



The implication of the use of/ refusal to use an informed consent

BAU

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Dr. Jean-Luc Demeere



Healing is an art, medicine is a science and healthcare is business

A. Abouleish : Responding to « You're inefficient, Work faster » ASA, Refresher Course Lectures, 107, 1-5,2011.



Quality process

- Care is a **business with professional rules and legal rules**
- The business is **paid** by patients, the mutual insurance, the public finances and the physicians.
- Customers are expecting **quality** and there is a **willingness to pay.**
- **Customers are**
 - Patients
 - Mutual insurance
 - Authorities
 - Physicians



INFORMED CONSENT !

- Patients are health customers and have to accept or refuse a medical treatment.*
- Patients are expecting quality of care
- Physicians have the obligation to give the best treatment for each patient. ****
- Physicians have the legal and professional obligation to inform the patient. ** ***

* RD 22-08-2002: art 8: informed consent

** RD 22-08-2002: art 7: informed consent

****Code of Medical Deontology art 29-32



Information

- Will be expressed in a clear language, accessible to the patient
- Will contain all what is necessary to take a decision
- Will describe the advantages and dangers or complications
- Fear for a normal valuable treatment may not be induced by this information



Quality: Donabedian

- Kind of care which is expected to maximize an inclusive measure of **patient welfare**, after one has taken account of the **balance of expected gains and losses** that attend the process of care in all its parts.

KCE reports ; Clinical quality indicators, 7; 2006

- **Structure: ORGANIZATION**
- **Processes: GUIDELINES**
- **Outcomes: MEASUREMENTS**

E. Marcon, A. Guinet, Ch. Tahon: gestion et performance des systèmes hospitaliers. Hermes-Lavoissier, Paris, 2008, 79-80.



Definitions of quality

- There is very little agreement on what constitutes quality. In its broadest sense, quality is anything that can be **improved**. * M.Imai
- Quality is the **feeling** that something is better than the others ** Steward
- The degree to which health services for individuals increase the likelihood of desired health **outcomes** and are consistent with current **professional knowledge** *** The Institute of Medicine
- Meeting **customer requirements** at a price they are willing to pay. **** Deming.

*M.Imai : Kaizen, The Key to Japan's Competitive Success. McGraw-Hill Publishing Company, NY, St. Louis...1986, xxiii.

**J.L. Demeere, QMDA, Acta Anaesth. Belg.56, 291-296,2005

*** T. Archer, A Maccario,current opinion, 19, 171-176, 2006

**** J.L. Demeere: Kwaliteit in geneeskunde .HUB-EMS: Mangement for medical Specialist, 2011



PERCEPTION !





Patient satisfaction

- Patient satisfaction with anaesthesia is **the balance between expectations and perception** of what was received*
- Communication and concern of the physician*, **, ***

- *Fung et al : Measuring patient satisfaction with anaesthesia care : a review of current methodology. Anesth Analg, 1998, 87; 1089-97
- ** D.Fung, et al : What do outpatients value most in their anaesthesia care? Can J. Anaesth. 48; 12-19, 2001
- *** M.Capuzzo et al : Factors predictive of patient satisfaction with anesthesia. Anesth. Analg : 2007, 105 (2) ; 435- 442



Expectations

- Marketing !
- The common public sense or the comments of relatives
- Patient's curiosity on Internet !
- Mutual insurance (second O !!!)

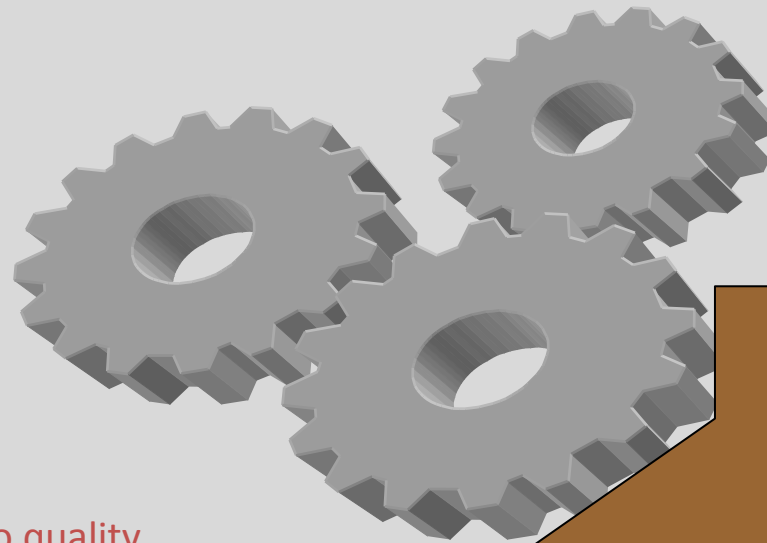
- Professional and medical information
 - Valuable for all urologists
 - Agreement of the mutual insurance
 - Validated by the scientific and professional association



Edward DEMING: PDCA

PLAN

DO



Quality

CHECK

no quality

act



OUTCOME STUDY

N=1493	PACU - %	24h - %
1. Satisfaction	99,67%	97,8 %
2. Nausea	4 %	10,5 %
3. Vomiting	2,2 %	5,2 %
4. Sore throat	0,9 %	11,5%
5. Pain (VAS>3)	6 %	18,9 %
6. Agitation (recovery)	0,8 %	1 %
7. Awakeness during anesthesia	0,1 %	0,3 %
8. Shivering	0,3 %	1,8 %
9. POCD	0,2 %	9,8 %
26/05/2012 10.Drowsiness	0,2 % Dr Jean-Luc Demeere	46,4 %



Summary

- The corner stones of quality
 - The structure: legal and professional duty to have informed consent
 - The organization: guidelines for good practices
 - The outcome: measurements
- PDCA or the basic quality cyclus
- Patient's expectations depend on the patient's information



Conclusions (1)

- Informed consent: YES
- Refusal to use an informed consent: NO, because:
 - Legal rights of the patient to be accurately informed (*RD 22-08-2002*)
 - Professional (deontology) obligation to have a medicine of quality (*patient welfare*)
 - Best practice for medical care accepted by the mutual insurance in a language accessible to all the patients (*customer requirements and willingness to pay*)
 - Uniformity of definition and standardisation of good medical practice defined by the college of medical specialists (*professional current knowledge*)



Conclusion (2)

- Thanks to the BAU
- Thanks to everyone who was concerned in this quality process
- Quality of care is our problem as physicians and for our professional association (VBS-GBS).

Thanks for your attention

