

**Based on the equality issues you identified in 2.2 and 2.3, what changes did you make or do you intend to make in relation to the policy or decision in order to promote equality of opportunity?**

<p><b><i>In developing the policy or decision what did you do or change to address the equality issues you identified?</i></b></p>	<p><b><i>What do you intend to do in future to address the equality issues you identified?</i></b></p>
	<p>Doctors and Nurses working for the service, in line with GMC guidance on consent, work on the presumption that every adult patient has the capacity to make decisions about their care, and to decide whether to agree to, or refuse, an examination, investigation or treatment. Ways in which to maximise the individuals ability to make decisions for themselves will be facilitated (taking account of confidentiality issues) such as: bringing a relative, partner, friend, carer or advocate to consultations, or having written or audio information about their condition or the proposed investigation or treatment; speaking to those close to the patient and to other healthcare staff about the best ways of communicating with the patient.</p> <p>A patient is only treated as lacking the ability to make their decisions, i.e. capacity, once it is clear that, having been given all appropriate help and support, they cannot understand, retain, use or weigh up the information needed to make that decision, or communicate their wishes.</p> <p>If a patient with a learning disability is unwilling to co-operate or consent to the vasectomy procedure, the team</p>

	<p>ensure that the reasons for the patient's decision are explored, and that any reassurances that they need about discomfort/pain/side effects are answered appropriately. The team ensure that all patients also understand the implications of refusal for treatment.</p>
--	--