

Congratulations to  
this issue's Joint Count  
survey winner  
Dr. Steven Katz  
from Edmonton, AB

# Consenting to be Informed

by Glen Thomson, MD, FRCPC

We all make decisions every day, and some of the consequences of those decisions are larger than others. It probably doesn't matter that much whether we choose brand name or store brand when we purchase our bread. It is difficult to know where to find information about what differentiates the products, and which—if any—of the differences are significant. We could ask somebody at the bakery department in hopes they would give us an honest appraisal. In the end, the risks and benefits of one loaf vs. the other are likely very comparable. It really isn't worth much of our time or mental capacity to fret over the decision.

On the other hand, when it comes to health, the stakes are raised. There are significant benefits for the patient to get the right therapy at the right time for the right disease process. Unfortunately, there is always the potential, no matter how small, for unexpected untoward events. Gone are the days of "trust me, I'm a doctor"; here is the era of "class-action lawsuits."

As shown by Question 1, more than 95% of physicians responding to this issue's Joint Count survey will verbally discuss the pros and cons of a new therapy with their patient. Almost half of us will provide our own written information to the patient, and 15% who are technologically more capable will refer patients to their own website. The

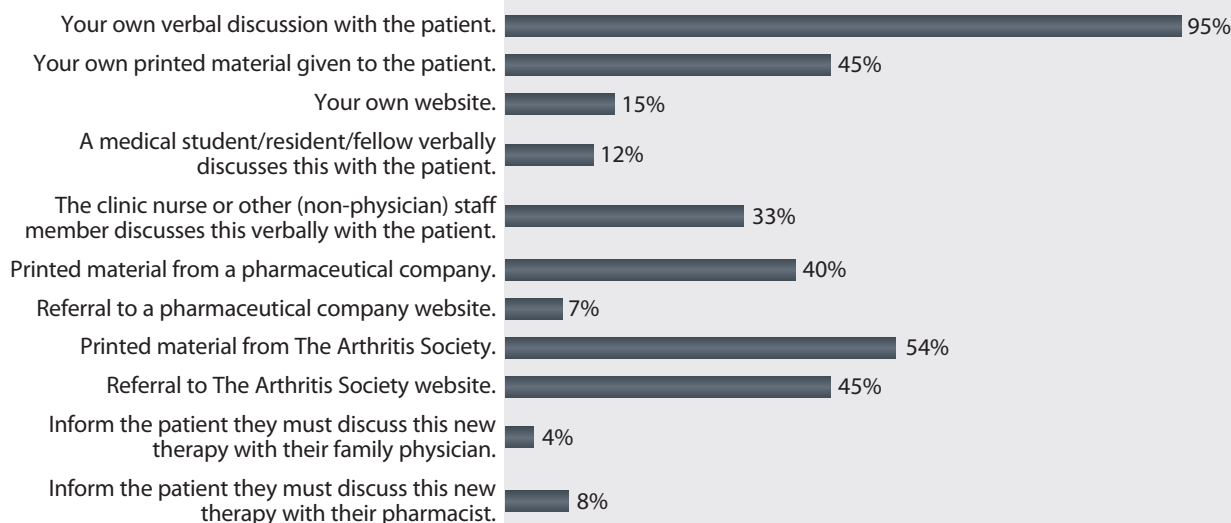
job of informing the patient of risks and benefits is shared with clinical nurses and staff by one third of our respondents, with medical trainees by 12%, with pharmacists by 8%, and with family physicians by 4%.

Printed material from a pharmaceutical company (40%) is used less frequently than printed material from The Arthritis Society (54%; TAS). There is a large difference between referral to pharmaceutical company websites (7%) and the TAS website (45%).

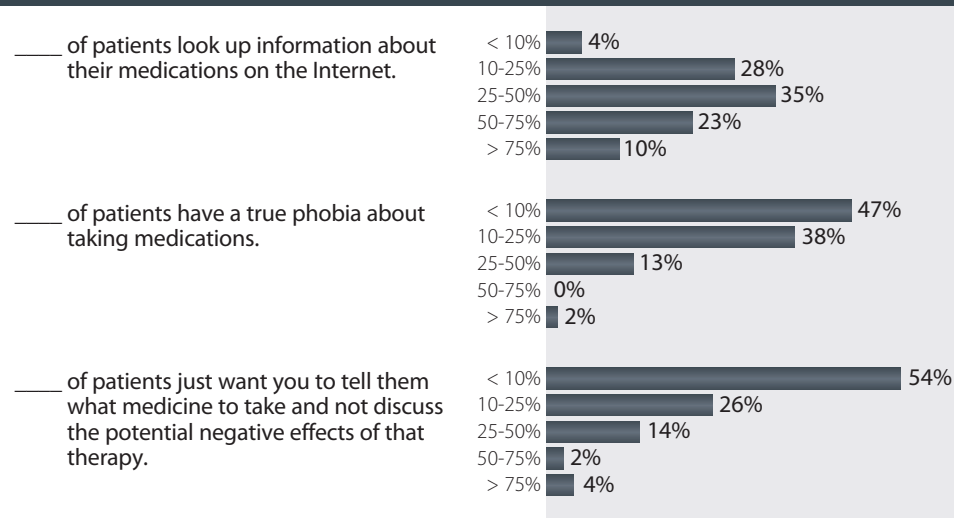
Most, but not all, patients will look up information about their medications on the Internet, according to our respondents (Question 2). But, also according to our respondents and as shown by Question 3, this does not make patients more confident about the risks and benefits of the therapy, which may in part stem from their basic lack of understanding of how to evaluate and weigh risks and benefits. Physicians tend to emphasize the benefits of a new therapy slightly more than the risks. It is thought that a minority of patients simply do not wish to take on the burden of knowledge of the potential risks, and just want the physician to prescribe what is best for them. A comparable number of patients are thought to have true phobias about medications.

The majority of the survey's respondents feel that the multi-page, legally correct consent forms used often in pharmaceutical trials do not really inform ordinary

## Question 1. When you are prescribing a new medication, what information sources do you use (check all that apply)?



**Question 2. In your experience ...**



**Question 3. On a scale from 1 (strongly disagree) to 5 (strongly agree), please rate the following:**

	1 (strongly disagree)	2	3	4	5 (strongly agree)
Information that patients glean from the Internet makes them feel more confident about the benefits and safety of your newly-suggested therapies.	18%	35%	29%	16%	2%
Patients understand the concept of risk and benefit.	11%	34%	35%	17%	3%
When explaining a new drug to a patient, the emphasis should be on potential benefits.	0%	11%	33%	39%	17%
When explaining a new drug to a patient, the emphasis should be on safety aspects.	3%	11%	42%	34%	10%
Multi-page "consent forms" are commonly used in pharmaceutical studies and provide information in a way that ordinary people can understand, thus providing "informed consent."	20%	40%	20%	15%	5%

patients. It is a pity that, in this era of "risk management" and fear of litigation, this complicated format is increasingly adopted by hospitals and health authorities. Soon, the only patients who can be ethically enrolled in some patient programs will have to be lawyers. One way around this information overload is for the physician to have a discussion with the individual to get feedback and ensure that the patient really understands what has been presented and to what they are agreeing. Only a minority of respondents do not engage in these conversations (Question 4).

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**Question 4. In your practice, do you ever ask patients to restate their understanding of the consent, in their own words, to ascertain whether they are adequately informed?**

