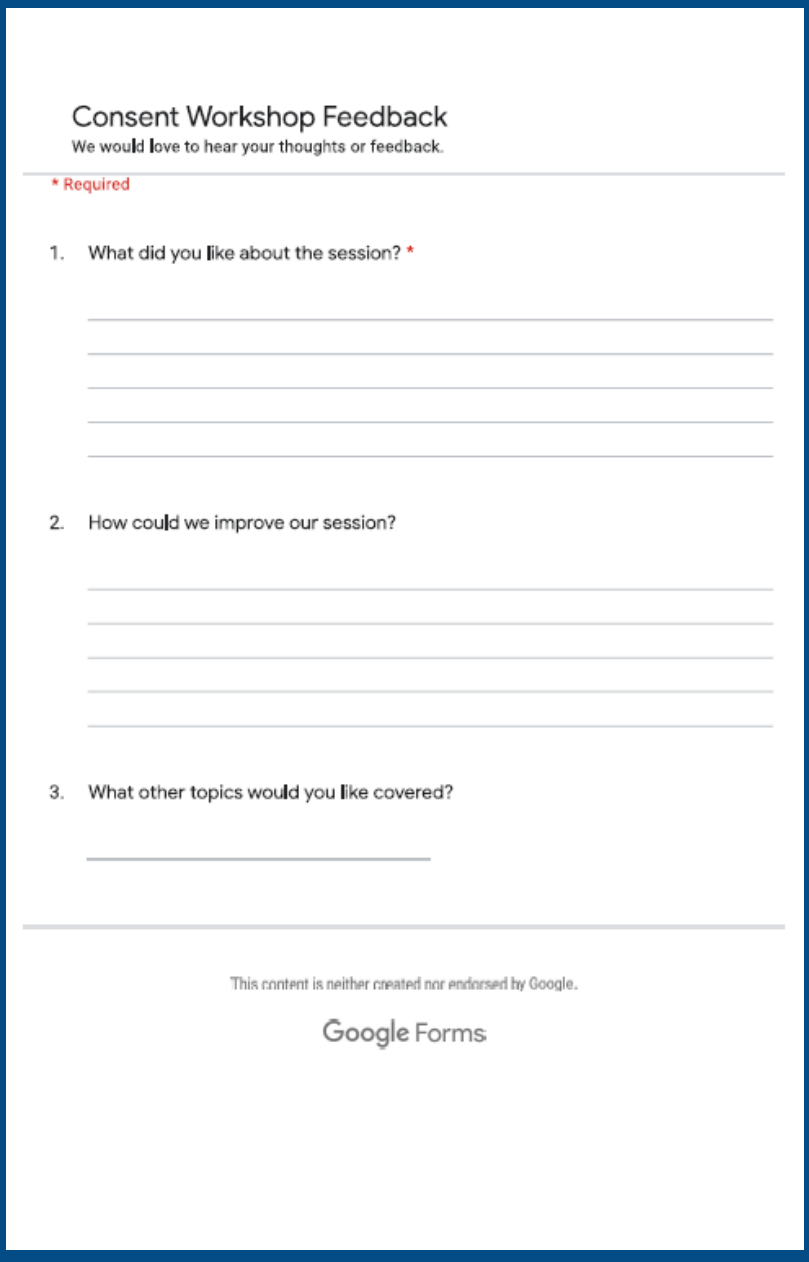

Consent Workshop Feedback

We would love to hear your thoughts or feedback.

* Required

1. What did you like about the session? *

2. How could we improve our session?

3. What other topics would you like covered?

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Google Forms

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AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

[Informed Consent - Fact sheet for clinicians | Australian Commission on Safety and Quality in Health Care]

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AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

NSQHS STANDARDS

FACT SHEET for clinicians

Informed consent in health care

Informed consent is a person's decision, given voluntarily, to agree to a healthcare treatment, procedure or other intervention that is made:

- Following the provision of accurate and relevant information about the healthcare intervention and alternative options available; and
- With adequate knowledge and understanding of the benefits and material risks of the proposed intervention relevant to the person who would be having the treatment, procedure or other intervention.

