

Obtaining an ‘informed’ consent for primary percutaneous coronary intervention (PPCI) in non-English speaking patients...the dilemma

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Aims

To improve the informed consent process for non-English speaking patients requiring emergency PPCI.

Background

PPCI is the standard treatment of acute ST elevation myocardial infarction (STEMI). Obtaining an informed consent remains one of the main reasons for non-system-related delay in the door-to-balloon time.¹

This problem is accentuated in a multi-ethnic society where some patients do not speak the national language at all. According to the 2011 census 138,000 people living in England and Wales do not speak any English.² Not infrequently, we do encounter non-English-speaking patients presenting with acute myocardial infarction and requiring treatment with PPCI. Despite being a lifesaving procedure, PPCI carries the risk of major complication such as stroke, heart attack and death. When the procedure is explained to English-speaking patients, some of them refuse this life-saving procedure due to the risks and potential complications involved. We should therefore assume that non-English-speaking patients should have the same opportunity to make an informed consent to the procedure. The dilemma then arises as to how to obtain an informed consent from patients who speak no English when no other family or staff member can help translating.

Methods

To tackle this problem, we developed a PPCI information sheet in English and translated it into the foreign languages frequently encountered in our catchment area. Non-English-speaking patients presenting to our service can read through the translated document and then sign the standard consent form if they are willing.

Conclusions

Consent is key to patient-focused care. For unplanned admissions requiring emergency procedures, having translated information sheets can help non-English-speaking patients make their informed decision. We hope this model can be adopted by physicians from different specialties encountering the same dilemma. ■

References

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