

Kelly, Katie, Booth, Lisa and Miller, Paul K. (2020) Eliciting consent from patients with dementia in general X-ray departments: Law, ethics and interpretation of context. In: United Kingdom Imaging and Oncology Congress 2020: Pathways and Communication, 1-3 June 2020, ACC, Liverpool. (Unpublished)

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Eliciting consent from patients with dementia in general X-ray departments: Law, ethics and interpretation of context

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Background: While the numbers of individuals suffering from dementia syndromes in the UK steadily increase, many practitioners in the allied healthcare professions, and particularly junior staff, still feel ill-equipped for face-to-face communicative encounters with such individuals (Miller et al., 2019; Tullo et al., 2016). An elemental feature of effective communication in healthcare contexts is the seeking of proper consent to perform given procedures. The propositions above, however, raise questions regarding how ‘properly’ consent is being acquired when dementia is at stake. This paper, thus, reports findings from a qualitative study of general radiographers’ experiences of acquiring consent from patients with dementia, specifically exploring participants’ interpretations of correct legal and ethical practice therein.

Methods: With institutional ethical approval, N=6 general radiographers with less than ten years of clinical experience were recruited to sit for extended interviews. Verbatim transcripts were analysed using the domain-established techniques of Interpretative Phenomenological Analysis (Miller et al., 2017).

Results: Four key areas of extremely variable interpretation and practice were identified. (1) How to assess capacity for informed consent; (2) How to effectively modify communication

when gaining consent; (3) Managing carer involvement during consent-acquisition and; (4) Constituting the ‘best interest’ of the patient.

Conclusion: Participants’ own accounts often indicated that they were often not lawfully implementing the Mental Capacity Act (MCA) when acquiring consent. Moreover, as previously identified by Miller et al. (2019), the situational confusion did little for participants’ confidence, with prospectively damaging import for future encounters. Stronger training in *practical application* of the MCA is recommended.

References

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