Policy For ConsentIntroductionThe law

requires that valid consent must be obtained from any client before treatment, physical investigation or care is given.

All clients have a right to information about their condition and the information must be given in such a way that it is easily understood. Health professionals should ensure that the information is accurate and truthful. This is fundamental to good practice.

If there is no valid consent, then the client could take legal action against the health professional under the laws of negligence. They may also make a claim of battery; however it is unlikely that criminal law will be invoked.

Aim and Objective

Clients should have a good understand of the consent process and understand the meaning of the types of consent. Clinicians treating clients should ensure that valid consent is sort before going ahead with any treatment.

Valid consent

Consent should be freely and voluntarily given to be valid. There should be no pressure or undue influence exerted on the client by relatives, partners or health care professionals. If the carer believes this is a risk, they should arrange to see the client on their own to establish that the decision is truly that of the client.

The client must be legally competent (see below) so they are able to understand and retain information and also to weigh the risks and benefits involved throughout the decision making process.

Consent must be 'informed'

Informed consent is given once the client has received sufficient information to enable them to make an informed decision about the treatment they will receive.

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Informed consent is about giving the client all the information available about the treatment and care that they will receive, the possible effects or risks of that treatment and their options. The client must understand this explanation in broad terms. Misrepresentation of information will invalidate consent.

The duty to inform the client is as important as the duty to carry out diagnosis and treatment.

The client must be legally competent to give consent

Consent can only be given by the client. Whether the client is an adult, young person or child they are able to give valid consent as long as they have sufficient understanding to fully comprehend the treatment being proposed. This includes:

- having the capacity to make treatment decisions
- · being able to weigh the risks and benefits involved
- understanding in broad terms the nature and purpose of the treatment.

In general, a competent adult is a person who:

- has reached 18 years of age
- has the capacity to make treatment decisions on his/her own behalf
- is able to weigh the risks and benefits involved
- understands in broad terms the nature and purpose of the treatment.

In Scotland a person aged 16 years and over is presumed to be competent to give a valid consent to treatment.

In England, Northern Ireland and Wales a young person is generally deemed to be anyone of 16 and 17 years and can give valid consent for their own treatment. However a refusal to consent can be overridden in certain circumstances by a person with parental responsibility or by a court.

A child is deemed to be anyone under the age of 16 years (nb. or under 18 under the law of Northern Ireland, Scotland and Wales). A child is able to give valid consent to treatment if they have sufficient understanding and intelligence to fully comprehend what is being

proposed. This is often referred to as "Gillick competence" as per Fraser guidelines

However, in the case of children, it is good practice to involve the family in the decision-making process, unless they specifically wish to exclude them. It's important to note that children and young people have the same right to confidentiality as an adult.

Obtaining consent

Consent may be given in writing or verbally. Consent may be expressed clearly or it may be implied. Implied consent is usually determined by the patient's acceptance of treatment given. Verbal or implied consent will be enough in most cases. It is a requirement to ensure that there is signed consent before any treatment in the policy of beauty skin deep cosmetics.

In practice try to ensure the following:

- a written consent form should be obtained where treatment or care is risky, lengthy or complex
- a written consent form should be obtained if the treatment requires sedation or anaesthesia
- a record of the discussion leading to the decision is placed in the patient's records
- any refusal of treatment should be documented and a written record of the patient's refusal of treatment should be kept with the summary of the discussions.

Be aware that even if a client has signed a consent form, they may then refuse the treatment at a later date. They may do this verbally or in writing and the refusal can be implied.

Absence of consent

Although consent is generally required, it may not be needed in the following circumstances:

• Emergencies: Consent is not required in an emergency situation where treatment is necessary to preserve health or life. In this situation the treatment must be in the best

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interests of the patient until they recover, when longer term measures can be considered. This applies to children and adults. However, do not treat if an advance decision has been made, and you know the patient would object to the treatment but is not able to do so.

 It is the policy of beauty skin deep cosmetics to discuss urgent medical treatment, agree with the client before any treatment with cosmetic injectable's or skin treatment. The agreement would be to treat for anaphylaxis should, a client have an allergic reaction and require urgent medical treatment.

Refusal of consent

Competent adults can refuse to consent to treatment for any reason or for no reason at all. The guidance applicable varies depending on the circumstances. If a client has refused treatment in an emergency situation this would be documented in there notes a risk assessment carried out before any treatment as to the likelihood of anaphylaxis occurring. In the absence of an advanced directive should an allergic reaction occur following policy for resuscitation an emergency services would be contacted. Consideration may be made in advance as to whether the client may bode too much of a risk to treat.

References

Additional resources

Nursing and Midwifery Council (NMC) Code

Country-specific guidance is available at the following websites:

- England: Gov.uk
- Northern Ireland: <u>Department of Health, Social Services and Public Safety</u> (<u>DHSSPSNI</u>) (please search for 'consent')
- Scotland: NHS Scotland
- Wales: Welsh Assembly Government

Beauty Skin deep Cosmetics Ltd Marketing Plan