

9. INFORMED CONSENT

A. Responsibility for Obtaining Informed Consent

1. After admission, it shall be the responsibility of the attending appointees to obtain consents from patients in the following circumstances:
 - 1.1 the surgeon shall obtain the patient's consent to any surgical procedure to be undertaken, including ambulatory surgery;
 - 1.2 the appointee performing a non-routine or high risk medical procedure shall obtain the patient's consent;
 - 1.3 the anesthesiologist or anesthetist shall obtain the patient's informed consent prior to the administration of anesthesia.
2. Except in emergencies, a failure to include a completed consent form in the patient's medical record prior to the performance of the procedure shall automatically cancel the procedure.
3. Whenever the patient's condition prevents the obtaining of a consent, every effort shall be made, and documented, to obtain the consent of the patient's representative prior to the procedure. Any emergencies involving a minor or otherwise incompetent patient in which consent for surgery cannot be immediately obtained from parents, guardian or next of kin should be fully explained on the patient's medical record. If possible, a consultation shall be obtained before any operative procedures is undertaken.
4. Should a second operation be required during the patient's stay in the Hospital, a second consent shall be obtained. If two or more specific procedures are to be done at the same time and this is known in advance, they may all be described and consented to on the same form.
5. The responsible physician or his or her designee must discuss and document the outcome of any treatments or procedures to the patient or, when appropriate, the guardian or surrogate, and family, whenever those outcomes differ significantly from the anticipated outcome(s).

B. Definitions

The following definitions shall be applied when obtaining consent to treatment in the Hospital.

1. Informed Consent – Consent obtained from the patient or the patient's representative after being informed by the attending appointee of the general nature of the procedure, the alternatives to it, and the substantial risks and hazards associated with the procedure.
2. Emergency – A situation, when, in competent medical judgement, the proposed surgical or medical treatment or procedure is immediately necessary and any delay caused by an attempt to obtain a consent would further jeopardize the life, health or safety of the patient.
3. Emancipated Minor – An individual under the age of 18 who professes to have been infected with, or exposed, or contagious with a communicable disease, or who seeks care relating to pregnancy.

C. Who May Consent

1. A competent adult or emancipated minor may authorize any medical or surgical procedure to be performed upon his or her body, and the consent of no other person will be required or will be valid. Emancipated minors can consent to procedures on themselves and on their children.
2. Written consent shall be obtained from the parents or legal guardian of a minor before any surgical or medical procedure is performed on the minor, except in the following cases in which minors may consent for their own care: