

Dignity and Respect

City Health Care Partnership CIC believes that everyone has the right to be treated with dignity and respect.

Dignity consists of many overlapping aspects, involving respect, privacy, autonomy and self-worth.

Dignity in care means the kind of care, in any setting, which supports and promotes, and does not undermine, a person's self respect regardless of any difference.

While 'dignity' may be difficult to define, what is clear is that people know when they have not been treated with dignity and respect.



As an organisation City Health Care Partnership CIC expects its staff to:

- **Have a zero tolerance of all forms of abuse**
- **Support people with the same respect you would want for yourself**
- **Treat each person as an individual by offering a personalised service**
- **Enable people to maintain the maximum possible level of independence, choice, control and empowerment**
- **Listen and support people to express their needs and wants**
- **Respect people's right to privacy**
- **Ensure people feel able to complain without fear of retribution**
- **Engage with the patient, family members and carers as care partners**
- **Assist people to maintain confidence and a positive self-esteem**
- **Act to alleviate people's loneliness and isolation**



Consent to Treatment

Consent to treatment is the principle that a person must give their permission before they receive any type of medical treatment.

Consent is required from a patient regardless of the treatment, from blood test to organ donation.

The principle of consent is an important part of medical ethics and the international human rights law.

Defining consent

For consent to be valid, it must be voluntary and informed, and the person consenting must have the capacity to make the decision.

- **Voluntary:** the decision to consent or not consent to treatment must be made alone, and must not be due to pressure by medical staff, friends or family.
- **Informed:** the person must be given full information about what the treatment involves, including the benefits and risks, whether there are reasonable alternative treatments, and what will happen if treatment does not go ahead. Healthcare professionals should not withhold information just because it may upset or unnerve the person (see below).
- **Capacity:** the person must be capable of giving consent, which means they understand the information given to them and they can use it to make an informed decision. If capacity is in doubt the person must be assessed using the capacity test.

If the person has enough capacity and makes a voluntary and informed decision to refuse a particular treatment, their decision must be respected. This is still true even if their decision would result in their death, or the death of their unborn child.

Consent should be given to the healthcare professional directly responsible for the person's *current treatment*, such as the nurse arranging a blood test, the GP prescribing new medication or the allied health professional planning a package of care.

It can be given:

- verbally
- non-verbally, for example, raising a hand to indicate they are happy for a nurse to take a blood sample
- in writing, by signing a consent form

To consent to a treatment or procedure, the person needs to be fully informed about the treatment and understand why it is considered necessary. If someone is going to have major medical intervention, such as an operation, their consent should be obtained well in advance so they have plenty of time to study any information about the procedure and ask questions.

Healthcare professionals should not withhold information just because it may upset or unnerve the person. Even if the person specifically requests not to be told about the extent or likely outcome of their condition, the healthcare professional has a moral and legal responsibility to provide them with at least:

- a basic overview of their condition.
- the likely outcome of their condition.
- their treatment options.

There are some circumstances where a decision should always be referred to the Court of Protection if the person cannot give their consent. Situations that should always be referred to the courts include:

- **sterilisation** for contraceptive purposes.
- **donation of regenerative tissue**, such as bone marrow.
- **withdrawal of nutrition and hydration from a person who is in a persistent vegetative state.**
- **where there is serious concern about the person's capacity or best interests.**

There are a few exceptions when treatment can go ahead without consent. One main exception is if a person does not have the mental capacity (the ability to understand and use information) to make a decision about their treatment. In this case, the healthcare professionals can go ahead and give treatment if they believe it is in the person's best interests.

Relevant legal terms

- **The Mental Health Act (1983)** sets out various legal rights that apply to people with severe mental health problems. The Act also contains the powers which enable some patients to be compulsorily detained in hospital.
- **The Mental Capacity Act (2005)** is designed to protect people who cannot make decisions for themselves. The Act explains when a person is considered to be lacking capacity, and how decisions should be made in their best interests.
- **The Court of Protection** is the legal body that oversees the operation of the Mental Capacity Act (2005).
- **An advance decision** (previously called advance directive or "living will") is a legally binding document that sets out in advance the treatments and procedures that someone does not consent to.

City Health Care Partnership CIC is committed to the quality of its patient care and endorses the compassionate caring vision for nurses launched by the Chief Nursing Officer.

The vision, based around six values – care, compassion, courage, communication, competence and commitment, aims to embed them into all nursing, midwifery and care-giving settings throughout the NHS and social care to improve care for patients.

The 6 Cs

1. Care

Care is our core business and that of our organisations and the care we deliver helps the individual person and improves the health of the whole community. Caring defines us and our work. People receiving care expect it to be right for them consistently throughout every stage of their life.

2. Compassion

Compassion is how care is given through relationships based on empathy, respect and dignity. It can also be described as intelligent kindness and is central to how people perceive their care.

3. Competence

Competence means all those in caring roles must have the ability to understand an individual's health and social needs. It is also about having the expertise, clinical and technical knowledge to deliver effective care and treatments based on research and evidence.

4. Communication

Communication is central to successful caring relationships and to effective team working. Listening is as important as what we say and do. It is essential for “no decision about me without me”. Communication is the key to a good workplace with benefits for those in our care and staff alike.

5. Courage

Courage enables us to do the right thing for the people we care for, to speak up when we have concerns. It means we have the personal strength and vision to innovate and to embrace new ways of working.

6. Commitment

A commitment to our patients and populations is a cornerstone of what we do. We need to build on our commitment to improve the care and experience of our patients.