



Australasian College for Emergency Medicine

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Submission to the Medical Council of New Zealand June 2019

REVISED STATEMENT ON INFORMATION, CHOICE OF TREATMENT AND INFORMED CONSENT

The Australasian College for Emergency Medicine (ACEM) welcomes the opportunity to provide feedback to the Medical Council of New Zealand (MCNZ) on the draft revised statement for Information, Choice of Treatment and Informed Consent (the statement).

ACEM is the peak body for emergency medicine in Australia and New Zealand, with responsibility for training and educating emergency physicians and advancing professional standards in emergency medicine. As the trusted authority for emergency medicine, ACEM has a vital interest in contributing to a sustainable emergency medicine workforce that provides high quality patient care and upholds the highest possible professional standards in emergency medicine.

As the peak professional organisation for emergency medicine, ACEM has a vital interest in ensuring the highest standards of emergency medical care are maintained for all patients. Fellows of ACEM (FACEMs) are specialist emergency physicians working in Emergency Departments (EDs) across Australia and New Zealand.

ACEM is supportive of the MCNZ's aim to publish the statement to ensure patients have an understanding of their condition and treatment options to make informed decisions about their care. ACEM recognises that trust is critical in the patient-doctor relationship, and informed consent is a key element of this relationship. Given the uniquely fast-paced environment of EDs where patients can present in critical condition, informed consent can be a challenging matter.

Whilst we support informed consent being given according to the MCNZ guidelines when at all possible, in an ED environment life-saving interventions may on occasion need to be provided when no form of consent can be obtained due to severity of condition, the time-critical nature of the need for intervention to save life or limb and lack of any way of communicating with patient or their representative. Such situations may also involve circumstances where patients might die or suffer permanent significant disability if interventions are not provided immediately.

We welcome the addition of a section that provides guidance around seeking informed consent when there are time constraints (paragraphs 22 and 23 of the Revised Statement). In an ED environment, time is essential to ensuring quality care is provided to patients in critical conditions where split-second decisions must be made. We accept paragraphs 23-27 cover much of these issues around time constraints and patient competence, however we would like a specific mention of situations such as in EDs or pre-hospital situations where clinicians must act immediately and in good faith according to guidelines agreed by their peers and in what is perceived at the time to be in the patient's best interests.

We note that both the current and revised Statements do not include specific mention of EDs and the challenges the ED environment poses to seeking and gaining informed consent. While the statement

incorporates wording from Right 7(4) of the Code of Health and Disability Services Consumer's Rights¹ (the Code) to outline appropriate actions when a patient is not able to give informed consent, we feel the wording could be further strengthened to ensure those working in emergency care feel empowered to continue to provide time-critical care.

We propose building on the new section on time constraints and the existing wording at paragraphs 26 to 29 as per the below:

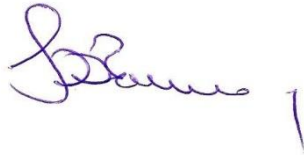
"In some circumstances such as in emergency care for high-acuity patients (such as in EDs or pre-hospital environments), life-saving interventions may need to be provided when no form of consent can be obtained due to the severity of a patient's condition, the time-critical requirement for intervention and lack of any way of communicating with the patient or their representative. In such situations not providing care in a timely manner may result in death or permanent disability if interventions are not provided immediately. Such interventions should be performed in good faith, according to peer-reviewed guidelines and in what is perceived to be in the patient's best interests."

Thank you for the opportunity to provide feedback to the draft revised Statement on Information, Choice of Treatment and Informed Consent. Should you require clarification or further information, please do not hesitate to contact Ryan Angus (ACEM Policy Officer) on 03 9320 0452 or via email at ryan.angus@acem.org.au.

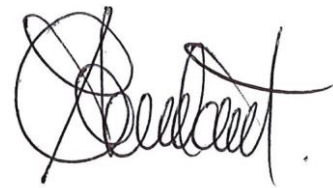
Yours sincerely,



Dr Simon Judkins
President



Dr John Bonning
President-Elect



Dr Andre Cromhout
Chair, NZ Faculty

¹ <https://www.hdc.org.nz/your-rights/about-the-code/code-of-health-and-disability-services-consumers-rights/>