

Electronic documentation of informed consent according to the Montgomery ruling in the surgical emergency unit setting

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Introduction

The General Medical Council (GMC) states that consent is a partnership process between the patient and the doctor.¹ Since the Montgomery judgement in 2015, the standards have been revolutionised to include material risks. Undoubtedly, informed consent has important implications in the surgeon–patient relationship and litigation. This audit aims to measure the decision-making record that contains key points of the consent discussion by comparing to the standards outlined in the Royal College of Surgeons guidance on consent, *Consent: supported decision-making*.² We set an arbitrary target of 20% compliance rate within a 1-month period, which we felt would be achievable in the short time frame.

Methods

All surgeries performed in the general surgery department in March 2020 were identified. A total of 116 patients were assessed if any electronic documentation consistent with the Montgomery judgement of informed consent were done. Consequently, electronic consent templates specific to three surgeries were introduced. These were diagnostic laparoscopic appendicectomy, incision and drainage of abscess and of perianal abscess. The templates were designed to include name, age, occupation (where applicable), material risks, and the template allows for additional risks discussed to be added. Interventions included an audit presentation at the local mortality and morbidity meeting, two email reminders, focused teaching to each individual and incorporating it in the induction handbook in August 2020. A re-audit was performed for the three specific operations between the 11 July and 12 August 2020. 66 surgeries applicable to this audit were identified. The usage of these templates was assessed and presented at the local meeting.

Results

In the first cycle, 0% of surgeries performed in the department had electronic consent documentations. Following one

improvement cycle, we saw a 25.7% ($p=0.0001$) improvement in compliance rate of the templates for three specific surgeries.

Conclusion

Electronic consent templates significantly improved compliance with our audit standard across our three most commonly performed emergency surgical procedures. The templates offer a dynamic approach to patient-centred care. Not only is it standardised and economical, it provides substantial evidence to defend against patient dissatisfaction or lawsuit. Unfortunately, a signature in the consent form is not equivalent to a valid informed consent and would not be classified as legitimate evidence to stand in the court of law.² As part of a multicycle audit process, further interventions are in the process to ensure 100% compliance rate of the electronic consent templates. These include a feedback form for doctors to gauge the barriers in using the templates, a talk from a medico-legal lawyer, departmental education, and further email reminders. There is also scope to create templates for a wider range of operations. ■

Conflicts of interest

None declared.

References

- 1 General Medical Council. *Consent: patients and doctors making decisions together*. London: GMC, 2008. www.gmc-uk.org/guidance/ethical_guidance/consent_guidance_contents.asp [Accessed 16 September 2020].
- 2 Royal College of Surgeons. *Consent: supported decision-making*. London: RCS, 2018. www.rcseng.ac.uk/standards-and-research/standards-and-guidance/good-practice-guides/consent [Accessed 16 September 2020].

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