<table>
<thead>
<tr>
<th>NAME OF DOCUMENT</th>
<th>Women who choose to refuse recommended monitoring and treatment in Maternity Services in SESLHD</th>
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<tbody>
<tr>
<td>TYPE OF DOCUMENT</td>
<td>Procedure</td>
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<tr>
<td>DOCUMENT NUMBER</td>
<td>SESLHDPR/482</td>
</tr>
<tr>
<td>DATE OF PUBLICATION</td>
<td>November 2015</td>
</tr>
<tr>
<td>RISK RATING</td>
<td>Medium</td>
</tr>
<tr>
<td>LEVEL OF EVIDENCE</td>
<td>NSQHS Standard 6.1.3 – Implementing a system that determines and regularly reviews the roles, responsibilities, accountabilities and scope of practice for the clinical workforce</td>
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<tr>
<td>REVIEW DATE</td>
<td>November 2018</td>
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<tr>
<td>REFERENCE(S)</td>
<td>NSW Ministry of Health PD2005_406 - Consent to Medical Treatment - Patient Information</td>
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<tr>
<td></td>
<td>RCOG - GUIDELINE - LAW AND ETHICS IN RELATION TO COURT- AUTHORISED OBSTETRIC INTERVENTION</td>
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<td>EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR</td>
<td>Dr Daniel Challis Executive Clinical Director Women &amp; Children’s Clinical Stream</td>
</tr>
<tr>
<td>AUTHOR</td>
<td>Dee Sinclair: CMC for Maternity Clinical Risk Management</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:dee.sinclair@sesiahs.health.nsw.gov.au">dee.sinclair@sesiahs.health.nsw.gov.au</a></td>
</tr>
<tr>
<td>POSITION RESPONSIBLE FOR THE DOCUMENT</td>
<td>Dr Danny Challis Executive Clinical Director Women &amp; Children’s Clinical Stream</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:daniel.challis@sesiahs.health.nsw.gov.au">daniel.challis@sesiahs.health.nsw.gov.au</a></td>
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<tr>
<td>KEY TERMS</td>
<td>Competent, acknowledge, refusal of treatment, consent, meticulous documentation</td>
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<tr>
<td>SUMMARY</td>
<td>Clarification of requirements for discussion with women and the corresponding documentation and form to be completed in the event that women who choose to refuse recommended monitoring and treatment</td>
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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 where women choose to refuse recommended monitoring and treatment. Individual patient circumstances may stipulate that care practice diverges from this procedure.

2. BACKGROUND
A health care professional must provide to a woman only that treatment to which 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 express or implied, orally or in writing.
- 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;
- A medical practitioner may provide necessary treatment to an adult woman in an emergency situation 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 College of Obstetricians and Gynaecologists UK (RCOG, Sept 2006) has issued a guideline entitled “Law and Ethics in Relation to Court Authorised Obstetric Intervention”. The recommendation of that Paper is that where a woman with capacity refuses recommended medical treatment in an obstetric setting then meticulous notes should be recorded in the patient’s medical record.

3. RESPONSIBILITIES:
Employees will:
- Read and comply with this Procedure and escalate as required.

Line Managers will:
- Ensure that 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
- The Health Care Professional should enlist the help of the partner/support person in the discussion
- Try to agree on a mutually acceptable management plan
- Maintaining the confidentiality of the patient, discuss her treatment request or refusal, with relevant colleagues
- Refer and consult with obstetric consultant who will provide advice +/- on-site review depending on individual circumstances
- Discuss with a witness present and document in the medical record
- Gain assurance that the woman’s decision represents an informed choice
- Request the attendance of a trained interpreter for women of non-English speaking backgrounds
- Refer to another clinician in the event of an irrevocable breakdown of the patient/carer relationship in a timely manner
- Arrange a second opinion if the woman so wishes

5. DOCUMENTATION
- Discuss with a witness present and document in the medical record the following:
  - the proposed treatment and risks and complications of both the refusal of and the acceptance of the treatment. The proposed treatment, its nature, likely results, the material risks and the possible consequences of refusing this 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)
- 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 patient 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. REFERENCES
Australian College of Midwives (2014) guidelines for consultation and referral by midwives
RCOG Ethics Committee Guideline No1 2nd Edition (Sept. 2006) Law and Ethics in Relation to Court – Authorised Obstetric Intervention

7. REVISION AND APPROVAL HISTORY

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<tr>
<th>Date</th>
<th>Revision No.</th>
<th>Author and Approval</th>
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| 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     |