

# INFORMED CONSENT, A NEW AGE

- Dr. D A Joseph
- MBChB
- Intern-Tygerberg Hospital
- Dec, 03-2004



# THREE PILLARS

- Consent for surgery or treatment
- Natural history of the disease
- Alternative treatment

# VALID CONSENT

- Sufficiently informed patient
- Competent patient
- Voluntary consent
- Patient and procedure circumstances remaining the same

# 1<sup>st</sup> LEG-GMC's Valid Consent

- Dx, Px, Px if left untreated
- Purpose of proposed Rx/surgery
- Experience during and after procedure
- Common and serious complications
- Probabilities of success
- Doctor's in training involved
- Pt's option to revoke
- 2<sup>nd</sup> opinion
- Consent is temporal

# 2<sup>ND</sup> LEG-THE COMPETENT PATIENT

- Comprehend info after presentation
- Patient must believe it
- Retain long enough to make a decision
- Intoxication or pre-medicated is not competent
- SA laws on competence

# 3<sup>RD</sup> LEG-WHAT IS VOLUNTARY CONSENT?

- Acting by choice, done by design or without compulsion.
- Prompt and implicit obedience of patients to their doctors is old-school!!



# 4<sup>TH</sup> LEG OF CONSENT

- Health Circumstances of patient
- Nature and circumstances of procedure

# NATURAL HISTORY OF DISEASE

- Disease progression
- Options available if patient accepts or refuses medical or surgical treatment
- This leads us to...



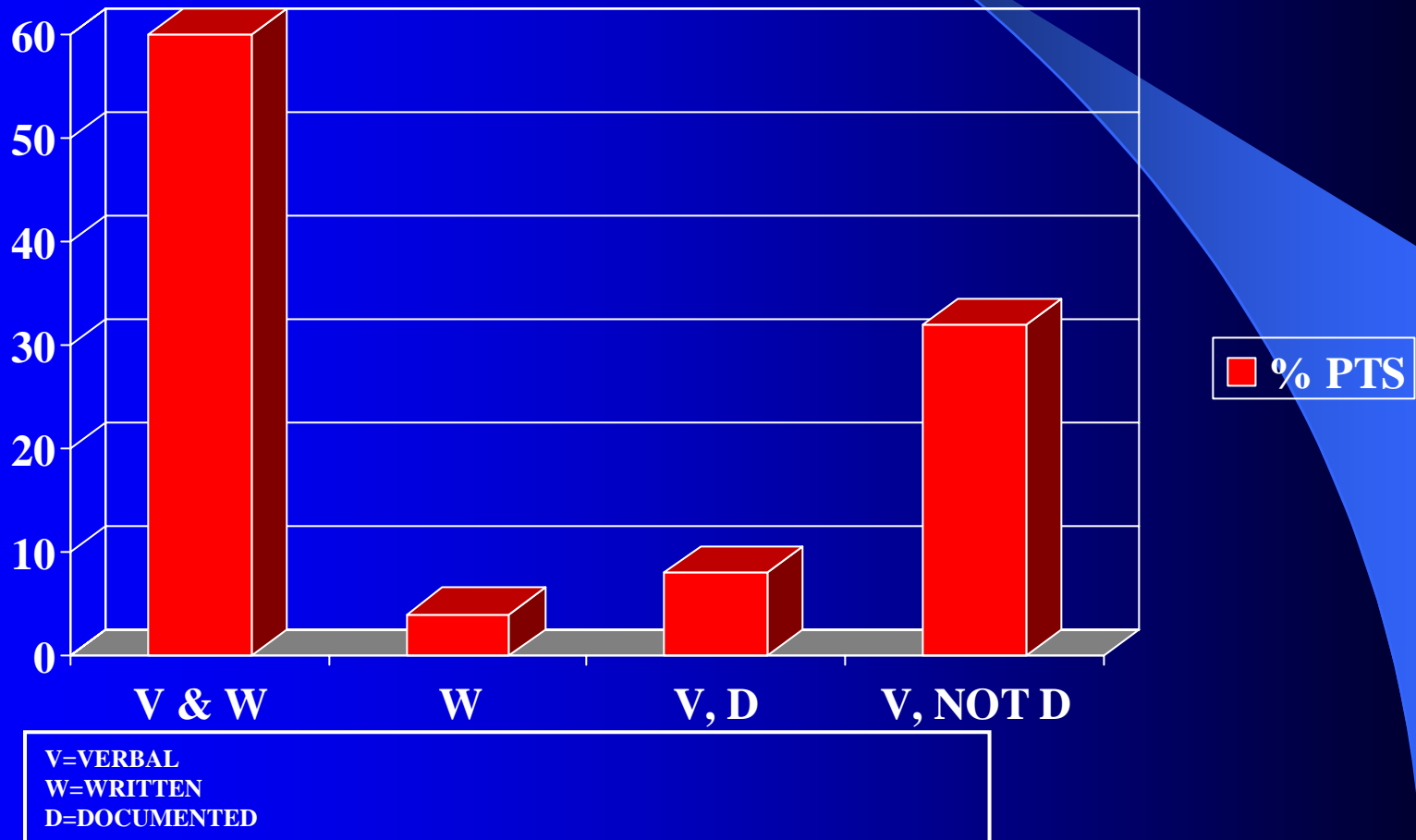
# ALTERNATIVE OPTIONS

- Radiotherapy vs surgery for cancer
- Patient should be consulted by surgeon and radiotherapist
- Pros and cons of surgical vs non-surgical treatment
- Understanding of disease process, and what can be done

