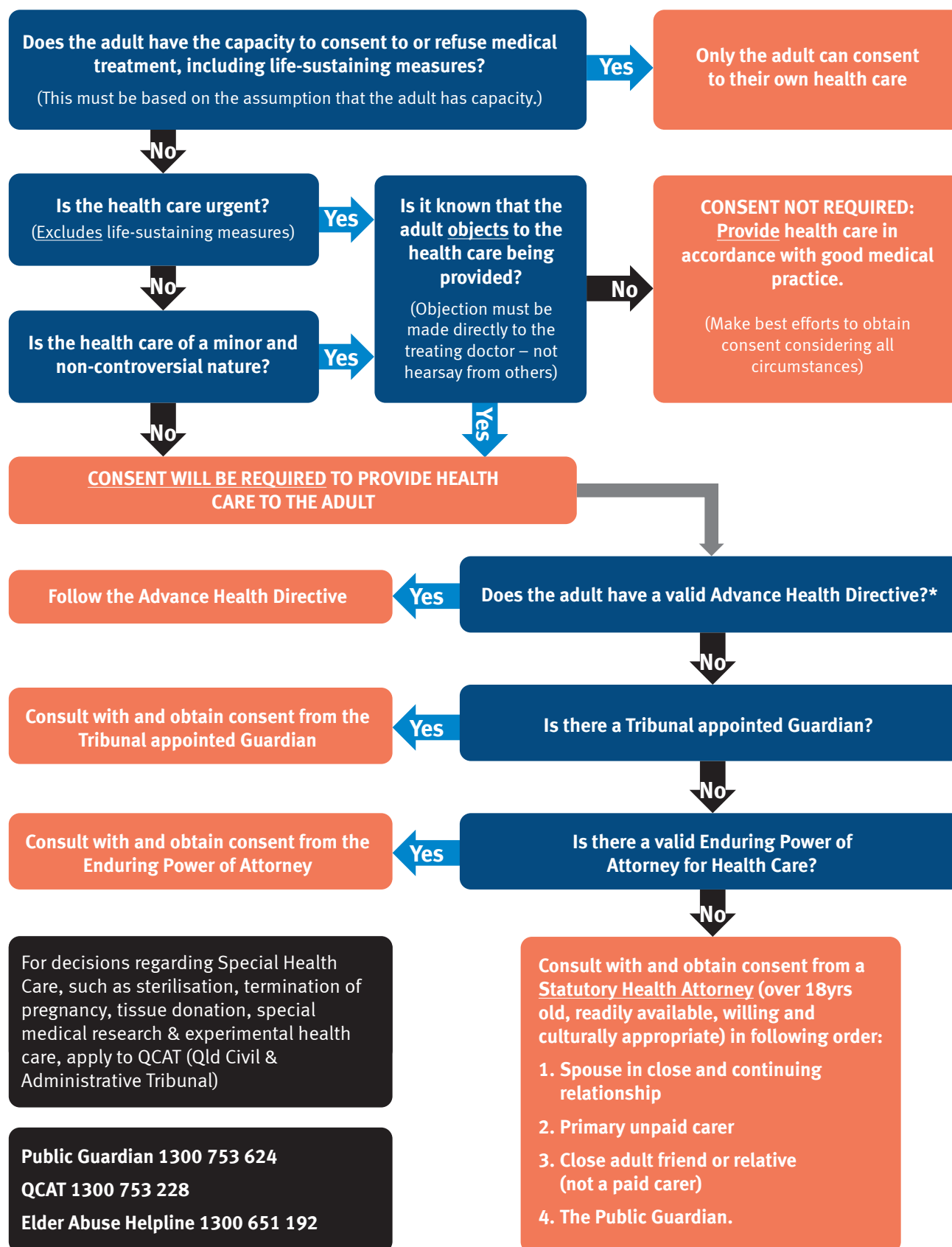


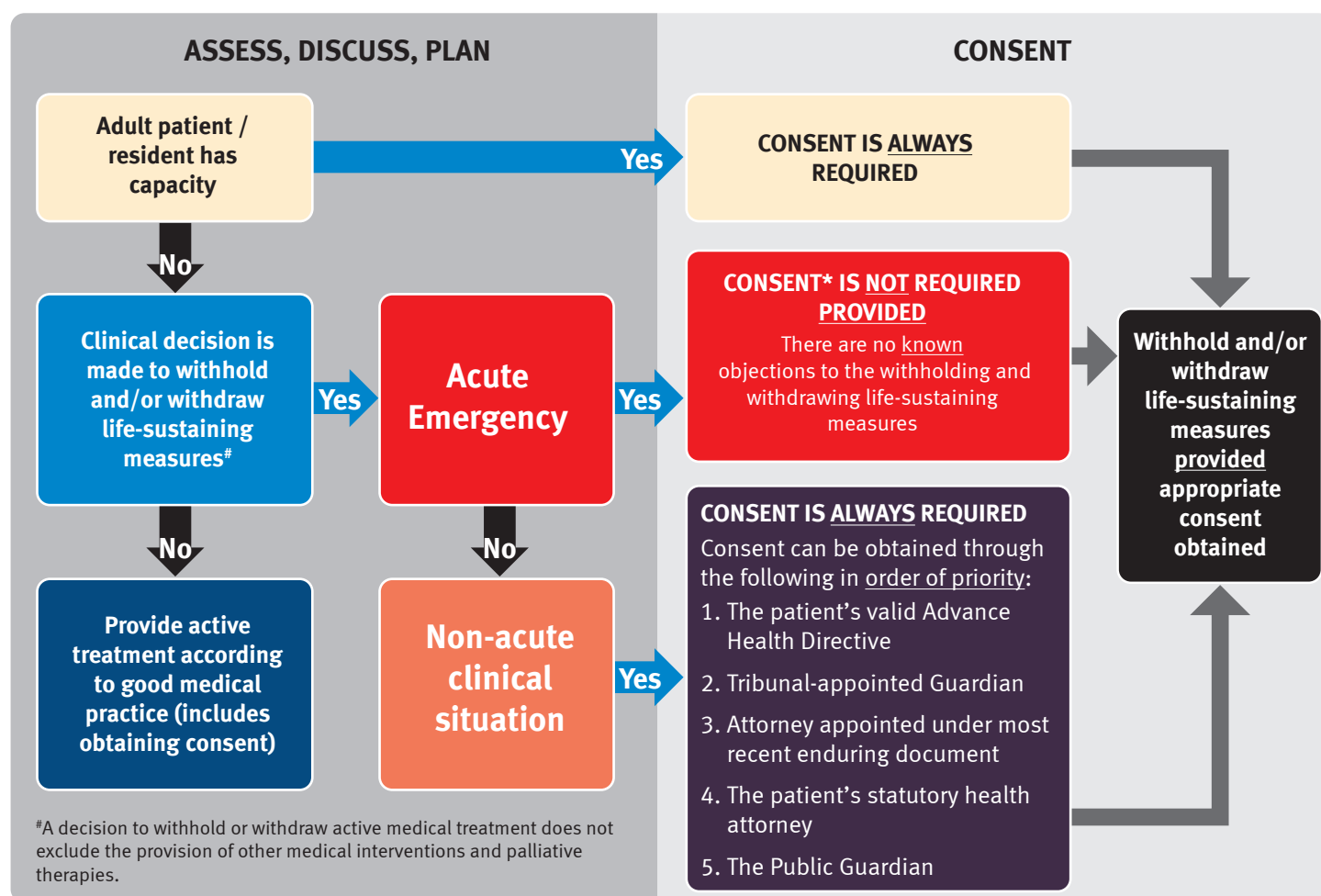
Consent to provide health care to adults



* To be valid, the AHD must be an original or certified copy and apply to the current circumstances. If doubts or uncertainties, consult with the patient's available substitute decision-maker. In these situations, the AHD can still be used to guide the decision-making, but consent will need to be obtained from the appropriate decision-maker. This is particularly important where the adult objects to forms of medical treatment.



Consent to withhold and/or withdraw life-sustaining measures for adults (acute emergency)



*** CONSENT IS ALWAYS REQUIRED IF THE DECISION IS TO WITHHOLD AND/OR WITHDRAW ARTIFICIAL HYDRATION AND/OR NUTRITION IF CONSENT CANNOT BE OBTAINED, OR IF THERE IS A DISPUTE, CONTACT THE PUBLIC GUARDIAN ON 1300 753 624**

Quick facts about consent and life-sustaining measures in acute emergency situations¹

- Emergency situations are characterised by the need for an immediate decision to maintain the life and health of a patient. However, 'artificial' emergencies should not be created to avoid obtaining the appropriate consent.
- The law expects health providers to adhere to 'good medical practice' standards. In meeting these standards, doctors are under no obligation to offer, provide or continue treatments that on balance would have the potential to cause harm and offer no benefit to the patient (i.e. futile).
- Consent ≠ 'contract offer + acceptance' (i.e. offer X treatment in order to obtain consent not to provide it). Consent = conversation about the patient's condition, prognosis, goals and overall treatment plan. Ambivalence is not consent. Ensure overall treatment plan is understood.
- In emergency situations, consent is not generally required unless it is known the patient has objected to the withholding and withdrawing of life-sustaining measures (i.e. "wants everything done"). 'Known' = direct knowledge by the doctor in charge, not hearsay from others.
