

# Patient perceptions of consent for regional anaesthesia

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## Introduction

The NHS defines consent as the principle that a person must give their permission before they receive any type of medical treatment<sup>1</sup>. There is little literature on patients' perceptions of consent for regional anaesthesia outside obstetric practice. A study on patients undergoing gynaecological operations concluded that patients had limited understanding of the legal standing of written consent and its implications<sup>2</sup>. We anticipate that this is likely to be even more limited for consent in anaesthetic procedures where there is no formal consent documentation.

Often patients who have consented to surgery are judged to have implied consent to anaesthesia, despite anaesthesia being associated with its own risks and consequences that are distinct from those associated with surgery<sup>3</sup>. Current guidelines state that anaesthetic consent can be taken verbally and there are no definitive standards as to how they should be documented<sup>4</sup>. Adherence to these guidelines is variable<sup>5</sup>. In this study we aimed to examine patients' recall and perceptions of consent for regional anaesthesia for shoulder arthroplasty.

## Methods

Study participants completed a semi-structured questionnaire exploring their understanding of the consent process for regional anaesthesia 1-2 days after interscalene block (ISB) for shoulder arthroplasty (figure 1).

This study was approved by the local Research and Development Panel as an evaluation of practice.

## Results

- All 33 (male:female 12:21, mean age 68 years) patients approached agreed to participate. One incomplete questionnaire was excluded. There was evidence of risk benefit discussion regarding ISB in anaesthesia notes in all but one case. This case was included as there was excellent recall of discussions.

- Over 20% (7/32) believed the aim of consent was to remove their right to complain or claim compensation. However the majority of patients felt that it was to record either the discussion with the doctor or what they had been told about the procedure (figure 2).

- Discussion of ISB risks was recalled by 29 patients but nearly 20% (6/29) did not recognise it as a consent process similar to giving consent for surgery. Where this was recognised, over a quarter (6/23) thought it less important than surgical consent.

- Almost half (15/32) thought consent, even when verbal, could not be withdrawn once they had finished their discussions with the anaesthetist (figure 3).

- The majority (26/32) believed written consent carries greater legal weight than verbal (figure 4).

		Please tick	
		yes	no
1	Do you remember talking to the surgeon about your procedure?		
2	Are you satisfied that you know what you had agreed to have done?		
3	Do you remember the surgeon telling you the possible risks and complications?		
4	Which do you recall?		
5	Did you read the consent form?		
6	Do you think that you can change your mind about the surgery after you have signed a consent form?		
		yes	no
7	Do you remember talking to the anaesthetist?		
8	Do you remember discussing the nerve block for surgery with him/her?		
9	Did you understand why you were offered the nerve block?		
10	Are you satisfied that you know what you had agreed to have done regarding the nerve block?		
11	Do you remember the anaesthetist telling you the risks and complications?		
12	Which do you recall?		
13	Did you recognise this discussion as a consent process (similar to giving consent for surgery)?		
14	Do you think that you can change your mind about having the nerve block after you have agreed to it?		
15	In your opinion is this consent as important as consent for surgery?		
16	Would you like to have been given more information? If yes, in what form (e.g leaflet, further discussion)?		
17	What do you think is the purpose of the consent process?		
	<input type="checkbox"/> To record my discussion with the doctor		
	<input type="checkbox"/> To record what I have been told about the procedure		
	<input type="checkbox"/> To remove my right to complain if a complication happens		
	<input type="checkbox"/> To remove any rights to compensation		
18	Do you think a written signed consent carries more legal weight than consent obtained verbally? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Figure 1. Patient questionnaire.

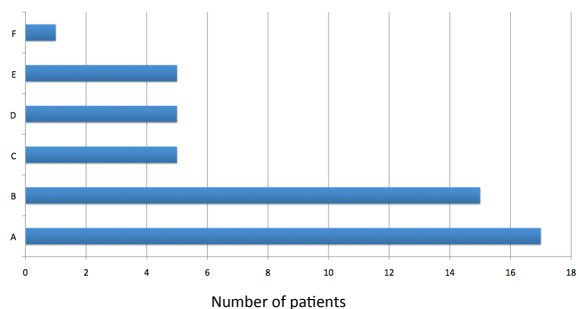


Figure 2. Patients' interpretation of the purpose of consent. Patients, n=32, allowed multiple responses from:

- A. To record my discussion with the doctor.
- B. To record what I have been told about the procedure
- C. To remove my right to complain if a complication happens.
- D. To remove any rights to compensation.
- E. Other
- F. Don't know

## Conclusion

"Informed consent" is a legal instrument that allows patients to define their own interests and to protect their bodily privacy<sup>6</sup>. Patient understanding around the consent process and its implications is poor.

Our findings suggest that anaesthetists may need to state explicitly that they are obtaining consent, particularly when there is a true choice as with techniques for postoperative pain management. We need to ensure their patient has an accurate perception of the consent process. Additionally standardisation of documentation is needed for higher risk procedures or in areas such post-operative pain where there are multiple options to consider.

## References

- NHS Choices <http://www.nhs.uk/conditions/Consent-to-treatment/Pages/Introduction.aspx>
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- Consent for anaesthesia. S. White. J Med Ethics 2004;30:286-290 doi:10.1136/jme.2002.001610
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- Anaesthetists' and surgeons' attitudes towards informed consent in the UK: an observational study. A Jamjoom, S White, S Waltman. BMC Med Ethics. 2010; 11: 2.
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Figure 3. Do patients think they have the right to withdraw consent ?

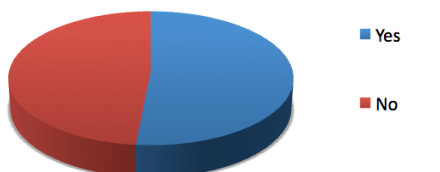
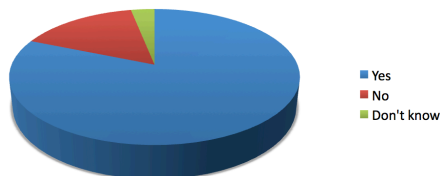


Figure 4. Does written consent carry more weight than verbal consent?



## Discussion

Fundamental misunderstandings about the consent process are prevalent. This is conceivably a greater problem in anaesthetic practice: consent is verbal and patient contact occurs over a shorter time, often just prior to surgery.

Furthermore, there are inherent complexities in understanding consent for anaesthetic procedures which may reasonably be viewed as an essential part of undergoing surgery. Patients may perceive all discussions with the anaesthetist as explanation of inevitable forthcoming events rather than a consent process.

Almost half of the patients in this study did not understand consent is a dynamic process and can be withdrawn at any time. This could have consequences for patient autonomy as the patient may change their mind about the anaesthetic block, after being consented, but feel that they must have the procedure in order to have surgery. Therefore it is important that the patient be given continuing opportunities to ask further questions and to review the decision.