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Completion of consent forms in colorectal surgery: are we getting it right?

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The General Medical Council and Department of Health both recognise that although the acquisition of written informed consent for surgery is not a legal requirement, it remains a good practice.[1 2] The use of consent forms enables operation details, including benefits and risks to be discussed and clearly documented. This ensures that patients are fully informed, and reduces the risk of litigation in cases with complications.

One hundred and seven consent forms of patients who underwent colorectal surgery between March 2011 and May 2011 at our teaching hospital were prospectively audited. Areas analysed included patient details, nature of operation, discussion of benefits and risks, details of the consenting surgeon, legibility and whether a copy was given to the patient.

The key findings were as follows:

- 15% of consent forms had incorrect and/or incomplete patient details.
- Junior doctors, including foundation year 2 doctors, consented 29% of all acute cases.
- Benefits of the operation were recorded in 83% of cases and risks in 97% of cases.
- 4% of forms were illegible, 3% were completed in red pen.
- Only 12% of patients received a copy of their consent form.

Guidance from the General Medical Council states that consent should ultimately be obtained by the person performing the operation, having sufficient knowledge to discuss the procedure, including potential risks.[1] Inexperienced junior doctors, especially foundation year 2 doctors, may not be able to meet this criteria and may never have had any formal training in obtaining consent. In this study it is unclear how 'informed' the consent was in cases consented by junior staff.

Risks and benefits of operations should be documented in 100% of cases, something not observed in this study. Not only does this leave surgeons exposed medicolegally in the event of a complication, but can also leave the patient unclear and apprehensive about what to expect from their operation.

Providing the patient with a copy of the consent form was poorly done in this study. Giving the patient a copy of the consent form acts as a reminder of what has been discussed and is something that the patient can refer to if they later have questions.

Consent is often wrongly equated with a patient's signature on a consent form. Although the signature is evidence that the patient has given consent, it is not proof of valid informed consent. We propose the following five ethical action points to help improve this process:

1. Informed consent should be taken by a consultant or registrar able to perform the procedure and deemed competent in obtaining informed consent.
2. It is often inappropriate for junior team members, especially foundation year 2 doctors, to take consent, as they often have limited surgical experience.
3. Benefits and risks of procedures must be discussed and documented in their entirety.
4. All consent forms should be completed legibly in black ink and block capital letters.
5. All patients should be given a copy of their consent form at the time of consenting.

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