- If the doctor knows the patient with impaired capacity objected to the withholding and/or withdrawing of life-sustaining measures, best efforts to obtain consent from the patient's substitute decision-maker will need to continue.
- All decision-making must be made in accordance with the standards of good medical practice and in the patient's best interests. Good medical practice will also determine the best approach to obtaining consent.
- Medical treatment should never be withheld merely on the grounds that it is easier to withhold treatment than to obtain consent to withdraw treatment which has been commenced.
- Remember: patients with capacity are entitled to refuse medical treatment even if this results in their death or would cause it to happen sooner.
- There is a legal requirement for all decisions about life-sustaining measures to be accurately and thoroughly documented, including recording outcomes of all consenting discussions.
- The statewide Acute Resuscitation Plan (ARP) form was endorsed and implemented in 2010 and specifically designed to document the decision-making pathway for life-sustaining measures in acute emergencies.
- Provided the ARP is appropriately completed, it also provides clinical authority to act upon directions on the form. Note that medical practitioners can be indemnified if this process is followed in good faith. Even if the directions on an ARP are clear, all attending clinicians must also exercise their clinical judgement.

¹Please note:

This resource is designed primarily for health professionals treating and caring for those at or approaching the end of life. More detailed information can be found in the *End-of-life care: Guidelines for decision-making about withholding and withdrawing life-sustaining measures from adult patients* or at <https://www.health.qld.gov.au/careatendoflife>

