Consenting practices in cardiothoracic surgery: room for improvement!

R McLean²; J Lee³; C Bayliss¹; B C Ramesh¹; S Barnard¹; T Pillay¹; F Özalp¹

¹ Cardiothoracic Surgery, Freeman Hospital, Newcastle upon Tyne
³ University of Newcastle upon Tyne, ² NHS Lanarkshire
Objective:

- An audit of current consenting practices
- Adult Cardiothoracic Surgical Department
- GMC guidelines on informed consent
- Consenting in the light of the Montgomery Case Ruling

- Bolam Test is no longer valid: “If a doctor reaches the standard of a responsible body of medical opinion, he is not negligent”.

- Montgomery: “...a reasonable person in the patient’s position would be likely to attach significance to the risk…”

Consenting practices in cardiothoracic surgery: room for improvement. McLean, Lee, Bayliss, Ramesh, Barnard, Pillay, Özalp. Freeman Hospital, Newcastle upon Tyne
Methods:

Two aspects of the consenting process:

1. Patients level knowledge
   - Prospective & blinded to obtainers of consent
   - Face-to-face interviews using a validated questionnaire
   - 42 patients

2. Documentation
   - Review of 52 case notes
   - Completeness of the consent forms
   - Accuracy of the consent forms
Questionnaire for CABG patients

Do you know the nature of your (heart) disease?

How will it progress if it’s left alone?

What treatment options are you aware of for your (heart) disease?

Do you know how successful each of these options is?

What is the risk of not surviving the operation?

Do you know of any complications related to this procedure/operation?

What kind of anaesthesia will you have and what else is involved?

Do you know the site and extent of the incisions/wounds?

Will you have any drains, tubes, or lines inserted/attached?

Where will you be immediately after the operation and how long would you expect to stay there?

Do you know how we will manage the pain or discomfort you may experience after the operation?

How long is the usual stay in the hospital after such operation?

How long will you need after the operation to recover completely?

Do you know the names of consultants and other medical staff, responsible for your care?

Do you know that you could seek a second opinion?

Do you know that you could change your mind and cancel the operation at any time if you wanted to?
Questionnaire scoring system:

• Questionnaire scoring per patient:
  • Answers to each question is scored 0-3
  • All scores added: total score per questionnaire
  • Score 0 & 1 = fail, 2 & 3 = pass

➢ Pass: total score > 66% AND no more than 25% failed answers
Results:

First part: Questionnaire

- AVR (failure rate 93% overall)
  - Complications (100%)
  - Disease prognosis (80%)
  - Mortality (73%)
  - Anaesthetic issues (73%)
Results:

First part: Questionnaire

- CABG (failure rate 77% overall)
  - Complications (77%)
  - Pain management (62%)
  - Anaesthetic issues (46%)
  - Alternative treatment options (46%)
Results:

First part: Questionnaire

- Lung resection (failure rate 85% overall)
  - Complications (85%)
  - Alternative treatment options (80%)
  - Anaesthetic issues (73%)
  - Mortality (73%)
Results:

Second part: Documentation

• None of the 52 consent forms had 100% completeness
• On average a quarter of the required fields were not filled
• On average only half the appropriate complications were stated
• One patient with signed form had short time memory loss
  - There was no mention about patients capacity in the case notes
Conclusions:

Plenty room for improvement:

• Level of knowledge of patients is very low
  ➢ Close to 100% failure rate according to Montgomery Ruling

• Poor documentation of the entire process
  ➢ 100% failure rate!
Recommendations:

- To consent patients at the first consultation
  - Outpatient Clinics for electives > a clinic letter can accommodate a lot!
  - Cardiology wards for unstable patients

- To use standardized pre-printed consent forms or stickers

- To develop an audiovisual information tool for patients that’s accessible at different points of the process

- To introduce separate anaesthetic consent forms

Consenting practices in cardiothoracic surgery: room for improvement. McLean, Lee, Bayliss, Ramesh, Barnard, Pillay, Önalp. Freeman Hospital, Newcastle upon Tyne
Thank you!