

# Chapter 1

## INFORMED CONSENT AND VOLUNTARISM

### WHAT IS INFORMED CHOICE AND VOLUNTARISM (ICV)?

The quality of care in family planning (FP) requires that the rights of FP clients are safeguarded by service providers at all times. The rights of FP clients, especially the right to information and choice, must be honored through appropriate FP counseling. Clients must be able to make voluntary and informed choices based on accurate, balanced, and complete information. The Department of Health (DOH) AO 2011-0005 defines Informed Choice and Voluntarism (ICV) as

“A standard in the delivery of FP services, ensuring that clients freely make their own decision based on accurate and complete information on a broad range of available modern FP methods, and not by any special inducements or forms of coercion or misinterpretation.”

Healthcare providers are responsible for ensuring that an FP client makes a voluntary and informed choice. This factor is considered as one of the pillars that guide FP program implementation.



QUALITY OF CARE IN FP : CLIENT RIGHTS AND PROVIDER NEEDS

The quality of FP services can be further enhanced by safeguarding the rights of clients and by providing the needs of healthcare professionals. Healthcare providers need proper training, adequate supplies, good working environment, as well as good management support and supervision. Basic client rights include the following:

|                          |                     |  |
|--------------------------|---------------------|--|
| Right to information     | Right to            | To learn about the benefits and availability of family planning                                |
| access                   |                     | To obtain services regardless of sex, creed, color, marital status, social status, or location |
|                          |                     | To decide freely on whether to practice family planning and which method to use                |
| Right to choice          |                     | To be able to practice safe and effective family planning                                      |
| Right to safety          | Right to            | To be counseled and be provided with services in a private environment                         |
| privacy                  |                     | To be assured that personal information is kept between the client and the provider            |
| Right to confidentiality |                     | To be treated with courtesy, consideration, and attentiveness To be provided with utmost       |
|                          |                     | care and attention during service To receive FP services and supplies as long as               |
| Right to dignity         | Right to            | needed   |
| comfort                  | Right to continuity | To express views on the services offered   |
| Right to opinion         |                     |  |

INFORMED CHOICE AND VOLUNTARY DECISION MAKING AS A VITAL PROGRAM STRATEGY

The DOH recognizes that ensuring ICV will translate to better and longer method use, improved client compliance, and satisfied clients who will encourage others to participate in FP programs. This is effectively done through face-to-face, verbal, and nonverbal exchange of information with clients. ICV is a vital foundation of FP Program success.

# ENSURING INFORMED AND VOLUNTARY DECISIONS

Service providers must be aware of the principles of ICV. Table 1 explains the principles of ICV and provides hypothetical examples of noncompliance or vulnerability. Service providers must be aware that their best interest might violate ICV principles and the rights of the client.

| Table 1. Principles of ICV   |   |  |
|--|---|--|
| ICV Principle  | Clarification/Interpretation  | Examples of Non-compliance / Vulnerability   |
| Service providers or referral agents shall not implement or be subject to quotas or other numerical targets relative to the total number of births, number of FP acceptors, or acceptors of a particular FP method.  | A quota or target is a predetermined number of births, FP acceptors, or acceptors of a particular method that each service provider or barangay health worker is assigned or required to achieve. Indicators for planning, budgeting, and reporting are exempted.   | Dionisia, the midwife–owner of a lying-in, discloses that her employed midwife failed to achieve her required 10 PPIUD insertions per month and thus deducts 5% from her salary. |
| No payment of incentives, bribes, gratuities, or financial reward to the following: • An individual in exchange for becoming an FP acceptor • Program personnel for achieving a numerical target or quota relative to the total number of FP acceptors, or acceptors of a particular FP method | Provider payments violate the provision only when payment is based on a quota or target set as a predetermined number of total births, number of FP acceptors, or number of acceptors of a particular method. Incentives, bribes, gratuities, and financial rewards should not be a form of inducement to accept a particular method. | The best “performing” health providers in a program receive supplies and/or equipment as reward on the basis of the number of FP acceptors.                                      |
| No denial of rights and benefits for those who do not accept FP.   | Health facilities shall not deny any right or benefit, including any right to participate in a program of general welfare or the right to access healthcare, as a consequence of the decision not to accept FP services.  | Mothers who do not accept any FP method are denied immunization services.  |
| Comprehensible information on the chosen FP method. Full disclosure for experimental contraceptive method and procedures.  | Clients must receive comprehensible information about the risks, benefits, side effects, and contraindications of the method they want to use in accordance with local standards.   | Service providers withhold full information on FP methods from the clients.  |

| ICV Principle  | Clarification / Interpretation   | Examples of Non-compliance / Vulnerability  |
|--|--|---|
| Informed consent must be documented prior to permanent methods, namely, bilateral tubal ligation (BTL) or vasectomy.                                 | Service providers should ensure that informed consent has been discussed and secured from every acceptor of a permanent FP method prior to the procedure. Six elements should be explained to the clients.   | While Sally was in painful labor, she was asked to sign the consent for BTL.  |
| FP programs/projects must provide information and access to a broad range of FP methods and services, either directly or through referral.           | During counseling, potential FP clients should be made aware of all the modern FP methods. If methods such as intrauterine device and BTL, which require a certain level of skill from providers, are unavailable, the provider should be able to refer the client to a facility where the services are available. | Mara goes to the hospital desiring to have BTL. However, no doctor is available to conduct the procedure. The nurse simply tells her that the method is unavailable and sends Mara home with no alternative method or referral. |
| No discrimination should be made against applicants for grants or funding because of religious or conscientious commitment to offer only natural FP. | Organizations with religious or moral beliefs about FP should still be treated fairly in funding decisions.  | Chastity Foundation was denied funding because it strictly promoted only natural FP methods.  |
| Funding of programs with involuntary sterilization or coercive abortion is not allowed.  | Practice of abortion is illegal in the country, as stipulated in the Revised Penal Code. Program beneficiaries are not allowed to join advocacy activities lobbying for abortion as an FP method.  | —   |

### INFORMED CONSENT

Informed consent is different from informed choice. Informed consent is a written voluntary decision of an FP client stating that he/she accepts the particular method (e.g., sterilization, IUD, or implant insertion) before undergoing the procedure. The service provider is assumed to have already provided adequate counseling prior to the acknowledgment of the decision.

The RPRH Act of 2012 implementing rules and regulations include the following provisions regarding informed consent in availing FP services:

- Any minor availing of FP services must have written consent of their parents or guardians.
- Any minor who has had a previous pregnancy or is already a parent still requires parental consent prior to availing of FP services.
- Spousal consent is needed prior to undergoing permanent surgical contraceptive methods.

