Jill Macdonald, RVN FHEA MBVNA

Jill has worked as a head nurse in small animal practice, trained and assessed vet nurses, worked at Liverpool Vet School in education, and now runs ONCORE ePD, who provide online CPD to vet nurses. In her spare time she still 'locums' as a vet nurse.

Carol Gray, BVMS MA MRCVS

Carol Gray is Lecturer in Veterinary Professional Skills at the University of Liverpool School of Veterinary Science, having taught communication and professional skills there since 2003. She is currently studying part-time for a PhD in research ethics, and her main interests are informed consent, professional ethics and communication skills.

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'Informed consent' – how do we get it right?

Jill Macdonald RVN FHEA MBVNA
Walnut Lodge, Farm Lane, South Littleton, Worcestershire, WR11 8TL UK

Carol Gray BVMS MA MRCVS
School of Veterinary Science, University of Liverpool, Leahurst Campus, Chester High Road, Neston, South Wirral, CH64 7TE UK

ABSTRACT: In practice, it is commonly the veterinary nurse's remit to admit animals and gain consent for procedures. This article will outline what 'informed consent' means, some of the key skills that can and should be used to ensure that the consent gained is informed and also some of the more difficult aspects of gaining consent.

Isn't a signature enough?

Why do we need to ensure that consent is 'informed'? If we have given the client an opportunity to read the form, and we have a signature on the admission sheet, isn't that enough?

Well the crux of the matter is that, no, this isn't enough. We need to consider professionalism, ethical values and honesty, openness and transparency about the work that we do in order to give our clients a level of autonomy that allows them to make *informed* decisions about their animals.

In addition, whilst avoiding litigation should never be the prime objective for 'doing things right', it must be mentioned, since not following a correct consent procedure is far more likely to leave a practice or particular member of staff open to the risk of litigation **(Figure 1)**.

What makes consent 'informed?'

The RCVS Code of Professional Conduct (COPC) for Veterinary Surgeons and Nurses, 2012, states that: 'Informed consent, which is an essential part of any contract, can only be given by a client who has had the opportunity to consider a range of reasonable treatment options, with associated fee estimates, and had the significance and main risks explained to them.'

Beauchamp and Childress (2008) laid out principles of biomedical ethics that, although in their original context relate to human medicine, are still very relevant to veterinary medicine **(Table 1)**.

We can see clearly that these principles come into play when we consider informed consent and what it means to us as well as our clients.

Autonomous and informed decisions can only be made when all the relevant information – including the risks, benefits and potential for harm – is provided to the owner. This information will generally – aside from the owner's prior knowledge, previous experiences and possibly some internet research – come from us.

Communication, communication, communication...

Whilst ethical principles strongly underpin any procedure for gaining

Figure 1. Isn't a signature enough?

Table 1. Principles of biomedical ethics in the veterinary context (from Beecham and Childress, 2008)

Terminology	Definition
Autonomy	In the context of veterinary medicine – allowing the client to make independent decisions regarding their pet's treatment
Beneficence	Balancing the benefits against the risks and costs of, for example, neutering
Non-maleficence	Not causing harm – and of course many procedures have the potential to cause harm
Justice	Distributing benefits, risks and costs fairly, and all clients should be treated similarly

informed consent, effective and thoughtful communication skills also play a vital role. If we look at the 'Guide to the Veterinary Consultation based on the Calgary Cambridge Model' (Radford et al., (2006), a gold standard framework for teaching and practising consultation communication skills, there are several key areas that should be addressed.

Reassurance

A polite, warm greeting of the client and the patient will provide reassurance. The use of 'signposting' – which involves clearly communicating what is going to happen and in what sequence – will help to offer structure and assist in involving the client in the process; and this again will provide reassurance.

Any questions?

It is important to allow the client the opportunity to ask questions or share any concerns they might have. This may sound so obvious, but let's consider one of our own consultations and reflect honestly on how clearly we offer this opportunity to our clients, especially during a busy morning when we are trying to get our all patients admitted.

Decision-making

Shared decision-making is a vital component of building the veterinary-client-patient relationship and in providing relationship-centred care; so attention should be paid to this when we are gaining a client's consent.

Often there are decisions that need to be made regarding choices in care, such as pre-operative blood tests, histopathology tests, add-on dental treatments and postoperative diets, for example. Incorporating the client's perspective whilst offering our own can help to make those decisions shared; rather than those of just the client, or just the vet, nurse or practice protocol.

Comprehension

For consent to be informed, the client has to understand the information given. How do we ascertain this? By breaking information into distinct sections, and then checking back with the client that they have understood.

Going back to "Do you have any questions?", "Is there anything you want to ask?", "Are you happy with this information, or would you like me to go over it again?" is very helpful here.

Information is also far more readily understood if broken down into clear areas, and these areas 'signposted' to the client. For example, you could signal how you intend to proceed: "First I will just talk about the blood tests, and then give you information about the anaesthetic and the operation."

The use of appropriate language will help to ensure that you don't 'lose' your client. Whilst the words 'spay' and 'castrate', 'abdomen' and 'thorax', 'radiograph' and 'ultrasound' are everyday vocabulary to us, we must remember that many clients may not understand such terms, and may also be embarrassed to ask us to elaborate.

