OSCE revision factsheet

Requirements for patient consent

To help you prepare for your objective structured clinical examinations (OSCEs), Avant's medico-legal experts have created this revision factsheet on the requirements for obtaining patient consent.

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Avant student member

Requirements for patient consent

1. Capacity to make a decision

This refers to the ability to understand the information given, their choices and evaluate the consequences of their decisions. A person may lose their capacity permanently or temporarily, due to accident or illness, pain or medication.

Consent can be given by:

- a competent adult (i.e. someone who is 18 years or older); or
- a mature minor, who has sufficient understanding and maturity to fully understand what is proposed.

If the patient does not have the capacity, obtain consent from the appropriate substitute decision-maker.

2. Disclosure of information – informed consent

The patient must have enough information including an explanation of the benefits, alternatives, risks and complications that may occur with a procedure or treatment.

3. Voluntary

Consent must be given voluntarily and free from undue pressure or coercion.

4. Consent must be specific

Consent must be obtained for each procedure or treatment even if it occurs concurrently.

The discussion

You are expected to give the patient information (as per the National Health and Medical Research Council Guidelines) about:

- **The proposed approach** – with investigation, diagnosis and management
  - what the approach entails
  - the expected benefits
  - common side-effects and risks of any intervention.
- **Risks** – general, procedure-specific and material risks to a patient (what risks, if any, would be of importance to a patient, considering the patient's circumstances), and what the risks mean for them.
- **Method** – whether the intervention is experimental or conventional.
- **Who** – the name(s) of those performing or undertaking the intervention.
- **Alternatives** – other options for investigation, diagnosis or treatment.
- **Probable outcomes**
  - the degree of uncertainty about the therapeutic outcome.
  - the likely consequences of not choosing the procedure or treatment, or of not undergoing any procedure or treatment at all.
  - any significant long-term physical, emotional, mental, social, sexual or other outcome which may be associated with the intervention.
- **Recovery** – the time involved (including time and limitations within this period).
- **Costs** – all financial aspects of the intervention, including any out-of-pocket expenses. It is best to obtain financial consent separately.

Make sure the patient understands what you have discussed. Ask them to paraphrase the information and ask open questions.

If necessary, use an independent interpreter when discussing the procedure or treatment with the patient and document this.

Ensure each specific risk discussed is documented in the patient's medical record or consent form and document anyone else present during the discussion, such as a family member or support person.

Read the National Health and Medical Research Council Guidelines at:

nhmrc.gov.au/health-advice/guidelines

Summary checklist

- ☐ Have you disclosed the benefits, alternatives and risks that may occur with the procedure or treatment?
- ☐ Have you discussed the general, procedure specific and material risks?
- ☐ Does the patient understand their particular material risks?
- ☐ Have any issues with the patient's capacity been addressed?
- ☐ Have you documented the discussion and any questions raised in the patient's medical record?
- ☐ Has the patient signed the consent form or has verbal consent been documented?

Useful resources

- Consent: the essentials factsheet
- Informed consent and communicating information article
- Children and consent factsheet
- Substitute decision makers factsheet
- Student OSCE guide to help you prepare

Visit the **Avant Learning Centre** for resources including case studies, articles, eLearning courses, checklists and webinars.

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