

CONSENT FOR UNDERGOING TREATMENT/PROCEDURE

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A Joint Initiative by



The Centre for Health Law & Ethics
National Law School of India University
Bengaluru

And



Indian Medical Association

Tiruchirappalli, Tamil Nadu

Adopted by

- **TRIOGS (Trichy Obstetricians & Gynaecologists' Society)**
- **TOC (Trichy Orthopaedic Club)**
- **Chola Thoracic Society (Pulmonologists of Trichy/Tanjore)**
- **API – Trichy Chapter (Physicians of Trichy)**
- **ASI – Trichy Chapter (Surgeons of Trichy)**
- **APSI – Trichy Chapter (Plastic Surgeons of Trichy)**
- **TOS – (Trichy Oncology Society – Medical / Surgical / Radiation)**

CONSENT FOR UNDERGOING TREATMENT/PROCEDURE

(Sl. No. 1-6 is to be filled by the Registered Medical Practitioner/s)

1.PATIENT'S DETAILS:

- Name:
- Gender: Age: Mobile number (Optional):

In case the patient is incompetent to consent:

- Name of the person consenting on behalf of the patient:
- Relationship with the patient: Mobile number (Optional):

2.PRE-PROCEDURAL DIAGNOSIS:

(Please specify Clinical / Radiological / Differential / Histopathological / Provisional, as applicable):

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3.PROPOSED TREATMENT / PROCEDURE:

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Underanaesthesia

4.EXTRA PROCEDURE(S) IF NECESSARY (please specify below):

- Blood / Blood Products transfusion Yes / No
- Possible staging / abandonment of the procedure Yes / No
- Any other procedure(s) *(specify below briefly)*

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5.ASSOCIATED RISKS WITH PROPOSED TREATMENT / PROCEDURE EXPLAINED TO THE PATIENT:

EXPLAINED IN A MANNER UNDERSTANDABLE TO THE PATIENT

6.STATEMENT OF THE REGISTERED MEDICAL PRACTITIONER/S: I / We have informed the patient of treatment options and plausible outcomes of these options, including known benefits and possible complications. I / We have explained the management options which are entailed for the patient. I / We have provided the patient with adequate information specific to the proposed procedure identified. The patient has been categorically advised to ask the doctor(s) any questions about anything that is unclear. Wherever such questions were raised, additional information to the satisfaction of the patient is being provided.

Name of the doctor(s):

Registration number(s):

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Date:

Signature(s) of the Doctor(s)

7. PATIENT'S DECLARATION: *(Please read the information carefully. By signing the declaration below you indicate that you have understood and agree with the information provided to you. Any specific concerns should be discussed with your doctor performing the procedure **prior to signing the consent to be undergoing treatment.**)*

- a. The doctor(s) has/have adequately explained about my medical condition, the likely prognosis and the natural course of the medical condition to me.
- b. The doctor(s) have also explained the relevant management options that are available to me and associated risks, including the risks of not undergoing the procedure. The risks of the procedure have been explained to me, including the risks that are specific to me and the plausible outcomes.
- c. I have had an opportunity to discuss and clarify my concerns with the doctor(s) to my satisfaction.
- d. The doctor(s) has/have explained to me alternate procedure(s) available.
- e. I **understand** that the result / outcome of the treatment / procedure cannot be guaranteed and more so to my expectations. I **understand** that if immediate life-threatening event(s) happen(s) during the treatment / procedure, I will be treated accordingly.
- f. I **understand** that with due prior information to my doctor, I have the right to change my mind at any time before the treatment / procedure is undertaken even after I have signed this form.
- g. I **consent** to undergo the treatment / procedure(s) as documented in this form.
- h. I consent to blood / blood products transfusion, staging / abandonment of the treatment / procedure(s) as circumstantially needed.
- i. I am aware that I have a right to opt for second/more medical opinion(s).
- j. I am aware that I should strictly comply with doctor's instructions after the treatment / procedure and to be on follow-up periodically.
- k. I do / do not authorise for procedural photographs / videos for academic purposes (keeping identity confidential).
- l. I have been given sufficient time and opportunity to clear my doubts on my condition and treatment / procedure and decision making process.
- m. I have been informed about the estimated cost of the treatment / procedure involved in ordinary circumstances and I agree to adhere to the same as per administrative norms of the hospital.
- n. I understand that, in case of emergency during the agreed treatment / procedure(s) were to arise, the doctor will undertake such other treatment / procedure(s) as necessitated, keeping in mind my best interest, without necessarily seeking any proxy consent.

