Informed consent

You work as a staff nurse in the outpatient surgical department for a 100-bed community hospital. Your first patient of the day is Amy Parks, 25 years old, who is scheduled for a diagnostic laparoscopy. The AM admissions nurse, “Sue”, pulls you aside when you arrive to interview your patient. “I’m a little concerned about Mrs. Parks. Even though she signed the consent, I’m not sure how much she really understands about the procedure. She’s worried about the insufflation gas making her float up to the ceiling, and she insists on keeping her safety strap on. Plus she and her husband took the bus here, and they think that it’s going to be OK to take the bus home. When I asked if a friend could come and pick them up, they told me that nobody in their apartment building drives. I found out that it’s an assisted living complex for adults with developmental disabilities.”

When you go into her room you find Amy and her husband, “Joe”, studying the patient education pamphlet that explains her surgery. Joe is reading the pamphlet to her, pointing to each word and sounding out each syllable carefully. You introduce yourself and congratulate the couple on taking the initiative to learn more about the surgery. You sit down and ask Amy to tell you what she understands about her surgery. You discover that both the Parks work in a large warehouse where they paste mailing labels on boxes. Amy has to miss a day of work a month because of “female problems.” “It was really hard for both of us to get the same day off together,” Joe says. “That’s because nobody else can do as good a job as us!” Amy tells him proudly. “Dr. Smith says I won’t miss any more days of work after my surgery.”

“And now Sue tells us we might have to cancel Amy’s surgery because we can’t take the bus home,” Joe tells you worriedly. “It’s OK, honey,” Amy tells him, patting his hand. “We can walk home. It’s not that far. I’ll just float home like a big balloon!” They both giggle.

Joe becomes serious again and looks at Amy. “The doctor says this is a simple operation. But I still don’t know very much about it, and what happens if I can’t take care of you? I’m not a nurse.” They both look at you.

What are the issues facing Joe and Amy? Has “informed consent” been obtained? What resources can you provide to assist them in safely navigating their perioperative experience? Provide the evidence-based rationale for your answer.

Response:

At the crux of our Question of the Week is the ability of our patient, Amy, to understand and choose actions related to her health. It is the health profession’s responsibility to ensure that patients understand their care. In a perfect world, this conversation would have occurred prior to the day of surgery; the fact that it did not does not absolve our circulator from collaborating with the rest of the health team in drawing up a plan of care.

Nearly a quarter of a million Americans are functionally illiterate. This means they are not able to read and interpret a bus schedule, a label on a can of food, or a newspaper. The number of people who have low “health literacy” is estimated to be even higher (Monachos, 2007). Health literacy goes beyond providing information to a patient; this information must then be utilized by the patient in making health care decisions. Informed consent is a component of health literacy; basically a person is making a decision on whether or not to accept a surgical intervention. It is impossible to make the right decision if
the choices are not understood. It is the duty of the person performing the procedure (in this case, the surgeon, although in other circumstances it could be an advanced practice nurse or a registered nurse) to provide enough information that the patient can make a decision. This decision is based on information related to the purpose of the surgical procedure, its risks, benefits, and alternatives. Regardless of the level of health literacy, signing a consent form implies that the patient is satisfied that enough information has been provided to make a decision. A surgeon may be charged with battery for performing surgery for a patient who has been deemed not to have understood the nature of the operation (Zulick et al, 2009).

The inability to apply medical knowledge towards personal health care decisions results in:

- Lower medication compliance rates
- Increased use of emergency services
- Decreased use of appropriate preventive services
- Increased likelihood of being hospitalized
- Increased costs to taxpayers, since many functionally illiterate patients are on Medicare/Medicaid. Jones (2007) estimated this cost to be between $50-73 billion dollars/year.

Same day cancellations are costly to both facilities and patients, who frequently have had to make special arrangements for work, school, and child/elder care. Many facilities keep metrics on their cancellation rates as it has a huge impact on the bottom line financially.

Our circulator can begin to determine what Amy understands about her procedure by using a form of “teach back”: have her describe her understanding of the proposed surgical procedure in her own words. She may be able to pronounce medical terms, but not understand what they mean. This information can then be used as objective data to provide the surgeon with a better understanding of the situation. He may decide to postpone the surgery if additional time is needed to educate Amy and Joe about the procedure. If Amy agrees to the procedure, additional resources (a family member or friend to drive Amy home, a visiting nurse to check on Amy postoperatively) can be arranged through the social worker or case manager. Postoperative phone calls have been shown to be an effective way to follow up on patients’ response to surgery and provide an early indicator of possible problems or complications. Amy and Joe may need several phone calls over the next several weeks to assure that Amy is recovering without problems. This information should be communicated to the department (typically PACU) responsible for making these calls.

Opportunities for systems improvements include:

- Dialogue with the physician’s office concerning the need to have their patients comprehend details related to not only their surgery, but also pre- and postoperative care. This is especially important in ambulatory surgery settings, where this care is typically delegated to family members. Encourage the use of a health literacy assessment tool as part of pre-op workup, when the patient may be under less stress and have more time to complete the tool. Recommend communicating the results of these findings to the surgical facility. A list of health literacy assessment tools is included in the references.
- Incorporate evaluating health literacy into facility preoperative assessment. Include space to document findings on forms/EMR’s.
- Most health information is written at the 10th grade reading level. Review all written materials provided to patients at the facility, including consents and educational pamphlets, and revise to meet a 5th grade reading level. If the population contains large numbers of disadvantaged or
non-English speaking patients, consider the 3rd grade reading level. The Fry readability scale
(http://www.readabilityformulas.com/fry-graph-readability-formula.php) is a well-respected
tool for determining the grade level for printed materials. Remember that most tools are based
on the English language.

- Include pictures and “fill in the blank” spaces in educational materials to customize the
educational tool for each patient. This reviewer worked with a surgeon who drew a picture of
the surgical procedure, including anatomy, on the consent form for his patients.
- Initiate a facility patient education committee that will provide a multi-disciplinary perspective
on patient teaching and educational materials.
- Incorporate other instructional methods besides written materials. Utilize manipulatives, the
internet, videos, support groups, etc. Document all teaching strategies used and the patient’s
response.

It is our responsibility, both from a legal and ethical standpoint, to assess our patients’ understanding of
the procedure. Adapting current health literacy tools to be more applicable to the surgical setting holds
great promise for improving the care given to this vulnerable population.

Resources and references:


Health literacy assessment tools
