Editorial

Consent in Obstetric and Gynaecological Practice

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Informed consent is the foundation of medical practice. It is suggested that a strong, summarize and structured explanation of the problem and the procedural details were given prior to the procedure. Consent for elective procedures is taken in advance.[1] Obtaining consent in emergency situations presents challenges, which must be addressed so that it can be applied in all case with consistent standard of care.

The unique circumstances encountered in the labour ward and acute gynaecology care settings include:

1. Women who have little or no previous antenatal experience and exposure to labour ward procedures, protocols, and emergencies.
2. Women are often of humble educational background (have difficulty in understanding, establishing rapport is difficult)
3. Usually are unaware of the complexities of obstetric problems and gynaecological emergencies.
4. The need to take consent intra-partum in an emergency because emergencies can be growing rapidly and without indicating.
5. A woman may be stressed, anxious, in pain or may have had parenteral opioid analgesia and unable to think clear.
6. Emergencies may require quick, decisive action to save a life (where time is of the essence) - maternal collapse; uterine rupture; massive haemorrhage; obstructed labour.
7. The need to act in maternal interest as in maternal collapse and maternal resuscitation. Maternal health takes superiority even if it results in fetal demise.
8. The woman could be unconscious as in Eclampsia.
9. There may be relatives who have a say in decision making

Consent is said to be valid[2,3,4] if accorded voluntarily and not under duress when the patient has been given complete information and the patient does not lack the capacity to think.[4] When confronted with a patient who cannot speak English or the local language, professional interpreters should be employed. Consent must be recorded on a consent form and attached with the patient Documents. If the patient is unconscious; doctors should act in the best interest of the patient to save a life.

References

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