Government of JERSEY

Health and Community Services

Consent Form

Patient agreement to investigation or treatment

TO BE RETAINED IN PATIENT'S NOTES

REORDER CODE: CONSENT 1 FORM (APRIL2002)

Patient identifier/label

CONSULTANT/CLINICIAN

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Name of proposed procedure or course of treatment (include brief explanation if medical term not clear)

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.....

Statement of health professional (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure in plain language to the patient. This includes the intended benefits and significant risks. If any extra procedures may become necessary during the procedure I have discussed this with the patient.

This procedure will involve:

❑ general and/or regional anaesthesia ❑ local anaesthesia ❑ sedation ❑ none

Doctor's signature:..... Date .....

Name (PRINT) ..... Job title .....

Statement of interpreter (where appropriate)

- I have interpreted the information above to the patient to the best of my ability and in a way in which I believe s/he can understand.
- Signature: ..... Date: .....
- Name (PRINT): .....

THIS COPY TO BE RETAINED IN PATIENT'S NOTES

CONSENT TO INVESTIGATION, TREATMENT OR OPERATION
INFORMATION FOR PATIENTS

WHY WE NEED YOUR CONSENT

All patients have the right in law to refuse any suggested operation, investigation or treatment if they so wish (except in some rare and exceptional circumstances which your doctor will explain to you). This is a basic principle of health care.

YOUR RIGHT TO INFORMATION

You should receive enough information to understand the proposed treatment. If you are in any doubt, do not hesitate to ask your doctor, nurse or other healthcare professional. If you decide to go ahead you can change your mind at any time.

Please remember that your doctor, nurse and other healthcare professionals are all here to help you. They are very willing to answer any questions that you may have. Before signing the consent form, you should be satisfied that you have all the information you require. Do feel free to ask further questions throughout your treatment.

WHO IS TREATING YOU

The training of doctors and other healthcare professionals is essential to the continuation of the health service and to improve the quality of care provided. Your treatment may provide an important opportunity for training. If your procedure or part of your procedure is being performed by a healthcare professional in training, the trainee will always be appropriately supervised by a senior member of staff. This may mean that the senior member of staff is standing next to the trainee during the procedure or it may mean that the senior member of staff is readily available for advice if necessary.
However you may decline to be involved in the formal training of healthcare professionals without this adversely affecting your care.

THE REMOVAL AND STORAGE OF TISSUE AND FLUID SAMPLES

During medical procedures it may be necessary for samples to be removed for the purpose of medical treatment and (or) to make a diagnosis of the disease. Samples might include tissue or fluid (for example, blood or urine).
Once a tissue sample is taken it is placed in a preservative and sent to the histology laboratory. The sample or portions of it are processed into small wax blocks from which microscope slides can be made. Fluid samples are also processed onto glass slides in the histology laboratory.
The slides are then ready for the hospital pathologist to examine them in order to determine the presence and the nature and extent of a disease.

Any unused portions of a sample will be stored for up to six weeks after a diagnosis has been made. After this period it will enter the hospital clinical waste system to be incinerated.
Occasionally, small pieces of tissue are kept within the laboratory to be used as control material (ie; normal material and material that is known to show a certain disease or feature). It is required to ensure that the laboratory monitors the quality of its procedures. Any tissue that is used for this purpose will be anonymised.

STORAGE OF ALL THE BLOCKS AND SLIDES

The review of slides and blocks at a later date may aid patient treatment or provide further information which will help future patients with the same disease.
The wax tissue blocks and slides are stored in a secure area for an indefinite period, usually many years. Occasionally it is necessary to send slides and blocks to a specialist centre for a second opinion. They are almost always returned to Jersey for storage but sometimes specialists will ask to keep certain materials for teaching or research purposes. In such circumstances, the confidentiality of the patient will be protected.

Patient identifier/label

CONSULTANT/CLINICIAN

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Name of proposed procedure or course of treatment (include brief explanation if medical term not clear)

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This procedure will involve:

❑ general and/or regional anaesthesia ❑ local anaesthesia ❑ sedation ❑ none

Doctor's signature:..... Date:.....

Name (PRINT):..... Job title:.....

Statement of interpreter (where appropriate)

- I have interpreted the information above to the patient to the best of my ability and in a way in which I believe s/he can understand.
- Signature: ..... Date .....
- Name (PRINT) .....

