#

**Save Face**

**Consent to Treatment Policy**

# **Introduction**

# Practitioners and clinics will use a vast array of internal policies and procedures, but the most appropriate policies will always depend on the size and nature of the individual organisation. The policies are more effective if they are developed and reviewed on an ongoing basis with the involvement of staff, and are tailored to suit the specific needs of a clinic and its activities. However, some guidance and examples mean that you don’t have to start from scratch.

# Save Face has developed a number of example generic policies which can be used as a basis for your own policies, where relevant these policies should be tailored to suit the needs and requirements of each individual practitioner and clinic.

# **Disclaimer**

# Save Face accepts no responsibility for any third party loss or consequences arising from the use of these example policies.

**Template Consent to Treatment**

**Policy Statement**

For a patient to give ‘valid consent’ an exchange of information must take place. The simple signing of a consent form does not in itself constitute consent, likewise, the absence of a signature does not in itself mean that informed consent has not been given.

It is a legal and ethical principle that valid consent must be obtained before commencing physical examination or treatment. This principle reflects the right of patients to determine what happens to their bodies and is a fundamental part of good practice.

**Informed Consent**

To give informed consent for cosmetic treatment a patient must;

* Have capacity to make a decision\*
* Be over (18) unless parental consent is provided\*
* Be fully informed about the procedure
* Understand the risks and benefits
* Know the alternatives
* Not be placed under any duress

\* A patient will not be legally competent to give consent if they are unable to comprehend and retain information material to the decision and/or they are unable to weigh and use this information in coming to a decision. (Mental Capacity Act, 2005)

**Informed Consent Requires;**

* Explanation to the patient (verbal and written)
* Time to consider their decision
* Discussion of concerns
* Answering the patients questions
* Signing of the consent form by patient and clinician

**The Consent Form**

The consent form documents the information provided to the patient;

* An explanation of the product to be used
* An explanation of the indications for treatment
* The expected benefit to the patient
* The treatment process
* Possible side effects and risks
* Alternative treatments that may be considered, including the option to have no treatment
* How long the results are expected to last
* Material information
* After care that must be followed
* Follow up or treatment course
* Costs and terms of payment

The consent form and any supporting patient information should be regularly reviewed and updated (local policy)

The written information provided should not be seen as a substitute for face to face consultation and discussion with the patient.

Consent may only be obtained by a person who is competent to assess the patient, consent the patient and deliver the treatment.

The consent process may be waived in the event of an emergency which requires immediate lifesaving treatment.

**References and Further Reading**

* Reference guide to consent for examination or treatment (second edition) (DoH, 2009)
* Consent: Patients and Doctors Making Decisions Together (GMC, 2008)
* Regulation in practice topics; Consent http://www.nmc-uk.org/Nurses-and-midwives/Regulation-in-practice/Regulation-in-Practice-Topics/consent/ (NMC, accessed; April, 2014)
* Mental Capacity Act: code of practice (Department of Constitutional Affairs, 2005)
* Standards for Dental Professionals (2013)