Informed Consent
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1. Functions of Informed Consent
   • Safeguard interests
   • Self-determination

2. It’s a process, not a form
3. But, contemporaneous documentation is important
Case 1: Under Anesthesia

- Fifty-five year old man undergoing repair of inguinal hernia
- Discussed procedure in Surgeon’s office and with anesthesiologist after arrival at OPC
- Fully prepped and under anesthesia when noted that consent form is unsigned
- Proceed with surgery or wake him up and reschedule?
Elements of informed consent

• Disclosure
• Cognition
• Consent, refusal, choice
Case 2: Proposed BKA

- Seventy-three y.o. male with gangrenous foot in need of amputation
- History significant for diabetes, peripheral vascular disease, stroke two years prior
- Refuses surgery: Wants to go back to nursing home, says he knows he’ll probably die, says he doesn’t want to give up hope
- Distant nephew says he does not seem himself (depressed?)
Decision-making capacity (competence)

• Cognition – apprehension, understanding, appreciation
• Communication
• Values – relatively stable

Risk-relative standard: “The greater the risk, the higher the standard”
Cases 3 & 4

• Case 3: “He doesn’t know what he’s saying”

• Case 4: A relatively healthy 25 year-old insulin dependent diabetic willfully stops taking her insulin knowing that it will lead to her death.
Catholic tradition

• Ordinary Care – proportionate means offer reasonable hope of benefit, no excessive burden *in the patient’s judgment*.

• Extraordinary care – disproportionate means do not offer reasonable hope of benefit or entail excessive burden *in the patient’s judgment*. 
Patient wishes = Gold standard

- Informed Consent
- Advance Directive
- Substituted Judgment
- Best Interests