

Informed Consent in Urology



Towards the use of ICForms

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Why?



- Why **informed** consent?
- Why a **written** informed consent?
- Why a **standardized** written informed consent?
- Why are there still **pitfalls** then?

Why **informed** Consent?

- provide adequate **information** (art.7 LPR 2002)
 - information gaps → causes frustrated patients
 - poor communication leads to poor understanding
 - if patients want their urologist to make the final decision, it does not mean they do not want to be involved in it
- obtain **consent** to treat
 - patient-doctor relationship = contract / mutual consent
 - Art. 8§1 Law Patient Rights: obligation to obtain prior consent
- **protect** yourselves from complaint (art. 1382 C)
 - Information gaps → drives claims¹ (perception doctor did wrong)

Why a **written** informed Consent?



The burden of proof

- The Law on Patient Rights of 2002
- The Court de **Cassation** (2002)

The Law on Patients Rights

Right to informed consent (art 8 §1)

- **all** information necessary to understand the state of health
- sufficient **time delay** between consultation and surgery
- **regardless** of the question whether treatment is possible
- clear and adjusted **language**
- **oral** information (confirmed in writing on request)



Proof of the informed consent ?? **Patient!!**

(Cass. 28/02/2002)

Why a **standardized** informed consent?

- **Identical** information by all urologists. No promo-flyers/ no veiled use of language.
- The **authority** of information given by a professional organisation (BAU) is much higher than individualized information.
- **No false expectations.** Patients will be less inclined to look for (foreign/dated/wrong) information on the internet.
- **Rare risks** can easily be incorporated. Orally this information would be too time consuming.
- Medical information, but also proof of a **financial agreement.**

Why are there still **pitfalls** then?

- **Not individualising the risk**
 - clinical characteristics of the patient
 - institutional or operator characteristics

- **Maldajusted transfer of information**
 - Used accompanying language (no high-tec/US: “5th grade”)
 - risk presented in the form of probabilities
 - risk presented as “low” or “high risk”

- **Consent should be part of communication**
 - patients do not want written consent only



Thank you

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