

Shared Decision Making and Total Hip Replacement Towards the New Paradigm

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Academy



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Beacon Hospital

THIS IS MODERN MEDICINE

TOTAL KNEE REPLACEMENT *left knee*

- I confirm that I have explained to the patient, parent or their legal guardian, the nature of the above investigations, treatment and / or operation including the benefits, associated risks, appropriate alternatives and possible results of non-treatment and potential complications.
- I confirm that I have explained the use of sedation, or regional / general anaesthesia for the purpose of this procedure, operation or treatment.

CONSENT FOR TRANSFUSION OF BLOOD / BLOOD COMPONENTS / PRODUCTS

- I confirm that I have explained that a transfusion of blood / blood components / blood products may be needed during the operation or procedure.
- I confirm that I have discussed / explained to the patient, parent or legal guardian, the risks, potential benefits, possible alternatives to transfusion of blood / blood components / products.
- I confirm that I have also discussed / explained the right to refuse transfusion and the associated risks of refusal (Please refer to Lab.5 - 'Guidelines for the Management of Patients Who Refuse Transfusion' - for further guidance).

Doctors Additional Comments (Please use medical notes when necessary)

Risks Discussed: ☒

DVT / PULMONARY EMBOLISM

KELOID SCAR

Signed: *X*

INFECTION (WOUND / DEEP)

TRANSFUSION

Date: *08/01/2021*

ARTHROFIBROSIS

INABILITY TO KNEEL

TM DISLOCATION

IMPLANT LOOSENING / FAILURE

BURSITIS

PERONEAL NERVE PALSY (VALGUS KNEE)

HYPERSENSITIVITY / NUMBNESS

DOCTOR'S SIGNATURE: *[Signature]*

IMC#

018425



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CONSENT FORM

SECTION TWO- FOR COMPLETION BY PATIENT (OR PARENT / LEGAL GUARDIAN) AFTER SECTION ONE HAS BEEN COMPLETED BY DOCTOR

- I confirm that the nature of proposed investigations, treatment and / or operation, including the benefits, associated risks, appropriate alternatives and possible results of non-treatment and potential complications have been explained to me.
- I have checked the details on this form and confirm they are accurate.
- I agree with the use of sedation, or regional / general anaesthesia for the purpose of this procedure, operation or treatment.
- I understand that x-rays, photographs or digital recordings may be taken before during or after the operation or procedure, and that they will form part of my medical record. I understand that my details will be kept confidential.
- It has been explained to me and I agree that tissue samples, fluids, organs or part thereof removed of necessity during the procedure may be retained for teaching / educational purposes in accordance with hospital procedures.
- I also understand that any procedure in addition to that described on this form will only be carried out if it is urgent and required without any opportunity to discuss it with me.
- I understand that I may withdraw my consent at any time by notifying the doctor involved.
- I understand that I have the right to seek a second opinion.

CONSENT FOR TRANSFUSION OF BLOOD / BLOOD COMPONENTS / PRODUCTS

- I understand that a transfusion of blood / blood components / blood products may be needed during the operation or procedure.
- I understand the risks, potential benefits and possible alternatives to transfusion of blood / blood components / products that have been explained to me.
- I also understand my right to refuse transfusion and the associated risks of refusal.

Patients (Or Parent's / Legal Guardian's) Additional Comments:

SIGNATURE OF PATIENT / PARENT / GUARDIAN: *X*

Delete as Appropriate

DATE:

31/01/2021

Principles of Informed Consent

- Capacity
- Disclosure
- Comprehension
- Voluntary

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Doctors Additional Comments (Please use medical notes when necessary)

Risks Discussed: ☒ *DTT / PULMONARY EMBOLISM* *KELOID SCAR*

Signed: *X* *INFECTION (WOUND / DEEP)* *TRANSFUSION*

Date: *08/01/2021* *ARTHROFIBROSIS* *INABILITY TO KNEEL*

TM *DISLOCATION* *IMPLANT LOOSENING / FAILURE* *BURSITIS*

PERONEAL NERVE PALS (VALGUS KNEE) *HYPERSENSITIVITY / NUMBNESS*

DOCTOR'S SIGNATURE: *[Signature]* IMC# *018425*

GMC Guidelines

- Process should take approximately 40 minutes
- Should be based on at least 2 consultations
- Should be completed prior to admission to hospital





■ SPECIALTY UPDATE

Informed consent

WHERE ARE WE IN 2015?