Ensuring informed consent is properly obtained is a legal, ethical and professional requirement on the part of all treating health professionals and supports person-centred care. Good clinical practice involves ensuring that informed consent is validly obtained and appropriately timed.

Informed consent is integral to the right to information in the **Australian Charter of Healthcare Rights**, and recognised in **Professional Codes of Conduct**. Additionally, the **National Safety and Quality Health Service Standards** require all hospitals and day procedures services to have informed consent processes that comply with legislation, lawful requirements and best practice.

Informed financial consent is an important but separate consent process. Consumers required to pay directly for health services should be consented before receiving care.

Key principles for informed consent

- Other than in exceptional circumstances, adults have the right to determine what will be done to their bodies and what healthcare treatments and interventions they will undergo
- Where a person lacks legal capacity, the framework for obtaining substitute consent that applies in each state or territory must be used to obtain consent to treatment
- Any healthcare treatment, procedure or other intervention undertaken without consent is unlawful unless legislation in a state or territory, or case law, permits the treatment, procedure or other intervention without consent. For example, treatment provided in an emergency, or for certain mental health interventions
- Healthcare providers have a duty to warn about the material risks[1] of the treatment, procedure or other intervention as part of obtaining a person's consent. Failure to adequately warn a person of these risks is a breach of the healthcare provider's duty of care
- A person has the right to refuse treatment (with some legislated exceptions) or withdraw consent previously given prior to treatment
- It is important to contemporaneously document consent discussions and include written consent forms (where appropriate) in the person's healthcare record
- Any healthcare treatment, not just operations and other procedures, requires valid consent either verbally, written, or implied. This includes prescribing drugs and other therapeutic substances.

How to obtain valid informed consent

Informed consent is achieved through a process of communication, discussion, and shared decision making. It involves understanding the person's goals and concerns, and discussing with the person (or their substitute decision-maker) their options for treatment, the potential outcomes (positive, negative and neutral), risks and benefits and what this might mean for them. The person or their substitute decision-maker will make an informed decision based on this information.

For there to be valid informed consent, the person consenting must:

- Have the legal capacity to consent
- Give their consent voluntarily
- Give their consent to the specific treatment, procedure or other intervention being discussed
- Have enough information about their condition, treatment options, the benefits and risks relevant to them, and alternative options for them to make an informed decision to consent. This includes the opportunity to ask questions and discuss concerns.

1 *Material risks* are risks where a "reasonable person, in the position of the person being recommended the treatment or procedure, is warned of the risks that they would likely attach significance to; or if the healthcare provider is or should be reasonably aware that the particular person if warned of the risk, would likely attach significance to it" – Rogers v Whitaker (1992) 175 CLR 479

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SA HEALTH CONSENT TO MEDICAL TREATMENT AND HEALTHCARE

[SA Health Consent to medical Treatment and Healthcare]

