



ANMF (Vic Branch) Policy

Informed consent for nursing / midwifery procedures

1. This policy on informed consent for nursing procedures has been developed using the principles in the Medical Treatment Act 1988¹, which outlines clearly that patients must consent to all medical procedures, and have the right to refuse, except in emergency situations or when a court order is obtained for treatment that is determined to be medically essential.

There are three types of consent:

- 1.1 **Implied** where the patient's action or lack of action may clearly indicate their wishes (ie – holding out their arm to have a blood pressure recorded).
 - 1.2 **Verbal** a patient may clearly state their consent for a procedure (ie – “yes, you can take blood from me”).
 - 1.3 **Written** a patient signs a declaration that they consent to the procedure:
(ie: I hereby consent to undergo the procedure of and understand the nature and risks of this procedure as explained to me by Dr).
2. Consent must be informed; ie the patient or their agent must understand what the procedure / treatment is and the risks involved. It must be explained clearly and in a language and wording that is understood by the patient or their agent.
 3. Nurses and midwives have a role in obtaining informed consent for nursing and midwifery procedures and must consider the following when obtaining consent:
 - (a) patient's knowledge base (literacy skills, and comprehension skills, in particular if English language is not their principle language)
 - (b) information in language of choice (via written information or interpreter)
 - (c) assess the patients' understanding of information presented and choices available
 - (d) always be cognisant of cultural sensitivities and taboos
 - (e) the nature of their condition
 - (f) the proposed treatment/procedure
 - (g) the nature and risk that could reasonably be expected
 - (h) alternatives to this treatment (including no treatment)
 - (i) the chances of success or failure of the various treatment options available
 4. Where there may be doubt that the consent is legal because of the capacity of the patient (eg – a person under 18 years of age or with a significant mental health condition), then the opinion of the treating practitioner (that the patient is able to consent) should be documented.

¹ Victorian Government (2012) Medical Treatment Act 1988. <http://www.legislation.vic.gov.au>

References

1. Andrews, Kevin (Year of Publication unknown) *Consent to Treatment*
2. Johnston, M.J. 2009. *Bioethics: A Nursing Perspective* 5th ed
3. Medical Treatment Act 1988 (Enduring Power of Attorney)
http://www.austlii.edu.au/au/legis/vic/consol_act/mta1988168.txt
Accessed 17th May 2012
4. Schloendorff v Society of New York Hospital (1914)
5. Staunton P. & Chiarella M. 2012. *Law for Nurses and Midwives* 7th ed

This policy should be cross referenced to the ANMF Victorian Branch Dying with Dignity policy