

# NATIONAL CONSENT POLICY



**HSE** our health service



**This is an Easy to Read version of  
the HSE National Consent Policy**

# The HSE National Consent Policy



The HSE wrote the first National Consent Policy in 2013.

A new policy was brought out in 2022.

This was updated in 2024.



The HSE talked to people working in health and social care services.

They talked to people using these services.



In this Policy, if you give consent, it means you say yes to a medical treatment or test.

You agree to have the treatment or test.



Consent can also mean that you agree to use a health or social care service or support.



A healthcare worker or researcher needs to ask for your consent if you take part in research or teaching.



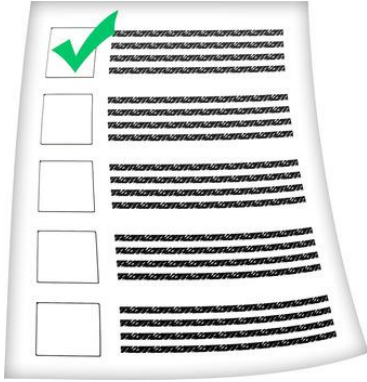
If you refuse consent, you say no.  
You do not agree to a test, treatment or service.  
You do not want to take part in research or teaching.



The Policy sets out the rights of people that use health and social care services.  
It says how staff must respect these rights.



The Policy says how staff should ask for consent every time.



The Policy makes sure that staff know what to do if a person refuses consent or changes their mind.



The Policy says that healthcare workers must start with the idea that each person is able to make their own decisions.



Each person should be supported to make their own decisions wherever possible.



The Policy was updated in 2024 because of an important new law.  
This is called the Assisted Decision-Making (Capacity) Act 2015.

# The HSE National Consent Policy and the Assisted Decision-Making (Capacity) Act 2015



The Assisted Decision-Making (Capacity) Act is a law for any adult who may need support to make decisions, now or in the future.



The Act says that every adult is able to make their own decisions. They should be given the support they need to do this.



The Act says that a person can choose supporters to help them make a decision. This could be a family member, friend or advocate.



The Decision Support Service will give information and advice about new ways to support a person to make a decision.



Decision-making capacity is about a person's ability to understand information and the choices they can make.



It is about how a person makes a decision, even if they need support to make that decision.



It is about how they communicate their decision.



It is not about whether other people think their choice is a good idea.



Every decision is different, and a person may need different supports for different decisions. For example, support from a person that knows them well, or video information.



The Assisted Decision-Making (Capacity) Act gives us helpful advice and tools to use if a person finds it hard to make a decision.



The National Consent Policy shows how the Act should be used in health and social care.

# Where is the HSE National Consent Policy used?

	<p>All healthcare workers must follow the HSE National Consent Policy.</p>
	<p>This means asking for consent from people in:</p> <ul style="list-style-type: none"><li>• hospital</li><li>• community</li><li>• day, residential and respite services.</li></ul>
	<p>Healthcare workers must ask for consent if you:</p> <ul style="list-style-type: none"><li>• are having a test or treatment</li><li>• are using a health or social care service</li><li>• are taking part in research or teaching.</li></ul>
	<p>Healthcare workers must ask for consent if you are getting a remote service, for example, online or over the phone.</p>

# Sharing information about the Policy.



There is a communication plan to make sure that all staff know about the Policy.



The Policy is on the HSE website  
[www.hse.ie/nationalconsentpolicy](http://www.hse.ie/nationalconsentpolicy)



There are webinars, videos and other information to help staff understand the policy.



There is an education programme for staff.  
There is a record of the training that managers and staff do.



The HSE National Office of Human Rights and Equality Policy gives advice on putting the Policy into action.



Managers and staff are responsible for putting the Policy into action.

# Part 1: Key Points



# Part 1 – Key Points



Adults have the right to control their own lives and decide what happens to their own bodies.



Asking for consent should be a two-way conversation between you and the healthcare worker.  
This can happen over time.



A healthcare worker should always ask for your consent before they do anything.



The healthcare worker giving the test, treatment or service must make sure that you are asked for consent.



The healthcare worker should explain what the test, treatment or service is for.



They should say if there are other treatment choices or what would happen if you had no treatment.



The healthcare worker should tell you what will happen during the test, treatment or service.



The healthcare worker should explain how the test, treatment or service might help you.  
They should tell you about any risks.



The healthcare worker should say if the test, treatment or service is urgent.  
Urgent means it needs to happen quickly.



They should tell you if you have to pay for the test, treatment or service.  
They should say how much you will have to pay.



The healthcare worker should give you the information you need to make a decision.



You should have this information at the right time.



