

D. Consent and truth

1. It is self-evident that for it to have any meaning consent has to be informed. For the purposes of this document "informed consent" means that the practitioner involved explains the intended test or procedure to the patient without bias and in as much detail (including detail of possible reactions, complications, side effects and social or personal ramifications) as the patient requires. In the case of an unquestioning patient the practitioner assesses and determines what information the patient needs so that the patient may make an informed decision. The practitioner should impart the information in a sensitive manner, recognising that it might cause distress. The patient must be given time to consider the information before being required to give the consent unless it is an emergency situation.

2. In many instances the practitioner involved in obtaining informed consent would be a registered medical practitioner. In those circumstances it is the medical practitioner who should impart the information and subsequently seek the signed consent. Normally, in respect of patients in hospital, there are good reasons why the information should be given and the consent sought in the presence of a nurse, midwife or health visitor. Where the procedure or test is to be performed by a nurse, midwife or health visitor the standards described in the preceding paragraph apply to the consent sought.

3. If the nurse, midwife or health visitor does not feel that sufficient information has been given in terms readily understandable to the patient so as to enable him to make a truly informed decision, it is for her to state this opinion and seek to have the situation remedied. The practitioner might decide not to co-operate with a procedure if convinced that the decision to agree to it being performed was not truly informed. Discussion of such matters between the health professionals concerned should not take place in the presence of patients.

In certain situations and with certain client groups the practitioner's level of responsibility in this respect is greatly increased where she stands in "loco parentis" for a patient or client.

4. There are occasions on which, although the patient has been given information by the medical practitioner about an intended procedure for which he has given consent, his subsequent statements and questions to a nurse, midwife or health visitor indicate a failure to understand what is to be done, its risks and its ramifications. Where this proves to be the case it is necessary for that practitioner, in the patient's interest, to recall the relevant medical practitioner so that the deficiencies can be remedied without delay.

The purpose of this approach is to ensure that all professional practitioners involved in the patient's care respect the primacy of that patient's interests, honour their personal professional accountability and avoid the risk of complaint or charges of assault. The practitioner who properly fulfils her responsibilities in this respect should be recognised by medical colleagues as a source of support and information to improve the overall care of the patient.

5. The concept of informed consent and that of truth telling are closely related. If it is to be believed that, on occasions, practitioners withhold information from their patients the damage to public trust and confidence in the profession, on which the introduction to the Code of Professional Conduct places great emphasis, will be enormous.

6. This is yet another area in which judgements have to be made and introduces another facet of the exercise of accountability. If it is accepted that the patient has a right to information about his condition it follows that the professional practitioners involved in his care have a duty to provide such information. Recognition of the patient's condition and the likely effect of the information might lead the professionals to be selective about 'what' and 'when' but the responsibility is on them to provide information. There may be occasions on which, after consultation with the relatives of a patient by the health professionals involved in that patient's care, some information is temporarily withheld. If, however, something less than the whole truth is told at a particular point in time it should never be because the practitioner is unable to cope with the effects of telling the whole truth. Such controlled release of information (i.e. less than the whole truth) should only ever be in the interests of the patient, and the practitioner should be able to justify the action taken.

7. It is recognised that this is an area in which there is the potential for conflict between professionals involved in the care of the same patient or client. The existence of good, trusting relationships between professionals concerned will promote the development of agreed approaches to truth telling. This subject should be discussed between all the professional practitioners involved so that the rights of patients are not affected adversely. This should minimise the number of occasions on which, after a patient or client has been given incomplete information, a nurse, midwife or health visitor is faced with a request for the whole truth. Accountability can never be exercised by ignoring the rights and interests of the patient or client.