

## **434 – Communication, Capacity, Consent and Safeguarding**

With Steven Bruce and Pat Hobson

### **Overview**

This in-depth discussion focused on the essential clinical and ethical responsibilities of healthcare practitioners, with particular reference to communication, consent, capacity, and safeguarding. It was framed around practical examples and dilemmas faced in osteopathic and chiropractic practice. The speakers provided a detailed examination of the processes and legal obligations that underpin valid consent and the professional responsibilities required to protect vulnerable patients. While emphasising ethical considerations, the dialogue was grounded in pragmatic solutions relevant to day-to-day practice.

### **1. Consent and Capacity**

The discussion began by exploring the requirements for valid consent, stressing that it must be informed, given voluntarily, and provided by someone with the capacity to make the decision. Practitioners were reminded not to rely solely on signed consent forms, as these do not automatically prove that the patient fully understood the implications of care. The Mental Capacity Act (MCA) was outlined as the legal framework governing capacity, including its presumption and the conditions under which that presumption can be challenged. Key principles included the need for decisions to be specific to time and circumstance, and the obligation to support patients in decision-making where possible. Scenarios discussed included patients with dementia, fluctuating capacity, and those whose choices may be influenced by family members or carers. The speakers stressed the importance of being alert to subtle signs of reduced capacity and acting appropriately.

### **2. Communication and Cultural Sensitivity**

Clear, compassionate, and culturally sensitive communication was described as fundamental to ethical care. The speakers highlighted the risk of assuming understanding, especially when patients nod or agree without fully comprehending their options. Practitioners were encouraged to ensure that communication was clear and tailored to the patient's understanding, particularly in situations involving capacity concerns or language barriers. The use of professional interpreters, rather than family members, was recommended where language barriers exist. The conversation also covered scenarios in which patients may be unable to express themselves easily, including due to cognitive decline or trauma, and how body language, facial expressions, and hesitation may indicate a lack of clarity or agreement. The speakers urged clinicians to listen actively and patiently, recognising

that trust is built over time and often hinges on small but significant moments of respectful dialogue.

### **3. Safeguarding Responsibilities**

Safeguarding was presented as a legal and ethical imperative. The speakers outlined the conditions under which a practitioner must report safeguarding concerns, even in the absence of patient consent. They discussed potential red flags such as coercive control, reluctance to speak in front of others, and signs of neglect or abuse. The importance of documenting concerns and following local safeguarding referral pathways was emphasised. Realistic case examples illustrated how clinicians may become the first point of disclosure for at-risk individuals, and the speakers provided guidance on managing these conversations sensitively but decisively. The speakers also reminded clinicians of their responsibility to act in the patient's best interests and to override confidentiality when serious harm is suspected.

### **4. Practical Challenges and Professional Boundaries**

The session addressed the real-world difficulties of balancing professional boundaries with compassionate care. Examples included how to manage situations where patients need to undress, where modesty or religious sensitivities may be present, and how to prevent misunderstandings. The use of chaperones was encouraged for intimate examinations, particularly with children or vulnerable adults. The importance of explaining procedures in advance and offering options for privacy was stressed. Practitioners were reminded to document patient preferences and any deviations from standard procedure. The discussion also touched on professional risks, noting that miscommunication or failure to respect boundaries can lead to complaints or disciplinary action.

### **5. Documentation and Reflective Practice**

The discussion concluded with a reminder of the importance of accurate and thorough documentation. Clinicians were advised to record all discussions about consent, capacity, safeguarding, and treatment planning, especially when complex or borderline issues arise. Good records were presented as both a safeguard for the practitioner and a vital part of continuity of care. Reflection was encouraged as an ongoing process, helping clinicians learn from difficult cases and improve their professional judgement. The speakers also discussed the value of developing standard operating procedures within practices to promote consistent, legally sound responses to complex ethical situations.