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Editorial

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INFORMED CONSENT ARE WE DOING ENOUGH??

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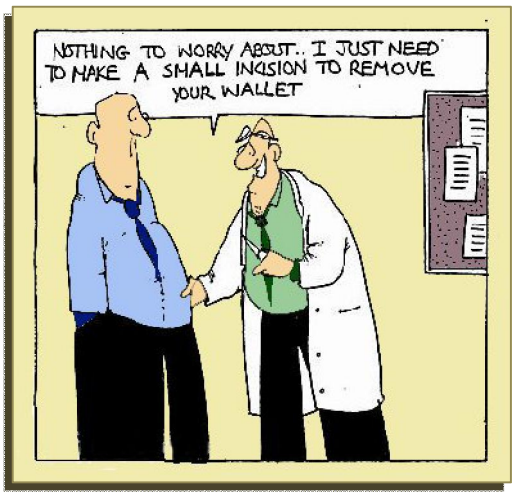
Doctor-patient relationship is the cornerstone for a successful medical practice. A good status of this relationship usually ends up with very satisfactory outcome. Hardly if ever, we can escape facing some sort of difficulties or troubles with our dear patients. It is a bitter reality and we dislike tasting it.

Probably one of the most contributing factors to this difficult situation is the lack of proper understanding from the patient side to the details about his disease, the pattern of surgery, the need for a staged surgery, and the expected outcome. Some surgeons, unfortunately, are not willing to mention or to discuss the complications that may arise, fearing that by doing so the patient may refuse surgery. Certainly, this is unacceptable feeling, they should remember those ten minutes of conversation, is much better than several months of struggle with the patient or the court.



Depending on my experience, I feel it very useful to stress the importance of the informed written and audio recorded consent in reducing the suffering of the patient and the surgeon alike.

Informed consent is the patient right to receive all information related to his or her condition, then to make a decision regarding treatment based upon that knowledge. Informed consent also proved that the patient was not forced in this specific treatment.

Adult of sound mind are usually able to give informed consent. Those individuals who can not give informed consent include the mentally incompetent, the unconscious, senile, mentally retarded or individuals under the influence of drugs or alcohol, those under the age of maturity, and those who speak different language. In these cases, a competent person may be designated to act as a patient's agent. Additional written consent from the ethical committee is always preferable particularly in emergency situation. The doctrine of informed consent is the legal basis for informed consent, and is usually in state medical practice acts.

Informed consent implies that the patient understands (in writing):

- Proposed modes of treatment
- Why the treatment is necessary
- Risk involved in the proposed treatment
- Available alternative modes of treatment
- Risks of alternative modes of treatment
- Risks involved if treatment refused

So prior to surgery, it is vital for the surgeon and the anaesthetist and when there are co-morbidities, it is preferable to add a seat for the consultant physician to sit aside in a quiet room with the patient and his companion to clarify in a gentle way using clear sentences that easily reaches the patient's level of understanding for every aspect of his illness and it is much better to avoid the corridor decision.

Probably it is wise to encourage the patient and or his companion to raise question about the patient's status, by doing so we can understand the feeling and the personality on which we can build up our vital questions like; what do you expect to gain from surgery? What do you want me to do for you? What changes may occur? What complications do you expect to happen? How do you behave if the result is not satisfactory?

Getting the answers for the above questions will guide us how to deliver our messages, keeping in mind some factors that affect the patient's feeling in a good or bad way like previous similar experience for the patient or a person well known to him. Other vital points to be considered is the age, social status, level of education, religion and the mentality. Another point to be considered is the need for re-operation because of complications or as a part of the plan.

It is very difficult for Iraqi patient to accept second surgery without being informed in advance; mentioning complications even if it is less than one in ten thousands is necessary. Also, it is useful to mention the incidence of recurrence or the possibility of appearance of a new lesion.

Sad or bad news need to be delivered in small repeated dosages rather than in a single dosage taking into consideration the patient's personality. Probably, it is wise to detect the patient's tolerance to pain or to difficult situation prior to delivering bad news. It is better to avoid convincing the patient accept surgery, meanwhile we should avoid blacking view.

Both the anaesthatist and the physician are asked to raise points related to their specialty. Because the patient dislikes remembering the black portion in this meeting, it is wise to be sure that the patient realized what he is required to know by asking him to write what he understood. It is much better for surgeon to apologize if he is not satisfied with the outcome of this very vital meeting.

Finally, it is mandatory to apply the above mentioned vital points, so that we can confidently say we have done enough for the informed consent.