P12

DO PARENTS WISH TO DISCUSS THE SERIOUS RISKS OF ANAESTHESIA FOR THEIR CHILD?

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Introduction and aims

Following the Montgomery ruling in 2015 the focus of consent has shifted from what a medical professional considers reasonable information to what information a reasonable patient might consider significant. Following this ruling relatively clear guidance on consenting practice for adults was laid out by the GMC, but it is hard to directly relate this to the peadiatric population. Following an unexpected death during anaesthesia for an MRI in 2020, the consenting practice in peadiatric anaesthesia has come into the spotlight with a focus on full informed consent for any procedure under anaesthesia. We wanted to investigate what information a reasonable patient (parent or guardian) wishes to know prior to a general anaesthetic.

Methods

The parents/guardians of all our patients are asked to fill out an online preoperative assessment questionnaire prior to a nurse led telephone consultation. We added an additional, optional question asking 'would you like us to provide you with a detailed description of the rare, but serious risks of general anaesthesia?' with answer options of; yes, no or don't know. Those that answered yes were asked an additional question about the format in which they would like to receive the information.

Results

785 parents chose to answer the optional question. Of these 538 (68.5%) responded no, 201 (25.6%) yes and 46 (5.8%) not sure. Of those that answered yes, 236 responded to the additional question, with 115 (48.7%) preferring a link to a website with additional information, 60 (35.4%) by the anaesthetist on the day of the procedure, 29(12.3%) a leaflet, and 25 (10.6%) by the preoperative assessment nurse over the phone.

Discussion and conclusion

Our results suggest that a majority of parents of peadiatric patients undergoing general anaesthesia do not want detailed information about the serious risks of anaesthesia.

The APAGBI consensus statement on consent (1) which is in turn based on the principles set out in the revised GMC guidance on consent (2), state that when discussing risks you should include; 'recognised risks of harm that you believe anyone in the patient's position would want to know', 'risks of harm and potential benefits that the patient would consider significant for any reason', and 'any risk of serious harm, however unlikely it is to occur.' These documents make the assumption that the majority of parents wish to be fully informed of the risks of general anaesthesia, which our data suggests may not be the case. It is therefore unclear which risks should be discussed and to what level of detail.

References

1) Brennan, Quinn, APA Hot topics SHOULD SERIOUS RISKS OF DEATH AND DISABILITY BE DISCUSSED WITH ALL PAEDIATRIC PATIENTS?, Cited 12/2/23, https://www.apagbi.org.uk/sites/default/files/2022-04/Montgomeryhottopic%2004.04.22.pdf

2) GMC Decision making and consent. 2020 (cited12/2/23). https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/decision-making-and-consent