

Informed Consent

The goal of this session is to better define what constitutes informed consent for image-guided procedures. By the end of the session, participants should be able to define what is meant by informed consent and understand how to obtain appropriate consent in patients scheduled for image-guided procedures.

During the session, we will discuss the following radiology-specific scenarios and think about the following question:

What should you disclose to patients when consenting for an image-guided procedure?

How much detail regarding the procedure, including your level of experience, are you obligated to reveal?

Are there any legal ramifications of how you present the information pertinent to the image-guided procedure?

Case 1: You are on the abdominal interventional service. The nurse in the radiology triage area consents the patient for a CT-guided biopsy of a liver mass. The nurse is not directly involved with the procedure but will be caring for the patient after its completion prior to the patient's discharge from the radiology recovery room. The patient is then transferred to the CT scanner where you are to perform the procedure with the attending.

Is it acceptable for someone other than those performing the procedure to obtain informed consent?

What next steps should you take?

Case 2: A mentally challenged patient is scheduled for an ultrasound guided biopsy of a right breast mass and fine needle aspiration of an abnormal right axillary lymph node. The patient arrives in the radiology department with an assistant.

How do you obtain informed consent?

Is phone consent from the patient's guardian acceptable?

Case 3: A Cape Verdean woman presents for thoracentesis of her left pleural effusion. She does speak a little English, but is not fluent. She brought her daughter with her and would like the daughter to be with her in the room during the procedure.

Should you obtain consent from the patient directly?

Can the daughter help with the consent process? Why or why not?

Case 4: You are on the vascular interventional service and are asked to perform stenting of a stenosis in the left common iliac vein due to a pelvic malignancy. This is your first rotation in IR and this will be your first procedure where you are going to be doing most of the procedure. You are known to be infected with hepatitis C.

As part of the consent process, are you obligated to let the patient know that you are infected with hepatitis C?

Should you let the patient know that this is your first time doing this procedure, and if so, how should you phrase this so not to alarm the patient?

As this is a teaching hospital, does the patient have the right to refuse to let you do the procedure?

Case 5: You are called to perform a percutaneous choleystotomy on an ICU patient. You go to the ICU and describe the procedure along with its risks and benefits to the patient and his family. The procedure is completed successfully, but at the end, you realize that the patient never signed the consent form.

What should you do?