

Informed Consent

Before surgery or any other diagnostic or therapeutic intervention, information is given, and patients have to give their informed consent. It is, however, not unequivocally clear what 'information' and 'informed consent' exactly means. Both concepts are not strictly defined and tend moreover to change over time and to vary from country to country. The conflicts between patients and doctors are frequently based upon a perceived lack of information. We believe that the modern web technology provides a unique opportunity to give adequate, updatable information, which is precisely, is the aim of this site.

What is information ?

There is no doubt that patients should receive information. The content of the information which should be given is more controversial

1. Any information carries a dilemma. Complete, precise and detailed information is practically impossible, since it requires a medical back-ground to understand and since this would require a prohibitively long time to give. An additional difficulty is that some information is not always wise to give.
2. Information should be given in an understandable language : this is an additional difficulty. The medical language was developed to facilitate communication, between doctors. Without the medical language information becomes imprecise.
3. No uniformity exists about which information should be given : the median standard of care for a given country at a certain point in time, or the best care available at that moment. The prevailing medicolegal standard against which any problem is judged, is 'the median standard of care in that country at a given moment'. Therefore the median standard is what is generally given as information, and what is translated by professional bodies into '**Guidelines**'. This discrepancy between **median standard of care versus best care available** becomes especially difficult in periods of transition An example is e.g. when open surgery was and is being replaced progressively by laparoscopic surgery. Hysterectomies can be done by open surgery, as a laparoscopic assisted vaginal hysterectomy, or as a full laparoscopic hysterectomy. The choice and information will depend to a large extent upon the stage of transition of the individual surgeon from open surgery to laparoscopic surgery.
4. For results and complications, the peer reviewed literature is the gold standard and this information should always be given.
5. Information about complications should be given, but it is practically impossible and also not desirable to list all the potential complications, even those with a very low risk. It is widely accepted that practically no information is given about complications with a frequency less than 1%. It should be understood however that the peer reviewed literature contains 2 types of information. First the complications listed by centers devoted to a specific pathology, and thus generally better than the median. Secondly the overview of large area's or countries, with slightly different figures from the centers of excellence.
6. Therefore one may ask the question whether individualized information should/can be given for results and complications ? Should the patient receive

information about the individual gynecologist's results and complications ?

Should a patient know how experienced a surgeon is in a given operation ?.

7. Also a complication is poorly defined. To illustrate this, the following 2 examples are given. Complete excision of endometriosis infiltrating through the bowel wall, requires resection of part of the bowel wall : this is complete surgery, not a complication. The definition of a complication is 'a complication is something which was not necessary, or avoidable and which enhances the morbidity or mortality of the patient'. With this definition, any surgery which can be done with equal results by laparoscopy, but is done by laparotomy carries a complication by definition.

What is consent ?

Informed consent can only be given after having been informed. Since information is not clearly defined, it is obvious that consent also is not clearly defined. This moreover varies from country to country, and over time.

For surgery there is the additional difficulty of complications which can occur during surgery, which are generally very rare but which necessitate immediate action, i.e. without the possibility of additional information and consent. This is often solved by asking permission to 'do whatever might be necessary'. This is difficult for the patient, whereas to give detailed and full information about all possibilities is practically impossible.

The informed consent form.

Our policy is to inform the patient about indications, alternative treatments, results of treatment and complications. Consent is obtained to do a specific intervention, with for the patient the possibility to list which intervention she wants not to have , e.g. removal of an ovary or a uterus.

This is translated in an informed consent form, which is signed by the patient and by the doctor given the information.

Additionally more detailed information is given concerning some specific interventions using brochures etc when available. Given the complexity of the information, which moreover has to change over time the initiative to develop this web site was taken, in order to provide up to date and individualized information.