



7 June 2019

Our ref: BC19-606

Kanny Ooi
Senior Policy Advisor and Researcher
Medical Council of New Zealand
PO Box 10509
The Terrace
WELLINGTON 6143

By email: kooi@mcnz.org.nz

Dear Kanny

Information, choice of treatment and informed consent

Thank you for giving The Royal New Zealand College of General Practitioners the opportunity to comment on the draft revised statement on Information, choice of treatment and informed consent.¹

Introduction to general practice and the College

General practice is the medical specialty that treats patients: with the widest variety of conditions; with the greatest range of severity (from minor to terminal); from the earliest presentation to the end; and with the most inseparable intertwining of the biomedical and the psychosocial. General practitioners (GPs) treat patients of all ages, from neonates to elderly, across the course of their lives.

GPs comprise almost 40 percent of New Zealand's specialist workforce and their professional body, The Royal New Zealand College of General Practitioners (the College), is the largest medical college in the country. The College provides training and ongoing professional development for GPs and rural hospital generalists and sets standards for general practice. The College has a commitment to embed the three principles (participation, partnership and protection) of Te Tiriti o Waitangi (Treaty of Waitangi) across its work, and to achieving health equity in New Zealand.

Health equity is the absence of avoidable or remediable differences in health outcomes and access to health services among groups of people, whether those groups are defined socially, economically, demographically, or geographically (WHO). To achieve health equity, we advocate for:

- A greater focus on the social determinants of health (including labour, welfare, education, housing, and the environment).
- Funding and support to sustain the development of a GP workforce of sufficient capacity to meet population need for access to quality primary medical care, particularly in rural and high need areas.
- Sustained focus on measures to reduce smoking and to increase healthy food options for low-income families.
- Improved integration of primary, community, and secondary care health and social services which ensures the provision of high quality services.

¹ <https://www.mcnz.org.nz/about-us/consultations/draft-revised-statement-on-information-choice-of-treatment-and-informed-consent/>

- Universally accessible free primary health care for children and low-income families, because health inequities begin early and compound over the life course.
- A review of the funding model for primary care to ensure that resourcing is allocated equitably across diverse populations with differing needs.

Submission

The College notes that several new paragraphs have been added to the existing Medical Council statement Information, choice of treatment and informed consent,² to provide guidance on:

- Instances where the doctor delegates the provision of treatment or advice to another doctor.
- The time pressures and resource constraints that doctors face, and the impact this has when giving patients information and supporting them to make a decision.
- Factors to consider when the clinical presentation of an anaesthetised patient is such that it warrants further investigation or intervention which the patient has not consented for.
- Obtaining the patient's consent if an observer attends the consultation.

The College welcomes the revised statement although in places it does appear to have been written from a secondary care perspective in that some of the recommendations are more applicable in secondary than primary care. In the words of a member who provided feedback;

"I believe that the writing of this document reflects the ... high obligation to gain consent that applies to invasive or high risk or unusual procedures. In doing so it imposes a need to gain consent for routine activities in general practice that is disproportionate to the real and justifiable need".

In addition to this overall observation we would like to comment on some specific paragraphs.

Paragraph 2; Involvement of people other than the patient

The new sentence that has been added to Paragraph 2 reads:

"Work in partnership with the patient (and involve their family/whānau/caregivers where possible) and support the patient to take as active a role as possible in decisions about their care".

While the College strongly supports the call to work in partnership with the patient, and to support the patient to take as active a role as possible in decisions about their care, the statement could be interpreted as implying some obligation to involve the family/whānau regardless.

The College considers that family/whānau involvement needs to be with the consent of the patient. Others should not normally be involved against the patient's wishes. A useful addition to this paragraph would be some guidance on when family/whānau involvement might or might not be considered appropriate.

² <https://www.mcnz.org.nz/assets/standards/edc0457381/Information-choice-of-treatment-and-informed-consent.pdf> accessed 31/5/19

Paragraph 10; Written consultation protocols

Paragraph 10, (MCNZ proposed additional phrase in italics), reads:

You must keep clear and accurate patient records that document information given to patients, *any specific concerns or requests expressed during the discussion*, and any decisions made. The Medical Council recognises that every aspect of a consultation cannot realistically be noted in the patient's record. As a result, we recommend you adopt written consultation protocols that specify what information including pamphlets and brochures will be given in a specific type of consultation (e.g. all patients experiencing migraines). You do not need to spend unnecessary time writing extensive notes. Instead, you can note in the patient records that the protocols were fulfilled and only outline any exceptions to the protocol. If the patient is referred or requests a copy of their record, you should include a copy of the protocols.

This paragraph reflects the wording of paragraph 5 of Good Medical Practice 2016, namely;

You must keep clear and accurate patient records that report:

- relevant clinical information
- options discussed
- decisions made and the reasons for them
- information given to patients
- the proposed management plan
- any medication or other treatment prescribed.³

Members expressed the opinion that the recommendation "to adopt written consultation protocols that specify what information including pamphlets and brochures will be given in a specific type of consultation" was not appropriate in the general practice setting where patients are seen with a wide variety of presentations and conditions.

Doctors working in secondary care clinics see patient presenting with problems limited to that specialty, and written consultation protocols may indeed be useful. However, the time required to develop protocols appropriate to the patient population in a particular general practice, reflecting the resources available in the area and to keep the protocols up to date, would be prohibitive and a poor use of finite resources.

The statement mentions that that "every aspect of a consultation cannot realistically be noted in the patient's record". The College considers that the suggested alternative of adopting a written consultation protocol is even more unrealistic in general practice.

Paragraph 10 could also be interpreted as implying that written material must be given to all patients. The College questions the wisdom of this and the evidence base for it. In addition, the College considers the suggestion that copies of the written material should be retained in the notes is impractical and not necessary given the low level of risk associated with most general practice consultations.

Paragraph 19: written consent

You should obtain separate written consent for research (see paragraphs 35-36), experimental procedures, general or regional anaesthesia, blood transfusion or any procedure with a significant risk of adverse effects.

³ <https://www.mcnz.org.nz/assets/News-and-Publications/good-medical-practice.pdf> accessed 11/4/19

Members considered that there needed to be more guidance on what is considered a procedure with a significant risk of adverse effects.

Paragraph 20: Innovative treatments for which there is no scientific evidence

Paragraph 20 reads:

You should pay careful attention to the process of informed choice and consent when a proposed treatment is expensive or in any way innovative. If a patient is choosing between evidence-based medicine and innovative treatments for which there is no scientific evidence, you should attempt to present to the patient a clear and balanced summary of the scientific information available.

The College considers patients must be informed when any suggested treatment falls outside evidence-based practice. Although this paragraph does not include any proposed amendments, the College recommends that it could be better worded to state patients should be made aware when any proposed treatment is not evidence-based, even if it is not new or innovative.

The College commends the Medical Council for the work that it has done in revising this statement. We hope you find our submission helpful. Should you require any further information or clarification please contact the College's policy team at policy@rnzcgp.org.nz.

Yours sincerely



Bernadette Cornor
Head of Governance and Policy