

Quality of Care in Urology

Werkgroep BAU



INFORMED CONSENT

Lieven Goeman

QUALITY OF CARE in Urology

Working group of the BAU

Urologists:

Steven Joniau, Philippe Busard, Emmanuel Lufuma, Emmanuel Dardenne, Renaud Bollens, Nicolaas Lumen, Thierry Quackels, Thierry Roumequere, Dirk De Ridder, Bart Detroyer, Paul Hoffman, Karel Everaert, Koen Van Renterghem, Bertrand Tombal, David Waltregny, Kris Vekemans, Pieter Verleyen, Patrick Werbrouck, Lieven Goeman.

Mutuality's and patient groups

**Socialistic mutuality
Christian mutuality
Neutral mutuality**

VBS-GBS

Dewallens and partners

Constataation



- **Surrounding countries all use IC's since many years; although no uniformity between countries.**
- **Several hospitals in Belgium use IC for vasectomy or facturation of robot supplements, although no uniformity.**

Communication CM 16th of April 2012



Patients don't know their rights

European day of the patient rights.

From a questionnaire performed by the CM, it appeared that Belgian patients have limited knowledge about **their rights as a patient**.

“Almost 25% has no idea that the doctor has to provide information about all alternative treatments. In general, the patient knows his diagnosis and is aware that he may ask a second opinion. “

3 aspects of IC for us?



- **Provide adequate information (art.7 LPR 2002)**
 - information gaps → cause 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

- **Obtain consent to treat**
 - patient-doctor relationship = contract / mutual consent
 - Art. 8 § 1 Law on Patient Rights: obligation to obtain prior consent

- **Protect yourselves from complaint (art. 1382 C)**
 - Information gaps → drives claims¹ (perception doctor did wrong)

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 ??

(Cass. 28/02/2002)

→ Patient!

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, BVU, SBU, BBVU, VBS, mutuality's, lawyer) is much higher than individualized information.
- No false expectations. Patients will be less inclined to look for (foreign/dated/wrong) information on the internet. (Surgical complication score)
- Rare risks can easily be incorporated. Orally this information would be too time consuming.
- Medical information, but also proof of financial agreement.

What are the pitfalls then?



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

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

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

It will always be difficult for us...



Which IC's?



- We asked it to the mutuality's
“No Fault law” (artikel 35)

The “No fault law” is not yet active. Once it will be active, all facts after the 2nd of April 2010 will be included.

- Ureteroscopy, radical prostatectomy, circumcision, vasectomy.

Which IC's?



Questionnaire urologists (BAU congres 2010)

- Radical prostatectomy
- TURP
- Prolaps surgery
- Radical cystectomy
- Suburethral sling
- Vasectomy
- Prostate biopsy
- Partial nephrectomy
- Sphincter prosthesis
- TUR B
- ...

QOC comité



- Radical prostatectomy
- Radical nephrectomy
- Circumcision
- TURP
- Cystectomy
- Suburethral sling
- Vasectomy
- Ureteroscopy
- Partial nephrectomy

- Hydrocoele
- Orchidectomy (tumour, benign)
- Nephro-ureterectomy
- Orchidopexy
- Penisprosthesis
- Peyronie
- Hypospadias
- TURB
- Prostate biopsy

What have we done?



- IC of Germany, France, UK as starting point.
- Juridical advise/layout of lawyer Filip Dewallens.
- Internal peer review by QOC comité and specific working groups
- Rereading by VBS-GBS and identical translation
- Rereading by patient groups / mutualities
- Rereading and validation by Filip Dewallens
- Last corrections by QOC Comité

Validated IC

First validated IC



- **First discipline with validated standardized IC's in Belgium!**



With IC

Without IC





www.QOCUROLOGY.be