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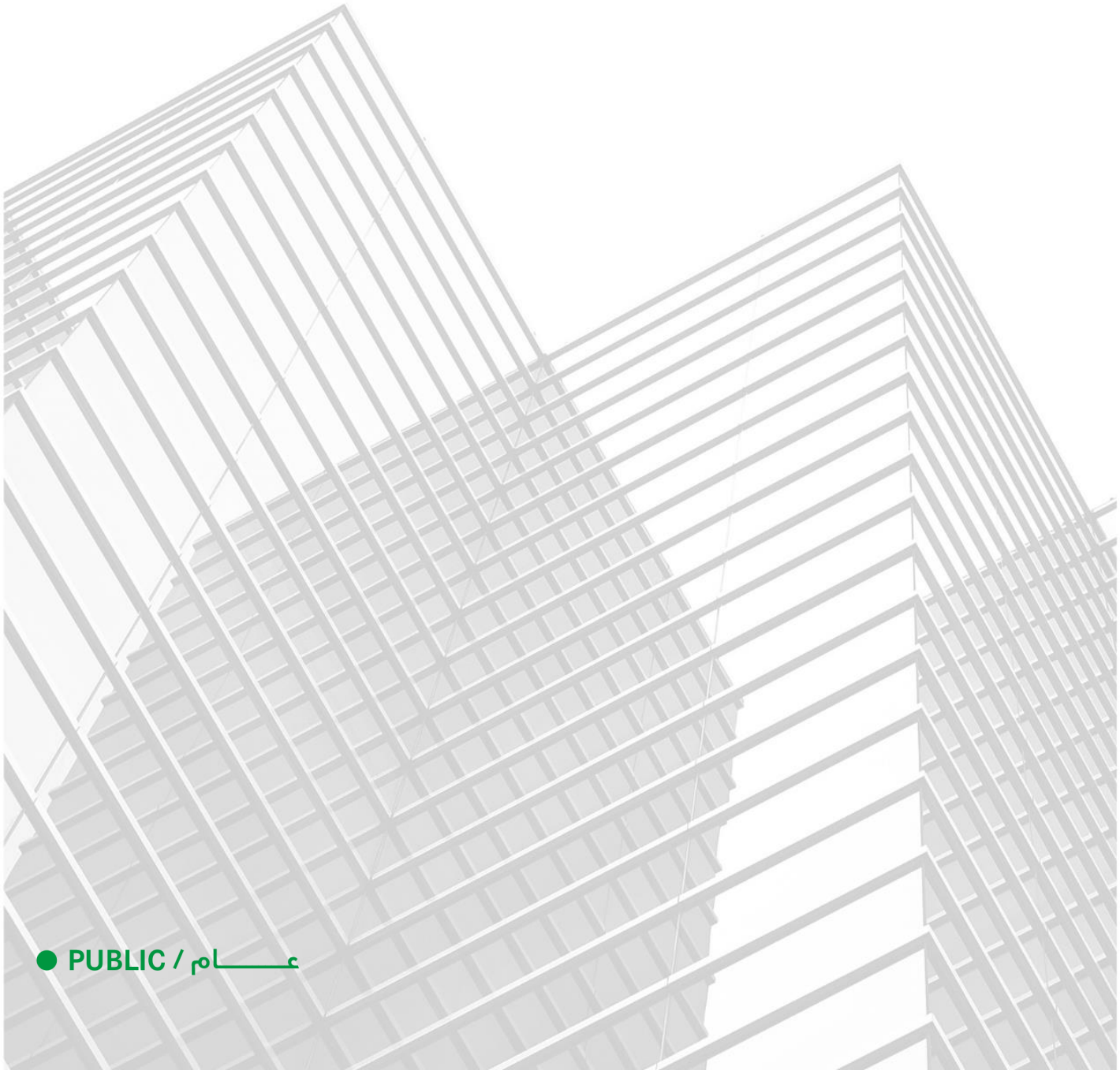
DEPARTMENT OF HEALTH

Patient Consent Standard



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1.Standard Scope

1.1. The standard applies to all DoH licensed Healthcare facilities and workforce.

1.2. The standard aims to

1.2.1. Ensure the highest level of transparency, safety and quality of healthcare services in DoH licensed healthcare facilities

1.2.2. Set out the principles of patient Consent that are important during the provision of clinical interventions and treatment

1.2.3. Provide a framework for good practice that covers the various situations that physicians and allied health care professionals may face in their day-to-day work in regard to regarding consent.

