

The Hong Kong College of Anaesthesiologists

GUIDELINES ON PROVIDING INFORMATION ABOUT ANAESTHESIA

P17: Guidelines on Providing Information about Anaesthesia (July 1997) Reviewed Feb 2002

A person is entitled to know the implications of an anaesthetic before it is administered, and to seek clarification of any issues, which may be of concern. The person must be free to accept or reject advice.

1. PRINCIPLES

- 1.1 Information about the proposed anaesthesia should be provided in such a way that the particular patient is able to appreciate broadly what the anaesthetic involves.
- 1.2 Where real alternatives exist, anaesthetic options should be outlined, with their advantages and disadvantages.
- 1.3 The patient should be aware of the financial implications of anaesthesia.

2. PRESENTING INFORMATION

- 2.1 Information should be provided during the pre-anaesthetic consultation. Follow-up at a post-operative visit may be indicated.
- 2.2 Information should be communicated in a form the patient is likely to understand.
- 2.3 Basic information about anaesthesia should be provided, even if the patient requests no information.
- 2.4 Questions should be encouraged and answered clearly.
- 2.5 Where the patient clearly does not wish for further information and states this wish, the anaesthesiologist should record this fact in the notes and should not force further information upon the patient.
- 2.6 Where blood products may be required discussion should take place concerning "risks", advantages and alternatives to blood products.

3. RISKS

- 3.1 Known risks should be disclosed when either an adverse outcome is rare but the detriment severe, or an adverse outcome is common but the detriment is slight.
- 3.2 The uncertainty of adverse aspects should be explained, and the difficulty of relating adverse events to the particular patient, depending on age, pre-existing disease and the nature of the surgery (See Appendix).
- 3.3 Discussion of risks should depend upon the anaesthesiologist's assessment of the best anaesthetic technique and drug therapy, the seriousness and nature of the patient's condition, the complexity of anaesthesia, the questions asked by the patient, and the patient's attitude and apparent level of understanding.

4. WITHHOLDING OF INFORMATION

Information should only be withheld on the rare occasion when it is believed the patient's health might be seriously harmed by the information.

5. EMERGENCIES

It may not be possible or sensible to provide information when immediate intervention is necessary to preserve life or prevent serious harm.

6. INCOMPETENT PATIENTS

Adequate information cannot be given to small children, the intellectually disabled, the mentally ill and the unconscious. Appropriate consent must be sought in these situations - e.g. from patients, guardians, or surrogate unless it is an emergency situation. As full an explanation as possible should be given, appropriate to the patient's understanding.

7. RECORDS

A summary of the discussion and of the patient's understanding should be recorded in the patient's anaesthetic record or hospital file.

APPENDIX

Examples of risk might be :

- (a) Common adverse effects of general anaesthesia include fatigue, altered mental state, sleep disturbance, nausea, vomiting, sore throat, bruising from venipuncture.
- (b) Less common, but not rare adverse effects such as awareness or spinal headache.
- (c) Rare adverse effects which are unpredictable, such as anaphylaxis, neurological damage or death in health people.
- (d) Adverse effects which are related to the pre-existing disease, such as death in a patient with recent myocardial infarction undergoing emergency surgery.

(15 July 1997)

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