# Adequacy of patient consent for radiation therapy

**Descriptor:**

Patients have a fundamental legal and ethical right to determine what happens to their own bodies. Valid consent to treatment is absolutely central in patient management.

**Background:**

The Department of Health have issued a range of guidance documents on consent and on the basis of these each trust should have a consent policy in place. This should outline the legal and practical requirements for ensuring that patients have an adequate understanding of all the treatment options, the benefits and risks of each and have been supplied with appropriate verbal and written information.A high proportion of patient complaints focus on the communication of information around treatments and there is evidence that their subsequent compliance is affected by the completeness of this process.

## The Cycle

**The standard:**

All patients undergoing interventional procedures, radiotherapy, chemotherapy or other treatment modalities should be given “sufficient information in a way they can understand to allow them to exercise their genuine right to make informed decisions about their care”. For radiotherapy, signed written consent is required and there must both be a copy of this in the patient record and a copy that the patient retains for their own records.

**Target:**

100%

## Assess local practice

**Indicators:**

The number of patients undergoing radiotherapy who are able to answer yes to every question on the Patient Questionnaire (see Resources).

**Data items to be collected:**

1) Patient demographics including age, gender, ethnic origin, 1st language etc.2) Signed consent form available in patient record.3) Completeness of signed consent form and indication that copy has been given to patient.3) Patient questionnaire (see Resources)

**Suggested number:**

20 patients undergoing any particular form of radiotherapy to a specified site in a particular clinical unit, e.g. adjuvant breast radiotherapy.

**Suggestions for change if target not met:**

• Presentation of audit findings to clinical team involved and discussion regarding:(i) issues on missing or inadequate documentation(ii) issues on patient questionnaire• Ensure that new medical team members, or others who are involved in the consenting process, are fully aware of the required procedures and the importance of the process for patient satisfaction and care.• Arrange for training in the medico-legal aspects of consent, consenting technique and the possible consequences resulting from inadequate arrangements.• Repeat date for commencing the next audit but as the changes required are usually around training and work process, repeat after short time intervals of for example 3 or 6 months.• Identify staff member responsible for implementing the required changes.• Indicate date for reporting on the repeat audit.

**Resources:**

Personnel:Departmental staff member to distribute and collect the questionnaires; staff member to extract from patient record demographic details; audit assistance to collate the results.Estimated Time:10 minutes per patient to extract data1 hour to collate the resultsQuestionnaire – [patient questionnaire](http://www.rcr.ac.uk/auditliveco/6_Patient%20Questionnaire.doc)

[**6\_Patient Questionnaire.doc**](https://www.rcr.ac.uk/sites/default/files/audit_template/co/6_Patient%20Questionnaire.doc)WORD - 46.5 KB

**References:**

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**Editor's comments:**

• There are many misconceptions regarding consent. This occurs particularly in relation to children’s, parents’ and partners’ rights, and in respect of patients with a limited ability to give consent.• This audit could be conducted across the whole department and cover the work of all oncologists. The results could contribute to the contents of an individual’s revalidation folder as a personal audit.• The format of this audit is illustrative and is not intended to suggest that these are the only areas in which consent needs to be obtained. Consent has become a central issue in the delivery of healthcare, particularly since the Kennedy Enquiry into the excess death rate at the paediatric cardiac surgical unit in Bristol. Consent issues are still more complex in relation to clinical trials..

**Submitted by:**

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