

## **1.1 INFORMED CLIENT CONSENT**

### **1.1.1 ABOUT THE INFORMED CLIENT CONSENT POLICY**

Involving clients in their care and well being decisions acknowledges their personal worth and individuality as well as their responsibility in managing their own health and wellbeing.

Further to this, the promotion of a mutually acceptable relationship between the service provider and client will maximise opportunities for clients to participate in the decision making process. Service providers have the responsibility of encouraging their clients in becoming more active in making their own decisions regarding their well being and creating a culture where this is accepted.

In view of this, all NRCHC clients will be given appropriate information and support by its service providers to assist them in making decisions about the treatment and care options that are available to them.

### **1.1.2 PURPOSE**

The objectives of this policy are to:

- Promote client control over decisions about their own health care.
- Educate staff and their clients about NRCHC's position in regard to maximising opportunities for clients to participate in decisions about their own health care.

### **1.1.3 SCOPE**

This policy applies to all health care service providers located at NRCHC and their clients.

### **1.1.4 PROCEDURES FOR PRACTITIONERS: PARTICIPATION OF CLIENTS IN HEALTHCARE DECISION MAKING**

#### Introduction

The following guidelines are designed to encourage client control over decisions about the type of treatment and care they receive whilst at NRCHC.

These guidelines emphasise the role of practitioners as facilitators in encouraging active client participation in health and well being decision making.

These guidelines are not a substitute for well developed general communication skills of the practitioner but are designed to provide some structure in selecting those issues that need to be communicated to the client and thus create an environment for the exchange of relevant information which enhances client participation.

Many of the practices outlined will be used at various times during the development of a professional relationship between client and

practitioner. The timing and frequency with which the guidelines are applied will be influenced by factors such as client interests and receptivity and the nature of the issue. The guidelines do not negate the need for professional judgement and responsibility to make decisions about how and when they are used. This will vary according to the situation and the extent to which the consumer is inclined to exercise control over decision making.

In general, these guidelines are designed to maximise opportunities for clients to participate in health care decision making. Ultimately, it is the client who will decide to what degree they will participate. The responsibility of practitioners is to maximise the number of opportunities for the client to do this.

These guidelines have been compiled to be appropriate for use in all health and well being decision making situations. They can be used for health and welfare issues which may require complex treatment and care.

The Victorian State Government has enacted a number of privacy principles into legislation through the *Health Records Act 2001*. As well as enforcing a legal right for clients to apply to access their records the Act also codifies that health information should be collected when necessary and after the client has consented. Because NRCHC has many practitioners on site, and due to our shared file system, it is necessary for the client to be informed that their information may be shared between practitioners where it will assist in their treatment. If they object to this it must be noted and 'closed' files kept for each practitioner.

#### Guideline 1

The principle of informed consent is based on the notion that treatment cannot be initiated without the client's permission. Therefore it is necessary to explain to the client in a manner which is easily understood by the client, depending on the client's individual circumstances, why NRCHC and the healthcare practitioner consider the client's participation in the health care decision making to be important.

#### Guideline 2

Explain to the client that the degree to which they participate in decisions about their health care is entirely their own choice.

#### Guideline 3

Establish what the client's expectations are from treatment/care that they are seeking.

#### Guideline 4

When collecting health information about a client, the client's consent must first be obtained. Information detailing the purpose of the collection, proposed use and disclosure, and the clients right to apply to access that information must be conveyed.

#### Guideline 5

When the practitioner has obtained sufficient information from the client to make a comprehensive assessment, this assessment should be described as simply as possible to the client. The assessment should outline the practitioner's understanding of the major health problem(s) of the client, highlight any relevant factors impacting on this assessment from an analysis of the client's life situation and any other information about which the practitioner is uncertain. This process should be repeated during any reassessment of the client's situation.

#### Guideline 6

Depending on the amount of information the client is able to provide to the healthcare practitioner regarding their particular health care, there may be a need for further diagnostic or assessment information to be obtained from the client. Clients are to be informed of the details of the assessment or diagnostic methods to be used to obtain this further information. The methods may be diagnostic (eg. pathology or psychometric) or the seeking of information from other specialised service providers or carers to obtain their assessment of particular matters. Information about effectiveness and risks associated with these methods is to be described to the client.

#### Guideline 7

Inform the client of the treatment and/or care options available to them in relation to their particular issue.

These options should include:

- Technical details of specialist interventions, associated risks and benefits (e.g. surgery).
- Lifestyle changes that may be required to improve the client's situation.
- Social support that may be available to assist the client in their treatment (eg. assistance from a carer in the preparation of meals).
- Any other services that can assist all parties involved in the treatment of the client (eg group counselling).

#### Guideline 8

The practitioner is to ask the client to consider their options in relation to their capacity to be involved in their own treatment and care and the level of support available from family and friends to help the client. Any gaps or miscommunication in this type of information are to be identified and strategies for correcting these developed e.g. determining the real level of support available through friends, family and benevolent institutions to the client. Clients may be unsure about the degree of support that these people offer. It may also be necessary for the practitioner to determine the amount of treatment or care that is available through other services that the client can access.

#### Guideline 9

The practitioner and the client are to jointly identify other key individuals that might be invited to participate directly in discussions related to care decision making. The client can decide who should be invited and how this will occur on the advice of the practitioner.

#### Guideline 10

The above options should be explicitly defined with the respective roles of the practitioner, other service providers, carers and the client described in detail with any contingencies being identified to the client.

#### Guideline 11

The client is to be offered time to consider the implications of the available options and be given the opportunity to decide on an option. They should be reassured that a decision about the most appropriate option can be made in consultation with the practitioner if the prospect of making an independent decision is not attractive. The importance of a considered response should be discussed with the client.

In relation to some issues, the nature of the treatment and care options available may require for a decision to be made quickly if the chances of a successful intervention are to be maximised. This aspect of any option needs to be clearly communicated to the client to ensure that they are aware of the implications of delaying a particular intervention.

#### Guideline 12

When the treatment or care option has been chosen by the client, it should be recorded in detail in the client's case records and/or their *Client Health Care Plan Record – BC – Form 1*. The record should include the strategies to be employed, the process for determining these, the person(s) responsible and the treatment or care objectives. Regardless of the recording method, the client should be invited to participate in writing this record and be offered a copy at completion.

Procedures are to be developed to ensure that a copy is included in the client health record and it should be explained how a copy is offered and made available to the client. These procedures will vary depending upon whether the plan is written directly into the client health record or is recorded as a separate document.

#### Guideline 13

The client should be provided with information in the event they wish to make a complaint. They have the option to make an informal complaint to the centre through our own procedures or to the Health Services Commissioner by contacting (03) 8601 5222