
CONSENT TO THE RESCUE?

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Consent is one of the most important documents between a patient and the doctor and establishes the relationship between the two. The definition of a consent is (there are a lot of definitions around — I have chosen one best suited for our purpose) "A Unilateral agreement given by the patient to the doctor allowing him to perform a procedure on him/her." The important word here is "unilateral". A consent is not a contract but an agreement from the patient's side allowing the doctor to perform a procedure on him/her so that the doctor can use his best skill, knowledge and judgment to treat the patient.

So, should a consent suffice even for any unforeseen circumstances? Unfortunately it is not so.... People have become extra cautious of their rights thanks to the internet explosion. Patients read more than they should know. A viral fever can be dengue according to a random internet search. To further complicate things, sustained campaign by the media has turned this cautiousness into suspiciousness.

A Consent is a must but not in all cases. Let us look at the types of consent that are taken.

1. Implied Consent.

The fact that the patient comes to a doctor for an ailment implies that he agreeable to medical examination in a general sense. But it is not implied that he is open to any further procedures or any sort of complex investigative procedures such as sonography, MRI etc. For other examinations such as rectal, vaginal and withdrawal of blood, expressed consent (oral consent) can be obtained. Always have a witness (a member of your staff) when you get an implied consent.

2. Expressed Consent.

Anything other than an implied consent is Expressed consent. It can be either oral or a written consent. Expressed oral consent can be taken for relatively minor examinations or therapeutic procedures. Again it is always advisable to have a witness (For e.g. - a member of your staff) when you get an expressed consent.

Expressed written consent should be obtained for :

- 1. All major diagnostic procedures**
- 2. General Anaesthesia**
- 3. Surgical Operations/Procedure**

Consent has to be given by patient only except when the patient is unable to give one.

Few points that you have to remember when taking consent :

1. A consent should be free, voluntary, intelligent, informed, direct and personal. A consent should explain all complications that are possible while performing the procedure(you need not mention the complications that have a probability of less than 5%)
2. A consent should be manually filled and signed by the patient. If the patient is not in a state to give consent, consent from a close relative should be taken. If the person is a minor (below 12 years of age) it is advisable to take consent of both the parents.
3. The consent should be taken in the language that is understood by the patient. If the consent isn't in the language that can be understood by the patient then explain it to the patient in his/her mother tongue and get it signed that he has been explained in the language that is understood by him.
4. Give patient sufficient time think. In case of planned surgery, always give the consent to the patient two days in advance.
5. A written consent should refer to one specific procedure and its complications. For a different procedure take a new consent. i.e. if you are performing a operation and you realize a new procedure needs to be done take a new consent from the relative. If there is no relative bring the patient to consciousness, take a new consent and restart the procedure. The only exemption is when the procedure is going to be life saving.
6. All those consents are invalid which are given under fear or fraud or misinterpretation of fact or given by a person who is unaware of its implications or given by a person under 12 years of age.

To sum up, a consent gives the doctor the right to perform a procedure but it does not give you freedom from duties nor does it give you immunity against medical negligence.