



Professionalism in Anesthesiology: Honesty and the Informed Consent Process

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Medical professionalism is one of the core components of the practice of medicine and an evolving concept reflecting the changes in our health care system. In 2002, the ABIM Foundation defined medical professionalism in its Physician Charter, stating that professionalism “supports physicians’ efforts to ensure that the healthcare systems and physicians working within them remain committed both to patient welfare and to the basic tenets of social justice.” (*Ann Intern Med* 2002;136:243-6) The Physician Charter enumerated three fundamental principles as well as 10 responsibilities by which all physicians should abide, and it soon was adopted by many professional societies, including ASA (*Ann Intern Med* 2003;138:839-41). Eighteen years after its publication, the Physician Charter remains as the standard for professional conduct in medicine.

“Commitment to honesty”

One of the 10 responsibilities listed in the Charter is the “commitment to honesty with patients,” that “physicians must ensure that patients are completely and honestly informed before the patient has consented to treatment and after treatment



prove to be challenging. The production pressures and limited time available preoperatively to discuss the details of anesthesia care often afford insufficient opportunity to appropriately broach the “risks and benefits” of anesthetic care. It even has been proffered that using the terms “harm and benefit” may contribute to a more scientifically accurate patient understanding of medical choices (*JAMA* 2020;324:937-8). An ethical process of obtaining informed consent requires honest communication, free of coercion and manipulation (*Clinical Ethics in Anesthesiology: A Case-Based Textbook*. 2011), as anesthesiologists endeavor to align their conversations with what patients want and need to know. Concomitantly, this can provide comfort to their patients while gaining trust.

Full disclosure

Informed consent discussions generally are carried out in accordance with the reasonable person standard – the patient receiving information that a reasonable person would want to know (*Can J Anaesth* 2014;61:832-42). However, in practice, the content of preoperative discussions varies. Common, less serious side effects of anesthesia are discussed more frequently than rare, yet serious side effects and adverse outcomes. One observational study of informed consent in pediatric anesthesia noted that 36% of discussions mentioned postoperative nausea and vomiting, 29% sore throat, and 19% emergence delirium, while 30% did not discuss risks at all (*Paediatr Anaesth* 2012;22:787-92). A study focusing on informed consent for regional anesthesia (specifically spinal and epidural anesthesia) in adults found that common complications such as headache, bruising, and infection were routinely disclosed,

whereas rare but catastrophic complications such as respiratory failure, cardiac arrest, and death were vetted much less frequently (*Reg Anesth Pain Med* 2007;32:7-11). Some attribute this minimization of the preanesthetic discussion of “risks” to the anxiety that more serious risks – real harms – provoke in some patients, and also to insufficient knowledge of how much information a specific patient wants to receive (*Anesthesiology* 2009;110:480-6). Does this possibly manipulative intention to minimize anxiety detract from a patient’s autonomy to consent? Would full disclosure and persuasion be a more ethical vehicle? Indeed, minor changes in language or framing are capable of influencing patient judgment and decisions (*JAMA* 2020;324:937-8).

The informed patient

Given that the informed consent process is influenced by anesthesiologists’ perceptions of what patients want to hear, then it would be of value to learn what patients do want to discuss. One survey of 411 patients in a preoperative clinic found that 92% thought that common, less severe complications should be discussed, and 80% thought that rare yet severe complications should be discussed (*Reg Anesth Pain Med* 2007;32:7-11). Additionally, only 21% felt that the disadvantage of potentially increased anxiety outweighed the benefit of having a more comprehensive discussion of risks of anesthesia. A similar finding was seen in pediatric anesthesia as parents tended to prefer to receive comprehensive information without concern about experiencing increased anxiety (*Anesth Analg* 1997;84:299-306). In addition, patients tend to want differing information based on the type of surgery they are undergoing, as they are more worried about serious complications with major surgeries (*Acta Anaesthesiol Scand* 2014;58:1249-57). Thus, it appears that patients are likely to want more information about possible-although-unlikely harms when talking to their anesthesiologist.

In an anesthesia care team mode of practice, an informed discussion of the function and roles of the members of the team should be an integral part of the consent process. Furthermore, the potential for changes in staffing, such as another physician anes-



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siologist assuming charge of intra- and/or postoperative care, should be disclosed.

When questioned about their perioperative anesthetic care, outpatients have stated that receiving comprehensive information and truthful communication constitute a high priority (*Can J Anaesth* 2001;48:12-9). Patients want to hear more about lower-probability, more serious harms associated with their impending anesthesia and believe that this information is more beneficial than deleterious. This approach can help patients feel more empowered in their autonomous decision-making and more fully engaged in their own care. Furthermore, patient awareness and understanding of the anesthesia care team model, when utilized, allows them to develop an enhanced sense of trust and comfort with what is likely to be one of the most stressful experiences of their lives.

In summary

In an ever-evolving medical field with an expanding view of professionalism that now encompasses topics such as patient interactions, quality improvement, and just allocation of resources, paying attention to detail regarding communication with patients can help uphold the tenets of professionalism, strengthen ethical obligations, and improve the quality of anesthesia care. ■

“Patients want to hear more about lower-probability, more serious harms associated with their impending anesthesia...”

has occurred.” This emphasizes the central ethical role held by the process of informed consent. In theory, this is straightforward: Physicians should sufficiently discuss with their patients (or surrogate decision-makers) the “risks and benefits” of – as well as alternatives to – any given treatment or intervention so as to enable their patients to make an informed decision that is best aligned with their goals and interests. However, in anesthesiology, this can