

Communicating openly with patients and their carer

Communicating openly with patients and their carers and obtaining consent

A patient-centred approach by medical staff, with involvement of patients and their carers as partners, is now recognised as being of fundamental importance. There are better treatment outcomes and fewer errors when there is good communication, while poor communication is a common reason for patients taking legal actions. Involving patients in and respecting their right to make decisions about their care and treatment is crucial. Explaining risk is a difficult but important part of good communication. It requires skill to explain the potential for harm of a procedure so that it is fully understood because patients vary in their perception and understanding and it is often difficult to assess the trade-offs between harm and benefit. Obtaining consent for surgery requires that surgeons provide information to help patients to understand the positives and negatives of their various treatment options (15.2). Patients should be allowed to make these informed decisions without coercion or manipulation. Consent should be obtained by someone who is capable of performing the surgery, and this should be taken when the patient is fully aware, especially in the non-urgent situation, well before the surgical procedure (see Chapter 14). A failure to provide adequate time for discussion regarding consent and also to understand that consent is a process that frequently requires multiple interactions with a patient are frequent causes of an unsatisfactory consent process. Sir Robert Anthony Francis, b.1950, British barrister, chaired the Stafford Hospital Inquiry. Peter Salovey, b.1958, social psychologist, President of Yale University, New Haven, CT, USA. John D Mayer, b. 1953, contemporary, psychologist, University of New Hampshire, NH, USA. /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF - /uni25CF

consent for surgery. The condition and the reasons why it warrants surgery. The type of surgery proposed and how it might correct the condition. The anticipated prognosis and expected side effects of the proposed surgery. The unexpected hazards of the proposed surgery. Any alternative and potentially successful treatments other than the proposed surgery. The consequences of no treatment at all.

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