

## Section 3

### INFORMED CONSENT

Informed consent is the issue pertaining to a patient's right to make a decision about treatment based on adequate foreknowledge or understanding of that treatment and its anticipated outcome.<sup>17-24</sup> It is the process of giving patients information needed to make educated decisions concerning their treatment.<sup>17,19, 25,26</sup> Informed consent serves as an opening for dialogue with the patients and involves them in their care.<sup>27</sup> It is the process of effectively communicating with patients in terms they understand, allowing them the opportunity to ask questions.

One of the goals of these guidelines is to inform practitioners about the ethical issues and legal precedents within which they must work. The basic principle of consent is that competent persons have the right to choose what will be done to them. It is the responsibility of the physician to inform the patient, in non-technical terms, of anticipated practices and procedures and to receive the patient's informed consent prior to examination and therapy procedures.<sup>19</sup> When applicable, the physician should also explain reasonable alternative treatments.<sup>19,26</sup>

Informed consent can be viewed as an opportunity to establish trust and rapport and to collaborate with patients in the decision-making process. Through informed consent, the chiropractor can strengthen a person's commitment to treatment by promoting understanding of what can be accomplished.<sup>25</sup>

Informed consent is an important risk management tool.<sup>23</sup> By adding the element of trust and respect for the patient, an atmosphere of joint decision making is created. It gives the practitioner a chance to educate patients about the value of chiropractic and how it may benefit them.

To gain informed consent, Oregon health care practitioners are required to utilize a Procedures, Alternatives, Risks and Questions (PARQ) Conference.<sup>28</sup> In this PARQ conference the physician shall explain the following:

- (a) in general terms the procedure or treatment to be undertaken;
- (b) that there may be alternative procedures or methods of treatment; and
- (c) that there are risks, if any, to the procedure or treatment.

After giving the explanation specified above, the physician shall ask the patient if the patient wants a more detailed explanation. If the patient requests further explanation, the physician shall disclose to the patient in substantial detail the procedure, the viable alternatives, and the material risks, unless to do so would be materially detrimental. In determining that further explanation would be materially detrimental, the physician shall give due consideration to the standards of practice of reasonable chiropractic practitioners in the same or a similar community under the same or similar circumstances.<sup>28</sup>

The essence of informed consent is communication between the patient and doctor, whether written or oral.<sup>29</sup> This responsibility should be seen as an ethical, as well as a legal, obligation.<sup>26</sup> Therefore, **patient-doctor discussion is the key.**<sup>12,19-21, 30,31-33</sup> The doctor must be prepared to expand the explanation, if necessary, and the information should be tailored to the patient and the procedure or treatment.

## Suggestions for Documenting Informed Consent

Most authorities recommend that informed consent be documented.<sup>20, 22, 23,34,35</sup> The following methods are offered as options for charting informed consent. However, the practitioner is not limited to these specific suggestions.

1. Patients can be given standardized forms<sup>17,26,36</sup> which they sign. However, practitioners should not rely exclusively on those forms and must communicate directly with the patients.<sup>29, 34</sup> The use of a written consent form is at the discretion of the individual practitioner in the State of Oregon.<sup>16,28</sup> If a written form is used, it must be signed by the patients and included in their record.<sup>34</sup>
2. The acronym PARQ can be written in the patient's chart indicating that the physician has explained the procedures (**P**), viable alternatives (**A**), material risks (**R**), if any, and asked if the patient has any questions (**Q**). If the patient requests further information, the physician can underline the **PARQ** chart notation to reflect the patient's request and that the physician provided more detailed information.<sup>37</sup>

It is important to note that consent to have one physician perform a procedure is not consent for any other physician unless the patient agrees to substitute care. The practitioner may make a written entry into the patient's record, or, if a written form is used, the practitioner may wish to include a sentence to address this issue.

There are situations in which the method for obtaining informed consent may need to be modified. For example, each parent of minor children (under 18) has the authority and responsibility to consent to health care for his/her minor children unable to consent for themselves. If the parents are divorced, the noncustodial parent may authorize the physician's treatment in the absence of the custodial parent. In the case of minor parents who cannot consent for either their own care or that of their children, *consent must come from a third party such as a parent, grandparent or legal guardian.*