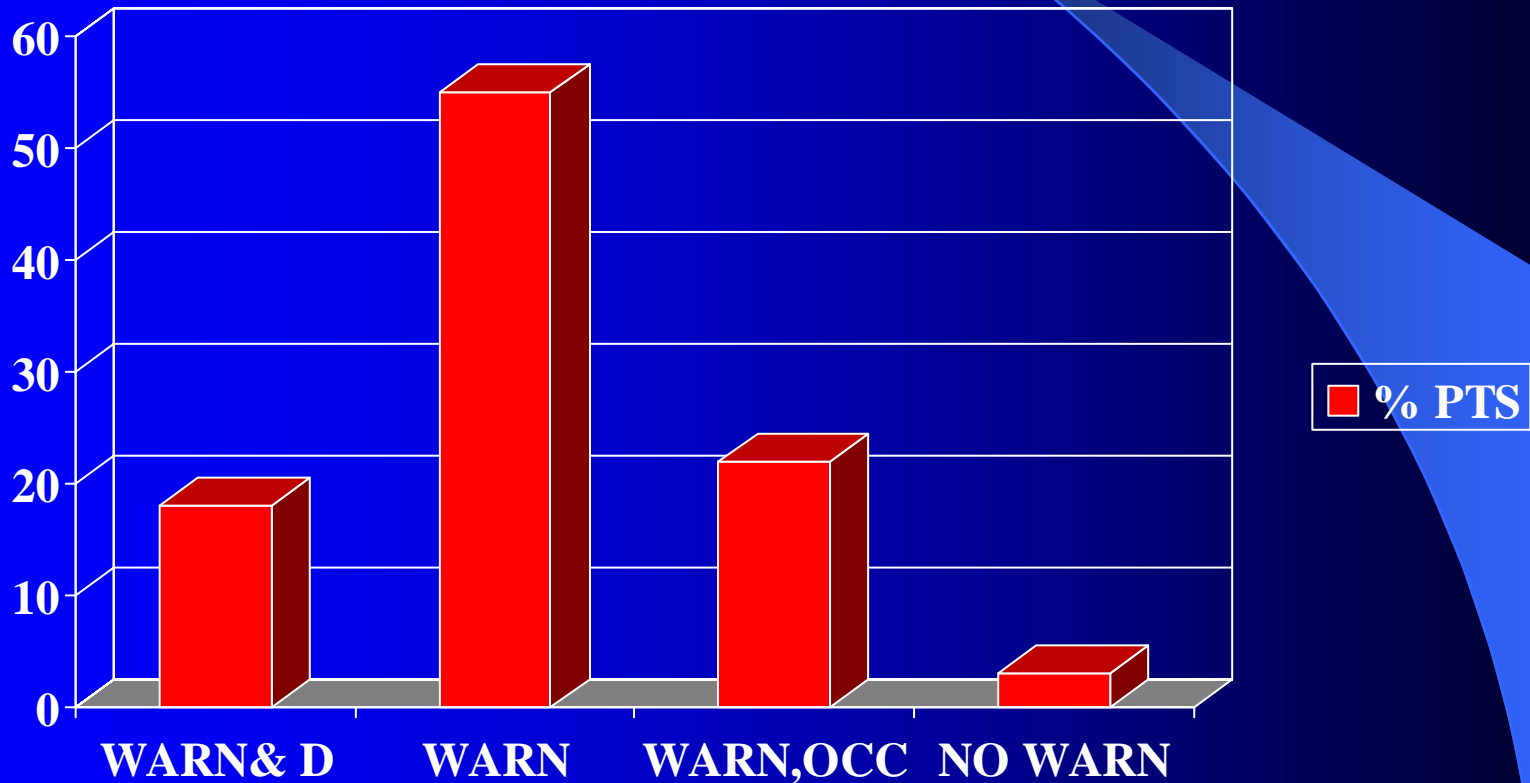
# METHODS OF CONSENT

- Verbal
- Written
- Groote Schuur guidelines-written consent on attached forms
- Consent in primary care in UK hospitals-huge variations in practice

# SURVEY RESULTS



# RISKS OF MINOR SURGERY



D=DOCUMENTED

OCC=OCCASIONALLY

# CONCLUSION

- Increased pressure worldwide to take consent correctly
- Advised information is crucial
- Understanding pt. psychology and approach to surgery
- Aiding in decision making

# BACK TO THE 3 PILLARS

Communication with regards to:

- Valid consent
- Natural history of disease
- Alternative treatment

# REFERENCES

1. Informed consent in Ear, Nose and Throat practice. **ACTA Otorrinolaryngol.** Esp.Cajade Frias J, Castro Hilar C, Perez, Carro A, Lobella Caballeo T 1999 Oct; 50(7) :305-11
2. Informed consent: What do patients want to know? **JR SocMed.** Davies PJ, Davison. 1994 Mar,87(3):149-52
3. Consent in Primary Care: **Africa Casebook.** Vol 12, no 4 Nov 2004; 13-17
4. Patient consent: **Elective or emergency medical or surgical procedure.** Groote Schuur Hospital, hosp. Notice no. 1/2000; Jan 4,2000
5. **Webster's Dictionary**, New Edition, Edited by AM Macdonald, BA. (Oxon) pg. 556