EXE EAR CARE

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POLICY TITLE – Informed consent to treatment policy
POLICY NUMBER – 001

Date authored – 19/07/2024 Next review - 18/07/2025

REFERENCE

A. Mental Capacity Act
B. NHS – Consent to treatment
C. NHS – Giving someone power of attorney
D. NHS – Consent to treatment, Children and young people

ADULTS

1. Access to healthcare is a basic human right that should be available to all. There is a legal requirement for valid consent to be obtained from the service user prior to the commencement of any therapy.

2. For consent to be valid, it must be voluntary, informed and they must have the capacity to make that decision. If any of these aspects are not obtainable then valid consent is not achievable.

    a. *Voluntary* is defined as the service user independently making their decision without pressure or influence from a third party i.e. family, friends, medical practitioner etc.

b. *Informed* is defined as the service user has been given all the information regarding risks, benefits, alternate treatments and how the therapy will be administered.
c. *Capacity* is defined as the ability of the service user to understand the information given to them, weigh the pros and cons, and arrive at a decision.

3. Capacity may be impaired short term or long term. If the service user has a capacity impairment, they may not be able to provide valid consent at that time. If capacity impairment is thought to be short term, it would be appropriate to delay therapy until they regain capacity. Examples of causative factors include;

    a. Mental health conditions
    b. Dementia
    c. Severe learning difficulties
    d. Intoxication caused by drugs or alcohol
    e. Medical conditions that can change cognition i.e. urinary tract infection

4. If a service user lacks the capacity to consent, consent may be obtained from their nominated *Health and welfare lasting power of attorney (LPA).*

    a. LPAs came into being in October 2007. Prior to that, there were *Enduring power of attorney (EPA).* These are no longer issued but the rights remain valid and permit the attorney to consent, or not for the service user.

CHILDREN

5. A child is defined as a person under 16 years of age. Young people aged 16 – 18 are presumed to have the capacity to make a decision as an adult and as such can consent to or refuse their own treatment. If there is significant evidence that this may not be the case (significant learning difficulties, abject immaturity) then parental consent should be sought.

6. A child (under 16) will not be considered for treatment without parental consent. Although they may be *'Gillick competent'* and therefore legally able to consent, removal of ear wax is not a life or death matter, nor a sensitive issue that would act as a barrier to care.

GENERAL

7. Consent to treatment may be verbal or written. It must always be recorded in the service user's notes.

8. Consent may be removed at any time. Upon removal of consent, therapy must pause. The clinician is to take time to understand the service user's concerns and where appropriate, rationalise and explain to overcome barriers to care. If consent is not re-instated, the therapy must cease.

DIRECTIVE

9. In the absence of valid consent, therapy MUST NOT commence.

10. If consent is given by an attorney, the clinician must see the evidence of LPA and document this in the clinical record. If the LPA is not available for review, consent CAN NOT be obtained and therapy may NOT proceed.

REVIEW

11. This policy is to be reviewed annually as per the date in the header. It may be appropriate to review sooner if there is significant change in regulation.

AUTHORITY

12. This policy was written today the *19th July 2024* and is enacted with immediate effect. All directors and employees of Exe Ear Care are to follow the guidance and direction within.

R. J. Toon
CEO.