IF ANY CHANGE IN TREATMENT / MANAGEMENT PLAN IS NEEDED, I PREFER TO:-

- a. plan it later after my due consent
OR
- b. allow doctor(s) to seek consent from Mr./Mrs.
mobile number, whom I authorize to consent on my behalf to proceed with the altered plan of treatment/management.

I have been provided the contact details if I wish to discuss further regarding the consent, treatment/ procedure, etc. This consent form is created in duplicate (*both of the copies are to be treated as original*) and signed by me and my doctor; and one of such copies is being provided to me for my records.

Date:
Signature/Thumb Impression of the Patient / Proxy (if patient is incompetent to consent)

8. INTERPRETER'S DECLARATION (in case an interpreter is used)

I declare that I have interpreted the dialogue between the patient and the doctor to the best of my ability.

Address of the interpreter

Name and Signature of the interpreter

ADDITIONAL NOTES *(Registered Medical Practitioner may use this space to write special observations if any)*

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PROCEDURAL GUIDELINES

1. Please note this “consent for treatment/procedure” Form is ideal for routine/elective medical procedures or treatments, where, as a doctor you feel the requirement. If the medical procedure or treatment is complex; or covered by special regulations (like assisted reproduction, organ transplantation, clinical research etc.) then please be advised this ‘consent for treatment/procedure’ Form is not suitable.
2. The attached form is in two parts. The first part is to be filled in by the Registered Medical Practitioner/s (RMP) in the presence of the Patient during the counselling session. The second part is to be filled-in by the Patient (if the Patient is illiterate – that part is to be explained to him in a language understandable to him by an Interpreter). If used, the interpreter will also sign the Form. If agreeable, the patient will sign the document along with RMP taking the responsibility for the treatment.
3. Any person who has attained the competent age and has a sound mind can give consent to the RMP for procedure or treatment. If the patient’s competency is equivocal, in order to ascertain the same, the expert opinion of a Psychiatrist may be sought.
4. The Form is to be signed by all the Parties (RMP, Patient and Interpreter if involved) in duplicate, and both of the copies are to be treated as originals. One of those copies must be given to the Patient for his records.
5. There is no requirement for a ‘witness’ signing this ‘consent for treatment/ procedure’ document. However, if there is not much of effort, signature of Patient’s attendant may be taken.

THE SCOPE AND RELEVANCE OF THIS DOCUMENT

6. Obtaining consent for procedure or treating a Patient is a mandatory legal requirement. If you (as a RMP) attempt to treat a person without valid consent, barring exceptional circumstances (situations where law mandates you to treat without consent), will be liable under law (both tort and criminal law). Therefore, barring exceptional situations you just can’t treat a Patient without his consent.
7. Thus, obtaining medical consent becomes absolutely necessary. However, some doctors believe that a well drafted, detailed consent will protect them from all possible legal liability. This is a myth. Kindly understand this point very well.
8. Oral consent is also sufficient if there is no specific mandate (by law) for a written consent. However, Regulation 7.16 [Medical Council of India (Professional Conduct, Etiquette and Ethics) Regulations, 2002] states that a written consent is required before ‘performing an operation’.
9. It is advisable to preserve a copy of the Manufacturer’s License / Permission of any Implant / Appliance that may be implanted in the patient.