

Dr. Mike Racich – Be Informed About Informed Consent

Dr. O'Keefe: I am delighted to welcome back Dr. Mike Racich of Vancouver, a frequent contributor to CDA Oasis. Today he's going to open a conversation on his perspectives about informed consent and how to obtain it.

Dr. Racich: Welcome. It's Mike Racich, great to be with everybody again. Today I'm going to speak a little on informed consent. What forms do I use and where can we get these? but a little bit more about informed consent as well as we'll go through a few shorts slides with you and explore a few concepts. So, what is informed consent? Let's start with evidence-based health care. Evidence-based healthcare is that delicious mix of the evidence plus patient values and plus team values. And all three of these have to be in harmony in order to really be practicing true evidence-based care. In other words, the evidence is only one third of the whole equation and the patient values and the team values have to be probably more in sync with everything then just the evidence alone. So ultimately, as you can see on this Venn diagram on the slide, ultimately, we want that green zone in the middle there to be really practicing true evidence-based care.

Dr. Racich: Informed choice. We get from practicing evidence-based care and what inform choice is we inform the patient and then we get the patient to choose their option after we've gone through the process of evidence-based care, evidence-based care, once being, once again be looking at the evidence, summarizing the evidence for the patient and then the team and the patient being in sync with their values. For example, if a patient does not want amalgams and the team wants to do amalgam restorations only there's a disconnect. So regardless of what the evidence says, you know, evidence-based methodology is not going to be adequately performed. When it comes to informed consent or informed choice, it's up to the dental team and particularly the doctor, i.e. dentist, to actually interact with the patient and actually give the options to the patient.

Dr. Racich: And once again, the no treatment is an option. So, all the options have to be laid out for the patient. So, as you can see on the screen here, I just listed right from the college of dental surgeons in British Columbia, their guidelines or some of their suggestions on how a team might want to go about getting informed choice from the patient. Does the patient understand all the choices? Does the patient understand all the treatment procedures? Does the patient understand all the treatment limitations? Has everything kept up to date as treatment progresses, especially in a long treatment plan? Is it a verbal or written consent? In British Columbia, verbal consent is acceptable as long as it's written down in the patient's charts. Is any documentation that's been presented to the patient signed by all stakeholders? And has the patient at the end of the day actually given consent to the care that's going to be provided for them?

Dr. Racich: Informed consent is not obtained at the chair just before procedure is going to be done. Informed consent is a process that the patient has to go through in order to thereby feel comfortable and not pressured into giving their choice for the type of treatment they want. So, for example, what I do is I'm uncomfortable with having a patient sign a document before at the day of treatment. It's always done at least one appointment before. So, when the patient comes in, you can quickly review what we've agreed to and the patient gives us their consent to go ahead and proceed with treatment. Please note, and I want to emphasize this. Please note anything that's said verbally needs to be documented. So verbal consent, verbal, okay needs to be documented by one of the team members, usually the certified dental assistant, but it could be the doctor as well. That could be writing down the notes and verifying what was going on at chairside as well.

Dr. Racich: That all being said, what is an ideal treatment plan? To me, an ideal treatment plan is what a person chooses after transparent, thorough, informed discussions have occurred by all the stakeholders. An ideal treatment plan is never solely dental team orchestrated. I cringe when I get a referral letter. For example, let's say we refer to one of the dental specialties and in that letter the word 'ideal' will be said in that letter like this is the ideal treatment. No, it's not. What the ideal treatment is what the patient wants after informed discussions have gone on and they have made a choice. What the team has to decide is whether that patient's choice is whether what they're comfortable as well. So, I'm either comfortable or uncomfortable proceeding with whatever the patient has chosen. So, for example, let's say the patient chooses a restorative material that I'm not comfortable providing for them in that situation.

Dr. Racich: We've gone through the whole process, we've explained everything to the patient. At the end of the day, the patient made a choice, well the team has a choice or a responsibility to make too and that they have to be either comfortable or uncomfortable with proceeding with whatever the patient has chosen. This is what we mean by informed consent and this is what we mean by evidence-based dental methodology. This is the standard of care nowadays. It is not a guideline. This is the standard of care and all teams, all dental teams, all stakeholders have to be providing this level of professionalism and service to anybody that comes to their offices for professional dental care.

Dr. Racich: So how do we do it? Pretty straight forward nowadays, smartphones, smart people, smart phone. Well guess what? We do smart things. So how do we go about it? How do we go about looking at the evidence? It's really not that difficult. The two main databases that I use are either PubMed or we use Google. I sometimes will go to Google, we'll type in some keywords and Voila, up will come some articles. Where do those articles usually come from? PubMed and PubMed is the laboratory database of one of the government agencies in the United States. And most of the scientific journals, dental journals

will be found on PubMed. That's the peer reviewed ones. So once again, you just go into PubMed, go into whatever browser you have, type in the word of PubMed. And then in the search box, always put the word review as the graphic shows to the left of the screen there.

