

### **PE3 –The service implements and monitors systems to ensure informed patient consent.**

- a) Statute, case law, guidance from health agencies and professional bodies and professional codes insist on patients' fundamental legal and ethical rights to determine what happens to their own bodies. Valid consent is required for any examination or procedure.
- b) For the consent to be valid, the patient must:
  - be competent to make the particular decision;
  - have received sufficient information to make it; and
  - not be acting under duress.
- c) Processes and procedures for ensuring that valid informed consent is obtained should be grounded in best practice and reflect professional guidance and statutory requirements. Imaging services should define whether written or verbal consent is appropriate for specific examinations and procedures. The procedures must include the process for cases where the patient lacks the capacity to consent. The process for obtaining consent should be accordance with national guidelines and local organisational guidance.
- d) Consent should be obtained by the healthcare professional treating the patient before the examination or procedure begins, giving sufficient time for the patient to absorb and understand the information provided to enable them to come to a decision regarding their care (see also standard statement PE4). All staff must acknowledge and respect the patient's right to withhold or withdraw consent.
- e) Specific processes should be in place to obtain consent for examinations or procedures involving children, vulnerable adults or patients with special requirements (see also standard statement PE4). Specific policies should be in place to guide staff in obtaining informed consent from children or young people, covering issues such as: child protection; a patient's desire to be unaccompanied; confidentiality; parental concerns; parental rights; and possible pregnancy (see also standard statement PE4). Processes must be in place to cover cases where consent cannot be obtained, for example, with unconscious patients. Staff should be aware of how to manage best interest decisions.
- f) Specific consent should be sought if the patient's data may be used for training or research or if it will be shared electronically and in line with current legislation.
- g) Recording the discussion and decision regarding consent in the patient's care record represents good practice, and should be routine in the service. If the patient's care record is not available at the time of examination, a process should be in place to document on the care record as soon as reasonably possible and a note made on RIS. Regular audit should be undertaken to ensure consent policy and procedures are effectively implemented in the service.

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