

Making decisions about your care and treatment

Information for patients, relatives and carers

This leaflet explains how decisions are made about care and treatment for individual patients. It is not meant to replace discussions with your clinical team but aims to provide more general background about how our doctors and care teams work and how patients and families are involved.

Discussing treatment approaches can be challenging for everyone involved, especially if a patient is very ill and time and options are limited. We want to be as open as possible with our patients, and relatives and carers – and to encourage good two-way communications.

Decision-making principles

Our approach to clinical decision-making is based on the following principles:

1. Everyone matters and everyone matters equally, whatever your age, race, gender, sexual orientation, religion or disability. That doesn't mean that everyone will have the same treatment, though, as individual needs and wishes will be different.
2. All patients have the right to be involved in decisions about their treatment and care and to be supported to make informed choices. The patient's carer or family will also be involved in decisions unless this is contrary to the patient's wishes.
3. Decisions will take into account the likely risks and outcomes for each individual based on established evidence and the health, wishes and condition of the individual.
4. Not all treatment will offer value or benefit to an individual and some will have significant and permanent side effects. Sometimes, the best and kindest step will be to not provide a treatment or to stop a treatment which is not working. Care will always be provided, as will any treatments that are determined to be appropriate.
5. Each patient will be assessed by senior and experienced doctors who will, ultimately, decide on the best treatment plan. These decisions will be reviewed regularly and updated where the patient's condition changes.



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6. Decisions will be transparent, the reasons explained, and clearly recorded in a patient's health record so that all those treating and caring for the patient will know their wishes.

Decision-making in practice

When a patient comes into hospital, their clinical team, doctors, nurses, therapists and other health professionals will develop a care and treatment plan to best meet their needs and wishes. Everyone's aim will be to provide the care and treatment that will resolve the patient's health problem and to enable them to be well enough to leave hospital safely, to go home or to community-based care. However, the plan may also need to consider what happens if the patient's condition does not improve.

The key clinical factors that will be taken into account when considering specific treatment options for an individual are:

- the clinical evidence for the treatment for the individual's health problem(s)
- any pre-existing illnesses or health problems the individual has (or has had in the past)
- the individual's overall fitness and health, sometimes described as their level of frailty



Cardio-pulmonary resuscitation (CPR)

Doctors have a specific responsibility to decide whether or not to attempt CPR – chest compressions and artificial ventilation - if a patient's heart or breathing suddenly stop. Decision making for CPR follows the same shared decision-making principles as for other treatment decisions. (More detailed information about CPR is available.)

Non-clinical factors

Doctors do not make decisions based on the cost or availability of a proven treatment. They may need to prioritise how quickly an individual can receive a treatment – based on the urgency of their condition - but this does not affect the primary decision about what treatment a patient should have.

When will decisions be made?

With planned care – for example, surgery or radiotherapy - treatment options can be discussed, and decisions made, in advance. Where particular procedures are proposed, patients will be provided with the information they need and be asked to consent to that treatment if they have the capacity to do so. That normally means being asked to sign a consent form. This information is then included in the patient's health record.

If a patient has an unplanned admission to the hospital – due to an urgent health problem – discussions about treatment options need to take place as soon as possible after arrival. Some patients may have already set out their wishes for some aspects of treatment and care, in an ‘advance care plan’.

Patients can change their mind at any time about what treatment they would or would not like, and to have further involvement in decision making with their doctors.

What happens if there are different views about treatment options?

Doctors will always try to meet the wishes of their patients, but they have to balance that with trying to make sure that a treatment does not cause more harm than the likely benefit.

Doctors should always involve patients in decisions about their treatment and care and make sure patients are supported to make informed choices if they are able. The patient’s carer or family should also be involved in decision making unless this is contrary to the patient’s wishes. In addition, doctors often seek advice and support from other doctors and experts with particular knowledge, to make sure all options are fully explored, especially in complex and difficult situations.

In our hospitals, we provide our senior doctors with 24/7 access to a panel of experienced consultants if they need urgent support with clinical decision making. Patients and families do not take part in these discussions but their views are taken into account and the decision and reasoning is fed back.

Ultimately, the senior doctor looking after a patient is responsible for treatment decisions. They should explain their reasoning very carefully, especially if a decision does not fully meet a patient or carer or family’s wishes.

Sometimes a patient – or carer or their family – may want to have another medical opinion on a treatment decision. A second opinion may be provided in a number of ways, such as a review by another consultant from within the same speciality or from a related speciality.



Additional information and support

Discussions and decisions about treatment options can be very challenging, especially so if English is not your first language or if you don’t have good support networks. There is a range of information and support that we and others can offer:

- **Translation** - If you require a foreign language or sign interpreter please let your care team know and they will organise an interpreter for you.
- **Chaplaincy** - the hospital chaplaincy team offers confidential religious, spiritual, and pastoral care to all patients and visitors between 09.00 and 17.00 with a 24/7 urgent out-

of-hours on-call service. To request a visit, speak to a member of your care team and ask them to contact the on-call chaplain. Patients can also call directly on **020 3312 1508**

- **Resources**

Patient association - <https://www.patients-association.org.uk/shared-decision-making>
Compassion in dying - <https://compassionindying.org.uk/library/starting-the-conversation/>
[General medical council decision making guidance](#)

We also provide further detailed information on CPR.

Patient advice and liaison service

If you have any suggestions or comments about your care or that of your family member, please contact a member of ward staff or contact the patient advice and liaison service on:

- 020 3313 0088 for Charing Cross, Hammersmith and Queen Charlotte's & Chelsea hospitals
- 020 3312 7777 for St Mary's and Western Eye hospitals
- email PALS at imperial.pals@nhs.net

Alternative formats

This leaflet can be provided on request in large print or easy read, as a sound recording, in Braille or in alternative languages. Please email the communications team: imperial.communications@nhs.net

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