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

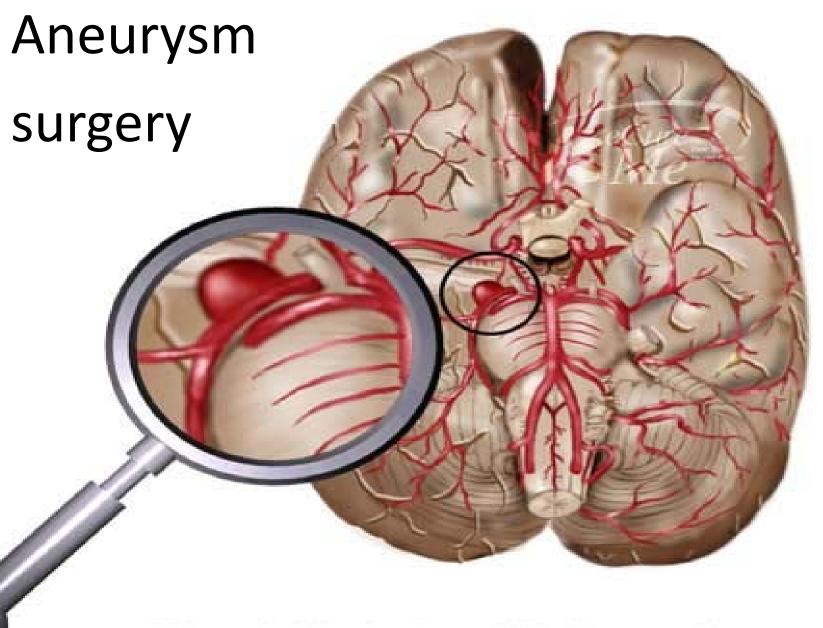


Johnson

V.

Kokemoor





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Doc Said	Best in world	Literature	Limited experience
2%	11%	15%	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)

