Video Recording

Video Recording of Consultations between Doctors and Patients, and of other Medical Procedures, for the Purposes of Training, Assessment and Research

1. Medical and surgical procedures involving patients may be recorded on videotape, audiotape, or on film, for the purposes of assessment or training or research, only when the patient has given free and informed consent. When the recording involves a consultation between doctor and patient, or any other procedure from which the patient may be identified and the recording of which might cause the patient embarrassment or other distress, a doctor is responsible for the following:

Before the recording

a. The patient understands the purpose for which the recording would be used, who would be allowed to see it, including the names of the people if known; whether copies of the recording would be made; and how long the recording would be kept.

b. The patient understands that refusal to consent to recording will not affect the quality of care being offered.

c. The patient is given time to consider a consent form and explanatory material which sets out the necessary information in a way which the patient can understand (translations should be provided where necessary prior to signing the form).

d. The consent form is neutrally worded, in order not to imply that consent is expected.

e. Where patients are unable to give consent because they suffer from a mental disability or for any other reason, consent must be sought from a close relative or carer. In the case of children who lack the understanding to consent on their own behalf, the consent of a parent or guardian must be obtained. The person giving consent must understand the rights set out above and below.

During the recording

f. The recording must be stopped immediately if the patient requests or if, in the doctor’s opinion, the recording is reducing the benefit which the patient might derive from the consultation.

After the recording

g. The patient is invited after the recording to consider whether to vary or withdraw the consent to the use of the recording.

h. Where, following a recording, the patient withdraws or fails to confirm consent, the recording is erased as soon as possible.
i. The recording is used only for the purposes for which the patient's consent has been given.

j. The recording is stored with the security required for all confidential medical records.

k. The recording is erased in accordance with the patient's instructions.

These conditions also apply to copies of a video recording.

2. Where a video recording is, or may be, shown to people other than the health care team immediately responsible for the care of the patient at the place where the recording is made, the following additional safeguards should be applied:

a. The patient must understand that the recording may be shown to people with no responsibility for the patient's health care.

b. The patient must be offered the opportunity to view the recording, in the form in which it is intended to be shown, before the recording is used, and have the right to withdraw consent to the use of the recording at that stage.

3. Where it is proposed to make a recording from which the patient cannot be identified, it is sufficient for the doctor to give the patient an oral explanation of the purpose of the proposed recording and to seek the patient's consent, which should be recorded in the patient's notes. No recording should be made contrary to the patient's wishes, and no pressure should be placed upon a patient to give consent. In exceptional circumstances, where no recording of a procedure has been planned but an unexpected development during the procedure makes a recording highly desirable on educational grounds, a recording may be made without consent if the patient’s consent cannot be sought (for example because of anesthesia). In such circumstances, the patient’s consent must subsequently be obtained before use is made of the recording.

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