Peoples-uni Open Online Courses

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Online Ethics Course

Topic 5: Understanding risk and questions of disclosure

Intended learning outcomes

After completing the topic, learners should be able to:

1. Explain why the ethics of risk is important to patient care
2. Understand the importance of risk communication and disclosure in the context of patient care

Terminology 1

Risk

a) an ethical, legal and social construct important for weighing risks, burdens and benefits (e.g., in relating to an intervention) [see topic 3]

b) a scientific construct linked to the probability and severity of a range of possible outcomes, both adverse and intended, and often expressed as a percentage

Terminology 2

Risk management

A formal method for minimising patient harm caused by human error and/or poor quality care, such as hospital-acquired infection, systems failures or clinical negligence

Risk disclosure

Information that needs to be revealed to maximise patient autonomy and allow patients the opportunity to make an informed decision [see topic 2]

Data and evidence 1

- Data on risk can be misleading
  - e.g., to say that a particular intervention carries an 10% of failure may not be evidence-based and could be an over-simplification
  - data could be referring to an individual doctor, a team, a hospital, a system, national data or best medical science, each and all of which could be relevant
  - When patient comorbidities are factored in, the picture can become even more confused

Data and evidence 2

- Medical science is complex and available information may be a best estimate, based on probability
- However, information is better than *no* information, and analogy is often a good way to present the science, referring to something that a patient understands (*e.g., 'suppose that 10 people have the same problem and they all have this treatment, 1 of them could suffer a serious complication, so overall there is 90% chance of success*

Consent 1

- Patients can only give meaningful consent to an invention such as surgery if they understand what it entails (*i.e., what could go wrong and how likely it is that this would happen*)
- A 10% risk of death may seem a high probability, but doing nothing could present the greater risk

Consent 2

- Patients need to know the difference between the likelihood of something happening, including how serious that complication could be, and what could happen if the condition is left untreated
- For a valid consent, you should test the patient's understanding; however, remember that patients are not always rational when it comes making personal decisions [see topic 2]

Rationality 1

- For instance, is it rational for a patient to refuse drug treatment because of an outside chance of an adverse reaction compared to an increased risk of death or significant harm from doing nothing?
- In non-emergencies, time needs to be made available in the consultation in order to talk this through

Rationality 2

- An irrational decision is probably a bad decision; nonetheless, it is still the (competent) patient's decision to make, not the doctor's
- The ethics require you to try to ensure that the patient understands the consequence of a decision, irrespective of whether or not you (the doctor) agree with it

Legal defence 1

- Defensive practice can sometimes lead to patients having more or less interventions than they might otherwise need; however, it can also promote a culture of 'playing safe', which could be beneficial
- The legal definition of what constitutes negligent care varies, and case law continues to evolve [*e.g., Fernandes v. Portugal (European Ct. of Human Rights), and Montgomery v. Lanarkshire (UK Supreme Ct), both in 2015*] (see topic 9)

Legal defence 2

- Doctors are often mindful of the need to avoid getting sued; this mind-set may or may not be in the *patient's* best interests
- If patients receive good quality care, the question does not arise, but if the standard of care is sub-optimal, the issue is whether or not medical staff gave the best care in the circumstances, or showed disregard for patient safety and well-being

Reading suggestions

- WHO, *Understanding and managing clinical risk*, World Health Organisation, 2011. http://www.who.int/patientsafety/education/curriculum/who_mc_topic-6.pdf
- WHO, *Handbook for good clinical research practice* (See pp. 42-47). World Health Organisation, 2002. http://apps.who.int/prequal/info_general/documents/GCP/gcp1.pdf
- General Medical Council (UK). *Consent guidance: discussing side-effects, complications and other risks,* 2008. http://www.gmc-uk.org/guidance/ethical_guidance/consent_guidance_discussing_side_effects_and_complications.asp

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