☐ ADMINISTRATE POLICY & PROCEDURE (APP)	☐ INSTITUTIONAL POLICY & PROCEDURE (IPP) ☐ INTERDEPARTMENTAL ☐ INTERNAL	
TITLE		POLICY NUMBER/V#
Consent		MMC – POC – 07 (01)
INITIATED DATE	EFFECTIVE DATE	REVISED DATE
02/08/2025	01/09/2025	01/08/2028
REPLACES NUMBER		NO. OF PAGES
N/A		06
APPLIES TO	RESPONSIBILITY	
All Admin workers	Quality and patient safety	

1. PURPOSE

1.1 To provide an environment in which patients/family or legal representatives have the opportunity to accept or reject medical, surgical and allied health interventions and services in an informed and voluntary manner.

2. DEFINITION

2.1 Informed Consent: An interaction with a physician in which the patient /family or legal representative has the opportunity to accept or reject medical, surgical and allied health interventions and services in an informed and voluntary manner.

2.2 “Emergency”: has been described as being a situation where a medical or surgical procedure is immediately necessary to save the life of a patient or to prevent irreparable significant harm – immediate in the sense of hours as against weeks or months. Where treatment is necessary but the patient is temporarily or permanently incapacitated, the treatment must be both necessary to prevent death or serious harm and cannot be delayed.

2.3 Minor: Every person (male or female) who is below the age of maturity 18 years (Hijri Calendar)

2.4 Delegate: a physician/ or technician as assigned by the MRP.

3. POLICY

3.1 All patients admitted to the healthcare institution as well as patients registering in the outpatient clinics should sign the Consent form for General Treatment prior to the initiation of any clinical care. This encompasses routine laboratory, diagnostic and medical treatment.

3.2 All patients undergoing interventional procedures will be requested to sign the "Informed consent form" prior to the procedure. The patient will not be moved to the procedure room until an informed consent has been obtained in the fashion described below.

3.3 The consent form must include the following to be considered complete:

- 3.3.1 The name of the procedure/treatment.
- 3.3.2 Completed patient identification box.
- 3.3.3 If a representative is signing the consent form, the name and relationship must be documented.
- 3.3.4 The consent form must have signatures of the patient/representative, physician, and a witness.
- 3.3.5 All signatures must be identifiable, dated and timed.

3.4 In order to obtain an "Informed" consent, the treating physician or his/her designee physician should explain to the patient or his/her legal representative the risks, benefits, complications of the proposed procedure and available alternatives, follow up.

3.5 To enable valid decision-making, the patient/representative must be provided with sufficient information to develop a genuine understanding of the nature of the procedure or treatment.

3.6 The treating Physician or his/her delegate should provide the patient a copy of consent information (educational material) if it is available in the system, otherwise he/she should document the education provided in the patient file.

3.7 The procedures requiring an "informed consent" are listed below:

- 3.7.1 All endoscopic procedures including transesophageal Echo.
- 3.7.2 All interventional radiology procedures; MRI examination with or without contrast and all other scans involving IV contrast.
- 3.7.3 All OPD procedures including but not limited to biopsies, mass excisions, suprapubic catheterization and laser treatments.

3.8 Dental Implant procedures.

3.9 Reproductive assistance interventional procedures.

3.10 Blood and blood products.

3.11 Anesthesia procedures

3.12 A procedure which may otherwise require informed consent may be performed without obtaining prior informed consent in an emergency when the patient is incapacitated and cannot make an informed decision, and the patient has a life or health-threatening situation requiring

immediate treatment such that any delay in treatment would likely result in death, deterioration, or serious permanent impairment.

3.13 Informed consent is obtained prior to taking photographs of body parts, even if this is deemed critical for care.

3.14 The overall goal of substitute decision-making is to approximate the decision of the patient that he/she would make if still capable of making a decision.

3.15 The most appropriate process to make a substitute decision is someone who is designated by the patient while still competent either verbally or through writing it on the back of the General consent.