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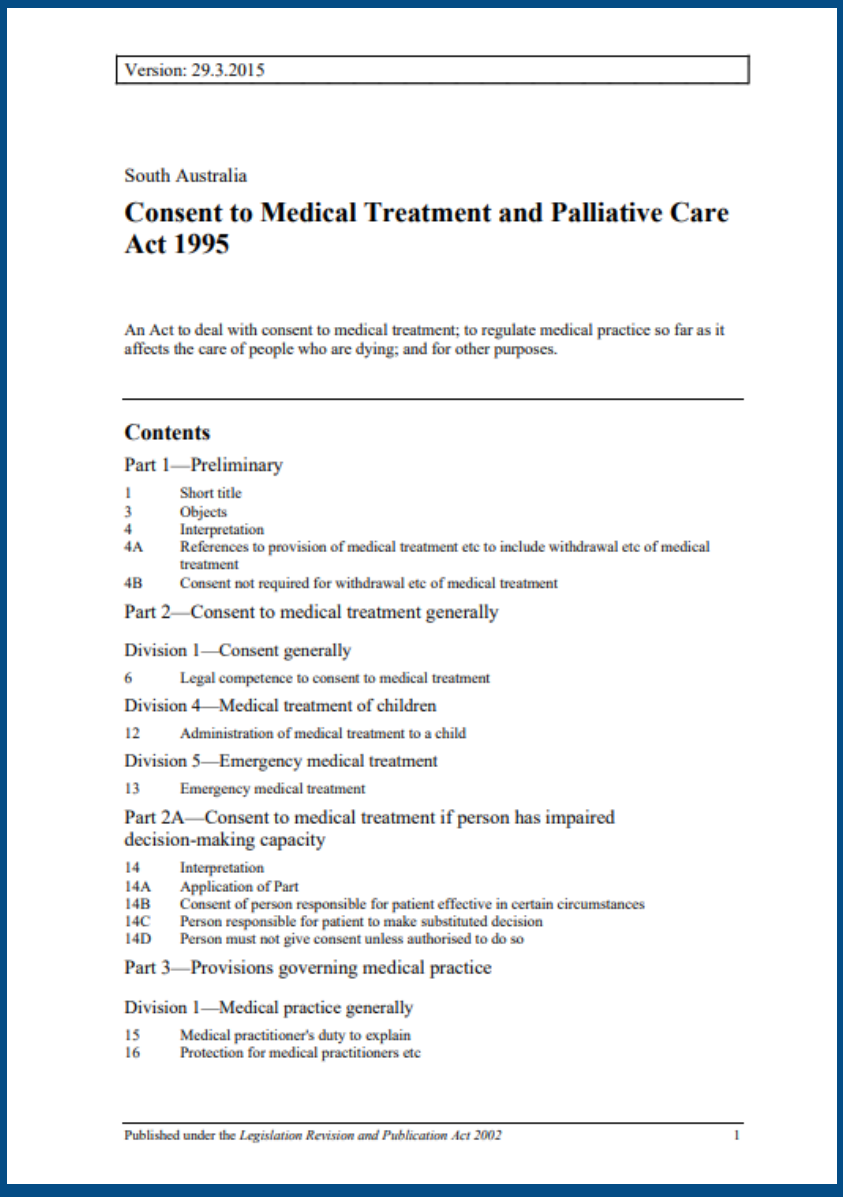

Version: 29.3.2015

South Australia

Consent to Medical Treatment and Palliative Care Act 1995

An Act to deal with consent to medical treatment; to regulate medical practice so far as it affects the care of people who are dying; and for other purposes.

Contents

Published under the *Legislation Revision and Publication Act 2002* 1

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QUEENSLAND HEALTH INFORMED CONSENT FORMS FOR CLINICIANS

[Queensland Health Informed Consent Forms for Clinicians]

