

RAHIM MEDICAL CENTRE AND GENERAL HOSPITAL

Informed Consent Policy

Effective Date: _____

Review Date: _____

1. Purpose

The purpose of this policy is to ensure that all patients at RAHIM MEDICAL CENTRE AND GENERAL HOSPITAL are provided with adequate information to make informed decisions about their medical care. Informed consent protects patient autonomy, promotes shared decision-making, and ensures compliance with ethical and legal standards.

2. Scope

This policy applies to:

All medical, nursing, and allied health staff involved in patient care

Administrative staff responsible for documentation of consent

Patients or their legal representatives

All procedures, interventions, surgeries, and treatments requiring consent

3. Definitions

Informed Consent: A voluntary agreement by a patient or their legal representative to undergo a medical procedure after understanding the nature, benefits, risks, alternatives, and consequences of refusal.

Competent Patient: An individual capable of understanding information, making decisions, and communicating consent.

Proxy/Legal Representative: A person legally authorized to provide consent on behalf of a patient unable to do so.

4. Policy Statement

RAHIM MEDICAL CENTRE AND GENERAL HOSPITAL is committed to:

Ensuring patients provide voluntary, informed consent prior to any medical procedure or intervention.

Providing clear, accurate, and comprehensive information in a language and manner understandable to the patient.

Respecting patient autonomy and the right to refuse or withdraw consent.

Complying with all applicable laws, regulations, and ethical guidelines regarding consent.

5. Procedures for Obtaining Consent

5.1 Information Disclosure

Explain the nature and purpose of the procedure or treatment.

Discuss potential benefits, risks, and possible complications.

Present alternative treatments including the option of no treatment.

Explain expected recovery, follow-up care, and lifestyle considerations.

5.2 Assessment of Competence

Assess the patient's ability to understand information and make decisions.

If the patient is not competent, identify and engage the legal representative or proxy.

Document assessments in the patient's medical record.

5.3 Voluntary Consent

Ensure consent is freely given without coercion or undue influence.

Patients have the right to ask questions and receive clarifications.

Patients can withdraw consent at any time prior to the procedure.

5.4 Documentation

Use a standardized informed consent form for all procedures requiring consent.

Record the patient's signature, date, and time of consent.

Include the name and signature of the staff member who obtained consent.

Store consent forms securely in the patient's medical record.

6. Special Circumstances

Emergency Situations: In life-threatening emergencies, implied consent may be assumed if the patient cannot provide consent.

Minors: Consent must be obtained from parents or legal guardians, in accordance with national regulations.

Research or Clinical Trials: Separate consent procedures and forms must be followed, ensuring full disclosure of risks, benefits, and rights.

7. Staff Responsibilities

Ensure patients receive adequate information for decision-making.

Verify patient understanding before obtaining consent.

Maintain confidentiality and proper documentation of all consent forms.

Participate in training on informed consent, patient communication, and ethical standards.

8. Monitoring and Quality Assurance

Periodic audits of consent forms and procedures will be conducted.

Feedback from patients and families will be reviewed to improve the consent process.

Any deviations from policy will be investigated, and corrective actions implemented.

9. Legal and Ethical Compliance

Adhere to national laws, professional codes of conduct, and hospital regulations.

Unauthorized procedures without consent may result in disciplinary action and legal liability.

10. Review of Policy

This policy will be reviewed every two years or whenever legal, regulatory, or clinical practice changes occur.

Updates require approval from the Hospital Management Committee.

11. Acknowledgment

I, _____, acknowledge that I have read, understood, and agree to comply with the Informed Consent Policy of RAHIM MEDICAL CENTRE AND GENERAL HOSPITAL.

Signature: _____

Date: _____