University College of Osteopathy

STUDENT GUIDANCE ON GAINING CONSENT FOR EXAMINATION AND TREATMENT AT THE BSO

The following information is designed to provide guidance for students at the BSO with regards gaining consent from patients for examination and treatment. It was originally formulated to ensure that you comply with the GOsC guidance, and is in part derived from guidance published by the British Osteopathic Association in 2008[1].

Since the introduction of the new Osteopathic Practice Standards (OPS) and the bringing together of the Code of Practice with the Standard of Proficiency (S2K) this advice has undergone review. In the OPS consent is detailed within Theme A, Communication and patient partnership, Standard A4. This guidance has been reviewed with this Theme and Standard in mind. In the context of clinical education for pre-registration students of osteopathy it is written to reflect best practice.

Theme A: Communication and patient partnership states;

*"**The therapeutic relationship between osteopath and patient is built on trust and confidence. Osteopaths must communicate effectively with patients in order to establish and maintain an ethical relationship**."*

Further to this guidance from standard A3 states:

"You should inform your patient of any material or significant risks associated with the treatment you are proposing. If you are proposing no treatment you should explain any risks associated with doing nothing. You should also explain any alternatives to the treatment. The information you provide should focus on the patients individual situation and the risk to them. You should check that the patient has understood the information you have given."

Further to this Standard A4 states;

You must receive valid consent before examination and treatment

- ***For consent to be valid, it must be given:***
    - ***Voluntarily***
    - ***By an appropriately informed person***
    - ***By a person with the capacity to consent to the intervention in question.***
- ***The patient needs to understand the nature, purpose and risks of the examination or treatment proposed. The patient must then be free to either accept or refuse the proposed examination or treatment. Some patients may need time to reflect on what you have proposed before they give their consent to it.***
- ***Gaining consent is a fundamental part of your practice and both an ethical and legal requirement. If you examine or treat a patient without their consent, you may face criminal, civil or GOsC proceedings.***
    - *The process of obtaining consent is ongoing, and it is encumbent on the practitioner to fully evaluate newly presenting, or changing conditions, create a treatment and management plan for the new/changed condition and obtain the necessary consents from the patient before proceeding to treatment.*

[1] Chorley, K (2008); Osteopathy Today, July/August 2008 pp14-15. BOA

There will always be an element of clinical judgement in determining what information you should give to your patients. However, the recent CROaM study identified that "although rare, osteopaths need to be aware of the possibility of serious events occurring during or after treatment and to inform patients beforehand that they may experience increases in symptoms/pain associated with their main complaint."

To address this issue it is suggested that during the presentation of your osteopathic evaluation/diagnosis you address the following elements:

- Your assessment of their condition - this simply equates to your evaluation/diagnosis
- Your professional opinion as to the most appropriate care for that condition that you can provide
- The reasons for your opinion
- The potential consequences for not having the proposed intervention
    - This equates to you describing your treatment and management plans, and your prognosis
    - This should be justified to the patient based on your diagnosis, and should be informed by your understanding of the dysfunction involved and the aetiological factors contributing to the problem.
    - You should offer an indication of what the outcome might be for the patient if they chose not to have treatment.
- Details of alternative care that could be provided by you or other health care disciplines

    This might include the option to refer the patient back to their GP for pain relief or other treatments (eg further referral), the possibility of surgery etc, dependent on each case.

At all times you need to be aware of the patients needs, and that they are able to understand what you are saying. Make sure you use language that is appropriate to the patient so that they are able to contextualise what you are communicating to them. The use of models and visual displays may be helpful in this situation. Make sure you check their understanding as you go by asking questions or asking them to reiterate what you have said (particularly if English is not their first language)

It may be necessary at this stage to offer to patients who do not seem to understand, an opportunity to consider their options before being treated. In these instances offering them a future appointment with the intervening time to think things through would be appropriate.

Statement of Risk (Before treatment)

The following statement of risk can be used as a stand alone statement, but may of course be modified, so that you are able to better meet the needs of the patient. The fundamentals of the statement were offered by the BOA as a suitable statement for their members to use when explaining to patients the inherent risk of treatment in relation to the Code of Practice. However, it is still relevant to osteopathic practice subsequent to the introduction of the OPS. It has been modified slightly based on feedback from some of the clinic team.

"It is important that I explain to you the potential side effects and risks of treatment. Many patients do not experience any side effects. However, it is quite common and normal following osteopathic treatment for a patient to feel sore or achy for a few days (similar to what you might feel after exercise)

Some patients may experience a temporary increase in their symptoms or pain, but these usually settle down quickly.

Evidence suggests there is a very small potential risk of significant injury from manoeuvres of the neck (you could modify this sentence for any area of the body), such as stroke (again you could modify this as appropriate to region of the body. You may also choose to emphasise the rarity of these incidents). Following my consideration of the details of your history and your examination there is no evidence to suggest that there are any contra-indications to using this treatment technique, and therefore I have no concerns with proceeding (or other region of the body as appropriate)"

Do you understand the potential risks as I have explained them?

Do you consent for me to continue with your treatment?

Before I proceed with treatment, do you have any questions that you would like to ask?

If a patient seems unsure of what you have discussed, or is in any way apprehensive you might wish to suggest less invasive techniques as alternatives, so that you are able to treat the patient conservatively.

If you feel that the patient has not understood what you are trying to explain, you might wish to say something like:

"I appreciate that there is quite a lot to consider. Would you like more time to think things through? If so I can book you another appointment in xxx days time, when we can discuss this issue further."

Once verbal consent is gained treatment may commence. You still need to record this in your patient notes as well as a brief summary of risks and alternative options mentioned.

Further advice and guidance can be found in two useful articles published in the Osteopath magazine October/November 2012 by Pippa Bark[2] and Steve Vogel[3] that may help you in better understanding and communicating risk in practice.

More recently, NCOR has published some very useful guidance about communicating benefit and risk and can be found at:

http://www.ncor.org.uk/practitioners/practitioner-information-communicating-benefit-and-risk-in-osteopathy/

[2] Bark, P. (2012) Explaining to patients the benefits and risks. The Osteopath. Oct/Nov 2012, P6-7
[3] Vogel, S (2012) Adverse events in osteopathy. The Osteopath. Oct/Nov 2012, P4-5