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Commission for the Accreditation of Birth Centers

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Informed Consent: What Does It Mean and How Is It Accomplished?

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"Informed Consent". This phrase is part of the everyday lexicon throughout healthcare and healthcare related industries. In the broadest sense, this translates to a caregiver telling a patient what could happen, and the patients acknowledging and accepting those risks.

Let's break it down a little further and talk about how this differs from general and implied consent, how to make sure it is attained, and why it is so important when building the trust needed in the caregiver/patient relationships formed through the model of midwife-led care.

> *"Informed consent is a caregiver telling a patient what could happen, and the patient acknowledging and accepting those risks. "*

But first, a history lesson. Although it seems the obvious, and only humane, option to explain to someone what is going to happen with regards to medical care and procedure, sadly, this has not always been the case, and in many areas of the world is still not the norm.

In traditional Indian systems of medicine, *Ayurveda, Siddha,* and *Unani* specifically, we see that, if a procedure could result in serious harm or death, a physician was expected to receive permission to move forward with the treatment, but this permission might come from relatives, members of the patient's community, or even governing officials, but not necessarily the patients themselves.

In Ancient Greece, information given to a patient was largely dependent on social class, with free citizens being afforded the expectation of full explanations from the physicians attending them, whereas slaves were often told nothing about either their medical condition nor the treatments they received.

In the US, women, the poor, and people of color were routinely denied information about their own bodies, health, and the treatment they might be given for almost any medical issue. This, coupled with the societal expectation that one did not question a medical expert, contributed to some very bleak and unconscionable events in the medical history of this country.

The term "Informed Consent" entered the language as early as 1957, coined in the decision of the case Salgo v. Leland Stanford, Jr. University Board of Trustees (1957). The traditional idea of obtaining consent was evolving and it was recognized that there was a duty for physicians to not only obtain consent, but that the patient needed to have access to

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and have disclosed to them, certain types of information, including but not limited to, types of treatment, consequences, success rates, and potential risks. This was a huge step forward for patient rights.

Change did not happen right away, as with many things that challenge the norm, acceptance and implementation of this idea took time. It wasn't until 1972 that Informed Consent became a serious topic of discussion among the academic and medical communities. The Civil Rights and Women's Rights movements brought awareness to areas of society that had been previously pushed into the shadows. And this included that idea that individuals had both the right, and the wherewithal, to be active participants in medical decisions that affected their person.

In 1978, after four years of wrestling with a myriad of concerns regarding medical research that involved human subjects, the U.S. National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research issued *The Belmont Report: Ethical Principles and Guidelines for Research Involving Human Subjects*. The authors of this publication stated, "Respect for persons requires that subjects, to the degree that they are capable, be given the opportunity to choose what shall or shall not happen to them. This opportunity is provided when adequate standards for informed consent are satisfied."

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> -*The Belmont Report: Ethical Principles and Guidelines for Research Involving Human Subjects* (1978)

Just three years later, in 1981, the AMA categorized Informed Consent as "a basic social policy" that was needed if patients were to be able to make their own choices. The concept of Informed Consent continues to evolve as patients are more informed and have more access to medical information than previously known. This makes the trust relationship between provider and patient more critical than ever before, as both must feel the freedom to discuss, with transparency, all aspects of health care and how it will affect the consumer.

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