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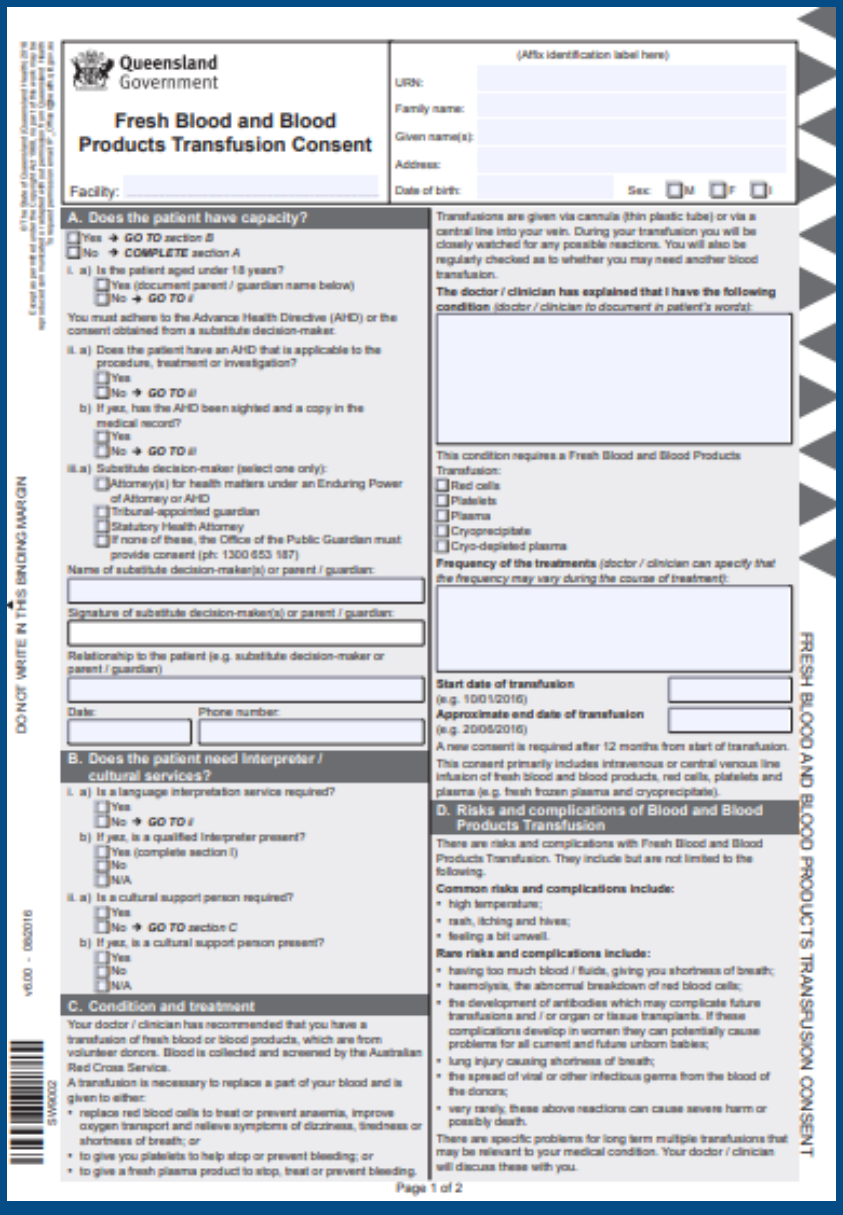

Queensland Government

Fresh Blood and Blood Products Transfusion Consent

(Affix identification label here)

URN:
Family name:
Given name(s):
Address:
Date of birth: Sex: M F I
Facility:

A. Does the patient have capacity?

Yes → *GO TO section B*
No → *COMPLETE section A*

i. a) Is the patient aged under 18 years?
Yes (document parent / guardian name below)
No → *GO TO ii*

You must adhere to the Advance Health Directive (AHD) or the consent obtained from a substitute decision-maker.

ii. a) Does the patient have an AHD that is applicable to the procedure, treatment or investigation?
Yes
No → *GO TO iii*
b) If yes, has the AHD been sighted and a copy in the medical record?
Yes
No → *GO TO iii*

iii.a) Substitute decision-maker (select one only):
Attorney(s) for health matters under an Enduring Power of Attorney or AHD
Tribunal-appointed guardian
Statutory Health Attorney
If none of these, the Office of the Public Guardian must provide consent (ph: 1300 653 187)

Name of substitute decision-maker(s) or parent / guardian:
Signature of substitute decision-maker(s) or parent / guardian:
Relationship to the patient (e.g. substitute decision-maker or parent / guardian)
Date: Phone number:

B. Does the patient need interpreter / cultural services?

i. a) Is a language interpretation service required?
Yes
No → *GO TO ii*
b) If yes, is a qualified interpreter present?
Yes (complete section I)
No
N/A

ii. a) Is a cultural support person required?
Yes
No → *GO TO section C*
b) If yes, is a cultural support person present?
Yes
No
N/A

C. Condition and treatment

Your doctor / clinician has recommended that you have a transfusion of fresh blood or blood products, which are from volunteer donors. Blood is collected and screened by the Australian Red Cross Service.