THIS COPY TO BE RETAINED BY PATIENT

Statement of patient

Please read this form carefully. If you have any further questions, do ask – we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

- **I agree** to the procedure or course of treatment described on this form.
- **I understand** that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.
- **I understand** that I have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.)
- **I understand** that there may be a need for tissue and fluid samples to be taken and stored and I have no objection to this.
- **I understand** that slides and blocks may be used for teaching and research purposes and I have no objection to this.

☐ See also my advance directive/living will (eg Jehovah's Witness form)

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.

.....

.....

.....

Patient's signature: ..... Date: .....

Name (PRINT): .....

This section only to be completed if a patient is unable to write his/her signature.
A witness should sign below if the patient is unable to sign but has indicated his or her consent.

Signature: ..... Date: .....

Name (PRINT): ..... Job title: .....

Important notes: (tick if applicable)

☐ When a period of six months or more has elapsed since the patient signed this form or there has been a change in the patient's condition or circumstance, consent must be re-sought.

☐ Patient has withdrawn consent (ask patient to sign /date here) .....

NOTES AND DIAGRAMS

Statement of patient

Please read this form carefully. If you have any further questions, do ask – we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

- **I agree** to the procedure or course of treatment described on this form.
- **I understand** that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.
- **I understand** that I have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.)
- **I understand** that there may be a need for tissue and fluid samples to be taken and stored and I have no objection to this.
- **I understand** that slides and blocks may be used for teaching and research purposes and I have no objection to this.

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Patient's signature: ..... Date: .....

Name (PRINT): .....

This section only to be completed if a patient is unable to write his/her signature.
A witness should sign below if the patient is unable to sign but has indicated his or her consent.

Signature: ..... Date: .....

Name (PRINT): ..... Job title: .....

Important notes: (tick if applicable)

☐ When a period of six months or more has elapsed since the patient signed this form or there has been a change in the patient's condition or circumstance, consent must be re-sought.

☐ Patient has withdrawn consent (ask patient to sign/date here) .....

GUIDANCE TO HEALTH PROFESSIONALS (to be read in conjunction with consent policy).

THIS FORM

This form documents the patient's agreement to go ahead with the investigation or treatment you have proposed. It is not a legal waiver – if patients, for example, do not receive enough information on which to base their decision, then the consent may not be valid, even though the form has been signed. Patients are also entitled to change their mind after signing the form, if they retain capacity to do so. The form should act as an aide-memoire to health professionals and patients, by providing a check-list of the kind of information patients should be offered, and by enabling the patient to have a written record of the main points discussed. In no way, however, should the written information provided for the patient be regarded as a substitute for face-to-face discussions with the patient.

WHO CAN GIVE CONSENT

Everyone aged 16 or more is presumed to be competent to give consent for themselves, unless the opposite is demonstrated. If a child under the age of 16 has "sufficient understanding and intelligence to enable him or her to understand fully what is proposed", then he or she will be competent to give consent for himself or herself. Young people aged 16 and 17, and legally 'competent' younger children, may therefore sign this form for themselves, but may like a parent to countersign as well. If the child is not able to give consent for himself or herself, some-one with parental responsibility may do so on their behalf and a separate form is available for this purpose. Even where a child is able to give consent for himself or herself, you should always involve those with parental responsibility in the child's care, unless the child specifically asks you not to do so. If a patient is mentally competent to give consent but is physically unable to sign a form, you should complete this form as usual, and ask an independent witness to confirm that the patient has given consent orally or non-verbally.

WHEN NOT TO USE THIS FORM

- If the patient is 18 or over and is not legally competent to give consent, you should use form 2 (form for adults who are unable to consent to investigation or treatment).
- Relatives cannot be asked to sign this form on behalf of an adult who is not legally competent to consent for himself or herself.
- For children 16 years or younger, use consent form 3.
- For children aged 16 - 17 years and not Gillick competent, use form 3

INFORMATION

Information about what the treatment will involve, its benefits and risks (including side-effects and complications) and the alternatives to the particular procedure proposed, is crucial for patients when making up their minds. The courts have stated that patients should be told about 'significant risks which would affect the judgement of a reasonable patient'. 'Significant' has not been legally defined, but the GMC requires doctors to tell patients about 'serious or frequently occurring' risks. In addition if patients make clear they have particular concerns about certain kinds of risk, you should make sure they are informed about these risks, even if they are very small or rare. You should always answer questions honestly. Sometimes, patients may make it clear that they do not want to have any information about the options, but want you to decide on their behalf. In such circumstances, you should do your best to ensure that the patient receives at least very basic information about what is proposed. Where information is refused, you should document this in the patient's medical records.