

# Scaling Up Family Planning Programme



## SuFP programme consent form for adults who lack the mental capacity to provide informed consent for family planning method(s)

Health Facility Name ..... Patient's surname .....

Patient's first names..... Date of Birth..... Sex **F / M**

Health professional Name.....

Job title.....

Special requirements (e.g. other language/other communication method) .....

**Name of family planning method choice** (include brief explanation if medical Term not clear)

.....  
.....

### **Important information for Informed consent**

#### **Involvement of the patient's family and others accompanying the client**

The final responsibility for determining whether uptake of a family planning method is in the best interest of a client who lack mental capacity to provide an informed consent lies with the carer/spouse/partner/family member/trusted person e.g. an advocate who is accompanying the client and the assessment of the health professional providing the family planning method of choice. Unless it is an emergency and available medical-legal practices allow for a clinician to take decision in the best interest of the client, a carer/spouse/partner/family member/trusted person e.g. an advocate must provide consent on behalf on the client before any family planning method is given. Note that "Best interests" go far wider than "best medical interests", and include factors such as the patient's wishes and beliefs when competent, their current wishes, their general well-being and their spiritual and religious welfare.

To understand fully the best interest for a family planning method, the person's past and present wishes and feelings (in particular if they have been written down) and any beliefs and values that would likely influence the decision in question must be considered. And, as far as possible, the relationship of the client with the person accompanying the clients must be explored to understand if indeed the person is an entrusted individual with the best interest of the client. If not, any of the people highlighted herein with to provide informed consent for the client must be consulted before any family planning method is given.

#### **Definition of lack of mental capacity to provide informed consent**

Lack of mental capacity **refers to** impairment of the mind or brain or disturbance affecting the way one's mind or brain works (for example, a disability, condition or trauma, or the effect of drugs or alcohol) which result in inability to do one or more of the following:

- Understand information about any family planning method or its course, including side effects
- Retain information on a family planning method of choice or its course, including side effects

- Use or weigh that information as part of the decision-making process, or
- Communicate their decision (by talking, using sign language or any other means)

The health service provider entrusted with providing a family planning method of choice to the client and the head of the health facility where the services are sought must ensure that records for the chosen family planning method, including how the informed consent was obtained, which colleagues and/or other people were consulted and documentation of the criteria used to determine that the client lacked mental capacity to make an informed consent are confidentially kept.

**To be signed below by a person or persons close to/accompanying the client to a family planning service site** (delete what doesn't apply):

I / We have been involved in a discussion with the relevant health professionals over the family planning method to be provided to ..... (Client's name). I / We understand that he / she is unable to give his / her own consent, based on the criteria set out in this form. I / We also understand that the family method(s) can be lawfully provided as it is in his/her best interests to receive it.

Name..... Relationship to the family planning client.....

Address (if not the same as client) .....

Signature.....Date.....

If a person with the best interest to the family planning clients is not available in person, has this matter been discussed in any other way (example over the telephone)? Yes/No

**Signature of health professional providing the family planning method(s)**

The above family planning method is, in my clinical judgement, in the best interests of the client, who lacks capacity to consent for himself or herself. Where possible and appropriate, I have discussed the client's condition with those close to him or her, and taken their knowledge of the client's views and beliefs into account in determining his or her best interests.

Signature.....Date.....

Name(PRINT).....JobTitle.....

Where a second health professional's opinion is sought, he/she should sign below to confirm agreement:

Signature.....Date.....

Name (PRINT).....JobTitle.....