M. A. Foy

*From Ridgeway
Hospital, Wroughton
and Great Western
Hospital, Swindon,
United Kingdom*

A recent Supreme Court ruling in the United Kingdom has significantly altered the emphasis of informed consent, moving from a historically 'doctor-focused' to a more 'patient-focused' approach, in line with the situation in other international jurisdictions.

The reasons for the change are discussed with some recommendations about how our attitudes need to change in the future.

Cite this article: *Bone Joint J* 2015;97-B:1159–61.

Montgomery Vs Lanarkshire Health Board

- Diabetic woman who had obstructed labour due to shoulder dystocia
- Delivered son with severe disabilities
- 9-10% risk of shoulder dystocia during vaginal delivery in diabetic mothers
- More likely to have large babies
- However risk of complications exceptionally low
- Policy of obstetrician not to inform of the risk as this would encourage CS
- Courts initially found in favour of defendants
 - Bolam test
 - In order for risk to be significant it must carry a grave risk of substantial adverse consequences
- Overturned in Supreme Court in favour of plaintiff

grave risk and how the interpretation of each may differ between clinicians and patients, or among clinicians. It reflects upon the evolving nature of the doctor/patient relationship. It is noted that patients are now widely regarded as consumers exercising choices and no longer as “passive recipients of the care of the medical profession”. It considers how, in the 21st century, patients are able to access a wide range of data on their condition and treatment from the internet.

willing to run (a decision that may be influenced by non-medical considerations). Responsibility for determining the nature and extent of a person's rights rests with the Courts, not with the medical professions".¹⁰

High Court of Australia in *Rogers v Whitaker*.⁷ Therefore, it is no longer a defence of the quality of advice given to a patient before a procedure to rely on the fact that a reasonable and competent body of similarly qualified and experienced practitioners would have given similar advice.

Supreme Court Ruling

- The doctor is entitled to withhold information if he believes that it would be detrimental to the patient's health. This is the "therapeutic exception", which should not be abused and should only very rarely be necessary.

