

What Are We Telling Our Patients? A Survey of Risk Disclosure for Anaesthesia in Australia and New Zealand

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Purpose of the study: The process of informed consent includes the explanation and disclosure of material risks. Exactly which risks require explanation and disclosure has been the subject of much debate; indeed the practice of risk disclosure varies widely. The purpose of this survey was to summarise the risks that are disclosed by anaesthetists for typical scenarios in clinical practice, and to determine demographic predictors of risk disclosure.

Methods: Prospective ethics approval was obtained, after which a pilot survey was conducted in the investigators' hospitals to determine the risks disclosed in four commonly-encountered clinical scenarios: knee arthroscopy, lumbar laminectomy, laparoscopic appendectomy, and laparotomy. We then conducted a web survey of a random sample of 500 Australian and New Zealand anaesthetists to determine how often the five most commonly-disclosed risks in the pilot survey were disclosed. The frequency of risk disclosure was rated using 5-point Likert scales: never, rarely, some of the time, most of the time, and always.

Summary of data: In the pilot study (n = 91; response rate 59%), the median number of risks disclosed differed significantly among the four scenarios: 5 (range: 0 – 13) knee arthroscopy, 7 (0 – 16) lumbar laminectomy, 6 (0 – 13) appendectomy and 9 (0 – 24) laparotomy (P = 0.0001). In the web survey (n = 146; 29% response rate), minor risks such as postoperative nausea and vomiting were frequently disclosed (median rating = 4 [range: 1 – 5]) whereas major risks such as awareness (2 [1 – 5]) and blindness (2 [1 – 5]) were infrequently disclosed. Age > 45 years was not associated with disclosure frequency (odds ratio = 1.65 [CI], P = 0.23), but anaesthetists were more likely to disclose risks infrequently if they were male (odds ratio = 5.7 [CI]; P = 0.002) or exclusively in private practice (odds ratio = 4.1 [CI]; P = 0.02).

Conclusion: We found that the risks disclosed to patients presenting for surgery varied considerably amongst responding anaesthetists, with minor risks more likely to be disclosed than major risks. Given current emphasis on the importance of risk disclosure, further education of anaesthetists in our region about informed consent is warranted.