



Maryland Chapter

AMERICAN COLLEGE OF EMERGENCY PHYSICIANS

Maryland ACEP Chapter Educational Conference & Annual Meeting March 12, 2020

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PRESENTATION

Informed Consent in the Emergency Department

DESCRIPTION

Informed consent is believed to be a core principle of medicine. It is often not achievable in the emergency department setting due to patient stress, complex medical decisions, and time limitations. Clinical practitioners need to be aware of these barriers and ways to deliver the best care possible despite such situations.

OBJECTIVES

- What is informed consent?
- What are some barriers to informed consent?
- Ways to help patients work through medical decisions and make the decision that aligns best with their goals.
- Definition of informed consent.
- Discuss barriers to consent.
- Staying away from paternalistic/maternalistic medicine.
- Discuss ways to deal with barriers to consent.

DISCLOSURE

No significant financial relationships to disclose.



Informed Consent in ED

Mark McNaughton





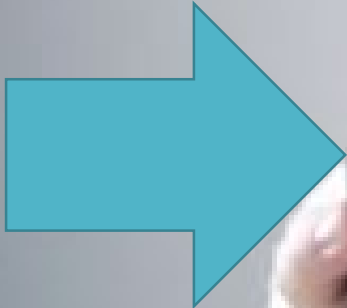
NO





NO

Vodka





Informed consent

In seeking a patient's informed consent (or the consent of the patient's surrogate if the patient lacks decision-making capacity or declines to participate in making decisions), physicians should:

- (a) Assess the patient's ability to understand relevant medical information and the implications of treatment alternatives and to make an independent, voluntary decision.
- (b) Present relevant information accurately and sensitively, in keeping with the patient's preferences for receiving medical information. The physician should include information about:

The diagnosis (when known)

The nature and purpose of recommended interventions

The burdens, risks, and expected benefits of all options, including forgoing treatment

- (c) Document the informed consent conversation and the patient's (or surrogate's) decision in the medical record in some manner. When the patient/surrogate has provided specific written consent, the consent form should be included in the record.



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- 2 That day Sara chose a particularly mucky route adjacent to Willow Creek. Early spring mud squished beneath her boots like clay and splattered brown specks on her jeans. Through the woods close to Willow Creek, Sara heard the creek splashing down the falls. Pale green buds announced the late-arriving spring.



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■ PATHOPHYSIOLOGY

The pathophysiology of anxiety disorder is multifactorial. Certain neurotransmitters, such as γ -aminobutyric acid, norepinephrine, and serotonin, may play a role, as evidenced by the utility of SSRIs and benzodiazepines to treat anxiety disorder. Areas of the brain that are involved in processing anxiety, such as the limbic system, and specifically the amygdala, have been implicated. There appears to be a genetic role, especially in panic disorder,⁶ although it does not seem to be as strong a predictor as in other psychological illnesses. Exposure to stressful events, especially in childhood, is a risk factor for development of anxiety disorder.³⁸ A specific stressful event precedes the development of posttraumatic stress disorder.

...сідло, але їм
...Парубок дбайливо прив'язав
...Але користі від меча зара
...Ерагон почувався
...Неймовірно з лісу його
...у повітря її кружляла над маг
...Неймовірно лис скінчився, її вони по
...до ферми.

...до світу Аїли
...високі в жовтих
...маєток свого лету її поверну
...Неймовірно вона вже зникла
...Дракон мусив так само
...на сіңгу були не в розумі, та
...вперше шляху до свого краю.
...розбігався в різні боки.
...встановити було
...намагаючись



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Full disclosure for procedure involves

1. condition being treated
2. Nature and character of proposed treatment/procedure
3. Anticipated results
4. recognized possible alternative forms
5. serious risks/complications
6. anticipated benefits
7. alternative forms of treatment
8. risks of non treatment
9. personal or economic interests that influence judgment
10. all diagnostic tests that may rule out a possible condition
11. information reasonable person in the patients position may find important first time?





First do no harm





Paternalism/maternalism

Why its bad. What we need to avoid





Overwhelmed from emotional
standpoint



Informational overload



Ways to phrase things in talking to patients

Will fill in a couple of standard communication skills here.



