At the end of this session, participants should be able to
1. Identify the functions of informed consent
2. Identify the elements of informed consent
3. Analyze common challenging cases involving informed consent
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

**Functions** are to safeguard (1) patient’s interests and (2) patient’s self-determination
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
Decision-making capacity (competence)

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

Risk-relative standard: “The greater the risk, the higher the standard”

Requires concept of benefits and burdens.
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
Summary

• Informed Consent is a process, not a form
• Decision-making capacity is important: “The greater the risk, the higher the standard”
• Burdens, benefits, alternatives