Informed Consent

Background

- The concept of informed consent in healthcare usually calls to mind the written contractual acknowledgement form signed by a patient or legal-representative in advance of a procedure.
- Legal restrictions on who can obtain informed consent vary by state, making it vital for nurses to be aware of the policy where they practice.
- Informed consent is also a process, extending beyond the paperwork, in which nurses must fully understand their legal, moral, and ethical roles.

Historical Perspective

- Paternalism played a significant role in the history of informed consent, as it allowed the surgeon, nurses, or family members to set aside patient preferences in care and assumed that others would make the most beneficial choices on behalf of the patient.
- Historically, some considered it undesirable to discuss the possible risks or negative outcomes with patients for fear that it would increase their anxiety or make them less likely to consent to life-saving procedures.

Ethical and Moral Considerations:

- Autonomy is the moral right of the patient to make their own decisions.
  - Nurses and physicians alike can support patient autonomy by using neutral language and not emphasizing benefits over risks.
  - The trusted roles of physicians and nurses make it imperative that they exercise discretion and fairly represent balanced information to patients, particularly during the consent process.
- Self-determination is the ethical principle which supports providing patients with the facts necessary to make a rational decision on their own behalf.

Patient Education

- Bedside nurses are empowered to assess and understand their patient’s cognitive abilities, knowledge of their condition, and learning styles, allowing for appropriate interactions and successful nurse-patient education.
- Nurses perform most of the patient education at the bedside, filling intimate and trusted roles as patient caregiver, advocate, educator, and steward.
- During bedside care, nurses may be asked by both the patient and family to field questions related to upcoming procedures and surgeries, and move from simply informing, to truly educating about upcoming procedures and tests.
- Consideration must be paid to factors such as pain, anxiety, the disease in question, and therapeutic interventions, as these may hinder the meaningful participation of patients in the decision-making process.
Consent

- At its core, informed consent requires that patients be aware of the risks, benefits, and alternatives of the proposed surgery, intervention, or treatment and be given an opportunity to ask questions.
- The process of informed consent is complex, may require the involvement of multiple parties, and therefore usually begins well in advance of the point of obtaining a signature on a form.
- The signed and witnessed informed consent form is the legal obligation of the physician or advanced practice provider performing the procedure in question.
- Nurses are the ones usually charged with verifying that the informed consent paperwork has been obtained just prior to surgery or procedures.
- Consent should never be considered a waiver of liability.
- Patients have the right to know who is performing their procedure, as well as how many times the person has successfully completed this procedure.

Terminology

- **Informed decision-making**: can only be completed by a patient with the mental capabilities to understand the decision to accept or reject the medical treatment being offered.
- **Decisional capacity**: a patient who is unconscious, disoriented, or delusional may have a surrogate decision-maker assume authority for providing informed consent on their behalf.
- **Healthcare surrogate**: is a person designated by the patient to make healthcare decisions should the patient become incapacitated.
- **Substituted judgement**: in the event that a patient lacks the capacity to make decisions on their own behalf, statutes in many states allow for the assignment of a proxy to make decisions, who must consider any and all known wishes of the patient.

Refusal of consent

- It is within the rights of the autonomous patient to refuse a recommended treatment.
- The competent patient may verbally withdraw consent at any time, and refuse to continue a treatment pathway, even in the presence of a signed consent form.

References:
