

NCHD practices and attitudes towards consent in anaesthesia in Galway university hospital



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INTRODUCTION

Consent is a vital aspect of any procedure to be performed on a patient. In 2017 the Association of anaesthetists of Great Britain and Ireland (AAGBI) released new guidelines relating to consent.(1) They make several recommendations which may be challenging to implement in working practice . Recommendations cover the timing of consent, resources to be provided to patients and documentation of the consent process.

OBJECTIVE

This study aims to look at whether or not NCHDs are practicing according to AAGBI recommendations regarding consent. A secondary aim is to evaluate whether anaesthesia NCHDs feel that the surgical team has a role in starting the anaesthetic consent process.

METHODOLOGY

A selection of practical recommendations from the 2017 AAGBI guidelines were examined; 1) consent should be obtained as early as possible 2) written or online materials should be provided if possible especially at pre-assessment clinic 3) consent should be documented briefly on the pre-assessment sheet or clinical notes. A survey was created based on these criteria and circulated to the NCHDs of the Galway University Hospital (GUH) anaesthesia department.

RESULTS

The response rate was 60% (26/43 NCHDs).

- When asked if they always consent their patients for regional and general anaesthesia (GA); 50% said yes, 38% said no, 11% said they gain explicit consent for regional only.
- 19% document their consent process in the anaesthetic sheet, 42% did not at all and 38% said sometimes

Answered: 26 Skipped: 0

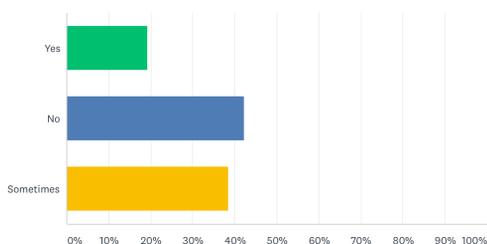


Fig 1. Responses when asked if NCHDs record consent in the notes or anaesthetic sheet .

- When asked where they most frequently consented patients 92% said in the theatre reception area on the day of surgery, 8% said on the ward the day prior.

Answered: 26 Skipped: 0

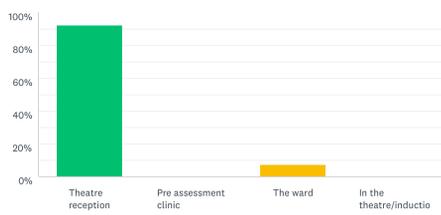


Fig 2. Frequency of location where NCHDs consented patients

- 42% felt that consenting patients the day of surgery was not adequate time for consent, the remainder felt it was adequate.
- 8% provide written or online materials for consent in pre-assessment clinic.
- 38% felt that the surgical team had a role in starting the consent process for general anaesthesia.

Not for GA once included in surgical consent. Always consent for regional

Yes. Just to describe whether this case is typically done under GA or regional and that an anaesthetist will explain fully the decision and process.

Fig 3. Sample of attitudes towards the involvement of the surgical team in anaesthetic consent.

CONCLUSIONS and RECOMMENDATIONS

Several challenges exist preventing us from meeting the AAGBI guidelines regarding consent.

- One is timing of consent; most patients are consented in theatre reception on the day of surgery and the general NCHD attitude (58%) was that this is appropriate timing.
- Written and online resources are being underutilized in pre-assessment clinic.
- A lack of consistent documentation of the consent process.

With this audit data we aim to improve our standards via two main implementations;

- creating a box on the anaesthetic sheet to indicate consent has been gained
- creating a written leaflet for consent to be used in pre-assessment clinic.

We will then re-audit and in our second cycle also re-examine other areas such as timing of consent.

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REFERENCES

- Association of Anaesthetists of Great Britain and Ireland. Anaesthesia; 72;93-105. 2017.