Obtaining consent in the elderly patient

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Consent is a powerful concept. It is versatile, yet vulnerable to conflicting interpretations. Considerable confusion remains among anaesthetists regarding their responsibilities in obtaining consent for anaesthesia. As a result, practice varies enormously between departments, and between individuals within each department. This is particularly the case when ethical difficulties arise, or when emergency surgery is required. Consent also has implications for the enrolment of patients in clinical research. The Association of Anaesthetists of Great Britain and Ireland established a working party in 1999 to examine this thorny issue and to produce guidelines for clinicians.

CASE REPORT

An 80-year-old female is admitted for management of a hip fracture. Her medical history includes anaemia and rheumatic fever in the past. Physical examination reveals a collapsing irregularly irregular pulse of 68 beats per minute, a loud diastolic murmur heard all over the praecordium, a systolic murmur loudest over the apex, coarse crepitations over the right base and a mildly impaired mini mental state examination. The appearance of the chest radiograph is consistent with a right lobar pneumonia. The electrocardiogram demonstrates atrial fibrillation and left ventricular hypertrophy. Echocardiography illustrates aortic regurgitation and mixed mitral valve disease.

The patient's haemoglobin count is 8.2 g/dl with a white cell count of $16x10^9$/litre. Serum creatinine is slightly elevated, consistent with mild renal impairment.

After assessing the patient clinically, the cardiac investigations and laboratory results are reviewed by the anaesthetist. He decides to discuss epidural anaesthesia with the patient. After a brief explanation of the technique, the patient announces that she will not have an epidural anaesthetic under any circumstances. She does not want 'to be awake', or to have any 'back injections'. While the anaesthetist continues to persuade the patient of the benefits of regional anaesthesia, the woman's daughter arrives. She sits in on the remainder of the interview. She then asks to speak to the anaesthetist outside. There, she tells him that her mother is confused and agitated. She agrees to consent on behalf of her mother, as next of kin.

DISCUSSION

This complex clinical scenario illustrates several important problems encountered when consenting patients for anaesthesia. Cognitive impairment, hearing impairment, systemic illness and drug effects may hamper the patient's ability to understand medical explanations, retain information provided and give meaningful consent.

Informed consent means that the material risks of the procedure have been explained to and been understood by the patient. Material risks are those that a 'reasonable' person would expect to be told. If there is doubt on the patient's capacity to refuse treatment, the patient should be formally assessed by the appropriate medical physician, e.g. geriatric medicine, psychiatry, before considering proceeding. Next of kin cannot consent for another adult, although it would seem prudent to communicate clinical decisions with family members (Association of Anaesthetists of Great Britain and Ireland, 1999).

When a patient refuses an aspect of treatment, it is often because the explanation and the manner in which it has been communicated have been limited. Guidelines from the General Medical Council (1999) repeatedly urge doctors to allow adequate time to give clear, detailed information, to discuss the patient's fears, and to answer questions. It is not acceptable to coerce patients into accepting a specific anaesthetic technique (Association of Anaesthetists of Great Britain and Ireland, 1999).

Planning a regional anaesthetic technique in this situation is certainly not erroneous. However, it reflects the fact that anaesthesia must be tailored to the patient's needs – clinical and ethical. A balanced general anaesthetic, conducted with the patient's consent, is more appropriate. The need for blood transfusion should also be discussed. Given this patient's many medical problems, preoperative preparation should include the involvement of senior anaesthetic personnel, medical consultation, optimization in a monitored facility and the provision of a high dependency or intensive care bed for postoperative care. HM

Association of Anaesthetists of Great Britain and Ireland (1999) *Information and Consent for Anaesthesia.* Association of Anaesthetists of Great Britain and Ireland, London

General Medical Council (1999) *Seeking Patients' Consent: the Ethical Considerations.* General Medical Council, London

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