SESLHD PROCEDURE COVER SHEET

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POSITION RESPONSIBLE FOR THE DOCUMENT	Director, Women's and Children's Clinical Stream
FUNCTIONAL GROUP(S)	Nursing and Midwifery Women's and Babies Health
KEY TERMS	Competent, acknowledge, refusal of treatment, consent, meticulous documentation, maternity
SUMMARY	Clarification of requirements for discussion with women, and the corresponding documentation or forms required in the event that women choose to refuse recommended monitoring and treatment.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

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Women who choose to refuse recommended monitoring and treatment in Maternity Services in SESLHD

SESLHDPR/482

1. POLICY STATEMENT

This procedure has been designed to support health care professionals, and to guide practice in maternity facilities across the SESLHD in circumstances when a woman chooses to refuse recommended monitoring and treatment. A woman's individual circumstances may stipulate that care practice diverges from this procedure.

Aboriginal people have been considered and engagement with the Aboriginal Health Unit has occurred in the development of this policy. Aboriginal Hospital Liaison Officers and /or Aboriginal Health Workers can be offered and contacted as required at each facility.

2. BACKGROUND

A health care professional must only provide treatment to a woman where she consents, if she has the capacity to consent and is conscious.

- A woman with capacity to consent is entitled to refuse medical treatment, as long as this refusal is freely given and specific. It can be expressed in three ways; verbally, in writing or implied. Implied refusal is where refusal is not explicitly given, but inferred with actions or inactions
- A health care professional can refuse a clinical management request of a woman with capacity to consent, if that request is not in accordance with accepted medical practice.
- The best time to introduce discussions on consent is during the antenatal period, when the woman is receiving her indivdualised woman centered care, rather than during the birth experience.
- A medical practitioner may provide necessary treatment to an adult woman in an emergency where immediate treatment is necessary to save her life, prevent serious injury to her health, or alleviate significant pain and distress where the woman is unable to consent provided there is no unequivocal written direction by the woman to the contrary.
- The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG, July 2016) advise doctors keep clear, contemporaneous notes of the advice and information they have provided to a woman, including specific risks discussed and information and literature provided.
- The National Health and Medical Research Council (NHMRC, 2019), recommend health care professionals documentation of discussions and decisions should include clear and consistent records of:
    - information provided to the woman and indications that it has been understood.
    - informed consent, responsibility and accountability for decisions.
    - the woman's understanding of risk and her responsibility for her own choices and decisions regarding her care, especially if these decisions conflict with professional advice; in such circumstances it must be clearly documented that the woman is aware of and has accepted a certain level of risk (NHMRC, 2019).

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If a woman declines care and advice, or withdraws consent at any time, it is important her choices are respected and the level of care provided does not alter because of this choice.The National Pregnancy Care guidelines.

3. RESPONSIBILITIES

Employees will:

- Read and comply with this procedure and escalate as required.

Line Managers will:

- Midwifery managers will support midwives by ensuring midwifery staff are aware of the escalation process to their respective team leaders, midwifery unit managers (MUM's) and or after hours midwifery managers (AHMM) as required.
- Ensure that all employees comply with the procedure and escalate as required.

District Managers/Service Managers will:

- Ensure that the Staff Specialist/VMO roster is available and that the Staff Specialist or VMO will be available to support the junior staff in circumstances outlined in this procedure.
- Take appropriate action if the procedure and documentation are not adhered to.

4. PROCEDURE

- Listen to and acknowledge the woman's request in a non-judgmental manner.
- Discuss other alternative evidence based options with the woman.
- Where possible, provide written information to the woman.
- The health care professional should include the partner/support person in the discussion to assist the woman in her decision making.
- Try to agree on a mutually acceptable management plan.
- Maintaining the confidentiality of the woman, discuss her treatment request or refusal, with relevant colleagues.
- Refer and consult with an obstetric consultant who will provide advice either onsite or via phone review, depending on individual circumstances.
- Discuss the recommended management plan, requested deviations from the plan and any risks associated with a witness present and document clearly in the medical record.
- Gain assurance that the woman's decision represents an informed choice.
- Refer to another clinician in the event of an irrevocable breakdown of the patient (woman) and carer (clinician) relationship in a timely manner.
- Arrange a second opinion if the woman so wishes.

5. DOCUMENTATION

- Discuss with a witness present and document meticulously in the medical record the following:

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  - the proposed treatment including risks and complications of both accepting and refusing treatment. Explain the suggested treatments nature, likely results, material risks and possible consequences of refusing the treatment.
  - advice provided to the woman regarding best practice based on the available evidence.
  - limitations of professional practice/responsibility.
  - referral to any other health professionals for advice.
  - the giving of any available and relevant literature or information leaflets.
  - discussion of why the woman's request is challenging to caregivers.
  - any assurances the woman has provided which indicates she understands the potential consequences/outcomes of her decision to refuse the proposed treatment.
- Complete and sign Treatment Refusal Acknowledgement form (SMR020.125) **(Appendix A).**
- Request woman's signature acknowledging the discussion and assurance that her decision represents an informed decision and place the signed form in the medical record.
- If the woman is unwilling to sign this form, then the form must still be placed in the record and the fact of the refusal must also be documented in the medical record.