On this subject, it is always good practice to obtain the client's 'starting point' – prior knowledge or experience, or expert knowledge, or no experience. For example, is the client a doctor or nurse or someone who has never owned a pet before?

Empathy

Empathy is such a key component in effective communication that we shall never tire of mentioning it. Empathy is about trying to imagine being in someone else's position, and considering the difficulties or emotions that may bring. We always try to imagine 'How would I feel if my dog/cat was coming in for this procedure?' and can always answer that we would be very anxious and worried, and try to treat the client as we would want to be treated. This can go such a long way toward helping the client to feel reassured and confident in your (practice's) care, in gaining their trust and in empowering them to feel that they can ask questions.

Clients who feel intimidated, un-accommodated and rushed will not ask questions, and will leave their animal and the practice feeling uneasy.

Discussion of risk

Openness and transparency regarding the procedure we are going to perform, and the risks involved, are of course a key aspect of consent being truly informed **(Figure 2)**. A good example of this is the bitch spay.

Whilst it is a 'routine' procedure, we have yet to meet a veterinary surgeon who doesn't regard the bitch spay with the respect it deserves. We are, after all, performing major abdominal surgery on an organ with sometimes remarkable vasculature, in – and this is one of the keys – a healthy animal. The stakes are, therefore, in some ways higher; the animal is healthy, the surgery is routine and if anything goes wrong then it is unexpected to the practice team and to client alike.

We are also far more likely to be complacent when going through the consent procedure, and this could be to our detriment. When we have asked vets, nurses and students in the past, "Would you mention death as a risk from anaesthesia?" most would answer that they wouldn't usually use the word 'death', or only if it was a high-risk patient.

Is death a risk from anaesthesia? Of course, the answer is "yes, always" and, therefore, it should always be mentioned. The client has the right to know about the worst case scenario even if it is very unlikely to happen. We always use this word now when we go through admission procedures with a client, and have yet to meet a client who has then refused consent.

Postoperative complications also need to be addressed, since sometimes they can be devastating – for example, postoperative infection in fracture repair,

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Figure 2. Discussion of risk to the patient must be open and transparent

or worsening of kidney disease in renally compromised patients.

Consent & capacity

Consent

When presented with an animal for a surgical procedure, diagnostic test or in-patient treatment, it is the veterinary professional's responsibility to ensure that the person accompanying the animal is the correct person to give consent. Who might that person be?

- The animal's owner is the best person to give consent, and anyone over the age of 16 years can legally own an animal, as long as they are not banned under any animal welfare legislation. So, if we have the animal's owner and they are over 16, then we are off to a good start (NB. In England, only persons who are 18 years of age or over can be held responsible for financial contracts, so many practices will only accept consent from those over 18).
- If it is not the owner of the animal who is accompanying it, then anyone who has been given permission by the owner to make such decisions is also suitable, as the owner's agent, to give consent.

How do we find out if this person is the owner or an agent? We should ask the question "Are you X's owner?" before commencing the consent process. If the answer is "no", we should go on to ask, "Do you have the owner's permission to make decisions for X?" If the agent answers "yes", then we should document this on the patient records or consent form.

We have then done everything we could reasonably be expected to do to ensure we are dealing with the appropriate person. If this permission turns out not to have been given, then any legal proceedings will involve both the animal owner and the fraudulent agent.

Capacity

Now we have to judge the client's 'capacity', or assess the client's ability to make a decision. A simple task? The Code of Practice on using the Mental Capacity Act (2007) suggests that we should use the following guidelines:

- Does the client have a general understanding of what decision they need to make and why they need to make it?
- Does the client have a general understanding of the likely consequences of making, or not making, this decision?
- Is the client able to understand, retain, use and weigh up the information relevant to this decision?
- Can the client communicate their decision (by talking, using sign language or any other means)?

The RCVS *Code of Professional Conduct* suggests that 'Where the client's ability to understand is called into question, veterinary surgeons and veterinary nurses will need to consider whether any practical steps can be taken to assist the client's understanding. For example, consider whether it would be useful for a family member or friend to be present during the consultation' (RCVS, 2013).

It is the veterinary professional's responsibility to make sure that the client is given every opportunity to understand the information given, thus putting even greater emphasis on superior communication skills.

The Mental Capacity Act Code of Practice (MCA, 2007) suggests that the following techniques may help to maximise understanding:

- Could information be explained or presented in a way that is easier for the person to understand (for example, by using simple language or visual aids)?
- Have different methods of communication been explored, if required, including non-verbal communication?
- Could anyone else help with communication (for example, a family member, support worker, interpreter, speech and language therapist or advocate)?

These are mainly core communication techniques, and should be part of the skill set of every veterinary nurse.

Summary

There are several key areas that we should consider when gaining consent in order for this consent to be 'informed'. These start with simple ethics and values, but also incorporate the use of effective and empathic communication skills, consideration of ownership and capacity, and practising transparency and openness with regard to risks and complications. vnj

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