

# **LIMITATION OF CONSENT FORM - GUIDANCE NOTES**

**Important: please read before using form**

## **1. Defining consent**

The British NHS website gives a useful overview of consent to medical treatment. The full version can be found at [this link](#).

These extracts provide a summary of the considerations and requirements for informed consent to be given by/on behalf of a patient:

- *Consent to treatment means a person must give permission before they receive any type of medical treatment, test or examination.*
- *This must be done on the basis of an explanation by a clinician.*
- *Consent from a patient is needed regardless of the procedure, whether it's a physical examination, [organ donation](#) or something else.*
- *The principle of consent is an important part of medical ethics and international human rights law.....*
- *For consent to be valid, it must be **voluntary** and **informed**, and the person consenting must have the **capacity** to make the decision. [my emphasis]*

## **2. Legal force of the Limitation of Consent form**

The Limitation of Consent form is an *informal* document, not a *legal* one. It can neither *compel* anyone to take a particular course of action nor can it *prevent* a particular course of action.

Remember that this form will contain *private and confidential* medical information.

### 3. Purpose of the form

The purpose of this document is to assist *ME/CFS patients* by:

- Providing a written memory aid which can be prepared in advance of medical appointments by a patient, parent/guardian (of a child under 16) or carer.
- Providing written support for patients who need to explain that they do not consent to be treated by certain types of healthcare professionals.

This document cannot give any guarantee or protection beyond that purpose.

***NB.*** *This document will **not** assist if there is a **genuinely held** belief by the healthcare professional that there is a psychiatric issue, whether primary or co-morbid, however misguided that may be.*

*In those circumstances, the only option is to remind the professional that the patient is entitled to a second opinion from their preferred ME/CFS medical specialist.*

### 4. Significance of the most recent NICE guideline NG206

A healthcare professional who believes that a psychiatric, psychosocial, functional neurological or medically unexplained approach is the correct way of treating an ME/CFS patient, is likely to be unfamiliar with the [most recent NICE guideline](#).

In those circumstances, it should be pointed out that this healthcare professional may not be an appropriate person to be dealing with an ME/CFS patient at this point.

*This may be particularly important in cases relating to a child, a very severely affected patient and/or a patient who urgently requires **tube feeding** [see **page 8** of the NICE guideline].*

## **5. Evidential value of the form**

This document's evidential value is limited as it simply confirms what the patient is saying at the time of the appointment.

It is possible that this document could be used as evidence in proceedings at a later stage if there is a dispute about if/when consent was withdrawn. However, this will depend on the circumstances of each individual case.

## **6. Recording an appointment**

Recording an appointment *with the clear consent of all other attendees* would be useful. Evidence acquired by secret recording is not normally admissible and therefore is not advisable.

## **7. Lasting power of attorney for patients who are severely affected**

Adult patients who are very severely affected by illness and unable to communicate with healthcare professionals may be deemed to *lack capacity*.

Patients who may be in this situation should consider setting up a [lasting power of attorney](#) [see gov.uk website]. This enables a relative or carer to speak for them and make decisions on their behalf.

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