1.2.4. Identify practices that support patients' rights to participate in informed decision making, the process by which accurate and adequate information should be disclosed for relevant medical procedures, interventions or treatments

2. Definitions and Abbreviations

No.	Term / Abbreviation	Definition
2.1	Adult	A person or patient who has reached the age of 18 years.
2.2	Consent	Consent is a voluntary declaration of a competent person's (or their substitute consent giver or legal guardian) willingness to undergo a procedure, treatment, investigation or other intervention. Consent is needed as an ethical instrument demonstrating the right of the patient to control his/her health care and the physician's ethical duty to involve the patient in his/her care. Consent indicates voluntary choice of treatment by the competent patient whose treating physician had disclosed all information necessary for the decision-making. All consent must be informed unless the patient is in a life-threatening emergency, or his illness is infectious and endangering health or public safety.

2.3	Competent	Refers to an adult person, 18 years and above as presumed to be capable of and competent to give consent, unless there is evidence to verify incompetence.
2.4	First Degree relatives	• Relatives by lineage: Father/Mother/Husband/wife/son/daughter • Relatives by marriage: Father-in-Law/Mother-in-law/Stepson/Stepdaughter
2.5	Fourth degree relatives	• Relatives by lineage: The 2nd great grandfather and 2nd great grandmother/child of nephew and niece/child of aunt and uncle (cousin)/paternal and maternal aunt and uncle. • Relatives by marriage: the 2nd great grandfather and 2nd great grandmother of spouse/grandchild of nephew and niece/child of aunt and uncle of spouse/paternal and maternal aunt and uncle of spouse. Note: Relative by marriage is related to spouses only, therefore, we cannot say for example, the husbands' father and wives' father related by marriage.
2.6	General Consent	Approval or refusal of the patient, his/her legal guardian or substitute consent giver to receive the treatment service voluntarily by the healthcare facility and his ability to communicate with health practitioners concerning the consent for any non-emergency medical procedure. (e.g. Admission, Registration, assessments and examinations, Dressing and disinfecting the wounds).
2.7	Incompetent Adult:	A patient may be judged incompetent by a physician or allied health care professional if, for any reason, it is felt that they are unable to understand the information provided in the process of obtaining Consent. Reasons for declaring incompetence may include but are not limited to the following conditions: inadequate age, mental disability, impairment of judgment due to drugs (alcohol or medications), acute disturbances of consciousness, impaired

		reasoning or memory loss caused by disease/injury validated by clinical assessment.
2.8	Implied Consent	Implied Consent is established during consultation with the physician and/or health care professional on their health status and when the patient and/or a Substitute Consent Givers conduct indicates a willingness to submit to general medical treatment which has minimal risks such as screening tests, prevention programs, monitoring of vital signs, general administration of ongoing treatment,
2.9	Informed Consent:	Approval or refusal of the patient, his/her legal guardian or substitute consent giver to receive the treatment service voluntarily by a licensed health practitioner and his/her ability to communicate with the health concerning the informed consent to perform a specific medical intervention, provided that sufficient information on this nonemergency medical intervention, such as (surgery anesthesia - blood transfusion, etc.), is provided to the patient.
2.10	Legal Guardian	Shall mean a person appointed by court to consent in place of an incompetent patient based on UAE federal Law/or local regulations, when the patient is unable to provide consent due to an illness or incompatibility
2.11	Medical Trainee/Student	Any health care professional or student in a health care discipline, who is performing a training rotation in a health care facility. This includes, but is not limited to: Medical Students, Interns and Residents. Trainees are supervised by and responsible to a member of the Consultant Medical Staff Team.
2.12	Minor	Any person or patient who is less than 18 years of age.
2.13	Second Degree Relatives	• Relatives by lineage: Grandfather/Grandmother/Brother/Sister/Grandson/Granddaughter • Relatives by marriage: Grandfather-in-law/Grandmother-in-law/sister-in-law/Brother-In-law/child of stepson/child of stepdaughter

2.14 Substitute Consent Giver

A person who is authorized to Consent for another person based on UAE Law. A person may act as the Substitute Consent Giver in the event that the patient is unable to do so. The Substitute Consent Giver shall be 18 years old or more. This person is ideally a close relative and should have familiarity with the patients' presumed wishes regarding their medical care. In accordance with the Law the Substitute Consent Giver can be:

A. Patient's spouse or one of his/her relatives up to the fourth degree in accordance with subparagraph "b" below. If the patient reaches the age of eligibility but his/her consent could not be obtained for any reason, including:
   - Medical Emergencies
   - Unconsciousness.
   - Loss of cognition due to mental or psychological illness.
   - His/her consent could not be obtained due to his/her health condition.