6. CULTURAL SUPPORT

- When clinical risks are identified for an Aboriginal woman, she may require additional supports sometimes during her antenatal care or as an inpatient. This can include Aboriginal health professionals such as Aboriginal liaison officers, health workers or other culturally specific services.
- Cultural support provided by Cross Cultural workers is available for Culturally and Linguistically Diverse (CALD) women, as a part of their antenatal outpatient care. Each antenatal outpatient clinic has their own contacts and roster.
- If the woman is from a non-English speaking background, an interpreter should be used for consultation and discussion. Call the interpreter service as per NSW Ministry of Health Policy Directive PD2017_044 – Interpreters – Standard Procedures for Working with Health Care Interpreters.

7. REFERENCES

1. Department of Health (2020) *Clinical Practice Guidelines: Pregnancy Care*. Canberra: Australian Government Department of Health.

2. National Health Medical Research Council (2019) National Guidance on Collaborative Maternity Care. Canberra: National Health and Medical Research Council

3. NSW Health 2020 Consent to Medical and Healthcare Treatment Manual

4. NSW Health Policy Directive PD2017_044 - Interpreters - Standard Procedures for Working with Health Care Interpreters

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5. Royal Australian and New Zealand College of Obstetricians and Gynaecologists Consent and provision of information to patients in Australia regarding proposed treatment C-Gen 2(a)

8. REVISION AND APPROVAL HISTORY

Date	Revision No.		Author and Approval
October 2015	Draft 8		Author: Dee Sinclair: CMC for Maternity Clinical Risk Management dee.sinclair@sesiahs.health.nsw.gov.au Content endorsed by Executive Sponsor.
November 2015	1		Endorsed by SESLHD Clinical and Quality Council
February 2020	2		Minor Review by Working Party - Louise Everitt, Alison Brown, Dr Andrew Zuschmann, Joanna Pinder, Imelda Manners, Faith Robertson and Annette Taylor. Appendix A included. Approved by Executive Sponsor. Processed by Executive Services prior to publishing.
March 2022	3		Minor review to adjust wording in Section 3. Approved by Executive Sponsor.
December 2022	4		Minor Review in keeping with Risk rating. SESLHD Maternity working party Approved by Executive Sponsor.

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Appendix A - Treatment Refusal Acknowledgement -SMR020125

NSW Health

Facility:

TREATMENT REFUSAL ACKNOWLEDGEMENT (Adult with Capacity)

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. ____ /____ /____	M.O.
ADDRESS	
LOCATION / WARD	
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE	

SMR020125

Holes Punched as per AS2828.1: 2012
BINDING MARGIN - NO WRITING

Refusal to follow recommended monitoring and treatment.
To be used in conjunction with local procedure

PROVISION OF INFORMATION TO PATIENT **To be completed by Medical Officer**

I, Dr ______________________ consider this patient has the decision making capacity to refuse the proposed treatment and I have discussed with this patient the nature of the proposed treatment and the risks or complications of acceptance or refusal of the treatment.

I have informed this patient of the matters as detailed below including the proposed treatment, its nature, likely results, the material risks and the possible consequences of refusing this treatment (must be completed):

____

____

____

____

NAME OF MEDICAL OFFICER ______ SIGNATURE OF MEDICAL OFFICER ______ DATE __/__/__ TIME __:__

Interpreter present : ☐ Yes ☐ No ☐ Not applicable

NAME OF INTERPRETER ______ SIGNATURE OF INTERPRETER ______ DATE __/__/__

PATIENT REFUSAL **To be completed by patient**

Dr ______________________ and I have discussed my present condition. I have had the nature of the proposed recommended treatment explained to me as well as the potential consequences and outcomes if I refuse the treatment. I have had the opportunity to ask questions and I understand the answers I have been given.

I have been given the opportunity to consult with another clinician for a further opinion. ☐ Yes

OR

Circumstances which did not reasonably allow for a second opinion: ______________________

My decision is informed and I understand the nature and reasons for the proposed treatment and the risks and likely prognosis arising as a result of my decision to refuse the proposed treatment.

I hereby do not consent to the above recommended treatment

SIGNATURE OF PATIENT ______ DATE __/__/__ TIME __:__ AM/PM

If the patient refuses to sign the form, place the form in the health care record and document in the progress/clinical notes.

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NO WRITING Page 1 of 1

TREATMENT REFUSAL ACKNOWLEDGEMENT (Adult with Capacity)

SMR020.125

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