

# Consent

What does “*Yes*” Really Mean?

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# Learning Outcomes:

Understand the essential components necessary to obtain valid consent from your patients

Be aware of how consent is obtained from patients

Be reminded of the issues relating to children and young people when obtaining consent

Reflect on the process of getting consent



Part 1

# Principles of Consent



# Why do we need it?



- Moral & Ethical
- Legal
- Foundation of good patient care
- A number of treatment plans / options – with advantages and disadvantages

(Patient must make decision on how to proceed  
Right to autonomy...  
And to consent or withhold consent)



# Shared decision making with conversations



# Definitions...



“Permission for something to happen or agreement to do something”



“Patients have a fundamental legal and ethical right to decide what happens to their bodies. It is therefore essential that patients have given valid consent for all treatments and investigations”



“The voluntary and continuing permission of the patient to receive a particular treatment. It must be based upon adequate knowledge of the purpose, nature, likely effects and risks of that treatment, including the likelihood of its success, and a discussion of any alternative to it.”



A significant proportion of clinical negligence claims include allegations of failure to obtain valid consent



1. Duty of care
2. Any breach in that duty of care
3. Causation



- Consent
- Record keeping

Two of the most common issues raised in at GDC FtP hearings



When patients complain they rarely say...



*“you failed to obtain my valid consent before proceeding with the dental treatment”*



Lawyers or even dentists might

But patients don't sound like that



Patients tend to use other words to "**express their dissatisfaction**"



*I didn't know there were other options – you never explained this to me*

*Why didn't you offer me private treatment? Or a referral?*

*You never told me how much it was going to cost!*

*You never told me there would be complications*

*I never knew after the root canal treatment I needed to have a crown as well*



Indicates perhaps the patient has not fully understood what you thought was being agreed to



# **3 essential characteristics for consent**



1. Capacity/Competence
2. Knowledge
3. Voluntariness



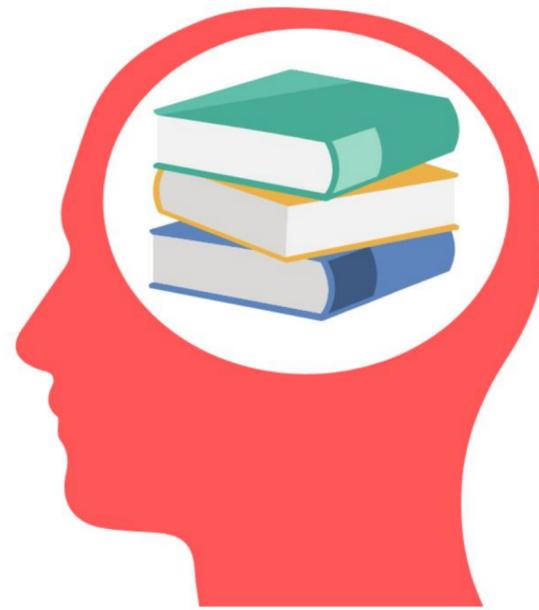


## **Capacity/Competence:**

Ability to understand and retain the nature, consequences and alternatives to treatment

## **Knowledge:**

Sufficient information has been provided as to the nature, consequences and alternatives to treatment



## **Voluntariness:**

Patient must freely agree to submit to treatment without any coercion or undue influence.



All 3 must be present for valid consent.



Remember...



Consent is not a one off giving of permission

It's a process

So just because given at the beginning of a treatment

Can change

Patients are entitled to change their mind

So check on an individual basis each day



# **GDC Standards for Dental Team Document**



Urge you to familiarize yourself with

Document GDC relies on

Document you're assessed against

If you don't know the content, it can be difficult to comply with it

Recommend you read it regularly



Standards for the Dental Team  
[www.gdc-uk.org](http://www.gdc-uk.org)

# Standards

General  
Dental  
Council | protecting patients,  
regulating the dental team



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**There are nine principles registered dental professionals must keep to at all times.  
As a GDC registrant you must:**

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- 1** Put patients' interests first

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  - 2** Communicate effectively with patients

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  - 3** Obtain valid consent

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  - 4** Maintain and protect patients' information

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  - 5** Have a clear and effective complaints procedure

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  - 6** Work with colleagues in a way that is in patients' best interests

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  - 7** Maintain, develop and work within your professional knowledge and skills

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  - 8** Raise concerns if patients are at risk

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  - 9** Make sure your personal behaviour maintains patients' confidence in you and the dental profession



# Standards

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## You must:

- 3.1 Obtain valid consent before starting treatment, explaining all the relevant options and the possible costs.
- 3.2 Make sure that patients (or their representatives) understand the decisions they are being asked to make.
- 3.3 Make sure that the patient's consent remains valid at each stage of investigation or treatment.



3.1, 3.2, 3.3.

Is a process, not a one-off event

Allow pt to ask Q's

Record all dialogue in pt records

3.1.1 – every dentist at every stage

3.1.2 – document



### 3.1.3: Info a patient needs to know + record

Options for treatment, the risks and the potential benefits

Why you think a particular tx is necessary and appropriate for them

The consequences, risks and benefits of the tx you propose

The likely prognosis

Your recommended option

The cost of proposed treatment

What might happen if the proposed tx is not carried out (e.g. elective vs reqd tx)

Whether the tx is guaranteed how long it is guaranteed for and any exclusions that apply (caution with guarantees – pt's may confuse guaranteeing a tooth vs a post crown long term)



3.1.5 – record all of this in the patient's records



PART 2

# Children & Young Patients



Very young = lack capacity to consent

Consent can only be obtained by someone with parental responsibility



Depends on country & legislation



- If under 16 and Gillick competent, can consent to that treatment

Depends on age and maturity of child

Matter of judgement for clinician involved

Caution advised

Wise to involve a parent

Otherwise, someone with parental responsibility provides consent



Generally... but on a case by case basis

Female age 12

Male age 14

But not a rule

Respect right of child to consent and confidentiality to discuss matters with the parent



# Who has Parental Responsibility?



Always mother.

Father if named on birth certificate, regardless if married or not, if born after 15 April 2002 in NI, 1<sup>st</sup> Dec 2003 in England and Wales, 4 May 2006 in Scotland.

If unmarried before, or not named on birth certificate after these dates, do not have responsibility.



Can treat in **best interest** of a child for the provision of emergency care



Part 3

## Current Updates



**Failure to obtain appropriate consent is a breach of duty**



Tailor discussions to the individual patient



# **A 3-step approach to providing information**



- 1) Explain the common risks for the procedure are
- 2) Which of these clinical risks are most relevant (if any) to the particular patient you have in your chair?
- 3) Knowing as much (or little) about the patient as you do- which risks / outcomes

\*Record all aspects of these dialogues in records\*



# *Shared* Decision Making



## **Shared decision making process:**

Work in partnership

Patient and professional

Make decisions where there is more than one option or way forward

Patient value

Patient autonomy

Scientific knowledge of clinician

In the past – quite paternalistic

Not the modern way now



# More **risk** in the following situations:

Lack of info for patients or involvement reduced

Elective treatment

High aesthetic / cosmetic demands

Multiple treatment options

Potential for significant adverse outcome/additional cost



# Written Consent



- GA

All types of sedation

Remember – a signature on a form is not consent

? sufficient information given to patient

? proper valid discussion of options, risks and benefits etc



Can be helpful

Of no benefit if patient can later demonstrate they did not understand what they signed or the info on form

Can be useful adjunct to provide info to patient – especially for more complex treatments



# In Summary...



Understand the essential components necessary to obtain valid consent from your patients

Issues relating to children and young people when obtaining consent

Reflect on the process of getting consent