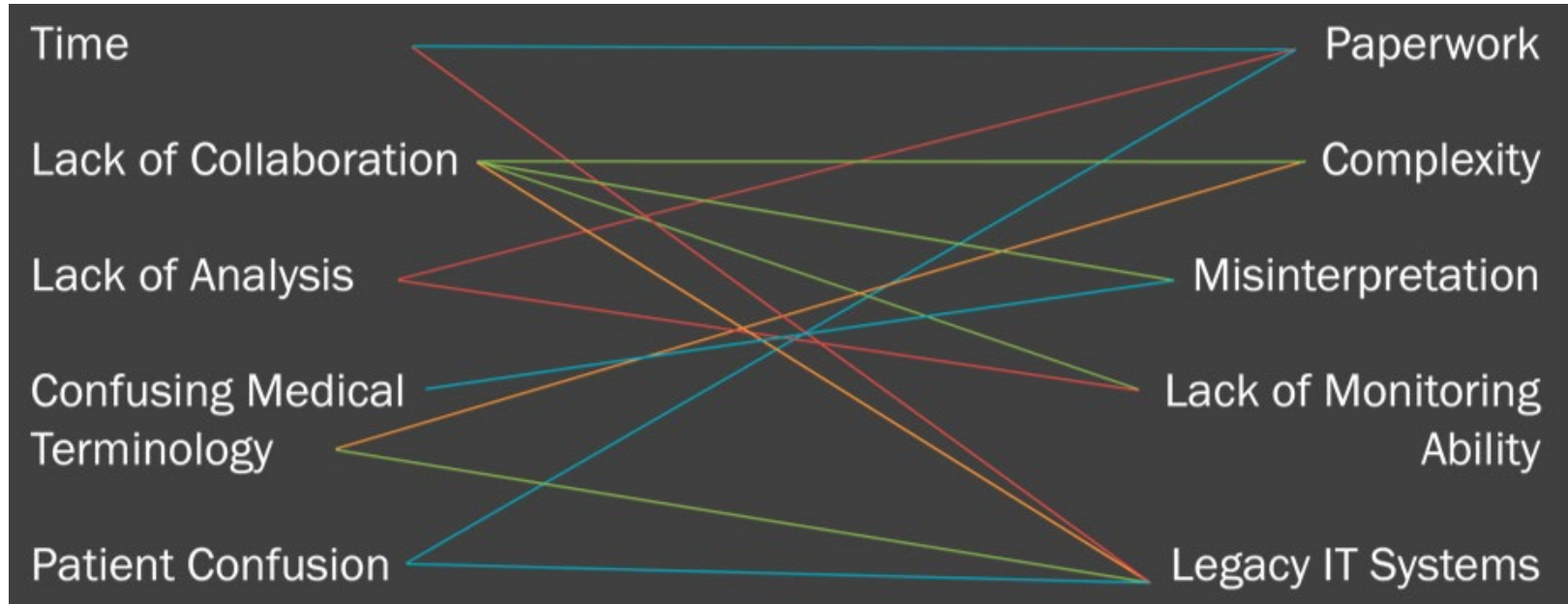
- It is not sufficient simply to reduce a risk to percentages. "The significance of a given risk is likely to reflect a variety of factors besides its magnitude".

- The surgeon's role involves dialogue including a clear risk/benefit analysis of the proposed treatment and any reasonable alternatives that are available. "The doctor's duty is not fulfilled by bombarding the patient with technical information that they cannot reasonably be expected to grasp, let alone by routinely demanding their signature on a consent form".

