"Just sign here and I think it'll be fine": practical challenges for junior doctors in acquiring surgical informed consent

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Junior doctors in surgical departments (from PGY1 until completion of specialist training) are commonly required to acquire surgical informed consent (SIC), but little is known about the quality of SIC. This study aimed to synthesise known evidence and practical challenges faced by junior doctors on this issue. The authors hypothesised that the quality of SIC performed by junior doctors may be lower than that performed by senior doctors and may not always comply with the legal standards required. The authors conducted a systematic review of all English-language studies published from 1 January 2007 looking at junior doctors (considered to be from PGY1 to the end of specialist training) and any issues or challenges that arose around the acquisition of SIC. Systematic searches were carried out using PubMed, Scopus, and ProQuest, with a total of 20 articles included in the final study. A qualitative synthesis was conducted on the included studies. This presentation focuses on practical issues that arose when junior doctors took SIC from patients. When consenting patients for surgery, doctors should typically explain the illness and surgery itself, any possible complications and risks associated with the surgery (including any material risks), any alternative treatment options, the likely benefits of the surgery, and the likely recovery pathway that the patient will follow. Each of these should be performed to the requisite legal standard, which in Australia includes documentation of all material risks, and be appropriately documented. Junior doctors’ understanding of the legal standards of consent, including both capacity/competence and the concepts of material risk, varied considerably across studies. Documentation and discussion of possible complications in surgery was found to be highly variable within both trainees’ and consultants’ consenting practices. Few junior doctors discussed alternative treatment options, including the possibility of having no treatment; evidence on discussion of benefits and recovery were conflicting. Overall documentation of the SIC process was poor. While junior doctors are commonly responsible for acquiring SIC, the available evidence shows that there are significant practical deficiencies in how they discharge this duty. As a result, SIC acquired by junior doctors may not always comply with the required legal standards, which may open up this cohort, and their hospitals, to legal action.