

Subject:	Informed Financial Consent	Ref. No.	FES-PST-041
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The College considers that it is a professional responsibility of surgeons to obtain informed financial consent from their own private patients and to facilitate the obtaining of informed financial consent in relation to other practitioners involved in an episode of surgical care.

The College:

1. Fully supports the principle that surgeons should obtain Informed Financial Consent prior to any medical treatment, including any elective procedures, and emergency procedures, where this is practicable.
2. Believes that by providing information to patients in advance, the imparting of the likely financial implications of the proposed treatment is sound ethical and professional business practice. It indicates respect for individual patients and their rights, avoiding negative perceptions of private medical practice.
3. Recommends that wherever possible the surgeon should give the patient sufficient information regarding their likely fees and the associated recoverable expenses so that the patient is able to make an informed financial decision prior to the provision of medical services.
4. Endorses that the principle of Informed Financial Consent should apply to all medical services for which a fee can be charged but is most critical in relation to medical services provided to privately insured patients in hospital and in circumstances where there is potential for additional costs to be incurred. With in-patient services, fees and additional costs tend to be larger and the patients are less likely to have an appreciation of the potential costs of particular procedures and of the proportion of fees covered by Medicare and their private health insurers, and subsequently their financial obligations.
5. Strongly supports the voluntary implementation of Informed Financial Consent policies and practices in Australia. It is recognised that in New Zealand the situation is covered by the Code of Health and Disability Services Consumers' Rights.
6. Opposes the introduction of legislative or regulatory requirements in Australia that place a direct legal requirement on surgeons to obtain Informed Financial Consent from their patients or includes sanctions for non-compliance, and considers such legislative compulsion unwarranted and inappropriate.
7. Strongly supports the principle of Informed Financial Consent, and will assist its Fellows to facilitate their practices and procedures in this regard.
8. Will work cooperatively with government, health funds, private hospitals and the private health insurance industry to promote the voluntary adoption of appropriate informed financial consent practices in Australia.

RECOMMENDATIONS ON INFORMED FINANCIAL CONSENT PROCEDURES AND PRACTICE

1. Informed Financial Consent is the dialogue undertaken between the surgeon, or their representative, and a patient so that the patient understands:
 - (a) the potential fee for the surgical procedure
 - (b) that there may be fees associated with other medical providers in the treatment episode, including anaesthetists, assistant surgeons, pathologists, radiologists and allied health professionals

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- (c) the potential rebate for the services from Medicare and/or to the patient's private health insurer (The situation in New Zealand with respect to reimbursement is different, however the principle remains the same in both countries)

However, where there are fees associated with other professional services, it is not the responsibility of the surgeon or their representative to provide specific information on the fees for these health care professionals

2. The surgeon may engage an assistant surgeon and if so should inform the patient of the following:
 - (a) an assistant surgeon will be present
 - (b) a fee will be involved, and how this will be billed (either as part of the surgeon's fee or as a separate bill from the assistant directly)
 - (c) the size of this fee and how it may be remunerated
3. The surgeon's rooms should provide contact details where possible, of the assigned anaesthetist or the anaesthetic practice group to the patient along with the suggestion that the patient contacts the anaesthetist for detailed financial and other information.
4. The surgeon's rooms should notify the relevant anaesthetist or anaesthetic practice of patient details promptly once the patient is booked for the procedure. This will facilitate exchange of relevant information.
5. Part of Informed Financial Consent includes advice given to patients in the public system who may wish to discuss alternate venues for care. This involves uninsured or self-insured patients and those who have private health insurance who have come to the public system in a variety of ways.

Surgeons should give accurate advice about waiting times in public hospitals and accurate information about the alternate forms of care and the subsequent costs. There should never be coercion (or the impression of coercion) for patients to be treated in the private health care system.
6. As a result of this information the patient would be expected to have an indication of costs in writing of what his/her additional costs might be, subject to variations in fee estimates due to unforeseen circumstances and variations that may be necessary in the course of the procedure that may vary the fees incurred.
7. The College recommends that wherever practicable:
 - (a) information about fees and charges for proposed in-patient surgical services should be provided to patients in writing;
 - (b) the surgeon obtain a signed acknowledgement of receipt of the consent from the patient;
 - (c) there be an acceptance to pay the fees disclosed.
8. It is appropriate professional practice to disclose surgeons' financial interests in facilities where the medical treatment is to be provided and where investigations are to be undertaken etc.

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PROSTHESES CHARGES

Whilst the vast majority of surgically implanted prostheses and devices are covered under the Private Health Insurance Scheme and attract full health insurance coverage, some prostheses may involve less than full insurance cover with a gap to be paid by the patient.

Under these circumstances it is important that the surgeon informs the patient of the expected extra charges on the prosthesis and why this is the situation.

EMERGENCY CARE

With a number of emergencies and exceptional circumstances it will not be possible to obtain Informed Financial Consent before the service is provided. In these cases, information about fees and additional costs should be provided to the patient as soon as possible after the service is provided or to relatives and family members at the time of admission.

ASSOCIATED DOCUMENTS

Position Paper: Excessive Fees
Position Paper: Informed Consent
RACS Code of Conduct

Approver: CEO
Authoriser: Council