

## INFORMED CONSENT (Originally published May 1975)

The increasing worry over liability and the malpractice nightmare along with proliferating refinements of what constitutes adequate “informed consent” continue to plague the practicing physician, and particularly the surgeon. Today we seem to be practicing almost as much law as medicine. It is common now in some areas to view all new—and some old—patients as possible litigants and, prior to any interview or proposed course of treatment, to turn on the pocket or desk tape recorder, of course, after first informing the patient that anything said may someday turn up in court.

It used to be, on finding some pelvic pathology that fit the recognized indications for hysterectomy, the gynecologist would tell the patient she needed the operation. The patient would then either weep at the thought and say that she would let him know later, or jump at the opportunity and ask if it could be done next week. In any event, there was little fuss, the dialog was simple, the confusion minimal, and the arrangement soon concluded one way or another. But, alas, today the simple contract is outmoded. We are told that the patient must be fully informed, not only about the details of the operation and its consequences, but also about possible complications.

In the mail recently was a standardized form sent out by an alert and opportunistic firm, *In-forms, Inc.*, offering an information sheet for the prospective gynecologic victim. It is reproduced in part below.

### PROCEDURE: ABDOMINAL HYSTERECTOMY

Your doctor has determined that for medical reasons it is necessary to remove your uterus or “womb.” This operation is called a hysterectomy; and if you have the operation, your doctor plans to carry out the surgery through a surgical cut in the lower part of your abdomen or “belly.” There are various risks and side effects to this operation about which you should be informed. If you are of child-bearing age, you should know that this operation will make you sterile and utterly and permanently unable to become pregnant or bear children. Complications from hysterectomy operations are uncommon, but they do sometimes occur. Your doctor can make no guarantee as to the results that might be obtained from this operation.

Some of the possible complications of hysterectomy operations are: bleeding; infection; generalized disease and inflammation of the lining of the belly; damage to the intestines; bowel obstruction or “locked bowels;” damage to the urinary system; the formation of abnormal

connections between the intestines, the urinary system, the vagina and the skin; hernia or “rupture” developing at the sight of the surgical cut into the belly or into the vagina; persistent pain in the pelvic area; pain during intercourse; damage to the nerves going to the legs, causing weakness, numbness and pain in the thighs, legs and feet; pneumonia; blood clots in the legs and lungs and heart attacks.

Some of the complications of this operation can require further major surgery. Some of the complications can cause unsightly and painful scars, draining wounds, the need for blood transfusions and permanent deformity and inconvenience. Very rarely, some of the complications can even be fatal. There are also other possible complications from this operation in addition to the ones that have been mentioned. However, it is not possible to advise you of every imaginable complication. The purpose of this form is not to frighten or upset you. The bad complications referred to are very unlikely. The purpose of this form is merely to ensure that your decision to have your womb removed is not made in ignorance of the risks and side effects of this type of operation.

There are also convenient spaces for the doctor to fill in additional risks and complications not covered by the form. We suppose that other disasters, like falling off the operating table or out of the hospital bed with resulting concussion and fractures of any and all bones, along with fires, hurricanes, tornados or plane crashes demolishing the hospital, and certainly post-operative psychoses and permanent insanity ought to be included.

Hysterectomy, we gather, is not for the timid. It would require a stoic, brave and well-adjusted woman to digest such a listing with equanimity and still agree to womb-removal. We’re not sure, but it does not seem probable that everyone—patients, families, hospitals, doctors (with some lawyers possibly excepted)—was much happier forty years ago when, faced with some unexpected medical calamity, it was accepted trustfully, in sorrow and understanding, and attributed to “the will of God.”