ASSOCIATION OF BREAST SURGERY

Association of Breast Surgery Summary Statement

CONSENT: BEST PRACTICE

Consent for surgical treatment is the giving of permission or agreement for surgical intervention following a process of communication about the proposed procedure. The principle of consent is an important part of medical ethics and international human rights law.

Consent must be voluntary, informed and with a patient who has capacity to make these decisions. If a patient does not have capacity as per requirement of the Mental Health Capacity Act 2005, then the treatment should be in the patient's best interest, ideally made in conjunction with a consultant colleague. Otherwise, consent can be sought from a person authorised with lasting power of attorney to give consent on behalf of the patient.

Young individuals above the age of 16 are presumed to have capacity to give consent under the GMC guidance. For patients under 16, their capacity to provide consent must be assessed on a case-by-case basis.

It is important to ensure that consent for surgery is a process. Effective communication is the most important aspect in obtaining consent successfully. The clinician and the patient should be able to communicate in a manner that enables shared decision-making thus agreeing on a common goal. It is also important to factor in any potential barriers to effective communication such as health literacy, language, cultural differences and social environment. The process culminates with a signed consent form that serves as attestation from the patient that they have received and understood the planned treatment procedure.

Consent should be obtained by the surgeon or a member of the team, who has the appropriate knowledge and skills to provide the treatment, in an appropriate timeframe in advance of surgery to allow time for informed decisions to be made.

During the consent process, the surgeon or the member of the team should

- discuss the diagnosis and potential prognosis
- discuss the likelihood of success
- discuss the nature, risk, benefits and potential complications (note Montgomery and informed consent 2015) of the recommended procedure
- discuss the risks of the recommended alternatives including no treatment
- discuss the potential follow up treatment
- provide written information and materials relevant to the diagnosis and treatment recommended
- if appropriate, make the patient aware of national guidelines and explain any deviation if the recommendation is different
- record the personnel who were present at the consultation and document the details of the consent discussion in the medical notes

At the end of the process, the patient should sign the consent form, with an appropriate advocate, if required. A copy of the consent should be provided to the patient for reference and reflection.

On the day of surgery, the operative surgical team should check with patient that the consent is still valid.

Authors:	Jennifer Hu, Clinical Practice & Standards Committee, Association of Breast Surgery
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REFERENCES

The Joint Commission. Informed consent: More than getting a signature. Quick Safety. Issue 21. February 2016 www.jointcommission.org/assets/1/23/Quick_Safety_Issue_Twenty-One_February_2016.pdf

Royal College of Surgeons. Good Surgical Practice: Domain 3 - Communication, partnership, teamwork. 3.5.1 Consent.

NHS Choices: Consent to treatment. March 2016.

Health Service Executive: National Consent Policy. May 2016.

GMC Consent: doctors and patients making decisions together. 2009.

MDU Guidance and advice: Montgomery and informed consent. August 2017.