Dr. Racich:

We want the review articles. It's not, we're not saying that the articles at the bottom of this list here, expert opinion, animal studies aren't valid. It just that if somebody has actually gone through or somebodies have actually gone through the databases and they'd actually reviewed all the evidence on a particular subject matter, it's more than likely that that is going to have a lot more validity both scientifically and clinically in terms of giving weight to whether one should proceed with a material or a certain technique or and whatnot in providing care for our patients. So, it's very straightforward. Go to PubMed, type in review and type in whatever other terms you feel are important. We can get a little bit more sophisticated than that, but over time, PubMed has come out with different algorithms to simplify the process so that even somebody like myself can just go in there and type in a few key terms and a lot of very, very good relevant articles, again, most of them will be reviewed, will come up on the screen and then we can go in and the abstracts are provided, which give very good, strong conclusions in the vast majority of the time.

Dr. Racich:

So, what about consent forms? Where do we get them? I went on Google or PubMed, I can't remember what source and just type in the words dental consent forms. And this is what came up. And the problem with these consent forms is somebody has drafted them, and it may or may not be custom enough for this specific situation that I'll be getting into with my patient, depending on what the level of care is. We need something a little bit better than this. This is potentially dangerous. I'll give you an example. Let's say that I'm going to perform a lower mandibular implant, let's say on their right side, and if I have a standard consent form, implant consent form that's trying to cover all the bases, it might be talking about doing sinus augmentation. Well, if I don't customize that form and I have the patient sign it, what's sinus augmentation and complications that can go from and sinus augmentation got to do with the implant on the mandibular right? I mean it's ridiculous. It's ludicrous. Obviously, I did not talk to the patient about a maxillary sinus augmentation. So, one has to be very careful with standard forms that one can get on the internet or purchase various companies out there. At the end of the day, the dental team has to be responsible for what's on there. And I would strongly suggest that any consent form that the team has is in a simple document like a word document that can easily be customized in minutes to the patient specific situation so that it's customized and appropriate for whatever's been decided by all the stakeholders.

Dr. Racich:

A good old acronym to follow in any of our records is SOAP, subjective objective assessment and plan and prognosis. So, what does that mean? Subjective

means the patient comes in and this is their chief concern. Objective is we look in the mouth for example, tooth, caries, whatever and we write down our findings. Assessment needs, differential diagnosis. There's somebody comes in with the carious tooth, there are options: is it just caries, is it incipient caries? Is it tooth sensitivity? Is it deep caries? Is it a pulp exposure? And so on, there's a differential diagnosis that goes on. And then lastly there has to be a plan and prognosis. The plan is various alternatives and the prognosis should be gleaned a little bit to each option that has been entertained by all the stakeholders.

Dr. Racich: The form in front of you is one that I just downloaded from the College of Dental Surgeons. No, actually it's from the BC Dental Association and it's just kind of a standard form that's recommended. And as you clearly see there, there's not a lot of boxes to check here. And what they're encouraging with this form is for the dental team to use, possibly the SOAP protocol to make sure that the subjective objective assessment and plan and prognosis are being entertained. A more sophisticated one that I'm showing to you right now is actually based on an article. You can see the reference at the bottom of the screen, it was in the Canadian Dental Journal a number of years ago and the author is a pediatric dentist who also happens to be a lawyer. And this is the form that she uses in her clinic, or at least was using it at the time that she authored the paper. As one can see here, she's got it customized to the way she goes about her discussions with her patients and her patients in this case it's a pediatric practice, so either a family member or guardian.

Dr. Racich: And what I've done is I've highlighted in this form the various SOAP aspects, the subject, in other words, what's the patient coming in for? If you look to the right of the screen, the objective, what is the dentist, where does she feel is the concern or what did she actually see intra-orally? The assessment, you know, what's the differential diagnosis? And then lastly, what's the plan and prognosis? In this particular form, the left side, part A of the form, she actually encourages the patient to fill out aspects of this in their own handwriting. This may or may not be practical in your clinical situation. That obviously is in her clinical situation, but again, it's a customized form, but one is again making sure that they inform the patients or their guardians in this case of all the treatment options and then finally that they get the consent as to how they wish to proceed and move forward in the whole equation.

Dr. Racich: There it is, a few, few of little ideas on informed consent. It is the standard of care in Canada. Please avail yourselves of the various sources that you can find through your local provincial associations. And for those of you that are watching this from other countries, I strongly encourage you to look at your various governing bodies and make sure you're complying in this most important important aspect of dental care.