B. From the patient's spouse or one of his/her relatives up to the fourth degree, if the patient is partly or totally incompetent. Order of relatives must be taken into consideration as far as possible. In accordance with the applicable law, the Substitute Consent Giver can be (in the following order of priority): father, mother, husband, wife, son, daughter, grandfather, grandmother, son's children, daughter's children, paternal uncle, paternal aunt, maternal uncle, maternal aunt, paternal' s uncle children and maternal aunt's children. If the patient does not have any relatives available in the UAE, the legal guardian or sponsor can serve as the next of kin.

C. In the event of a conflict with the consent of relatives of the same degree, the priority shall be for the one whose consent achieves the interest of the patient as per the opinion of the attending physician and another physician

D. In cases where the patient is a minor, or an adult deemed legally incompetent to provide consent, the patient's

		legal guardian shall provide the necessary consent on behalf of the patient as their Substitute Consent Giver. E. When a patient is a minor or incompetent, and there is no Substitute Consent Giver available despite taking all measures to contact the Substitute Consent Giver, then the Consent is to be signed by the most responsible physician for the procedures/treatments of the patient and to be witnessed by another healthcare professional.
2.15	Third Degree Relatives:	• Relatives by lineage: Great grandfather/great grandmother/great granddaughter/Great grandson/Uncle and Aunt/Nephew/Niece • Relative by marriage: Great grandfather in law/Great grandmother in law/child of nephew and niece/ uncle and aunt of spouse

3.Standard Requirements and Specifications

3.1 Consent process

3.1.1.1 Conditions to Obtaining Consent; consent applies to all decisions about care including but not limited to:

3.1.1.1.1 Surgical or invasive procedure

3.1.1.1.2 Giving any type of anesthesia (general, regional anesthesia, or procedural sedation).

3.1.1.1.3 Taking a photograph or video of the patient for therapeutic or educational purposes.

3.1.1.1.4 Human Organ and Tissue donation and Transplantation

3.1.1.1.5 Administration of blood and blood products

3.1.1.1.6 Treatment involving radiotherapy and/or chemotherapy

3.1.1.1.7 Endoscopy (e.g., colonoscopy, bronchoscopy, cystoscopy, J-tube placement, nephrostomy, etc.).

3.1.1.1.8 Biopsy (e.g., bone marrow, breast, liver, kidney, prostate).

3.1.1.1.9 CT examination with or without contrast.

3.1.1.1.10MRI examination with or without contrast.

3.1.1.1.11Invasive radiological procedures (e.g., angiography, angioplasty, drainage of an abscess under CT guidance).

3.1.1.1.12Percutaneous aspiration of body fluids or air through the skin (e.g., arthrocentesis, bone marrow aspiration, lumbar puncture, chest tube, paracentesis).

3.1.1.1.13Use of radioactive material.

3.1.1.1.14Central line placement.

3.1.1.1.15Clinical genetic testing.

3.1.1.1.16Blood sample collection (phlebotomy)

3.1.1.1.17Treatment for reproductivity and fertilization in female patients (as per standard for assisted reproductive technology services and treatment).

3.1.1.1.18Patient transfer (as per Abu Dhabi Ambulance and EMS Standards)

3.1.1.1.19Delivery of pharmacy medications (as per DoH standard on delivery of pharmacy medications)

3.1.1.1.20Use of telemedicine services (as per DoH Standards on tele-medicine)

3.1.1.1.21Training of medical students: in case medical students are involved in any form of patient care, physicians should do the following, before involving medical students in a patient's care:

3.1.1.1.21.1 Convey to the patient the benefits of having medical students participate in their care.

3.1.1.1.21.2 Inform the patients about the identity and training status of individuals involved in care. Students, their supervisors, and all health care professionals should avoid confusing terms and properly identify themselves to patients.

3.1.1.1.21.3 Discuss student involvement in care with the patient's legal guardian/substitute consent giver when the patient lacks decision making capacity.