A transfusion is necessary to replace a part of your blood and is given to either:

- replace red blood cells to treat or prevent anaemia, improve oxygen transport and relieve symptoms of dizziness, tiredness or shortness of breath; or
- to give you platelets to help stop or prevent bleeding; or
- to give a fresh plasma product to stop, treat or prevent bleeding.

Transfusions are given via cannula (thin plastic tube) or via a central line into your vein. During your transfusion you will be closely watched for any possible reactions. You will also be regularly checked as to whether you may need another blood transfusion.

The doctor / clinician has explained that I have the following condition *(doctor / clinician to document in patient's words)*:

This condition requires a Fresh Blood and Blood Products Transfusion:
Red cells
Platelets
Plasma
Cryoprecipitate
Cryo-depleted plasma

Frequency of the treatments *(doctor / clinician can specify that the frequency may vary during the course of treatment)*:

Start date of transfusion (e.g. 10/01/2016)
Approximate end date of transfusion (e.g. 20/05/2016)

A new consent is required after 12 months from start of transfusion.

This consent primarily includes intravenous or central venous line infusion of fresh blood and blood products, red cells, platelets and plasma (e.g. fresh frozen plasma and cryoprecipitate).

D. Risks and complications of Blood and Blood Products Transfusion

There are risks and complications with Fresh Blood and Blood Products Transfusion. They include but are not limited to the following.

Common risks and complications include:

- high temperature;
- rash, itching and hives;
- feeling a bit unwell.

Rare risks and complications include:

- having too much blood / fluids, giving you shortness of breath;
- haemolysis, the abnormal breakdown of red blood cells;
- the development of antibodies which may complicate future transfusions and / or organ or tissue transplants. If these complications develop in women they can potentially cause problems for all current and future unborn babies;
- lung injury causing shortness of breath;
- the spread of viral or other infectious germs from the blood of the donors;
- very rarely, these above reactions can cause severe harm or possibly death.

There are specific problems for long term multiple transfusions that may be relevant to your medical condition. Your doctor / clinician will discuss these with you.

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DO NOT WRITE IN THIS BINDING MARGIN

v6.00 - 06/2016

SWB002

FRESH BLOOD AND BLOOD PRODUCTS TRANSFUSION CONSENT

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ROYAL AUSTRALASIAN COLLEGE OF SURGEONS INFORMED CONSENT 2019

[Royal Australasian College of Surgeons Informed Consent 2019]

