

NURSE CONSENT

Obtaining consent: a clinical guideline for
the Endoscopy Unit

WHAT IS CONSENT

- Consent is:
- "... the principle that a person must give permission before they receive any type of medical treatment, test or examination". (1)





INTRODUCTION

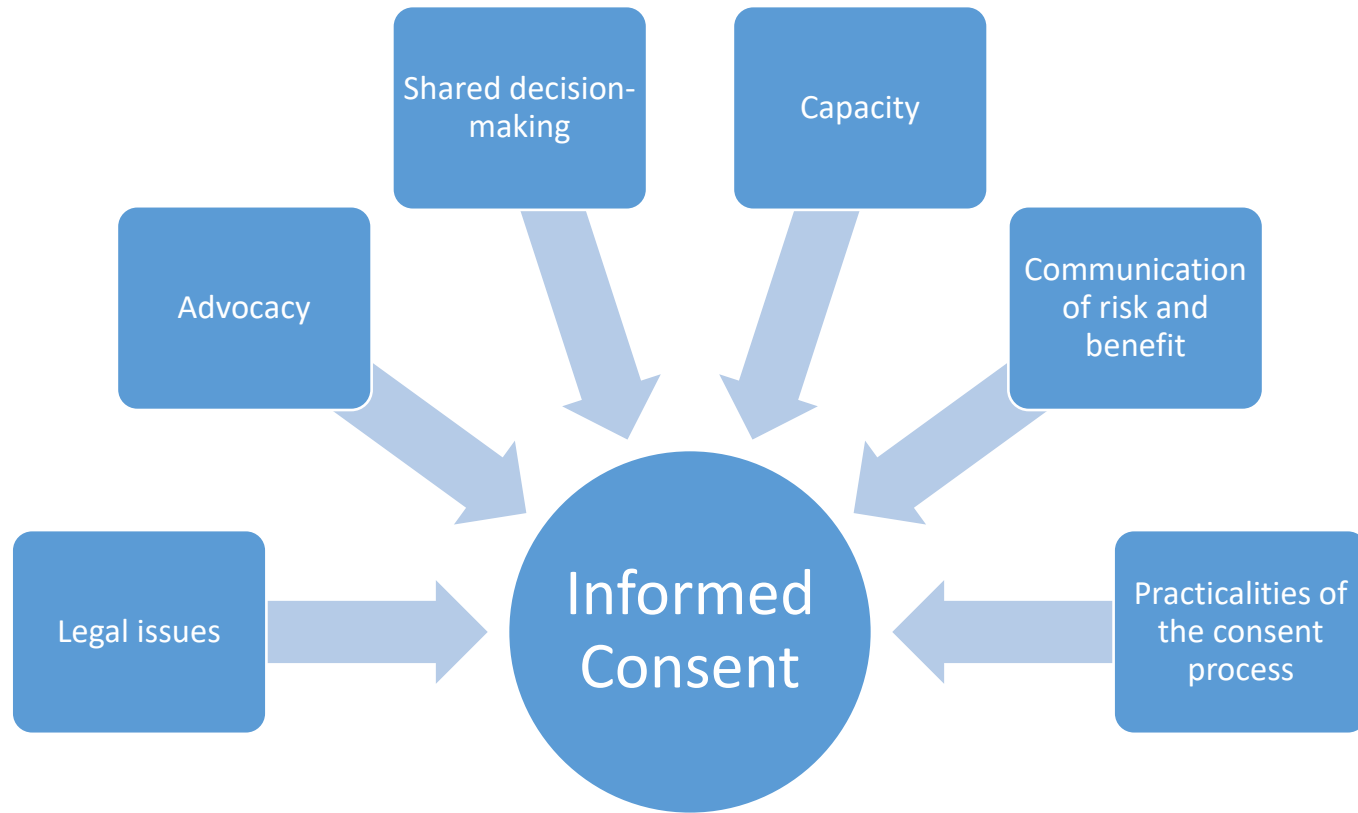
- Seeking patient consent prior to undertaking an examination or treatment regime is a fundamental ethical and legal requirement of a practitioner. It is also a common courtesy and establishes an appropriate relationship of trust between practitioner and patient; demonstrating the practitioner's respect for the patient's autonomy and involvement in decision making process.
- *"Touching a patient without their consent is, without lawful reason, capable of amounting to a charge of battery or trespass to the person". (2)*

PATIENTS FIRST

- *The Final Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry* (3) recommendations included the principle that the NHS and its staff must prioritise patients' needs at all times, be honest, transparent, and candid. Healthcare practitioners must adhere to this by placing the needs and values of patients, carers, and service users at the forefront of service delivery.
- It is recognised that all members of the diagnostic and therapeutic workforce are under a great deal of time pressure, however, it is imperative that they are aware of the issues surrounding the process of gaining consent.
- *"The healthcare practitioner carrying out the procedure is ultimately responsible for ensuring that the patient is genuinely consenting to what is being done: it is they who will be held responsible in law if this is challenged later".* (4)



SIX KEY THEMES



OBTAINING CONSENT

In order for a patient to give valid informed consent they should be in possession of all the information they require to make a decision, and should be able to do so voluntarily, without pressure.