3.16 The order of Kinship according to the Saudi Legal System which is:

3.16.1 The patient
3.16.2 The husband
3.16.3 The father or the legal guardian
3.16.4 The adult son of the patient
3.16.5 Paternal grandfather
3.16.6 Elder adult brother
3.16.7 Paternal uncle
3.16.8 Mother
3.16.9 Maternal grandfather
3.16.10 Maternal uncle
3.16.11 In case of a minor consent, if the parents are divorced, the guardianship is as determined through the court order.

4. PROCEDURE

4.1 The receptionist will ask the patient/representative to sign the consent for general treatment.

4.2 The informed consent prior to procedures must be completed according to the policy described above by the caring physician or his/her physician designee.

4.3 Anesthesia consent will be obtained by the anesthesiologist or physician/interventionist providing sedation or local anesthesia if indicated.

4.4 When completing the preoperative checklist and the informed consent is not filled this will be noted and the treating physician will be made aware so that informed consent is obtained before sending the patient to any procedure.

4.5 Role of Physicians:

4.5.1 The physician providing care must disclose all significant medical information and material that the physician believes are relevant to make an informed decision by the patient in deciding whether or not to undergo the procedure or treatment.

4.5.2 Treating Physicians shall be aware that a patient might prefer to discuss medical treatment options in the presence of family and/or friends. To ensure that privacy is respected, a patient should be asked for his/her preference.

4.5.3 The patient or patient's legal representative should be given the opportunity to ask questions and receive additional information as requested.

4.5.4 Sometimes a patient shall expressly ask not to be told information. This shall be documented clearly in the medical record and should be signed by the patient. And witnessed.

4.5.5 Information shall be provided in a manner that is clearly understandable to the patient or the patient's legal representative.

4.6 Role of Nursing Staff:

4.6.1 When requested, it is the responsibility of the registered nurse to witness the signature of the physician (or their designee), and the patient/representative giving the consent.

4.6.2 The registered nurse shall verify and document in the medical record that consent has been obtained. If informed consent has not been obtained, the nurse shall contact the physician to complete the consent process

4.6.3 If the consent has expired, the nurse must inform the physician caring for the patient to complete a new consent form.

4.6.4 The nurse must not transport the patient to the procedure suite unless a consent form has been adequately completed

4.6.5 The nurse/staff receiving the patient at the procedural area must verify a complete consent form.

4.6 Witnessing and Signing Consents:

The witness is only witnessing the signature of the patient/representative on the consent form, confirming that the patient has comprehended whatever explanation has been given to him/her and agrees to the procedure:

4.6.1 The consent requires only two witnesses, whether male or female to witness on the patient/representative signature.

4.6.2 The witness may be nurse, patient relatives/legal guardians, another physician, physician's assistant but not the physician who will perform or assist the procedure or treatment.

4.6.3 Duration of Informed Consent: General consent may be considered to be on going for the outpatients' clinics. For inpatients, the general consent is only valid for the duration of each admission.

4.6.4 Informed consent will be obtained and documented no longer than 30 days prior to a procedure, surgery, or treatment. Unless the patient revokes the consent verbally or in writing, this must be communicated to his/her physician and documented, or until circumstances change so as to significantly affect; the nature of, or the risks, benefits and/or the alternatives of the procedure to which the patient consented. After this time period, the informed consent will be re-obtained and re-documented by the physician.

4.6.5 For hemodialysis patients, the consent is updated yearly and when the risk level is changing or when revoked by the patient or his/her representative.

4.6.6 For blood/ blood products transfusion, the consent is valid for the duration of the admission.

5. RESOURCES

NA

6. CROSS REFERENCE

NA

7. REFERENCES

7.1 CBAHI National Standards for Ambulatory Care Centers, Effective Jan,2020.
7.2 The Joint Commission International (JCI), 7th Edition, Effective Jan 2021.

8. FORMS & ATTACHMENT

8.1 General Consent form

8.2 Dental consent form

8.3 Derma consent form

8.4 Radiology consent form

9. Approved:

APPROVALS & REVIEWS:			
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