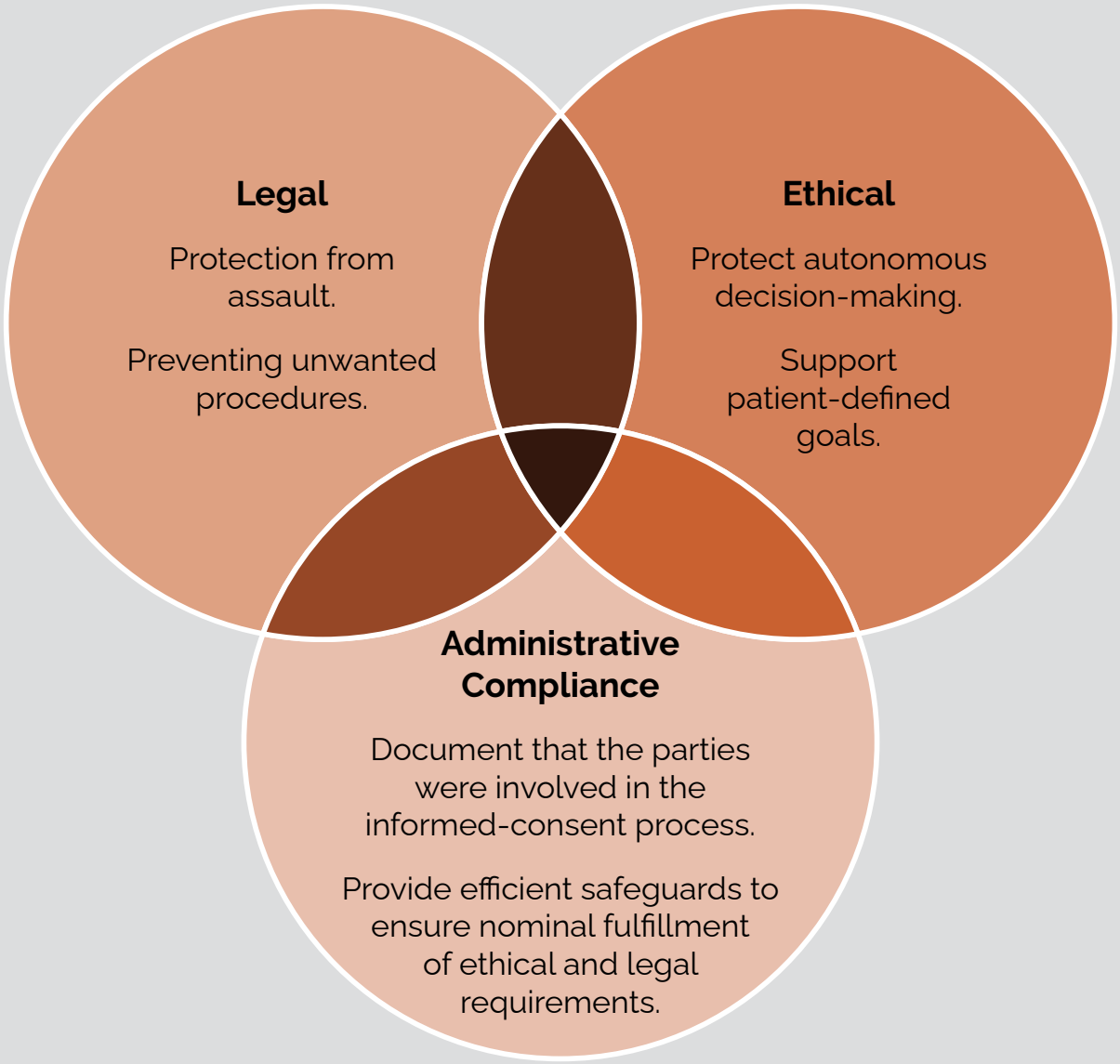
# Informed Consent: Aesthetics Practice

- RCW 7.70.060: Consent Form
- RCW 7.70.050: Failure to secure informed consent
- WMC Guidance Document: Informed Consent and Shared Decision-Making

## Which medical procedures require informed consent?

Laws vary, but in general, informed consent applies whenever a patient is accepting a risk. While many medical and aesthetic procedures carry a low risk of complications or a moderate risk of minor side effects, it is recommended that providers document these conversations to reduce liability and ensure that patients fully understand the potential for adverse events.

- **Simple consent:** Entails that a patient (or surrogate) with decision-making capacity freely authorizes a treatment plan aimed at a mutually acknowledged treatment goal.
- **Informed consent:** The authorization is "informed" when the physician discloses and the patient understands the diagnosis, the relevant options for treatment (including no treatment) and any respective risks and benefits.
- **Invasive procedure:** Any procedure that pierces or severs tissues, inserts external materials or removes existing material. (Intravenous or subcutaneous injections are generally considered non-invasive, however informed consent may be required if the medication is determined to be high risk to the individual patient.)




Signed informed consent is recommended for any invasive procedure or treatment, including but not limited to:

- Treatment with high-risk medications (e.g., gene therapy, ketamine).
- Tests and invasive medical interventions (e.g., lasers, exosomal threading).
- Surgery, including biopsy.
- Use of anesthesia.
- Use of radiation.
- Blood transfusions and use of blood products (e.g., stem cell therapy).
- Any transfer of personal information.

## Key Components of Informed Consent

*(AMA Principles of Medical Ethics: I, II, V, VIII; Code of Ethics for Nurses Provision 1.4, 3.1, 3.2)*

1. The healthcare provider must verify that the patient has the capacity to understand and make decisions about their healthcare.
2. The healthcare provider must disclose enough information for the decision-maker to make an informed choice.
   - Explain the treatment to consider.
   - Potential risks and benefits of the plan, including evidence from published literature, what is standard of care, and the likelihood of adverse events and benefits.
   - Medically recognized alternative options to consider, including the risks and benefits of alternative treatments.
   - Provide the patient option to refuse or delay treatment.
3. The healthcare provider must judge that the decision-maker understands the information.
4. The patient must freely authorize the treatment plan, usually with their signature.

## Informed Consent Best Practices

- Provide information in more than one manner. Consider written, verbal, and tactile methods of explanation to ensure patient understanding.
- If you have used diagrams or drawings to illustrate a treatment or procedure, keep them with the notes and consent.
- Take 'before' and 'after' photographs of the patient; in surgery cases these photographs can include the patient in a 'marked up' state, evidencing the patient's compliance in identifying where the surgery will take place.
- Make sure any specific or unusual issues raised by your patient are documented, together with the advice given.
- Don't assume that a patient having a 'repeat' treatment does not need to be consented again. Much will depend on the gap between treatments – for example, there is a world of difference between a patient undergoing a course of treatments each week over five weeks and a patient re-attending for a second single treatment after a gap of six months.
- Most importantly, make sure that the aesthetic consent form is signed (this could be done electronically) and dated. If you have follow-up appointments, make sure that any documentation or consent forms are also signed and dated each time you see the patient, whether virtually or face to face.
- It is also unprofessional conduct to promote for personal gain any unnecessary or inefficacious drug device, treatment, procedure or service. (RCW 18.130.180 (16))
- RCW 18.130.180 (4) Incompetence, negligence, or malpractice which results in injury to a patient, or which creates an unreasonable risk that a patient may be harmed. The use of a nontraditional treatment by itself shall not constitute unprofessional conduct, if it does not result in injury to a patient or create an unreasonable risk that a patient may be harmed.