3.1.1.1.21.4 Confirm that the patient is willing to permit medical students to participate in care.

3.1.1.1.22Dentistry services: shall include details about proposed treatment, potential risks and benefits, alternative expected outcomes.

3.1.1.1.23Data sharing: Consent is required for the sharing patient data (as per DoH policy on the Abu Dhabi health information exchange and Abu Dhabi Healthcare Information and Cyber Security Standard)

3.1.1.1.24Hospital Admission and Treatment in a Hospital or Day Surgery Setting

3.1.1.1.24.1 A Consent Form should be given to the Patient, legal guardian and/or Substitute Consent Giver upon presentation to the appropriate admissions area

3.1.1.1.24.2 Consent will cover normal medical interventions such as administration of medication, assessment and examination.

3.1.1.1.25Screening test e.g. Colorectal Cancer Screening, Lung Cancer Screening, School screening program, Newborn screening, Antenatal Screening and cervical cancer screening

3.1.1.1.26Vaccination

Human Subject Research (As per DoH standard on human subject research)

3.1.2 Exceptions to Informed Consent:

3.1.2.1 As per federal decree law No. (4) of 2016, concerning medical liability, Article (5), it's prohibited to treat a patient without his/her consent **except** in the following conditions:

3.1.2.1.1 Where the patient has a contagious disease, or his illness is infectious and endangering health or public safety.

3.1.2.1.2 Consent given by a patient deemed incompetent or lacking full capacity is acceptable for medical examination, diagnosis and administration of the first dose of medication, provided that the patient's substitute consent giver relatives or companions are informed of such a medication plan.

3.1.2.1.3 Emergency situations where immediate and necessary medical or surgical intervention is required to save the life of the patient or fetus, or to prevent serious complications, and consent cannot be obtained for any reason, treatment should proceed without delay."

3.1.3. Surgeries **may not be** performed unless:

3.1.3.1 A written consent is taken from the patient (if he/she is legally competent, or from the patient's spouse or a relative up to the fourth degree if he/she is partly or totally incompetent or if his/her consent could not be obtained in order to perform the surgery or any other necessary surgery, after the patient is informed of the consequences and potential medical complications of the surgery. Shall be considered competent to give consent to every person who has completed the age of 18, unless he/she is incompetent.

3.1.3.2 The patient's consent is not obtained from the patient or his/her spouse or relative up to the fourth degree, a report shall be made by the attending physician and other physician from the same health facility and its manager confirming the necessity to perform a surgery for the patient. This report shall be sufficient unless he/she is legally competent and there is no possibility of obtaining any of any of the said substitute consent givers.

3.1.4 Consent explanation: Prior to providing informed consent, the treating physician should discuss (in a language easily understood by the patient, legal guardian or substitute consent giver the following as applicable but not limited to

3.1.4.1 The patient's condition and diagnosis

3.1.4.2 The proposed procedures/treatment and aftercare requirements

3.1.4.3 Potential benefits, side effects and risks

3.1.4.4 Alternative options for procedures/treatment (when applicable)

3.1.4.5 The name of treating physician/team

3.1.4.6 The patient shall be provided with accurate answers in response to questions raised regarding procedure/treatment where:

3.1.4.7 The patient reserves the right to refuse proposed procedure/treatment

3.1.4.8 If the patient refuses the proposed procedure/treatment:

3.1.4.8.1 The treating physician shall document the patient's refusal and information regarding the consequences of refusal.

3.1.4.8.2 The physician and or health care professional should ensure that the patient understands and knows the nature and consequences of refusal to submit to tests or treatment including the problems to be encountered by refusing treatment

3.1.4.8.3 Where intervention or treatment is refused or when a patient self-discharges, the physician and/or health care professional should take all reasonable steps/attempts to inform the patient of the risks involved in refusal

3.1.4.8.4 Once fully informed, a patient may choose among different treatment alternatives or may refuse all forms of treatment

3.1.4.8.5 A competent adult has the right to refuse any treatment or intervention, even though such refusal may endanger his/her life or health

3.1.4.8.6 In cases where a life or limb saving procedure is refused, it is recommended for the physician or health care professional to document this occurrence in the appropriate section of the refusal to treatment form. It is recommended for patients to sign the appropriate section/form and for this to be witnessed by another member of staff and kept in the patient record.