They will need to be aware of the nature and purpose of any treatment/examinations and all relevant benefits and risks that may be important to them.



CAPACITY

- Every adult has the right to make their own decisions and must be assumed to have capacity to do so, unless it is proven otherwise.
- Individuals have the right to be supported to make their own decisions and must be aided to do so. Consent principles must apply to all patients and where a patient has a diagnosis that may affect their capacity to consent, you must not be automatically assumed that the patient is unable to make any decision for themselves. **Any decisions made on behalf of people without capacity must be in their best interests and done in the least restrictive manner possible. Any patient who is deemed to lack capacity requires the completion of a consent form 4 with a consultant/doctor.**
- It is important that you keep up to date and comply with the codes of practice that apply to your unit.



CONSENT FOR STUDENTS



- It is incumbent on you to find out an individual patient's priorities and concerns and tailor the information accordingly. You should inform the patient of the benefits, side effects and possible risks of the procedure, and the risks of not having it, whilst ensuring they understand that they may change their minds at any time and withdraw their consent if they do not wish to continue. Information should be given to the patient at a reasonable time before the procedure. This allows the patient to take time to consider the information and then be given the opportunity to ask questions. You should not be judgemental about a competent patient's decision to refuse an examination at any stage, and you must respect a patient's own lifestyle priorities and choices.

INFORMED CHOICE

- Individuals must be provided with full accurate information on which to make an informed choice.
- This information should be based on the best available current evidence and include what they want to know as well as what they need to know.
- Information should include the purpose of the procedure, the uncertainties, and any associated risks.



REMEMBER ...

- Does the patient know about the material risks of the treatment I am proposing?
 - What sort of risks would a reasonable person in the patient's circumstances want to know?
- Does the patient know about reasonable alternatives to this treatment?
- Have I taken reasonable care to ensure that the patient knows all this?
- Have I properly documented my consent process?



CONCLUSION

Explain the procedure or treatment to the patient.

Ensure that the information is given in a format that the patient can understand, appropriate to the patient's needs to ensure parity of care for all. This includes meeting the needs of individuals with physical difficulties and learning difficulties, and adequate provision of information in languages other than English.

Explain the risks/benefits for the procedure or treatment along with any alternative options (if applicable).

Explain the consent and decision-making process so the patient understands what is expected of them.

Ensure that the patient is supported during the decision-making process. Make sure that they have access to an advocate if required.

Allow time for the patient to deliberate before being asked to consent to a procedure or treatment.

Discuss the patient's wishes, needs, views and expectations regarding any procedure or treatment.

It is important not to make assumptions about what is "the best outcome" for a patient. They should be supported to come to the decision that is the best for them.

Provide any relevant information not already covered, or any emerging information.

This can help to clarify and again supports informed decision-making.

Has the patient understood?

The person taking the consent should be satisfied that the patient has understood the information provided.

Respect the patient's decision.

You must always respect the decision made by an adult patient with capacity.

Make sure the consent is documented.

A signed form should be retained in the patient's notes.

REFERENCES

1. NHS Choices. Consent to treatment. 2016. Available:
2. <http://www.nhs.uk/Conditions/Consent-to-treatment/Pages/Introduction.aspx>
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5. Sokol DK. Update on the UK law on consent. BMJ 2015; 350:h1481.
6. Royal College of Surgeons. Consent: Supported Decision-Making: A guide to good practice. London: RCS; 2016. Available: <https://www.rcseng.ac.uk/library-and-publications/college-publications/docs/consent-good-practice-guide/>



NURSE CONSENT

PASS MARK 90%

WHICH OF THESE PROCEDURES IS NOT SUITABLE FOR NURSE CONSENT?

- A. ERCP and Sphincterotomy for bile duct stone
- B. Diagnostic Gastroscopy for Dyspepsia
- C. Colonoscopy and polypectomy of a 1.5cm pedunculated poly in the sigmoid colon
- D. EUS for staging of Oesophageal Adenocarcinoma

WHICH OF THE FOLLOWING IS NOT NECESSARY FOR NURSE CONSENT TRAINING?

