

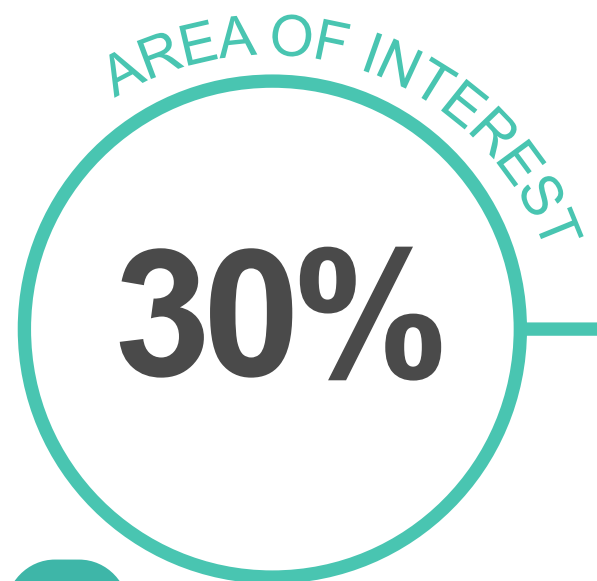


# Patient consent and candour

Issues to do with patient consent and candour were identified in 30 out of 100 reviews.

Invited reviews show a range of concerns can arise around the process for supporting a patient to make a decision about surgery. These include:

- Whether the surgeon having this conversation is able to provide an accurate quantification of risks, derived from appropriate evidence.
- The information available to the patient about their surgeon's experience of the particular procedure, their recent outcomes and how these compare with national benchmarks.
- Whether the surgeon having a conversation about consent has sufficient surgical experience to ensure that the patient is fully informed about the procedure and its risks and benefits.
- The quality of discussion that takes place about a patient's treatment options, and the patients' individual priorities (particularly in the light of the Montgomery judgement).
- The extent to which the procedure proposed is established or a novel approach.



From our familiarity with reviewing clinical records, the documentation of discussions with patients can also be problematic, for the following reasons:

- A failure to document who was involved in the consent discussions.
- A lack of detail about the discussion with patients around consent.
- A lack of description of the procedure. This has proved particularly problematic in instances of ‘never events’ including multiple tooth extractions and wrong site removal of skin lesions.

Questions regarding consent can sometimes be indicative of wider issues with an individual surgeon or surgical team. Our experience is that the extent to which personnel report confidence in the patient consent process provides a useful indicator of the quality of the surgical service. It is also our experience that in a small number of situations where these processes go wrong, the impact on patients can be significant.

## Candour

The introduction of regulations relating to the Duty of Candour took place during the period within which we conducted our sample of invited reviews. Therefore, the quality of these conversations became a topic that was examined in the invited reviews. Issues arising included:

- Conversations not being held in an appropriately timely manner to ensure that local processes were being followed correctly.
- A failure to be clear on what specific actions had been taken to provide assurance that Duty of Candour regulations had been followed.

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## Resources

- GMC | *Consent: patients and doctors making decisions together (2008)*
- Royal College of Surgeons | *Consent: Supported Decision-Making*
- BMA | *1. Guidance on seeking informed consent*
- Health in Wales Healthcare Excellence | *Patient Consent*
- The MDU | *Consent*
- DHSC | *Reference guide to consent for examination or treatment*
- GMC | *When things go wrong – The professional duty of candour*
- Royal College of Surgeons | *Duty of Candour – Guidance for Surgeons and Employers*
- The MDU | *Statutory duty of candour in secondary care*
- Royal College of Surgeons | *Consent and Ethics (eLearning)*