3.1.4.8.7 If the patient asks for treatment that the physician or health care professional considers not of benefit to the patient, then it is recommended that they discuss this and explore the reasons behind the request

3.1.4.8.8 If the patient insists on the treatment that is deemed by the physician or health care professional to have no benefit or cause harm, then the physician or health care professional may refuse to provide treatment and explain their reasoning. In such cases, the physician and/or health care professional have a duty to offer alternative treatment options including referral for a second opinion

3.1.4.8.9 When the Patient is a Minor or an Incompetent Adult

3.1.4.8.9.1 The Substitute Consent Giver/legal guardian for a patient should be given full information on the various treatments/tests/procedures that are necessary, including

their risks and benefits

3.1.4.8.9.2 A Substitute Consent Giver/legal guardian has the right to refuse the proposed treatments/tests/procedures

3.1.4.8.9.3 If the Substitute Consent Giver/legal guardian refuses an intervention for a minor in a Life-Threatening Case, it is recommended for the physician and/or health care professional to document this occurrence in the appropriate section of the refusal of treatment form.

3.1.4.8.9.4 In general, the decision of the Substitute Care Giver/legal guardian prevails and is relied on by the physician and/or in situations where one relative consents to an intervention, and other refuses it.

3.1.4.8.9.5 Exceptions to Refusal: If reckless refusal of medical care by the Substitute Consent Giver/legal guardian may endanger the patient's life, it may be appropriate for the hospital to obtain the consent of three consultants within the institution to perform the intervention.

3.1.5 Content of consent: The content of consent includes the following but not limited to:

3.1.5.1 Name of the healthcare facility

3.1.5.2 Patient identification data (Full name, gender, medical record number, date of birth and marital status)

3.1.5.3 Full name, relationship and phone number of emergency contact.

3.1.5.4 Full name of physician(s) performing the procedure.

3.1.5.5 Name of the planned test, procedure, or treatment covered by the consent.

3.1.5.6 A list of significant and substantial benefits.

3.1.5.7 A list of significant and substantial risks.

3.1.5.8 A list of significant and substantial alternatives.

3.1.5.9 Full name, signature, date and time of the Patient.

3.1.5.10 In the cases of a Substitute Consent Giver, full name, signature, date, time, relationship to patient, age and ID of the Substitute Consent Giver.

3.1.5.11 Full Name, signature, date and time of the responsible healthcare professional(s) performing the procedures(s) or treatment.

3.1.5.12 Full Name and signature of witness or interpreter. If an interpreter is used, their signature fulfils the role of a witness, and another witness is not needed

3.1.5.13 Statement that the procedure was explained to the patient, legal guardian or Substitute Consent Giver, including benefits, risks, and alternatives

3.1.5.14 Statement of voluntary participation and right to withdraw.

3.1.5.15 Signed consent forms are kept in the patient's medical record.

3.1.5.16 No abbreviations should be used in the consent.

3.1.5.17 The physician and/or health care professional shall ensure the patient is kept informed on the progress regarding their treatment, and ensure patients are able to make continued decisions about their procedure, intervention or treatment

3.1.5.18 Duration and validity of consent

3.1.5.19 The most responsible physician and/or health care professional is generally responsible for ensuring that the Consent remains valid from the time of Consent is given to the commencement of the treatment, intervention or investigation unless:

3.1.5.19.1 It is withdrawn by the patient, legal guardian and/or Substitute Consent Giver

3.1.5.19.2 A change is made in the planned and Consented intervention

3.1.5.19.3 An assessment indicates the patient's condition has changed and requires a new treatment plan

3.1.6. If the Consent is invalidated by one of the above, the Consent should be renewed and verified by signature and date from the most responsible physician and the patient, legal guardian or substitute Consent Giver

3.1.6.1. Certain conditions may require frequent treatment and therefore may lead to agreement between the health care professional and the Patient, legal guardian and/or Substitute Consent Giver on the duration of the Consent. Examples of such cases include but are not limited to:

3.1.6.1 Consent for Blood Components.

3.1.6.2 Consent for Dialysis.

3.1.6.3 Consent for Assisted Reproductive Therapy / In Vitro Fertilization.

3.1.6.4 Consent for chemotherapy

4.Key stakeholder Roles and Responsibilities

4.1 Duties of healthcare facilities

4.1.1 Healthcare facilities should meet the service specifications and requirements set out in this standard and other relevant DoH regulations, healthcare laws and regulations.