- A. Registered nurse or advanced nurse practitioner
- B. 2 years experience in the endoscopy unit
- C. Agreement with the unit manager
- D. Competencies for admission/discharge and knowledge of procedures

NURSES ARE NOT QUALIFIED TO ASSESS COMPETENCY

A. True

B. False

**THE ENDOSCOPIST MUST CONFIRM CONSENT
BEFORE COMMENCING THE PROCEDURE?**

A. True

B. False

**CONFIRMATION OF CONSENT MUST OCCUR
OUTSIDE THE PROCEDURE ROOM**

A. True

B. False

**WHICH CONSENT FORM IS SUITABLE FOR A GASTROSCOPY WITH SEDATION
FOR A COMPETENT ADULT**

- A. Consent form 1
- B. Consent form 2
- C. Consent form 3
- D. Consent form 4

THE NURSE TAKING CONSENT FOR GASTROSCOPY FROM A PATIENT WITH SEVERE LEARNING DIFFICULTIES MUST:

- A. Complete consent form 1
- B. Obtain a signature from the patient's relative before the procedure can go ahead
- C. Speak to the endoscopist regarding suitability for consent for this patient
- D. Contact RAID team straight away to assess capacity

WHICH OF THESE MUST THE PATIENT UNDERSTAND AND BE ABLE TO COMMUNICATE BACK TO YOU BEFORE CONSENTING TO THEIR PROCEDURE?

- A. Indications
- B. Benefits
- C. Risks
- D. Alternatives
- E. All of the above

WHICH OF THE FOLLOWING IS THE COMMONEST ADVERSE EVENT RELATED TO COLONOSCOPY?

- A. Abdominal discomfort and bloating
- B. Bleeding
- C. Perforation of the sigmoid colon
- D. Splenic rupture

WHICH OF THESE IS NOT A RECOGNISED COMPLICATION OF DIAGNOSTIC GASTROSCOPY

- A. Damage to teeth
- B. Oesophageal perforation
- C. Splenic rupture
- D. Sore throat

THE RISK OF PERFORATION IN COLONOSCOPY IS

- A. 1 in 10
- B. 1 in 100
- C. 1 in 1000
- D. 1 in 10,000
- E. 1 in 100,000

THE RISK OF PERFORATION DURING GASTROSCOPY IS...

- A. 1 in 20
- B. 1 in 200
- C. 1 in 2,000
- D. 1 in 20,000
- E. 1 in 200,000

BSG GUIDELINES STATE THAT ALL PATIENTS UNDERGOING GASTROSCOPY MUST BE TOLD THAT THERE IS A RISK OF DEATH

A. True

B. False

IT IS TOO LATE FOR THE PATIENT TO DECLINE TO HAVE THE PROCEDURE ONCE THEY ARE IN THE ENDOSCOPY ROOM AS THEY HAVE ALREADY SIGNED THE CONSENT FORM

A. True

B. False

A VERBAL AGREEMENT FROM THE PATIENT TO GO AHEAD WITH A COLONOSCOPY IS SUFFICIENT

A. True

B. False

A RISK OF 1 IN 200 CAN ALSO BE REPRESENTED AS...

- A. 0.5%
- B. 0.01%
- C. 0.002%
- D. 0.050%

THE TRUST POLICY STATES THAT ONLY THE PERSON CARRYING OUT THE
PROCEDURE CAN TAKE CONSENT FROM THE PATIENT

A. True

B. False

WHICH OF THE FOLLOWING BENEFITS OF NURSE CONSENT IN ENDOSCOPY HAS NOT BEEN PROVEN IN STUDIES?

- A. Better understanding of risks and benefits for the patient
- B. Better understanding of the alternatives
- C. More thorough consent process
- D. Smoother operation of the Endoscopy unit

**WHICH OF THE FOLLOWING SITUATIONS ARE UNSUITABLE FOR NURSE CONSENT IN
ENDOSCOPY**

- A. Patients under 16 years of age
- B. Patients who lack capacity or where capacity is being questioned
- C. Patients who prefer to be consented by their endoscopist
- D. All of the above

POSSIBLE CAUSES FOR LACK OF CAPACITY INCLUDE...

- A. Stroke
- B. Schizophrenia
- C. Dementia
- D. Alcohol consumption
- E. All of the above

WHICH OF THE FOLLOWING IS TRUE

- A. You are required to revalidate your competency to undertake consent on an annual basis.
- B. You are required to update yourself on national consent guidance.
- c. All the above