

Creating Conducive Conditions for Informed Consent

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Modern medical practice is by its very nature an interventionist one and in principle, all medical interventions need the informed consent of the patient to be ethically correct. The roots for informed consent lie in the principle of autonomy of the patient - which really means respect for the patient, his intellect, individuality and values. Medical practice without meaningful informed consent indicates disrespect for patients and defeats the very ethos of medical practice.

When the intervention includes the prospect of serious complications, the law requires a written informed consent. This requirement has been very cursorily implemented in the letter and not at all in the spirit. Meaningful informed consent entails special, time-consuming effort on the part of the doctor and his team. Doctors know that they can and do get away without making these efforts. It is hoped that in time, mounting public pressure will enforce corrective measures - as has happened in case of Consumer Protection Act.

Informing patients of what is ailing them, the different options at the disposal of the doctor to deal with the situation, possible and probable outcomes and ensuring participative co-operation from the patient, is difficult, not merely because of the load of the information, but also because the patient is under stress and often finds it difficult to apply his mind to the problems and solutions that the proposed medical interventions encompass.

Caring for patients entails creating conditions to ease this stress. Healthcare institutions need to realize this and strive towards his end. It is heartening to find that some - mainly public - hospitals have made a noteworthy beginning in this direction. One such institution has brought out a booklet A Guide to Courtesy for its staff to ease interactions between them and patients. Another has instituted a Senior Citizen's Group (of well-meaning and helpful people) to guide patients. Hopefully, with time, this interface could serve to break the barriers between doctors and patients in the institution. Yet another hospital gives a booklet to each patient on admission, informing them of the services they can, and should, expect from the institution. At the very start, this booklet empathizes with the patient by stating that 'it is pained that circumstances have brought the patient to the hospital and

that it would strive to make things easy for them'. At the end of the booklet, there is a tear-off sheet on which the patient is requested to evaluate the services of the hospital.

Some surgical departments of hospitals have adopted a practice of multiple interactions with patients where persons at various levels - doctors, nurses and social workers - talk with patients scheduled for elective surgery at different times and under diverse settings to elicit meaningful informed consent. An attempt is also made to update assessment of the patient's wishes just before wheeling the patient to the theatre. A department of cardiovascular and thoracic surgery has brought out a booklet for patients, which provides information on some of the interventions that may be necessary during the patient's stay, in a style they could be expected to comprehend. This booklet tells the patients that doctors in the intensive care unit often put in as much as 16 to 18 hours of work there. 'And you may some times find that a doctor does not answer your queries to your satisfaction. This is because the doctor is under the stress of work. Let that not deter you. Please seek the assistance of another doctor around you to get the information. Please do not let things get by till you get the information', urges the booklet. Yet another surgeon makes special efforts in teaching his subordinates the skills of communicating with patients. He believes that if doctors are not able to talk to patients, it is more often than not because the doctor has not acquired the skills needed to interact with them and without such skills, medical care cannot be complete.

It is true that such efforts are the exception rather than the rule but they do show that several healthcare workers are concerned about the plight of their patients and are doing their best to create an environment conducive to the exercising of their autonomy by patients. Is it expecting too much to hope that others will follow these trendsetters?

Medical practice can be a fulfilling endeavor only if respect for patients is upper most on the practitioner's agenda.