4.1.2 Healthcare facilities should have a policy and form(s) for obtaining the consent from the patient or a legal representative or substitute consent giver.

4.1.3 Healthcare facilities should identify a list of procedures/treatment that require consent

4.1.4 Healthcare facilities should define validity requirements for consent with a list of situations when a new consent is needed as relevant to the services provided.

4.1.5 Healthcare facilities should have a policy to deal with patients who refuse or discontinue the treatment.

4.1.6 Healthcare facilities must comply with the Ministerial Resolution No. (14) of 2021 on the Patient's Rights & Responsibilities Charter and deliver culturally and socially relevant patient information and education

4.1.7 Healthcare facility should orient and educate all healthcare professionals about consent policy and procedures

4.2 Duties of healthcare professionals

4.2.1 Provide a good standard of practice and care.

4.2.2 Keep your professional knowledge and skills up to date.

4.2.3 Recognize and work within the limits of your competence

4.2.4 Take prompt action if patient safety, dignity or comfort is being compromised

4.2.5 Treat patients as individuals and respect their dignity.

4.2.6 Treat patients politely, considerately and sensitively.

4.2.7 Respect patients' right to confidentiality.

4.2.8 Give patients the information they want or need in a way that they can understand to make informed decisions.

4.2.9 Ensure the patient understands where there is a time limit to making a decision about their investigation or treatment.

4.2.10 Listen and respond to the patients' concerns and preferences.

4.2.11 Respect patients' right to reach decisions with you about their treatment and care.

5.Monitoring and Evaluation

A monitoring and evaluation framework is in place to evaluate the effectiveness, outcomes, and impact of this Standard, and where necessary adopt changes to ensure continuous improvement within the health system in line with emerging new developments in healthcare sciences, medical practices, and healthcare education and training.

6.Enforcement and Sanctions

DoH may impose sanctions in relation to any breach of requirements under this standard in accordance with the healthcare sector disciplinary regulation.

7. Relevant Reference Documents

No.	Reference Date	Reference Name	Relation Explanation / Coding / Publication Links
1	April 2011	HAAD Clinical Laboratory Standards	https://www.doh.gov.ae/en/resources/standards
2	October 2011	HAAD Standard for Routine Antenatal Screening and Care	https://www.doh.gov.ae/en/resources/standards
3	January 2013	HAAD Standard for Childhood and Young adult Immunization	https://www.doh.gov.ae/en/resources/standards
4	August 2014	HAAD Standard for Colorectal Cancer Screening	https://www.doh.gov.ae/en/resources/standards

5	July 2015	HAAD Standard for Medical Record, Health Information Retention and Disposal	https://www.doh.gov.ae/en/resources/standards
6	January 2016	HAAD guidelines for patient consent	https://www.doh.gov.ae/en/resources/guidelines
7	Jan 2016	National Hospital standards Third Edition - Saudi Central Board for Accreditation of Healthcare Institutions (CBAHI)	https://portal.cbahi.gov.sa/english/cbahi-standards
8	2016	Federal Decree-Law No. (4) of 2016 on Medical Liability	https://www.doh.gov.ae/en/about/law-and-legislations
9	July 2016	INFOREMD CONSENT POLICY	https://www.nhra.bh/MediaHandler/GenericHandler/documents/departments/HCP/Policies/HCP_Policies_National%20Informed%20Consent_v1.0_2016.pdf
10	November 2017	HEALTHCARE REGULATOR MANUAL	https://www.doh.gov.ae/en/resources/policies

11	November 2017	HEALTHCARE PROVIDERS MANUAL	https://www.doh.gov.ae/en/resources/policies
12	November 2017	HEALTHCARE INSURERS MANUAL	https://www.doh.gov.ae/en/resources/policies
13	November 2017	HEALTHCARE PROFESSIONALS' MANUAL	https://www.doh.gov.ae/en/resources/policies
14	March 2018	DoH Standard for Obesity and Weight Diagnosis, Pharmacological and Surgical Management Interventions	https://www.doh.gov.ae/en/resources/guidelines
15	December 2018	DOH LUNG CANCER SCREENING SERVICE SPECIFICATIONS	https://www.doh.gov.ae/en/resources/standards
16	2019	Saudi Guidelines for Informed Consent	https://www.moh.gov.sa/en/Ministry/MediaCenter/Publications/Pages/Saudi-Guidelines-for-Informed-Consent.pdf
17	September 2019	DOH COLORECTAL CANCER SCREENING PROGRAM SPECIFICATIONS	https://www.doh.gov.ae/en/resources/standards