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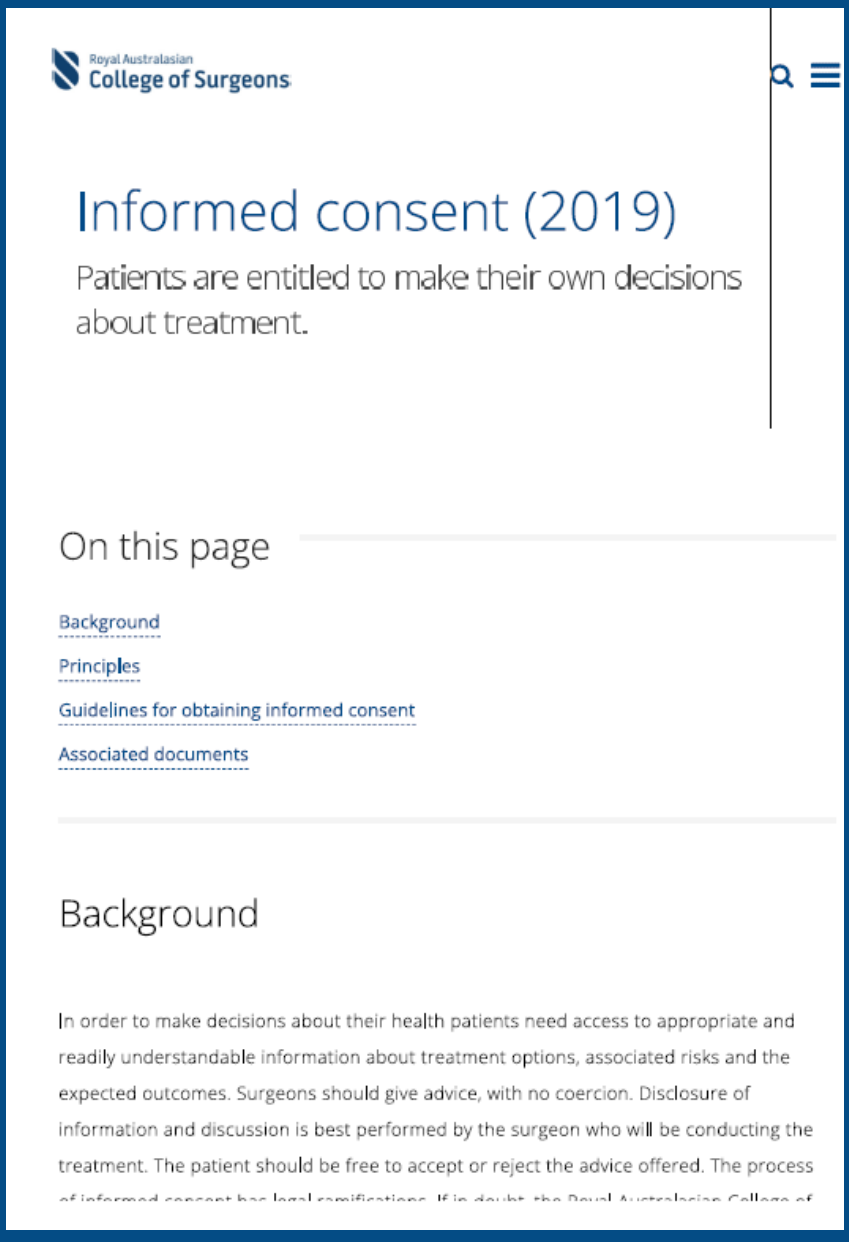

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AMA ARTICLE - GUIDANCE FOR CLINICIANS ON OBTAINING VALID INFORMED CONSENT

[AMA Article - Guidance for clinicians on obtaining valid informed consent]

