

# Consent for treatment and a tax-free health care organization

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Consent to Treatment and Tax Free Healthcare  
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Ms. Davis Scenario In the scenario, Ms. Davis sleeping medication have taken full effect on her as she is going in and out of sleep, which, in turn, has eroded her competence to give consent. Ms. Davis can be regarded as being in an altered state of consciousness (or having short-term/temporary incapacity). Ms. Davis is not fully conscious and cannot give informed consent; thus, the consent obtained for treatment is implied (arising out of necessity). The consent is implied since the surrounding circumstances makes a reasonable person to believe that consent has been granted devoid of word agreement (direct, express, or explicit) and since the subject cannot concisely communicate her wishes.

There are three critical requirements to valid consent: the patient must possess the capacity to consent (mentally competent); consent obtained ought to be voluntary; and, the patient ought to have obtained adequate information to arrive at a decision regarding their treatment. The health practitioner can be reprimanded for failing to obtain a valid consent, which amounts to claims of clinical negligence. In theory, in instances in which harm has befallen the patient and the consent was obtained improperly, this could give rise to claims of assault or battery, and, in extreme cases, criminal charges.

## # 2 Giving Consent to a Minor where Parental Consent is Unavailable

Overall, minors are not legally competent (not mentally competent) to consent to medical treatment. It is the practice for doctors, plus other medical professionals to obtain consent from parents or guardians for carrying out medical and surgical procedures. However, when the minor

needs urgent medical attention and the parents cannot be reached (such as in a true emergency), then the doctor may begin treating the child devoid of a parental consent (American Academy of Pediatrics, 2003). The scenario presented is life threatening and the doctor can legally treat the minor devoid of parental or legal guardian has given consent. The minor can give informed consent devoid of parental intervention and thus the operation remains allowable. Cases in which minor's consent is adequate for confidential care are infrequent since it applies only to emergency medical services, where parent's consent is not readily available.

### #3 How the Health Reform Law of 2011 Could Impact on the Health care Organization

The prospective impact of U. S. health care reform legislation on hospitals can be viewed from four critical areas: changes in funding and reimbursement; changes within clinical operations; transparency requirements; and, additional oversight measures (Rosenbaum, 2011). Under the tax-exempt status, hospitals must undertake a number of actions: conduct a health needs assessment at least once in every three years; make readily available their financial assistance policies that ought to identify eligibility criteria for discounted care, the way in which they establish amounts billed to patients; notify patients needing financial assistance policies via "reasonable efforts" prior to initiating diverse collection actions or reporting to a credit rating agency; and, containing charges of uninsured, indigent patients to those amounts widely charged to insured patients. Hospitals must satisfy requirements for every facility it operates and will not retain exempt status with regard to the non-compliant facility. Since the act

imposes penalties on hospitals that are unsuccessful to timely conduct their community health needs assessment, the administrators ought to consider the manner in which to conform to the act's fresh requirement for Federal tax exemption, besides the Healthcare Reform (2011) impacts significantly on transparency since it limits on aggregate physician whole ownership interest within hospitals and also demands disclosure of financial relationships between health entities (Rosenbaum, 2011).

#### References

American Academy of Pediatrics (2003). Consent for emergency medical services for children and adolescent. *Pediatrics*, 111 (3): 703-706.

Rosenbaum, S. (2011). The patient protection and Affordable Care Act: Implications for public health polict and practice. *Public Health Rep.* 126 (1): 130-135.