## Adequacy of patient consent for interventional radiological procedures [QSI Refs: XR-502, IR-801]

## Descriptor

Suboptimal or deficient processes for obtaining consent prior to a procedure have been identified as a major factor leading to litigation.

## Background

Competent adult patients have a fundamental right to give or to withhold their consent to an examination, an investigation or a treatment. Successful relationships between patients and doctors depend on trust. Patients are becoming increasingly well informed and are rightly engaging in decisions relating to their medical care [1].

## The Cycle

### The Standard

All patients undergoing interventional or invasive radiological procedures for diagnostic or therapeutic purposes should give express consent. ‘Patients need relevant information to be shared in a way they can understand and retain, so they can use it to make a decision. To help patients understand and retain relevant information you should: give them time and opportunity to consider it before and after making a decision. [1].

### Target

95%

## Assess local practice

### Indicators

The percentage of patients who have undergone an interventional procedure who are able to answer ‘yes’ to every question on the audit questionnaire (see Questionnaire in Resources).

### Data items to be collected

Patients will be asked to complete the questionnaire (see Questionnaire in Resources) within 48 hours of having the procedure. If the patient has had sedation, then the questionnaire should not be given until 24 hours after the procedure.

### Suggested number

30 patients randomly chosen by the departmental nursing staff from the interventional case lists occurring over a period of four consecutive weeks.

## Suggestions for change if target not met

• Construct a departmental check-sheet relating to consent that has to be completed and signed by the doctor at the end of each ‘consenting episode’

• Arrange for the requirements for adequate consent to be printed on a laminated sheet in the consent pack for use at the time of discussion with the patient

• Arrange for training in the medico-legal aspects of consent, consenting technique and the possible consequences resulting from inadequate arrangements

• Repeat date for commencing the next audit (following change): three months and/or six months

• Identify staff member responsible for introducing change

• Indicate date for reporting on the repeat audit

## Resources

• Departmental nurse to distribute and collect the questionnaires

• Audit assistant to collate the results

• Nurse: five minutes per patient (total should be less than three hours)

## References

1. General Medical Council Decision making and consent guidance GMC, 2020 https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/decision-making-and-consent

## Editors Comments

The format of this audit is illustrative and is not intended to suggest that these are the only areas in which consent needs to be obtained. For example, consent to a plain radiographic examination is required but is usually accepted as implicit when the patient arrives for the study. It is reasonable to assume that (competent) adults understand what a plain radiographic examination entails.

• There are many misconceptions regarding consent. This occurs particularly in relation to children, parental and partner rights, and in respect of patients with a limited ability to give consent.

• This audit could be carried out across the whole department and cover the work of all the radiologists. The results could contribute to the contents of an individual’s revalidation folder as a personal audit.

## Submitted by

Adapted from Clinical Governance and Revalidation 2000 RCR, updated by Dr D Remedios 2012, updated by Dr A L Chang 2017

## Co Authors

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