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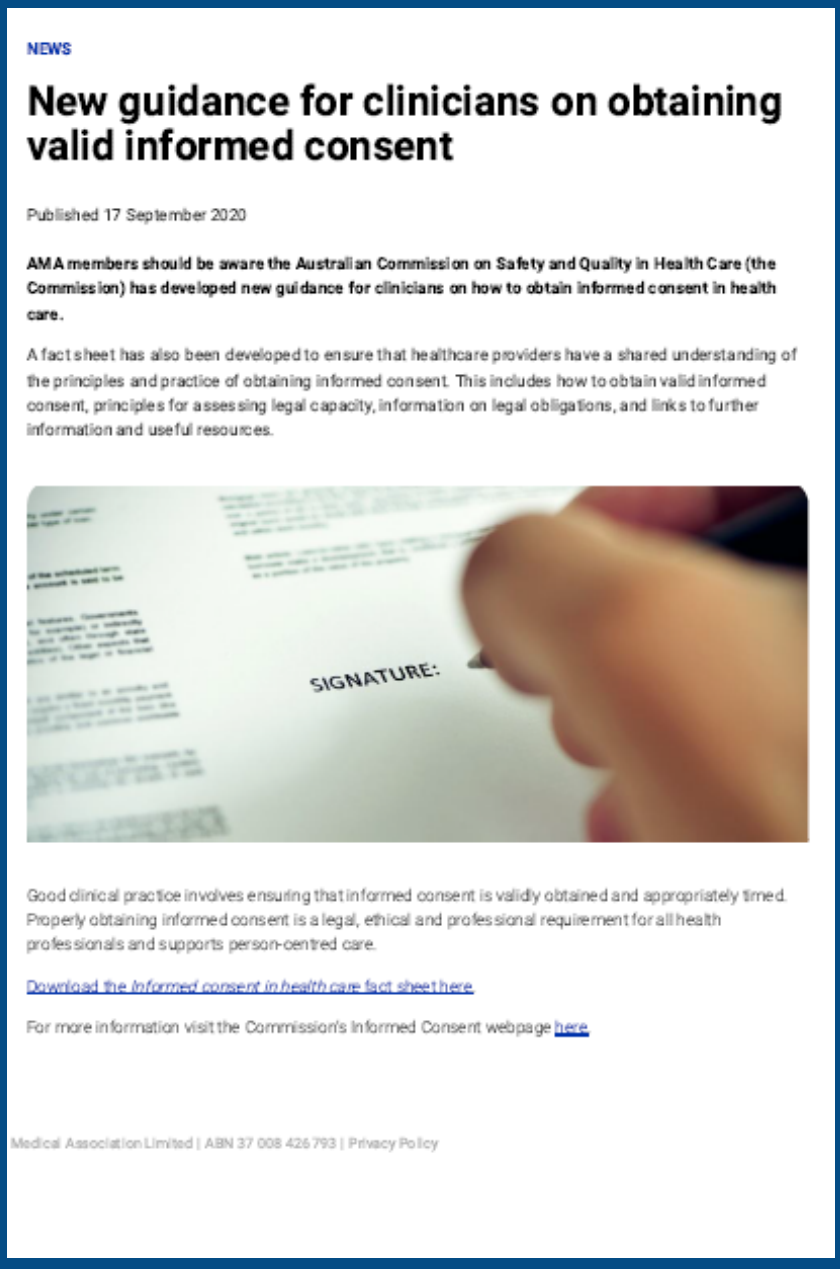

NEWS

New guidance for clinicians on obtaining valid informed consent

Published 17 September 2020

AMA members should be aware the Australian Commission on Safety and Quality in Health Care (the Commission) has developed new guidance for clinicians on how to obtain informed consent in health care.

A fact sheet has also been developed to ensure that healthcare providers have a shared understanding of the principles and practice of obtaining informed consent. This includes how to obtain valid informed consent, principles for assessing legal capacity, information on legal obligations, and links to further information and useful resources.

Good clinical practice involves ensuring that informed consent is validly obtained and appropriately timed. Properly obtaining informed consent is a legal, ethical and professional requirement for all health professionals and supports person-centred care.

Download the *Informed consent in health care* fact sheet here

For more information visit the Commission's Informed Consent webpage here

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ASSOCIATION OF ANAESTHETISTS OF GREAT BRITAIN AND IRELAND: CONSENT FOR ANAESTHESIA 2017

AAGBI: Consent for Anaethetists: 2017

CLICK HERE

Anaesthesia 2017, 72, 93–105 doi:10.1111/anae.13762

Guidelines

AAGBI: Consent for anaesthesia 2017

Association of Anaesthetists of Great Britain and Ireland

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10 Specialist Registrar in Anaesthesia, Birmingham School of Anaesthesia, Birmingham, UK; member, AAGBI GAT Committee

Summary

Previous guidelines on consent for anaesthesia were issued by the Association of Anaesthetists of Great Britain and Ireland in 1999 and revised in 2006. The following guidelines have been produced in response to the changing ethical and legal background against which anaesthetists, and also intensivists and pain specialists, currently work, while retaining the key principles of respect for patients' autonomy and the need to provide adequate information. The main points of difference between the relevant legal frameworks in England and Wales and Scotland, Northern Ireland and the Republic of Ireland are also highlighted.