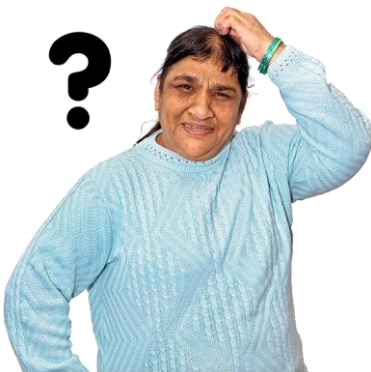
The healthcare worker should give you information in a way that you can understand. For example, information in Easy to Read, Plain English, videos, photos, pictures or drawings.



If there is a lot of information to understand, the healthcare worker should break this down into smaller pieces.



The healthcare worker should use words that are easy to understand.



The healthcare worker should check if you understand the information.



The healthcare worker should give you enough time to think about the information, ask questions and decide.



The healthcare worker must make sure you understand that you have a choice – you can say yes or no.



You should be able to make a decision without any pressure.



There may be a research project or teaching programme that you could take part in.  
The healthcare worker should ask you if you want to take part.



You can change your mind and take away consent for a test, treatment or service at any time.



You can give or refuse consent in different ways, for example, by speaking, nodding your head, writing or using a communication device.



There must be a way for you to communicate if you change your mind and cannot use words. For example, put up your hand to say stop.



Healthcare workers must respect your decision to give or refuse consent or change your mind. They must respect the decision even if they think it is not wise.



The healthcare worker must put information into the healthcare record.  
It should say what you talked about and agreed, and how you gave consent.



The Policy says that usually no-one can give consent for another adult.  
They can only do this if they have agreement in law.  
This is one of the supports in the Act.



### **Capacity assessments**

If there is a good reason, after all supports have been tried, a person may need an assessment of their capacity to make a certain decision.



If a person cannot consent to a treatment or test, this does not mean they cannot get the care they need.  
In most cases, they do not need agreement from the Court.



The healthcare worker should try to find out if the person would want to have the treatment or test.



They need to find out what is important to the person, their likes and dislikes.  
This is called their will and preference.



The healthcare worker will need to check with other people that know the person well.  
They will check if these people think that the person would want the treatment or test.



If everyone agrees, the test or treatment can go ahead.  
If they do not agree, the healthcare worker may need to get advice from people working in law.



### **Emergency situations**

The Policy explains that in an emergency situation, there may not be time to get consent.



The healthcare worker can give treatment with no consent if this could save the person's life.



### **Advance Healthcare Directives**

Some people want to plan ahead in case they are not able to make their own decisions in the future.



There are many ways to plan for the future - one way is Advance Healthcare Directives.

The Policy gives advice to healthcare workers on supporting these plans.

# Part 2: Children and Young People



# Part 2 – Children and Young People



The HSE National Consent Policy respects the rights of children and young people.  
The key points in Part 1 are for children and young people too.



The Policy respects the responsibilities of parents and legal guardians.



The Policy uses the word 'child' for someone under 16 years of age.



The Policy uses the words 'young person' for someone aged 16 or 17 years of age.



Children and young people have the right to give their views, be part of decisions, and be heard.



They can give their views through play, drawing, writing, talking and body language.



Parents and legal guardians have the right to give consent for their child.  
They should make the best decision for the child.



The Policy says that a young person has the right to give consent for themselves.  
They have the right to change their mind.



The Policy says how healthcare workers should ask for consent with children and young people.



Children and young people should be given information in a way they can understand.



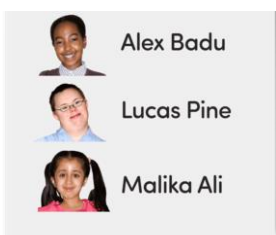
Children and young people with disabilities have the same rights as other children.



They may need extra support to understand information and communicate their views.



All children and young people have the right to be as healthy as they can be.



The Policy says how and when information about a child or young person should be shared.



It tells healthcare workers how to ask for consent for a child who is in the care of Tusla.



Part 2 of the Policy also gives advice on consent for children using mental health services.



The Policy says what should happen in an emergency situation.







In an emergency, healthcare workers, parents, and legal guardians must do what is best for the child.

## Part 3: Do Not Attempt Resuscitation



# Part 3 – Do Not Attempt Resuscitation

	<p>Part 3 of the Policy looks at Do Not Attempt Resuscitation orders.</p> <p>These are also known as DNARs.</p>
	<p>The 2022 Policy does not change Part 3 of the 2013 Policy on DNARs.</p> <p>In time, there will be a new separate policy on DNARs.</p>
	<p>A DNAR is where a person makes an important decision for their future with their healthcare team.</p>
	<p>This decision means if their heart or breathing stops, a healthcare team will not try start it again.</p>



The Policy wants to support you to talk about your wishes and decisions.



The Policy explains that there are lots of important things to think about before a decision like this can be made.



These include:

- your wishes and health goals
- the type of illness and treatment
- your ability to make a decision
- the supports available.



You must be given the right information by a healthcare worker with the right skills and experience.

[www.hse.ie/nationalconsentpolicy](http://www.hse.ie/nationalconsentpolicy)

