

HSE National Consent Policy

Foreword

Consent must be obtained before starting treatment or investigation, or providing personal or social care for a service user or involving a service user in teaching and research (all defined as 'interventions' for the purpose of this policy). This requirement is consistent with fundamental ethical principles, with good practice in communication and decision-making and with national health and social care policy. In the case of medical examination, treatment, investigation or social care service, the need for consent is also required by Irish and international law.

The requirement for consent to be obtained extends to all interventions on service users in all locations. Thus, it includes social as well as health care interventions and applies to those receiving care and treatment in hospitals, in the community and in residential care settings. How the principles are applied, such as the amount of information provided and the degree of discussion needed to obtain valid consent, will vary with the particular situation. Knowledge of the importance of obtaining consent is expected of all staff employed or contracted by the HSE.

In everyday health and social care practice, circumstances arise which may challenge frontline staff in seeking informed consent from service users. Currently, there are a number of local and regional policies and guidelines in place pertaining to seeking consent for treatment in health and social care. However, there is no single national HSE Consent policy and supporting documentation on this issue.

To this end, the National Consent Advisory Group (NCAG), which is multi agency and multi disciplinary in membership, was convened in June 2011 under the auspices of the Quality & Patient Safety Directorate. The aim of the NCAG is to develop one overarching policy for consent in health and social care.

We are pleased to present the '*Draft National Consent Policy*' for consultation and feedback. The draft National Consent Policy aims to provide guidance to service providers regarding how to obtain a valid and genuine consent in health and social care and also to provide guidance to service users regarding the provision or refusal of consent by them as partners in their own care.

The draft National Consent Policy is presented in four parts:

Part One outlines the underpinning principles of a valid and genuine consent as it applies to the general adult population.

Part Two considers the specific situations which may arise in relation to the provision of services to children and adolescents.

Part Three deals with consent in relation to research.

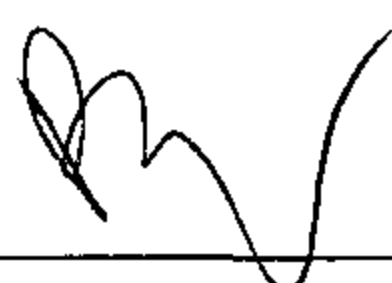
Part Four considers the issues that arise in the context of Do Not Attempt Resuscitation orders.

All feedback will be reviewed and considered in the development of the final policy which is due for completion in September 2012.



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