

The College

Public policy statement on consent to medication

The College has recently received an enquiry about explanations concerning medication which should be given to patients. As a result of this, the Public Policy Committee has produced a revised statement.

In normal clinical practice in all medical specialties an explanation must be given to the patient about the illness and the suggested treatment as well as possible alternatives. The doctor and patient should then be able to agree on a proposed treatment plan. Foreseeable consequences should be discussed and any necessary precautions stated. Verbal explanation accompanied by discussion with the patient will suffice in the majority of cases.

It is good practice to record in the notes that an explanation has been given and that the patient's agreement to the treatment plan obtained. Recent Department of Health guidelines specify that if the treatment can carry substantial or unusual risk, both the giving of an explanation by the health professional and giving of consent by the patient must be formally recorded on a consent to treatment form.

In cases of drugs where particular precautions have to be taken, a written, sometimes printed explanation, is given to the patient to keep as a reminder. Such written information should be given to the patient only after verbal explanation has taken place and consent given.

Consent of non-volitional patients, including minors, to treatment has been already dealt with by the College's paper 'Consent of Non-Volitional Patients and *De Facto* Detention of Informal Patients' approved by Council in October 1989.

As stated in Appendix C of the Department of Health draft guidelines 'Consent to Treatment or Examination', the capacity to understand the information given will be influenced by both the intellectual state and by the nature of mental disorder, but may also vary from time to time.

*Approved by
Executive and Finance Committee,
May 1990*

Patients' monies

Recent reports by The Mental Health Act Commission^{1,2} have addressed issues concerning financial arrangements for hospital in-patients, particularly those long-stay patients whose income is often derived solely from statutory benefits. The Commission was specifically interested in the possible underclaiming of benefit, the power of the RMO to limit a particular patient's income under DHSS memorandum HM(71)90, and the apparent lack of a co-ordinated approach by hospital administrators in the use of patients' monies for the benefit of individual patients, especially those incapable of making decisions for themselves.

The Executive and Finance Committee of The Royal College of Psychiatrists in October 1988 recommended that the Public Policy Committee prepare a policy statement on Patients' Monies and Welfare Benefits in the light of the Commission's

reports. This draft policy document is produced for consideration by the Public Policy Committee in this regard.

For clarity, these three issues will be taken in turn.

(a) *Under-claiming of benefit*

No statistics are available concerning the proportion of patients likely to be underclaiming benefit. Concern has been expressed that it may be significant. The Social Services Committee (Session 1984–85)³ reported that "Evidence suggests that take-up of benefits is low among both mentally handicapped and mentally ill people and their families".

Although under-claiming of statutory benefit is not confined to those in psychiatric care, patients are often poorly equipped to utilise the complexities of benefit schemes to their best advantage. Initiatives