Onamasticon Issue

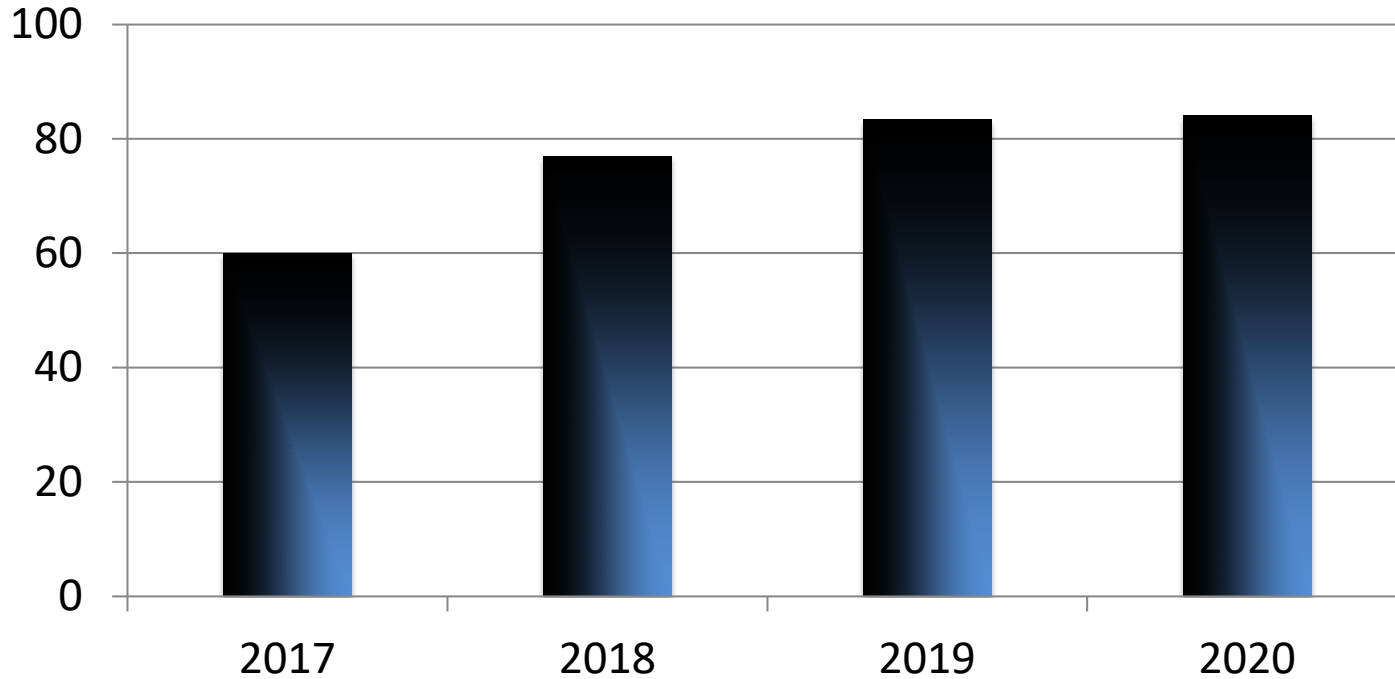
- Patients typically have once off encounter with doctor.
- Communication issue around the use of medical terminology.
- Patients asked to read and sign literature that does not provide an interactive sequential process explaining the upcoming procedure.
- Litigation lawyers isolate what information was NOT correctly conveyed.
- Doctors are time constricted – don't have time to educate patients fully.

Litigation Lawyer's Dream



Effect on Litigation - NHS

Billions



Cost of Damages

Anatomy of a Settled Claim

Table 3. Individual diagnoses for settled/closed claims

Type of Injury	Claims settled
Dissatisfaction	52.2%
Damage to limbs	19.0%
Neurological injury	9.2%
Pressure sores	3.0%
Death	2.8%
Infection	2.2%
Burns and bruising	1.6%
Tendon injury	1.5%
Scar-related issues	1.5%
Miscellaneous	1.5%
VTE	1.4%
Visceral injury	0.9%
Compartment syndrome	0.6%
Medical complications	0.5%
Psychiatric issues	0.5%
Anaesthetic issues	0.4%
Arterial injury	0.2%

Future of Informed Consent

- Use consent process to reduce risk of litigation?
- Can we improve patient experience?
- Can we simplify process to enhance comprehension?
- Can this have positive effect on outcomes for patients?
- Positive outcome for practice?

Future of Informed Consent



Future of Informed Consent

- Shared Decision Making (SDM)
- Use of Technology

Shared Decision Making (SDM)

- Clear, accurate and unbiased information
- Conveyed using expert communication to inform decisions tailored to the patient's preferences, values, and needs

Shared Decision Making (SDM) – Why?

- Well-informed patients jointly agreeing upon treatments with their surgeon are shown to achieve improved health outcomes and greater satisfaction

25. Sepucha KR, Atlas SJ, Chang Y, et al. Informed, patient-centered decisions associated with better health outcomes in orthopedics: prospective cohort study. *Med Decis Making*. 2018;38(8):1018-1026. <https://doi.org/10.1177/0272989X18801308>.

SPECIAL ISSUE REVIEW

Journal of
Orthopaedic
Research®

Advanced decision-making using patient-reported outcome measures in total joint replacement

Prakash Jayakumar MD, PhD  | Kevin J. Bozic MD, MBA 

Shared Decision Making (SDM) – Why?

