

**Solving Persistent Problems
of Informed Consent Law
with Federally Certified
Patient Decision Aids**

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“comforted to
know that his
lawsuit and
suffering had
not been in vain”

Much **smaller**
impact than
anticipated

Roadmap

4 parts

UMT
Failure IC law
PDA solution
Implementing

1

**Unwanted
medical
treatment**

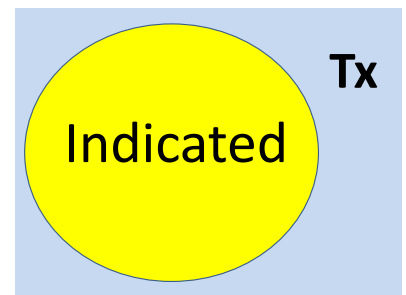
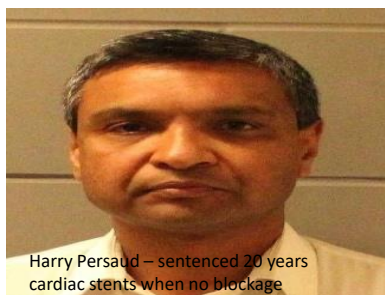
Patient
did **not**
want it

But **got** it
anyway

3 **types**
UMT

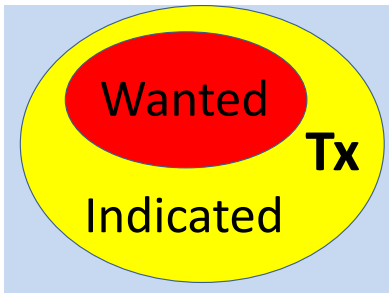
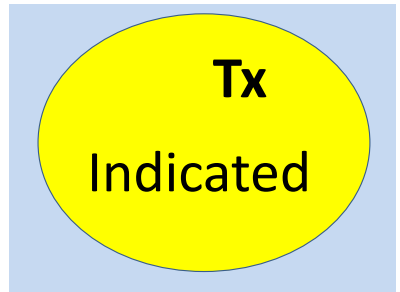
Type **1**
UMT

Not medically
indicated



No patient would want this

Type 2 UMT



Reasonable patient might want this

But . . . this patient does not

2 examples

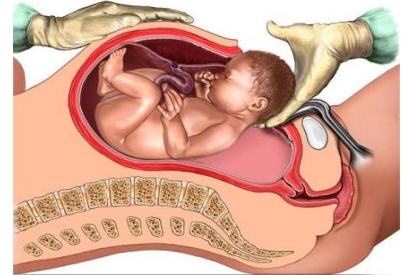


Example 1: advance directives



Doctors
Hospital
Augusta
v.
Alicea
(Ga. 2016)

Example 2: forced cesareans



Crisp, clear,
concrete
UMT

Patient: "No. I do
not want X."

Clinician: Does X

Explicit refusals
only small
fraction of UMT

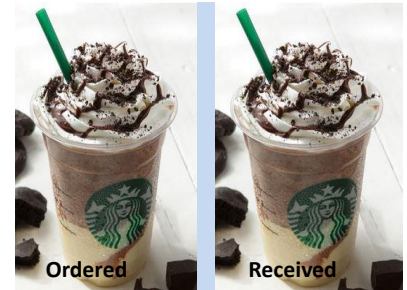
Type **3**
UMT

Most
common
UMT

No rejection
No refusal

Actual
consent

uninformed



I would not have
consented, **if** knew
risks, benefits,
alternatives

2

Failure of
informed
consent

There is a legal
duty to inform



But patients
are seriously
misinformed

Only **5 in 100**
understand
cancer diagnosis

Only **10 in 100**
can answer basic
questions about
their spine surgery



>90%
fail rate



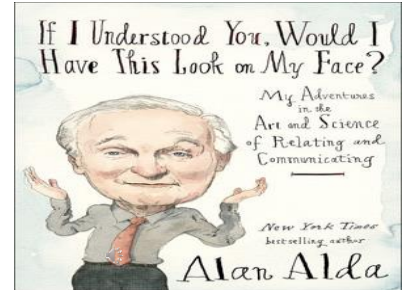
What

Incomplete
Inaccurate
Outdated

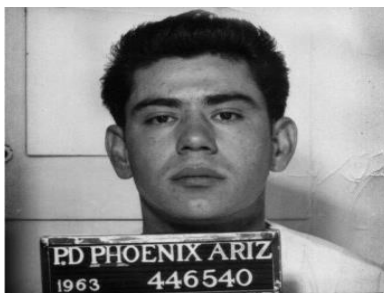
How

Not meaningfully conveyed

Not understood



Informed consent law was not even **designed** to deal with this



Vast numbers of uninformed patients

Deluge of UMT

3

Solution PDAs

Evidence based educational tools



Robust evidence shows PDAs are highly effective

> 130 RCTs

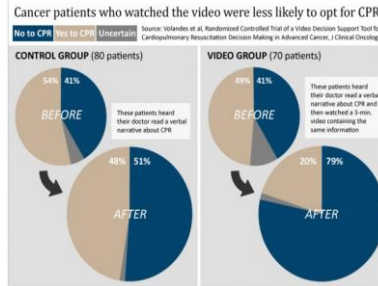
> 30,000 patients
> 50 conditions



- Improve knowledge
- Feel better informed
- Clearer about values
- More accurate expectations
- Value congruent choice

UMT

Informed patients
request **less**
aggressive
treatment



PDA's
reduce
UMT

“paradigmatic
change in
healthcare
delivery”



More graphic
More user friendly
More accessible
More useable

Great
evidence

But **little**
clinical usage

“Promise
remains
elusive”



Move PDAs
from research
to practice

4

Using law to
promote PDAs

	Carrots	Sticks
Liability incentives	Enhanced malpractice protection for using SDM	Expanded malpractice exposure for failing to use SDM
Payment incentives	Medicare Shared Saving Program reimbursement for ACOs using SDM	Medicare and Washington state requirements to use SDM

No
PDA 

Proposed Decision Memo for Screening for Lung Cancer with Low Dose Computed Tomography (LDCT) (CAG-00439N)

Shared decision making, including the use of one or more **decision aids** to include benefits, harms, follow-up diagnostic testing, over-diagnosis, false positive rate, and total radiation exposure;

Proposed Decision Memo for Percutaneous Left Atrial Appendage (LAA) Closure Therapy (CAG-00445N)

A formal, shared decision-making interaction between the patient and provider using an evidence-based **decision tool** in anticoagulation in patients with NVAF must occur prior to LAAC, must be documented in the medical records, must include a discussion of the benefits and harms, must

Widely
varying
quality

Should not
attach legal
consequences

Assure PDA
quality

Certification

Accurate
Complete
Understandable

No bias
No COI



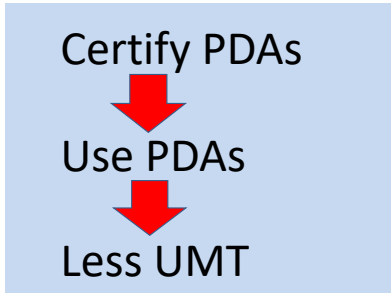
Labor &
Delivery
(2016)

3 prenatal testing
2 birth options
(VBAC, big baby)

Joint
Replacement
& Spine Care
(2017)

End of life (2018)

WA is paving
the way



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