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Informed consent: Agreement or permission accompanied by full notice about the care, treatment or service that is the subject of the consent. A patient must be apprised of the nature, risks, and alternatives of a medical procedure or treatment before the physician or other health care professional begins any such course.

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Informed Consent by Deborah Bowman

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The literature on informed consent and its ethico-legal significance in clinical practice has grown rapidly in recent years. This unique book offers a practical description of the principles of informed consent and their application in daily clinical practice. Written by a team of experts in medical ethics and law, the chapters use a case-

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based approach to elucidate the essence of consent and highlight the ways in which individual patients and diverse situations can shape and even challenge the fundamental principles of informed consent. A range of situations in both primary and secondary care are covered and the content is arranged conceptually to help emphasise certain recurrent and related themes. An informative and rigorous yet accessible text, *Informed Consent: A Primer for Clinical Practice* is an essential resource for healthcare professionals working in all medical fields.

"The process of seeking the consent of a patient to a medical procedure is, arguably, one of the most important skills a doctor, or indeed any clinician, should learn. In fact, the very idea that doctors may institute diagnostic or treatment processes of any sort without a

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patient's consent is utterly counter-intuitive to the modern practice of medicine. It was not always thus, and even now it can be reliably assumed that consent is still not sought and gained appropriately in every clinical encounter. To say that it should be sought and gained in this manner elevates the value of consent to a high level. It can be instructive to ask oneself why such a value might be held to be the case. The answer to this question lies in the philosophical underpinning of clinical consent, which sits within a notion of personal autonomy, and respect for autonomous decision making"--

In questions of psychiatric ethics, simple "yes" or "no" answers are rare, yet questions arise frequently in the clinical setting. "Should I

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accept a patient's invitation to a party?" "Is it OK to tell a patient that I, too, have had a depression?" "Can I release sensitive information about my patient without the patient's consent?" "Can I give a psychiatric opinion about someone I've never examined?" A shortage of ethics instruction from medical school through residency has left many psychiatrists facing the increasingly complex field of ethics without a clear guide to ethical decision making and conduct until now. Informed by some of the formal proceedings of the APA Ethics Committee, Ethics Primer of the American Psychiatric Association presents today's ethical dilemmas in eleven informative chapters -- brought to life by the clinical vignettes based on actual cases seen by this primer's distinguished contributors. Boundary violations between the doctor -- patient relationship and any other relationship (e.g., social, sexual/romantic,

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business) Issues such as informed consent, psychopharmacology, hospitalization, and psychotherapy with children, adolescents, and families Issues such as confidentiality, competence and consent, quality of life, abuse and neglect, and use of restraints with geriatric populations Involuntary hospitalization rife with conflict and controversy where many ethical principles clash (e.g., beneficence, autonomy, informed consent) Reconciling ethical conduct (as delineated in guidelines of the AMA, APA, and Sabin) with managed care's cost containment and rationing of medical services Confidentiality, how this fundamental ethics principle can clash with the business ethics of managed care and insurance companies Gifts from patients and industry when and why they are or are not acceptable The often uncomfortable duty to report colleagues who engage in fraud or deception, from speaking privately with a

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colleague to referring a concern to a departmental committee, supervisor, or local APA ethics committee (and applicable legal mandates) Emergency care ethics how to ensure proper treatment for psychiatric patients who come to the emergency room with physical illnesses forensic psychiatry, including codes of ethics, boundary issues, and management of allegations of ethical misconduct When consultations and second opinions are needed Including an appendix with selected material from The Principles of Medical Ethics With Annotations Especially Applicable to Psychiatry, this clinical guide and reference is sure to stimulate the discussion so integral to maintaining the dynamic tradition of ethics. As such, it is essential reading for every psychiatrist -- whether in training or in established clinical practice -- who aspires to a richer appreciation for the wisdom and subtleties of the guidelines and

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principles of medical ethics.

From Harry and Louise through the McCaughey septuplets, this book explains stories and issues in health care ethics that have appeared in the news media. Written for the general reader in a pluralistic society, it outlines and applies principles of justice from the Catholic tradition to contemporary problems that increasingly affect us all. This second edition contains extensive new material and new topics, including physician-assisted suicide, managed care, organ donation, genetic testing, cloning, and the question of futility. Aimed at a wide audience, this book will also be useful for introductory ethics courses in colleges and high schools.

This practical volume provides a thorough introduction to

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conducting and critically reading research in technical communication, complete with exemplars of research articles for study. Offering a solid grounding in the research underpinnings of the technical communication field, this resource has been developed for use in master's level and upper-division undergraduate research methods courses in technical and professional communication.

This fully revised edition provides a practical introduction to research methods for anyone conducting and critically reading technical communication research. The first section discusses the role of research in technical communication and explains in plain language how to conduct and report such research. It covers both quantitative and qualitative methods, as well as surveys, usability studies, and literature reviews. The second section presents a

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collection of research articles that serve as exemplars of these major types of research projects, each followed by commentary breaking down how it corresponds to the information on that research type. In addition to five new chapters of exemplars and commentaries, this second edition contains a new chapter on usability studies. This book is an essential introduction to research methods for students of technical communication and for industry professionals who need to conduct and engage with research on the job.

This is a comprehensive discussion of the ethical issues involved in informing patients on their rights and participation in medical research and treatment. With 30 chapters contributed by internationally recognised medical ethicists, *Informed Consent* provides an authoritative reference on a subject of major importance

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in medical ethics

Informed consent - the process of communication between a patient or research subject and a physician or researcher that results in the explicit agreement to undergo a specific medical intervention - is an ethical concept based on the principle that all patients and research subjects should understand and agree to the potential consequences of the clinical care they receive. Regulations that govern the attainment of informed consent for treatment and research are crucial to ensuring that medical care and research are conducted in an ethical manner and with the utmost respect for individual preferences and dignity. These regulations, however, often require - or are perceived to require - that informed consent documents and related materials contain language that is beyond the comprehension

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level of most patients and study participants. To explore what actions can be taken to help close the gap between what is required in the informed consent process and communicating it in a health-literate and meaningful manner to individuals, the Institute of Medicine's Roundtable on Health Literacy convened a one-day public workshop featuring presentations and discussions that examine the implications of health literacy for informed consent for both research involving human subjects and treatment of patients. Topics covered in this workshop included an overview of the ethical imperative to gain informed consent from patients and research participants, a review of the current state and best practices for informed consent in research and treatment, the connection between poor informed consent processes and minority underrepresentation in research, new approaches to informed consent that reflect

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principles of health literacy, and the future of informed consent in the treatment and research settings. *Informed Consent and Health Literacy* is the summary of the presentations and discussion of the workshop.

It is generally accepted in legal and bioethical discourse that the patient has a right to self-determination. In practice though, this is often not the case. Paternalism is waning and it is increasingly recognised that there are values other than medical factors which determine the choices that patients make. Unfortunately, these developments have not resulted in huge advances for patient self-determination, which is largely because the consent model has fundamental flaws that constrain its effectiveness. This book sets out to offer an alternative model to consent. In the property model

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proposed here, the patient's bodily integrity is protected from unauthorised invasion, and their legitimate expectation to be provided with the relevant information to make an informed decision is taken to be a proprietary right. It is argued that the property model potentially overcomes the limitations of the consent model, including the obstacle caused by the requirement to prove causation in consent cases. The author proposes that this model could in the future provide an alternative or complementary approach for the courts to consider when dealing with cases relating to self-determination in health care.

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