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Keywords: anaesthesia; assessment; consent; medicolegal; pre-operative
This is a consensus document produced by expert members of a Working Party established by the Association of Anaesthetists of Great Britain and Ireland. It has been seen and approved by the AAGBI Board of Directors. Date of review: 2022.

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A GREAT INTERACTION AND THE LAURS OF COMMUNICATION IN ANESTHESIA

[A GREAT interaction and the LAURS of Communication in Anesthesia]

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(Acta Anaesth. Belg., 2018, 69, 131-135)

A GREAT interaction and the LAURS of communication in anesthesia

ALLAN M. CYNA (*****)

Abstract : Although most anesthetist-patient interactions go well, by recognising that they occur at multiple levels of conscious awareness, clinicians can appreciate how they achieve this goal and teach what they do. The utilisation of communication structures that recognise the subconscious nature of many of our interactions can enhance patient safety and comfort. The GREAT (Greeting/Goals, Rapport utilising LAURS, Expectations/Evaluation, Answering questions/Addressing concerns, Tacit agreement/Thanks) language structure can be used to develop any anesthesia or pain related patient interaction. The LAURS (Listening, Acceptance, Utilisation, Reframing, Suggestion) approach will allow improved and rapid development of patient rapport.

Keywords : anesthesia ; pain ; communication skills.

Communication is being increasingly recognised as a vital component of clinical anesthesia patient care (1-4). It is the means of expressing, both to ourselves and to others, how we perceive and influence the world around us. It is a tool for exchanging information and meaning, but also allows us to connect with our patients in surprising ways that can be therapeutic. Without effective communication, our working lives would be greatly impoverished and patients exposed to additional risk. Recent evidence suggests that the words we use can not only inform, but also hurt or soothe. This makes effective communication in the context of anesthesia particularly relevant (5, 6).

THE CONSCIOUS-SUBCONSCIOUS CONCEPT

Although most anesthetist-patient interactions go well, few anesthetists recognise that they occur at multiple levels of conscious awareness. Clinicians, who do recognise the conscious subconscious concept, can more easily appreciate how they achieve optimal interactions with patients or colleagues and how to teach what they do. Intuitive communication skills are usually gained through many years of experience, rather than developing a structure of specific skills. Patient safety and comfort are primary goals of every anesthetist. Less commonly, the importance of optimizing the patient's perception of control over what is happening to them and facilitating choice is usually overlooked. Most patients have both the ability and desire to assist and cooperate with their care wherever possible yet frequently, are so anxious and overwhelmed by the hospital setting, they are unable to do so consciously. In this mindset, patients tend to focus internally, dissociating from the external environment. They are effectively in a trance-like ('rabbit in headlights') hypnotic state and extremely vulnerable to suggestion - both positive and negative (Table 1). A suggestion is a verbal or non-verbal communication that has the potential to lead to a subconscious change in mood, perception or behaviour (6). An example of a negative (Nocebo communication) is handing a patient a vomit bowl when they don't feel nauseous (non-verbal cue) or asking a pain score when the patient does not have any pain (negative suggestion). Inadvertent negative suggestions are ubiquitous in hospitals worldwide and should be avoided wherever possible. Unfortunately, this can only happen with increased understanding of the nature of suggestion so that anesthetists become consciously aware of them. For example, an anti-emetic suggestion might include telling a patient that, "most people can look forward to eating and drinking after their anesthesia as soon as they feel like it". In line with the structured learning that goes into developing technical skills, learning communication skills can

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AUSTRALIAN MEDICAL ASSOCIATION (SA) INTERN GUIDE 2022

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