INTRODUCTION

The International Society of Plastic and Aesthetic Nurses (ISPA) recognizes the importance of protecting the legal rights of patients and maintaining the ethics of health care through the practice of informed consent. Informed consent is defined as, “consent to surgery by a patient or participation in a medical experiment by an individual after achieving an understanding of what is involved” (Informed consent, n.d.). Legal requirements for informed consent are derived from precedents established in medical malpractice cases, and the underlying rationale for the doctrine of informed consent is the individual’s right to self-determination (Cassidy & Oddi, 1986). Informed consent is based upon an individual’s right to determine what happens to their body, and a physician’s duty to provide the individual with sufficient information to make decisions consistent with their values, situation, and context (USLegal, 2016; Fowler, 2015). Informed consent includes seven components easily remembered using the mnemonic BRAIDED:

- Benefits of the procedure have been explained;
- Risks of the procedure have been explained;
- Alternatives to the procedure have been discussed along with the potential outcomes of those alternatives;
- Inquiries about the procedure have been allowed and encouraged;
- Decision has been made to accept or decline the procedure;
- Explanation of the procedure and what to expect before, during and after has been provided; and
- Documentation has been completed with the patient’s signature of acknowledgement (Welman, 1986).

One of the most important aspects of the preoperative assessment performed by plastic and aesthetic registered nurses (RNs) is verifying that the patient has provided informed consent, or in the case where the patient is unable to provide informed consent, that authorization had been provided by the patient’s legal representative for the procedure to be performed. Nurses should respect the autonomous choices of others. For patient’s decisions to be autonomous, they must receive adequate and accurate information and their decisions should be voluntary. Respecting the patient’s autonomy does not mean that nurses may not offer a professional opinion or advice; however, the information should be provided in a manner that is truthful and noncoercive. Plastic and aesthetic RNs offer information and advice to patients in ways that exercise compassion, affirm patient dignity, and recognize the uniqueness of the patient as a person (Fowler, 2015).
**RATIONALE**

Empowering patients through the practice of informed consent is consistent with the mission of the ISPAN. Nurses are in a position to promote patient autonomy by encouraging patients and other individuals to participate actively in choices about their health care.

**ISPAN RECOMMENDATIONS**

The plastic and aesthetic RN should
- promote consistent, organizational policies that help ensure accountability for patient safety, foster trust between patients and health care providers, and recognize the importance of the patient’s autonomy (Goetz, 2011).
- collaborate with the interdisciplinary team to convey all relevant information to the patient.
- ensure that sufficient time has been allowed for patient feedback indicating their comprehension of the process, and the understanding of their right to consent, refuse, or withdraw from the procedure or medical experiment (USLegal, 2016; Fowler, 2015).
- with the exception of the cases involving emergent care, verify that informed consent has been provided by the patient or the patient’s legally authorized representative on the appropriate document before allowing patient care to proceed.

**REFERENCES**


**DISCLAIMER**

These clinical practice guidelines and/or recommendations and/or other guidance published herein are provided by the ISPAN to assist practitioners in clinical decision-making. The information should not be relied upon as being complete and should not be considered inclusive of all proper treatments, methods of care, or as a statement of the standard of care. All guidelines and recommendations require periodic revision to ensure that clinicians utilize appropriate procedures, and that the materials encompass the recent critical review of literature and expert opinion. The reader must realize that clinical judgment may justify a course of action outside of the recommendations contained herein.