



Public Health
England



Consent

2017

Vaccine Advice for Clinicians Service (VACCeline)

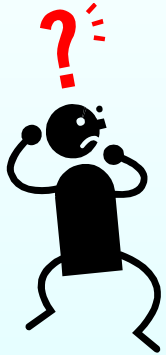


Learning objectives

- Describe basic principles of consent and how it applies to vaccination
- Identify consent issues for patients/clients within own work context



On your tables



Please complete the consent quiz within your pack
(you have 5 minutes)



Consent

Q1. What is consent?



Consent

“...principle that a person must give their permission before they receive any type of medical treatment or examination. This must be done on the basis of a preliminary explanation by a clinician”

From: <http://www.nhs.uk/conditions/consent-to-treatment/pages/introduction.aspx>



Consent

Q2. Please complete the blanks:

For consent to be valid, it must be _____ and _____, and the person consenting must have the _____ to make the decision.



Consent

Q2. Please complete the blanks:

For consent to be valid, it must be **VOLUNTARY** and **INFORMED**, and the person consenting must have the **CAPACITY** to make the decision.



Consent

Q3. List the information that should be given as part of the consent process prior to immunisation.



Consent process

Consent must be obtained before any treatment/intervention

Information to be given includes;

- ❖ Immunisation(s) to be given & disease(s) that will be prevented
- ❖ Benefits/risks of immunisation v. risks of disease(s)
- ❖ Any new information
- ❖ Possible side effects and how to treat
- ❖ Follow-up
- ❖ How data will be stored (Caldicott guidance)

Finally there should be agreement to proceed



Consent

Q4. Do all patients require the same amount of information prior to vaccination?



How much information to give

- As much as patient / parent needs / wants
- They may want to trust you – that is fine
- Patients not obliged to seek full information
- No needless barriers to effective treatment



Individuals with capacity to consent:

Comprehend the information

Retain the information

Use the information to make a balanced decision

More on capacity shortly.....



Consent

Q5. Is written consent needed prior to giving a vaccine?



Written Consent

- There is no legal requirement for consent to be in writing
- A signature is not proof consent has been given
- It may serve to record proper discussions have taken place, e.g. invasive treatments



Consent

Q6. Can children under 18 years of age can consent for their own treatment if they are assessed as having the capacity to make that decision?



The law – under 18's



16 & 17 year olds: presumed in law to be able to consent to medical treatment

Some children under 16 may have the capacity to consent for themselves.

In immunisation this is called “Gillick competence.”



Other children will require consent from someone with the legal authorisation to do so.





What is Gillick competence?

When a child is;

- Able to understand and retain the information pertinent to the decision about their care, i.e. the nature, purpose and possible consequences of the proposed investigations or treatment, as well as the consequences of not having treatment.
- Able to use this information to consider whether or not they should consent to the intervention offered.
- Able to communicate their wishes.



Individuals with capacity to consent:

Comprehend the information

Retain the information

Use the information to make a balanced decision

More on capacity shortly.....



Consent

Q7. Who can consent for a child to receive a vaccine?



Parental responsibility

- mothers
- father: married to mother when baby born or marries subsequently
- unmarried father:
Parental Responsibility Agreement
Parental Responsibility Order
- Since 01/12/2003: unmarried fathers can acquire parental responsibility if named on child's birth certificate.
- Same sex partners: if civil partners at the time of treatment at a registered clinic
- Adoptive parents



Consent

Q8. If a person other than the parent brings child to the practice, can vaccines still be given?



Who brings the child?

- Parent(s) “...*may arrange for some or all of it to be met by one or more persons acting on his behalf*” (Section 2(9), Children Act 1989)
- There is no requirement for the parent to be present, nor for such arrangements to be in writing.



Procedure

Health professional should be satisfied that:

- **Person with parental responsibility has consented in advance to the immunisation and has arranged for the other person to bring the child to the appointment**
- **Person with parental responsibility has arranged for this other person to provide the necessary consent**



Consent

Q9. Can all adults consent for themselves?



“If an adult has the capacity to make a voluntary and informed decision to consent to or refuse a particular treatment, their decision must be respected.”



Consent

Q10. Which law sets out the procedures for adults who can't consent?



Mental Capacity Act (2005)

Mental Capacity Act (2005) sets out how treatment decisions should be made for people >16 years of age who do not have the capacity to make such decisions.



Mental capacity is

time and decision specific

So ask, can the person make this decision at this time?



Five core principals of MCA

1. Presume capacity
2. Do all you can to maximise a person's capacity
3. Unwise decisions don't prove a lack of capacity
4. If you are making a decision on behalf of someone act in their best interests
5. Seek the least restrictive option to meet their needs



Mental Capacity Act sets out process:

The two-stage test of capacity (*Code of Practice, 4.11–4.13*)

1. Is there an impairment of, or disturbance in, the functioning of the person's mind or brain?
2. If so, is the impairment or disturbance sufficient that the person lacks the capacity to make that particular decision?

Any assessment of a person's capacity must consider the following factors:

1. whether they are able to understand the information
2. whether they are able to retain the information related to the decision to be made
3. whether they are able to use or assess the information while considering the decision



Consent

Q11. Who can consent for an adult who lacks capacity to do so?



**Lacks capacity to consent
to flu vaccine**

Is there a designated decision maker?

Lasting Power of Attorney: personal welfare

Court of protection deputy



BEST INTERESTS DECISION CONSIDERS:

- Relevant circumstances
- If the decision can wait until capacity is regained?
- Persons past and present wishes
- Persons beliefs and values
- Consult with family members, carers or anyone named by the person

- If “unbefriended” need to assess situation and consider IMCA
(thinking about the risks of withholding treatment from a vulnerable patient)



Are you familiar with local policy including any relevant documentation?

- **keep a record of long-term or significant plans made about capacity**
- **in the place where you regularly record details about a service user or patient such as a care plan, file or case notes**

The record should show:

- **what the decision was**
- **why the decision was made**
- **how the decision was made – who was involved and what information was used**



Advance decisions

prepared when a person has capacity

- It is a decision to refuse specific treatment and is binding
- Other expressions of an individual's preferences are not binding but must be considered
- A relevant Lasting Power of Attorney will override an advance decision if it is made after the decision
- An advance decision can be withdrawn:
 - by the individual while they have capacity, or
 - if the individual does something that is clearly inconsistent with the advance decision,
 - by the decision maker if treatment is now available that was not available when the advance decision was made



Summary

Basic principles across all ages. Consent must be:

- Voluntary
- Informed
- Made by someone with capacity



On your own

Note down what are your
key learning points from this session?



Resources: Consent

BMA mental capacity act toolkit:

<http://bma.org.uk/practical-support-at-work/ethics/mental-capacity-tool-kit>

Green book <https://www.gov.uk/government/organisations/public-health-england/series/immunisation>

Articles on Mental Capacity Act & Vaccination

Griffith, R. (2009) The Mental Capacity Act 2005 in practice: influenza immunisation. *Nurse Prescribing* 7(2) pg.78-81.

Griffith, R. (2009) The Mental Capacity Act 2005 in practice: best interests. *Nurse Prescribing* 7(4) pg. 172-175