Q: What makes ‘consent to care’ truly informed?

In the not-so-distant past, healthcare professionals were seen as ‘all-knowing’ and trusted to always act in the interests of the patient. The ‘doctor knows best’ approach is inevitably yielding to the paradigm of the ‘empowered patient’ - healthcare providers are less like gods and more like teachers, using their specialized knowledge to assist and encourage patients to be more active participants in their own journey.

In order to make good decisions, patients must be given enough information about the risks and benefits of the treatment you are proposing. This also holds true for examination and diagnostic procedures. If there is a material risk (the possible consequences of the test/treatment are serious and potentially life-changing), no matter if the risk is remote, a patient must be told of this.

There are four circumstances which require ‘informed consent’ before treatment can begin.

- This is a new patient
- This is an old patient but they have a new problem
- This is an old patient who has developed new risks because of a change to their health status
- This is an old patient and you want to employ new methods

Whenever the situation of truly informed consent arises, the practitioner is expected to discuss seven things:

1. The nature of the condition which is being treated
2. The nature and purpose of the proposed treatment
3. Expected results
4. Consequences of not doing the treatment
5. Possible risks to the treatment; any side-effects or complications
6. Alternatives to consider
7. Measures they can take to help themselves

The best consent is that which is given in writing, signed and dated. The name and signature of a witness will make it even better. A properly constructed, official form is absolutely required with all new patients. For established patients, clinical notes taken at a particular visit should include details of any new problems, new risks or new treatment to be undertaken. You should document that the risks and benefits were discussed; have the patient initial the entry.
Hard evidence of consent aside, the very act of informing patients in a responsible manner will be the impetus for a conversation that very much needs to happen. Remember that along with the right to choose their healthcare provider and to give/revoke consent to any intervention, patients also have the right to be involved to the greatest degree possible in all planning and decision making and given the opportunity to ask questions and get answers. Good communication is the number one way to ensure safety for both patients and practitioners.