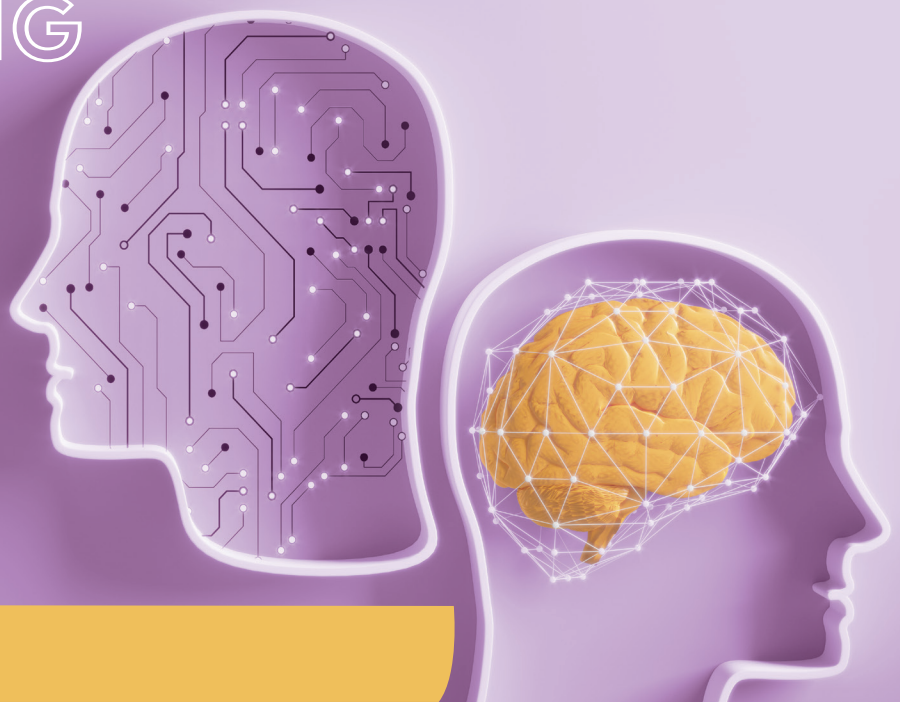
RE-EVALUATING INFORMED CONSENT

In a Modern Practice



BY O. BENNETT WALTON, MD, MBA

It's more about personalized education than about technology.

Informed consent is an important aspect of practicing medicine. It is the procedure through which patients knowingly place themselves in a doctor's care. Too often, informed consent is reduced to referencing a signed document on a preoperative checklist.

Some may associate modernizing informed consent with replacing traditional paper forms and oral discussion with electronic signatures, smart tablets, and educational videos. This misses the most important point of modern informed consent: It is a process. A majority of that process involves educating and informing patients. How should we modernize patient education? It's less about substituting technology for paper and more about reconsidering our patients' thought processes, lifestyle needs, and opportunity costs.

THOUGHT PROCESSES

Patient-facing content like marketing materials and website content is part of the consent process. There's a difference between discussing a goal and a promised result, and there should not be a mismatch between the marketing materials for a procedure and the informed consent document. I am not recommending negativity in marketing. Overpromising results, however, starts the educational process on the wrong note.

Underpersonalization is another pitfall to avoid when educating patients. Certain characteristics increase the risk of complications, and others reduce the likelihood of achieving a predictable result. These characteristics must be carefully identified and discussed with patients preoperatively. For example, educating patients about the risks presented by floppy irises, high myopia, dense cataracts, and weak zonules helps to set realistic expectations for patients with those conditions. Hold a grounded discussion of how epithelial basement membrane dystrophy, dry eye disease, and a history of refractive surgery can affect outcomes and postoperative wound healing and visual recovery.

LIFESTYLES AND OPPORTUNITY COSTS

Refractive cataract surgery requires assessing patients' hobbies and lifestyle needs. Today, mobile device use fits into the near vision category. Patients' phone use in particular should be addressed in the educational process, as well as the varying ability of new technologies to meet patients' needs. My team and I hold realistic discussions with patients about their personalized visual needs.

A major part of the informed consent process is discussing available options while emphasizing the personalized benefits of the final chosen plan. Not to disclose the other options would be unfair to patients, but simply presenting a comprehensive menu of options without reassuring patients about the final decision could result in choice paralysis and reduce patient satisfaction.[1,2]

The informed consent process is modernized not by getting an electronic signature but by considering how best to educate patients. ■

1. Iyengar SS, Lepper MR. When choice is demotivating: can one desire too much of a good thing? *J Pers Soc Psychol*. 2000;79(6):995-1006.
2. Scheibehenne B, Greifeneder R, Todd PM. Can there ever be too many options? A meta-analytic review of choice overload. *J Consumer Res*. 2010;37(3):409-425.

O. BENNETT WALTON, MD, MBA
- Slade & Baker Vision, Houston
- Member, *CRST* Editorial Advisory Board
- drwalton@visiontexas.com
- Financial disclosure: None