



Consent and Adults with impaired capacity

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Summary

The Society and College of Radiographers (SCoR) publishes this guidance and advice in response to queries raised by members with regard to obtaining consent from adult patients who have impaired capacity

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SCoR policy on consent is described in the 2007 publication ***Consent to Imaging and Radiotherapy Treatment Examinations*** available from the document library on the website http://www.sor.org/system/files/document-library/members/sor_consent_document.pdf

Advice on consent from adults with impaired capacity is given in section 10 of the above document and takes into account the Mental Capacity Act 2005 and Adults with Incapacity (Scotland) Act 2000.

The Acts provide a statutory framework to empower and protect vulnerable people who are not able to make their own decisions.

The five key underpinning principles are:

1. A presumption of capacity - every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise;
2. The right for individuals to be supported to make their own decisions - people must be given all appropriate help before anyone concludes that they cannot make their own decisions;
3. That individuals must retain the right to make what might be seen as eccentric or unwise decisions;
4. Best interests - anything done for or on behalf of people without capacity must be in their best interests; and
5. Least restrictive intervention - anything done for or on behalf of people without capacity should be the least restrictive of their basic rights and freedoms.

With regard to consent and using the principles stated above it must be noted that the principles of consent (that the patient has enough information to make a decision, that the patient has made the decision voluntarily and that the patient has the ability to consent) apply to all patients, and it must

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NOT be automatically assumed that the patient is unable to make a decision and give consent themselves. All reasonable steps must be taken to support a patient to make a decision. This involves taking extra time with the patient and using language appropriate to the level of understanding. The patient's carers may be able to help in this regard but they cannot give valid consent on behalf of the patient, including the patient who lacks capacity.

Acting in the best interests of the patient may involve the radiographer delaying or postponing the procedure if, in their opinion, more time needs to be taken to obtain consent. The referrer should be informed and discussions may include possible alternative procedures if relevant.

If the employing authority has policies regarding consent which have been developed locally these policies should be followed.

If, after taking every practical step to achieve consent from the patient, consent is not achievable, the radiographer needs to be clear that by providing imaging and/or treatment they are acting in the best interests of the patient (4th key principle).

Radiographers must record decisions taken along with a brief explanation of why the decisions were taken.

Any comments or questions on this should be directed to Christina Freeman christinaf@sor.org

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