



DR. PABLO O. TORRE
MEMORIAL HOSPITAL

RIVERSIDE MEDICAL CENTER, INC.



METRO PACIFIC HEALTH
THE HEART OF FILIPINO HEALTHCARE

DEPARTMENT: Medical Services Division		POLICY NUMBER: DPOTMH-MPP-BIOETHICS-P003--(01)	
TITLE/DESCRIPTION: POLICY ON INFORMED CONSENT			
EFFECTIVE DATE: July 15, 2024	REVISION DUE: July 14, 2027	REPLACES NUMBER: DPOTMH-C-102-P03	NO. OF PAGES: 1 of 4
APPLIES TO: All Physicians, Nurses, Pharmacist and other Healthcare Professionals		POLICY TYPE: Multi Disciplinary	

PURPOSE:

The purpose of the informed consent policy is to provide and clearly explain information about the right and responsibilities to patients and/or relatives/representatives to participate in Dr. Pablo O. Torre Memorial Hospital services in their preferred language and form of communication to facilitate informed consent.

DEFINITIONS:

1. Informed Consent – is a process of communication between patient and the health care provider that often leads to agreement or permission for care, treatment, or services. Every patient has the right to get information and ask questions before procedures and treatments. If adult patients are mentally able to make their own decisions, medical care cannot begin unless they give informed consent.
2. Collateral relatives-up to 4th civil degree of affinity.
3. Valid Power of Attorney – is a duly notarized document executed by the patient designating his/her attorney-in-fact to act on his/her behalf relative to his sickness or medical treatment.
4. Advance directive- legal documents that contain instructions on medical care in case of incapacitation.
5. Living will – a legal document that instructs the physician on acceptable or unacceptable mode of terminal care.

RESPONSIBILITY:

All Physicians, Nurses, Pharmacist and other Healthcare Professionals, Data Privacy Officer

POLICY:

Physicians are encouraged to limit the procedure to what is stipulated in the consent form. Should there be a need to extend the surgery beyond what is in the contract, attempts to secure consent for the procedure should be done. In case this is not possible, it is the duty of the physician to explain his decision later. The anesthesiologist will be responsible for obtaining consent for procedures with anesthesia. (**consent will be formatted with ilonggo translation below**add in the consent "in case of emergency please contact" with contact number and address).

The consent form shall have the following:

1. Date and time it was signed.
2. The type of surgery or treatment to be performed.
3. A statement that the signatory understood the information given to them about the type of procedure or treatment to be done.
4. Full name of the signatory and signature; relationship to the patient if the patient is unable to



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sign. (***)In case of emergency where the patient was brought by a stranger)

5. Complete name and signature of a witness at the time of signing.
6. Address and contact details of the signatory.

ORDER OF AUTHORIZED SIGNATORIES

The consent document must be signed and dated by the patient if able, or by the patient's legal guardian or representative.

1. A patient's ability to sign is determined by his age (at least 18 years old), ability to discern with competence and clearheadedness. Thus, a patient who is of legal age, able to discern and competent but drugged up due to medication or alcohol cannot validly sign a consent document. It also goes without saying that the signatory must be signing voluntarily and without any form coercion.
2. A legal guardian or representative may be appointed by law or a court of law or may be someone who is authorized by the patient himself. A legal guardian or representative shall submit a document showing the legality of his guardianship, and shall carry with him by the time of signing. It must be attached in the Special Power of Attorney.
3. In the inability of the patient to sign and in the absence of a legal guardian or representative, the law provides that the relatives of the patient may sign in the following orders; spouse, children of legal age, parents, siblings, and other collaterals. In case of emergency where the patient is brought in by a stranger, unable to sign and there is no legal guardian or relative, the Attending Physician may sign or decide for the patient in the presence of a qualified witness. (e.g. nurses). Such authority ends when patient is stable or there is already time to consult with the folks.
4. Thus the order is as follows:
 - 4.1. Patient – if of legal age and mentally capable.
 - 4.2. Legal Spouse – for married patient or Common law spouse for unmarried patient.
 - 4.3. Children – the oldest child if of legal age, or they may need to come into a consensus or appoint a speaker amongst them.
 - 4.4. Legal guardian or representative (valid for minors only or mentally incapacitated patient)
 - 4.5. Parents
 - 4.6. Grandparents
 - 4.7. Siblings – oldest sibling if of legal age; For patients that are not married, do not have children and no longer have their parents with them.
 - 4.8. Other Collateral relatives – In the absence of all those above, other relatives may be consulted regarding the preference of the patient.
 - 4.9. Attending Physician in cases of emergency when no one can sign the consent and the life of



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the patient is at stake.

5. The legal guardian or representative shall present upon admission an Advance Directive, a Living Will or a valid Power of Attorney.
6. In cases when the patient is not able to sign and signatories in the order as mentioned above are not in out locality, if time permits, a consent form may be sent and signed, sent back to us by email, Viber or messenger, following the format/requirements of our informed consent.
7. The duty to obtain informed consent shall belong to the physician and is non-delegable. A physician cannot rely upon a subordinate to disclose information required to obtain informed consent.
8. Persons who are not married but living as common law husband and wife shall be treated as married in terms of succession as to who can provide authorization.

PROCEDURE (SOP): N/A

WORK INSTRUCTION: N/A

WORK FLOW: N/A

FORMS: N/A

EQUIPMENT: N/A

REFERENCES: N/A



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APPROVAL:				
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