- More trust in surgeon
- Better comprehension

ORIGINAL ARTICLE

Validation of the Trust in the Surgical Decision Scale

Suzanne Brodney, PhD,✉ Karen Sepucha, PhD,† Floyd J. Fowler Jr, PhD,‡
K. D. Valentine, PhD,† and Michael J. Barry, MD**

Clin Orthop Relat Res (2022) 480:82-91
DOI 10.1097/CORR.0000000000001920

Clinical Orthopaedics
and Related Research®
A Publication of The Association of Bone and Joint Surgeons*

Clinical Research

Is Shared Decision-making Associated with Better Patient-reported Outcomes? A Longitudinal Study of Patients Undergoing Total Joint Arthroplasty

Ella A. Chrenka MS¹, Leif I. Solberg MD¹, Stephen E. Asche MA¹, Steven P. Dehmer PhD¹,
Jeanette Y. Ziegenfuss PhD¹, Robin R. Whitebird PhD¹, Christine K. Norton MA¹, Megan Reams MA¹,
Paul G. Johnson MD¹, Glyn Elwyn MB BCh²

Shared Decision Making (SDM) – Why?

- Renumeration
 - USA
 - Cardiothoracic surgery
 - Spinal Surgery
- Policy



Contents lists available at [ScienceDirect](#)

Injury

journal homepage: www.elsevier.com/locate/injury



Getting animated about trauma – Using video animation as part of informed consent



P.M. Reynolds^{a,*}, A. Mostafa^b, M. Butler^b, R.G. Middleton^b

^a University Hospital Plymouth, Plymouth, UK

^b Royal Cornwall Hospital, Truro, UK

Shared Decision Making (SDM) – How? Use of Technology

- PROs
- Use of powerful software performing sophisticated analysis (Machine Learning)
- Using ML algorithms built from large datasets, predictive analytics generate patient-specific *benefit:risk* ratios
- Patients provided with “education module”
- Brief quiz included to assess comprehension
- Then patients select ratings on a “values module”

Patient Benefits

- Personalised Health and Care 2020

[5] Personalised Health and Care 2020 - Using Data and Technology to Transform Outcomes for Patients and Citizens; A Framework for Action, HM Government National Information Board, November 2014.

- Care that is patient-centred, personalized and co-ordinated

[6] Five Year Forward View, NHS England, October 2014.

Patient Benefits

- Animation improves recall of information
- Reduces anxiety

Zhang MH, Haq ZU, Braithwaite EM, Simon NC, Riaz KM. A randomized, controlled trial of video supplementation on the cataract surgery informed consent process. *Graefes Arch Clin Exp Ophthalmol* 2019 May 30. doi:[10.1007/s00417-019-04372-5](https://doi.org/10.1007/s00417-019-04372-5).

Practice Benefits

- Reduced consultation time
- Improved patient satisfaction

Baenninger PB, Faes L, Kaufmann C, Reichmuth V, Bachmann LM, Thiel MA. Efficiency of video-presented information about excimer laser treatment on ametropic patients' knowledge and satisfaction with the informed consent process. *J Cataract Refract Surg* 2018;44(12):1426–30 DecEpub 2018 Sep 28.PMID: 30274848. doi:[10.1016/j.jcrs.2018.07.052](https://doi.org/10.1016/j.jcrs.2018.07.052).

Pallett AC, Nguyen BT, Klein NM, Phippen N, Miller CR, Barnett JC. A randomized controlled trial to determine whether a video presentation improves informed consent for hysterectomy. *Am J Obstet Gynecol* 2018;219(3) Jun 28 Epub 2018, 277.e1–277.e7. doi:[10.1016/j.ajog.2018.06.016](https://doi.org/10.1016/j.ajog.2018.06.016).

End Result



Conclusion

- Informed consent anachronistic
- SDM new paradigm
- Dynamic process rather than isolated event
- *Purpose of formal consent is NOT to improve recall of information but to involve the patient in a SDM process in which treatment alternatives and potential risks and benefits are clearly explained*
- Technology will play a key role

Thank you