

Informed consent for anesthesia: a survey among Indian anesthesiologists

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To the Editor:

There is no definite consensus among anesthesiologists on the need for written informed consent for anesthesia and the amount of information that should be given to patients regarding the risks of anesthesia. The Consumer Protection Act of India considers the doctor–patient relationship to be a contract and recommends obtaining consent prior to providing services. While organizations like the Association of Anaesthetists of Great Britain and Ireland (AAGBI) [1] have issued statements on this topic, there are no anesthesia-specific guidelines in India. The general practice in India for patients undergoing surgery is to administer a comprehensive consent which covers both surgical and anesthesia procedures. This consent is usually obtained by the surgeon. However, anesthesia is associated with its own particular set of risks and consequences, which are quite separate from those associated with surgery. Therefore, the anesthesiologist is the best-qualified person to discuss these risks with the patient and take informed consent. Studies in other countries have looked at anesthesiologists' practices and attitudes regarding informed consent [2].

We conducted a survey among anesthesiologists attending a conference in Mumbai, India. This included questions about individual opinions, current practices, and potential barriers to the implementation of informed consent in anesthesia. Participation was voluntary and anonymity was assured.

Fifty-four out of one hundred questionnaires were completed and returned. Fifty respondents (90%) felt the

need for a separate written informed consent for anesthesia; however, only 8 (14%) implemented this consent. Thirty-one (56%) respondents informed patients about uncommon but serious complications of general anesthesia such as respiratory depression and awareness; however, only 21 (38%) discussed minor, frequent complications of general anesthesia such as sore throat, oral trauma, and nausea. Only 25 (45%) respondents informed patients about potential neurological complications of regional anesthesia; however, 41 (74%) offered their patients an alternative to regional anesthesia techniques. Fewer than half of the respondents (23; 42%) counseled parents regarding the risks of performing regional procedures under general anesthesia in pediatric patients. Respondents perceived several barriers to the implementation of the informed consent process—the most common being lack of time (23; 42%), and illiteracy and language barriers (12; 22%). Other barriers included the inability to explain technical terms, lack of awareness on the part of the anesthesiologist, and fear of making the patient more anxious.

The AAGBI guidelines [1] on informed consent for anesthesia clearly state that verbal consent may be adequate and written consent is not mandatory. However, patients must be given adequate information about their anesthesia to make an informed decision. This should include an explanation of all relevant risks and alternative techniques. Studies have shown that patients may want more information about their anesthesia [3], and that the level of information about the risks of anesthesia does not have any effect on anxiety levels [4] or the decision to proceed with surgery [5]. In this setting, the findings of our survey suggest that our current practice is inadequate.

In conclusion, anesthesiologists in India feel the need for a separate informed consent for anesthesia. However, there is considerable variation in the amount of information

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given to patients. Several potential barriers to the implementation of informed consent were identified. We hope that the results of this survey will pave the way for national consensus guidelines on this issue.

Conflict of interest None.

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