▽ Editorials

Informed Consent for Regional Anesthesia: What Is Necessary?

In this issue of *Regional Anesthesia and Pain Medicine*, Brull et al.[1] described what risks were disclosed to patients by academic anesthesiologists and anesthesia fellows in North American regional-anesthesia fellowship programs in obtaining informed consent for regional anesthesia. Brull et al.[1] found the most commonly revealed risks were benign in nature and occurred frequently. For central neural block, the most commonly disclosed risks were headache, local pain/discomfort, and infection, whereas for peripheral-nerve block, transient neuropathy, local pain/discomfort, and infection were mentioned. Severe complications of regional anesthesia, including permanent neurologic injury, paralysis, cardiac arrest, seizures, and death were only infrequently disclosed in the process of informed consent. For instance, a minority of anesthesiologists described risks of paralysis (43%), seizures (20%), cardiac arrest (14%), and death (29%) to patients undergoing epidural anesthesia.[1] In addition, the authors found that the incidences of severe complications cited by the anesthesiologists were often inconsistent with the literature.

Although the results of Brull et al.[1] are probably typical of the practice of regional anesthesia, the results are concerning because of the ethical and legal requirement for informed consent. Informed consent requires an active communication between the physician and patient, in which the physician explains the nature and purpose of the proposed procedure and the alternative techniques available, as well as a description of the risks and benefits of the procedures and alternatives. The desired outcome is that the patient will have sufficient knowledge to make an educated choice about whether to undergo the proposed procedure or treatment.

What types of risks need to be disclosed during the process of informed consent? Although the exact information to be transmitted varies from state to state, most states have adopted a "reasonable patient" standard.[2-4] This standard requires the physician to disclose information that a reasonable patient under similar circumstances would want to know to make an informed decision. Informed consent requires that a patient have a full understanding of that to which he or she has consented. The risks that should be disclosed are those that would be important in deciding whether to undertake the proposed therapy. For regional anesthesia, the disclosure should include both the common, but not severe, risks (e.g., local pain/discomfort, infection, headache, transient neuropathy) and the rare, but of major consequences, risks (e.g., seizure, cardiac arrest, permanent neuropathy, paralysis, and death). Certainly, a patient would want to know a risk of permanent neuropathy exists after an interscalene block performed for postoperative pain control, especially if he or she were an artist, pianist, or a surgeon.

Interestingly, 3 out of 4 of the programs utilized a written informed consent for anesthesia, with most addressing general and regional anesthesia on a single form. Although the Joint Commission on Accreditation of Healthcare Organizations requires documentation of informed consent, it can be done by handwritten note, on the surgical consent, or on a separate written anesthesia consent form.[2] Many attorneys believe that a written anesthesia-specific consent form, detailing se-

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lected risks specific to the procedure will help in the defense of a claim for an injury.[4,5] Notations to tailor the informed-consent discussion to a specific patient help to support the defense of the underlying medical issues.[5] Although informed consent is seldom the major issue of liability in a claim,[5,6] in a significant number of cases, the adequacy of informed consent is included as an additional allegation, thereby influencing the evaluation, defense, and resolution of a malpractice claim.[5] However, patients can still allege lack of understanding of risks in the presence of a written consent form.[4] Likewise, no scientific evidence indicates that separate anesthesia written informed consent is better than a handwritten note plus the written surgical consent.[7]

In summary, the article by Brull et al.[1] brings to our consciousness the need to further educate our patients of important risks/benefits of all types of anesthesia, especially regional anesthesia. To make an informed decision, patients require accurate portrayal of rare, serious complications, as well as the more common minor ones.

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