### Health Law: Quality & Liability Prof. Thaddeus Pope

#### Informed Consent -Duty Element



# Informed

## Consent

## (Elements)



#### Duty Breach

#### What to disclose

Did not disclose

Injury

Undisclosed risk happened

#### Causation

With disclosure, would have avoided injury

# **Types of** information to disclose



#### Core complaint:

Physician failed to disclose information



# Risk Karlen in the second seco



#### Inherent risks from proposed treatment

#### Probability

#### Severity



## Alternatives



# Benefits & risks of each alternative

One alternative is doing nothing







# Who will be providing treatment

Including: role of: residents, fellows, students, and others



# Physician experience



#### **Conflicts of interest**

Disclose intent in using patient for research and economic gain



These are just **types** or categories of information



## Doc does not have a duty to disclose all of this



#### What to disclose?

#### Not everything

Can't send patient to med school



#### Risks alternatives

**DUTY** identifies the subset of risks & alternatives to disclose







#### But legally actionable only if physician had a duty to disclose that information



### 2 main tests or measures of duty



# 2 main ways to measure MD duty



## Reasonable

# physician

#### 20+ states



## Reasonable

### patient

### 20+ states



## Which standard applies depends on which state you are in



# Reasonable Patient Standard



## aka "material risk" standard



## Duty measured by patient needs



Duty to disclose what would a reasonable patient consider important / significant in making this treatment decision

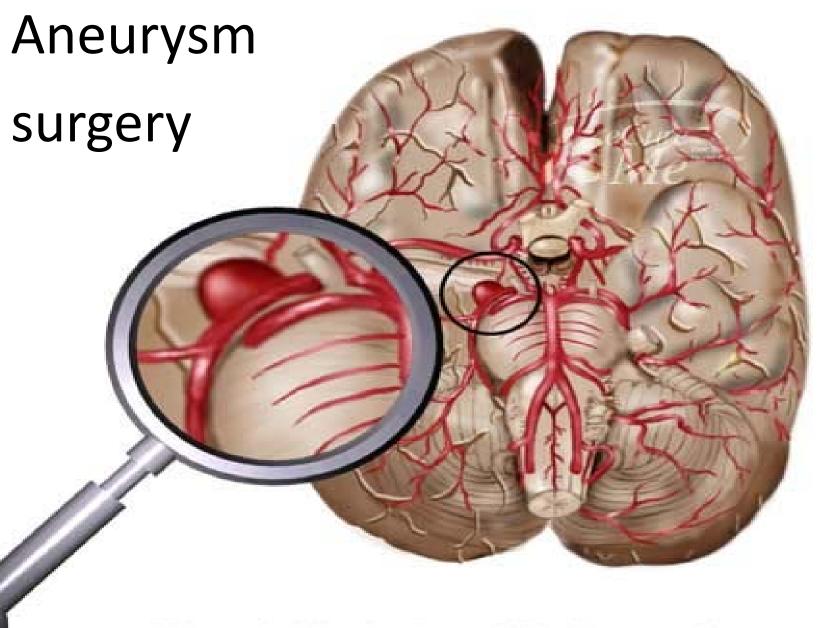


## Johnson

V.

## Kokemoor





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Doc Said	Best in world	Literature	Limited experience
2%	11%	<b>15%</b>	30%



## Canterbury

V.

## Spence



19-year-old Back pain



#### Physician recommends laminectomy

Æ

#### Right procedure

# Performed competently



#### No malpractice



## But inherent nonnegligently caused risk



# 1% risk

# paralysis



## Reasonable prudent patient would want to know that risk



Therefore, physician has duty to disclose it



Duty measured by what hypothetical reasonable patient would deem material, significant in making this treatment decision



# Reasonable Physician Standard



#### aka "professional standard"

#### aka "malpractice standard"



## Duty is measured by professional custom



Duty to disclose what would the reasonable physician have disclosed under the circumstances



Risks, alternatives DEF has duty to disclose

Are those reasonable physician would disclose under circumstances



Custom to not disclose



How do we know what a reasonable physician would disclose

### Expert witnesses



Almost always, PTF needs expert witness to establish the standard of care



### No expert $\rightarrow$ no SOC

### No SOC $\rightarrow$ no breach

### No breach $\rightarrow$ no case



## In any given state, duty is established in just one way



However duty is established, no duty if an exception applies



# Exceptions

# to duty



Even if prima facie duty under reasonable patient or reasonable physician standard, no duty if any 1 of 6 exceptions applies







### Information already known

To this particular patient

Or commonly known







#### Emergency

#### Urgent immediate need

Patient lacks capacity

No opportunity for consent from surrogate

No known objection



#### All 4 elements must be satisfied

(e.g. no transfuse J even if life saving)







### **Therapeutic privilege**

Disclosing risk information would make the patient so upset:

That could not make a rational choice

**That** would materially affect medical condition



CAUTION: Not to be used when you think the patient is making a "stupid" choice







## Waiver

Patient does not want to know (defers to physician)







### **Public Health**

Must treat to protect the community (e.g. infectious disease)







### **CBO clause**

Clinicians can sometimes avoid duty for moral/religious reasons





e.g. Catholic ED after sexual assault



# Diachronic

# Aspect to

Duty



## Not a one-time

## ongoing duty



New clinical circumstances change risks

#### Sufficient

disclosure

Must update disclosure

# Disclose the new alterative / option



#### Contractions – VB now option



Must update disclosure

Kohoutek v. Hafner



v. No baby

#### Cesarean v. VB (but big baby)