18	November 2019	Guidance on Patient Consent	https://www.psni.org.uk/wp-content/uploads/2012/09/Guidance-on-Patient-Consent-final-copy-281119-002.pdf
19	January 2020	DoH standard on human subject research	https://www.doh.gov.ae/en/resources/policies
20	February 2020	DoH standard on delivery of pharmacy medications	https://www.doh.gov.ae/en/resources/standards
21	April 2020	DoH policy on the Abu Dhabi health information exchange	https://www.doh.gov.ae/en/resources/standards
22	September 2020	DoH standard on tele-medicine	https://www.doh.gov.ae/en/resources/standards
23	2021	Ministerial Resolution No. (14) of 2021 on the Patient's Rights & Responsibilitie	https://www.ehs.gov.ae/App_Content/Legislations/EHS-LAW-EN-1/files/basic-html/page1.html

24	2021	GAHAR Handbook for Hospital Standards	https://www.gahar.gov.eg/upload/gahar-handbook-for-hospital-standards-edition-2021-secured--1.pdf
25	March 2022	Standard for assisted reproductive technology services and treatment	https://www.doh.gov.ae/en/resources/standards
26	March 2022	CERVICAL CANCER SCREENING PROGRAM REQUIRMENTS	https://www.doh.gov.ae/en/resources/standards
27	2023	Federal Law No. (10) of 2023 On Mental Health	https://uaelegislation.gov.ae/en/legislations/2166/download
28	February 2023	Book 4: Human Organ and Tissue Transplantation Legislation	https://www.doh.gov.ae/en/about/law-and-legislations
29	February 2023	Book 7: Medically Assisted Reproduction / Cord Blood & Stem Cell Storage Centres Legislation	https://www.doh.gov.ae/en/about/law-and-legislations

30	February 2023	Book 9: Disease Prevention Legislation	https://www.doh.gov.ae/en/about/law-and-legislations
31	February 2023	Book 10: Legislation on ICT in Health Fields	https://www.doh.gov.ae/en/about/law-and-legislations
32	June 2023	Informed Consent	https://www.ncbi.nlm.nih.gov/books/NBK430827/
33	September 2023	School Screening Standard	https://www.doh.gov.ae/en/resources/standards
34	September 2023	Standard for Visa Screening Program	https://www.doh.gov.ae/en/resources/standards
35	December 2023	Guideline for Breast Cancer Germline Testing	https://www.doh.gov.ae/en/resources/guidelines

36	December 2023	Standard for Brain Death Diagnosis	https://www.doh.gov.ae/en/resources/standards
37	December 2023	Abu Dhabi Ambulance and EMS Standards	https://www.doh.gov.ae/en/resources/standards
38	February 2024	Standard for stem cells biobanking	https://www.doh.gov.ae/en/resources/standards
39	February 2024	EMS Clinical Protocols	https://www.doh.gov.ae/en/resources/policies
40	March 2024	Guidelines for patient consent	https://www.dha.gov.ae/uploads/042024/Guidelines%20for%20Patient%20Consent%20V12024444801.pdf
41	April 2024	Accreditation Standards for Healthcare Facilities (Hospitals)	https://www.doh.gov.ae/en/resources/standards

42	May 2024	Healthcare Workforce Bioethics Guidelines	https://www.doh.gov.ae/en/resources/guidelines
43	May 2024	Guideline for Cardiovascular Genetic Testing	https://www.doh.gov.ae/en/resources/guidelines
44	May 2024	Multiorgan Transplant Surgery Center of Excellence Standard	https://www.doh.gov.ae/en/resources/standards
45	May 2024	Abu Dhabi - Healthcare Information and Cyber Security Standard	https://www.doh.gov.ae/en/resources/standards
46	June 2024	Consent and refusal by adults with decision-making capacity	https://www.bma.org.uk/advice-and-support/ethics/seeking-consent/seeking-patient-consent-toolkit
44	July 2024	Joint Commission International Standards for Hospitals, 8th Edition	https://store.jointcommissioninternational.org/joint-commission-international-standards-for-hospitals-8th-edition/