

Abstract Journal Medico-legal Program

Purpose: In addition to technical surgical skills, the complete surgeon requires skills in communication and consenting patients. This protects patients, hospitals, and doctors themselves, but also promotes best practice. However, surgical informed consent (SIC) is commonly acquired by junior doctors (defined as PGY1 until completion of specialist training). Little is known about the quality of SIC that doctors at this level may acquire. This study aimed to synthesize known evidence on challenges faced by junior doctors on this issue.

Methodology: 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 that arose around acquiring SIC. A qualitative synthesis was then conducted.

Results: 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.

Conclusions: While junior doctors are commonly responsible for acquiring SIC, this study 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 required legal standards, which may open up this cohort, and their hospitals, to legal action.

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**HOW MANY FACTS MAKE AN "INFORMED" PATIENT?
PRACTICAL CHALLENGES FOR JUNIOR DOCTORS IN
ACQUIRING SURGICAL INFORMED CONSENT**

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