

About consent

Your agreement is needed before a doctor, nurse, or anyone looking after you examines or treats you. We call this agreement your 'consent'.

Sometimes you can say that you consent to what we need to do. We call this 'oral consent'. For example, if we need to take your blood pressure or examine your throat or take some blood samples, you might say 'yes' or 'OK' to confirm your consent. At other times we need you to sign a form to confirm your consent. We call this 'written consent'. For example, you'll be asked to give written consent, usually by signing a consent form, if you are going to have a general anaesthetic. This leaflet is mainly about giving written consent.

What should I know before giving consent?

You must understand:

- what is to happen and why
- the choices
- the risks
- the benefits
- any effects on your work or social life.

Staff will write this information on the consent form and explain it. They will discuss any choices you must make, with their risks and benefits. For very good reasons staff may recommend a particular choice for you, but if you are unhappy with what they suggest, feel free to discuss other choices. You will be given a copy of the consent form to keep. You will also be given any information leaflets we have about your treatment.

If you'd rather not know about certain things, say so. Some people prefer not to know all the details, but it's important that you understand broadly what is to happen, and why, so you can give proper consent. Also say if there's anything you don't want to happen during the treatment. And don't worry - it's OK to change your mind, even after signing the form.

Should I ask questions?

Yes - it's important that you understand what is to happen and why. If the staff member you ask doesn't know the answer, they'll find someone else to explain. Sometimes it helps to bring a friend or relative along so you can talk it over later. You may like your friend or relative or someone else to speak for you. If you have hearing problems or don't understand English very well, let us know and we will arrange for an interpreter.

Questions to ask

As well as giving you information, staff must listen to you and do their best to answer your questions. Some examples of questions you may want to ask are:

- Why do you think an operation is necessary?
- What are the main treatments?
- What are the benefits of each treatment?
- What are the risks, if any, of each treatment?
- What are the success rates for different treatments for this hospital, or unit, or doctor?
- What are the risks if I decide not to have any treatment?
- How will I feel after the operation?

You may also want to ask about any effects on your future health or lifestyle. For example:

When will I be able to go back to work?
Will I need someone to look after me? For how long?
Will I be able to walk or move as usual?
Will I be able to drive?
Will it affect the kind of work I do?
Will it affect my personal or sexual relationships?
Will I be able to take part in my favourite sport or exercise?
Will I be able to eat the same foods as I do now?

Who will treat me?

You will be under the care of a consultant but often a member of the consultant's team will do the operation. Someone senior will always be available to supervise or give advice.

As part of their training, healthcare students (doctors, nurses, radiographers and others) may want to examine you and talk to you about your condition. If you are having an operation, they may need to be there to see and learn. This is an important part of their training and they will always be under supervision. We hope you will not mind this but if you prefer not to discuss your condition with students or have them there, please say so. This will not affect your care in any way.

What about the anaesthetic?

Two main types of anaesthetic are used:

- a general anaesthetic - you will be asleep throughout the operation
- a regional anaesthetic - the part of your body to be operated on will be numbed so you will not feel any pain during the operation.

Sometimes with a regional anaesthetic, we will give you an injection so you will feel sleepy during the operation. And sometimes we will give you both types of anaesthetic.

But don't worry - when you are being assessed for your operation, or when you are admitted, your anaesthetist will give you all the information you need about the anaesthetic.

What happens to removed organs or samples?

If the operation is to remove diseased or suspect tissue or organs, the removed material will be examined to confirm what is wrong with you. It may also be used for quality control or 'audit' (checking that our work is up to standard), or to teach laboratory staff. In most cases it will then be destroyed. Some material may be used for teaching medical students or junior doctors and for research.

What happens about consent in an emergency?

If you come into hospital very ill and we have to operate or treat you very quickly, we will still try