A Survey of Current Practices of Informed Consent by Pediatric Anesthesiologists

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Introduction

Informed consent is fundamental to the ethical practice of medicine and carries important legal implications. Of particular relevance to in pediatric anesthesia is the Food and Drug Administration Drug Safety Communication (DSC). Of particular relevance to pediatric anesthesia is the Food and Drug Administration's Drug Safety Communication (DSC), which highlights potential yet theoretical adverse effects on brain development of repeated or prolonged anesthesia administration to children younger than 3 years of age. Given the DSC and potential long-term effects of anesthesia in pediatric patients, it is vital to communicate the relevant risks of general anesthesia during the informed consent process. A current survey of informed consent practice patterns in pediatric anesthesia is not available.

Objectives

To determine the current practice patterns for obtaining informed consent of pediatric patients by the anesthesia community.

Materials and Methods

An institutional review board waiver and approval of the Society for Pediatric Anesthesia's research and quality and safety committees, a 20-item questionnaire that was developed and disseminated by email to all members of the Society for Pediatric Anesthesia (SPA) on two occasions. Responses to the survey were summarized by proportions with corresponding 95% confidence intervals from the binomial distribution.

Results

Of the approximately 3,300 surveys distributed, we received 639 responses, 572 (90%) of which were complete. 94% of the survey responders were anesthesiology attendings with an average of 15.7 years of practice and 75% work in an academic hospital setting. The survey responders practice region included Northeast US 18%, Midwest US 24.7%, Western US 21.3% and Southern US 29%. Texas, California, Pennsylvania, Ohio and Florida represents the states that majority of survey responders practice in.

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Results

Table 1. Practice patterns of anesthesia risk discussion

Survey Question	No. "Yes"/Total	% (95% CI)	Work Setting		
			Academic Hospital n = 426	Private Practice n = 118	p Value[a]
			No. "Yes" (%)	No. "Yes" (%)	
Do you discuss risks of general anesthesia with your patient/guardian for routine procedures?	545/569	96 (94-97)	411 (96.48)	112 (94.92)	0.435
Do you discuss risks of regional anesthesia with your patient/guardian?	544/569	96 (94-97)	406 (95.31)	115 (97.46)	0.304
Do you modify your discussion of anesthesia risks based on the complexity of the patient?	558/569	98 (97-99)	420 (98.59)	114 (96.61)	0.156
Do you modify your discussion of anesthesia risks based on the surgical procedure?	546/569	96 (94-98)	411 (96.48)	111 (94.07)	0.239
For patients under 3 years of age, do you discuss with families the FDA warning on the anesthetic risks on developing brains?	143/569	25 (22-29)	101 (23.71)	34 (28.81)	0.256

Figure 1. Knowledge of state laws. Graph shows responses to the question, does the state in which you primarily practice require you to obtain a written informed consent?

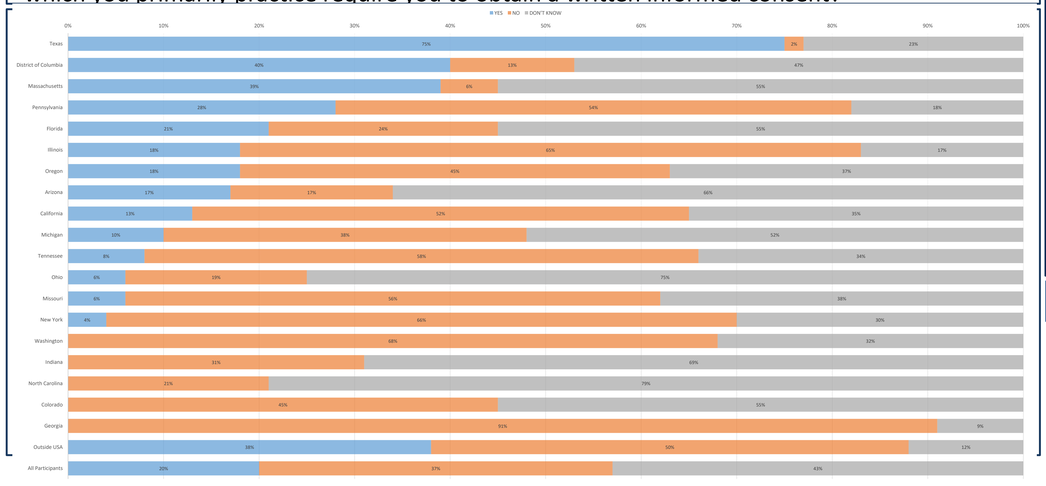
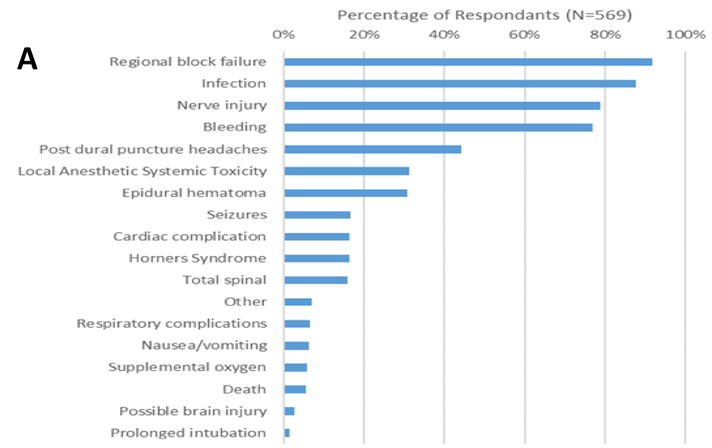
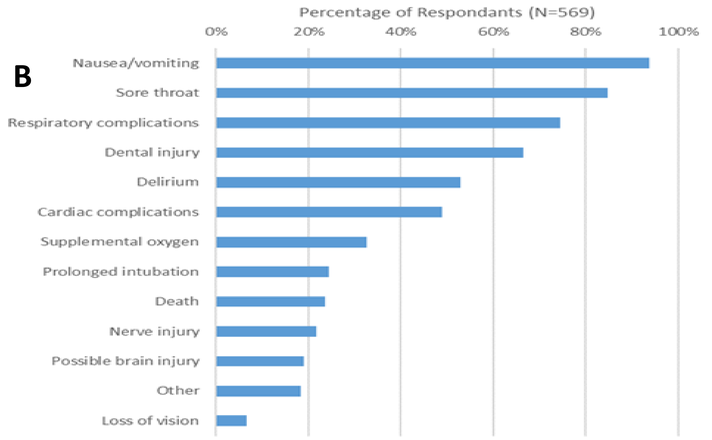


Figure 2. Anesthesia risks discussed with patients/guardians. **A**, General anesthesia risk. B, Regional





Conclusion

It is our belief that all anesthesia providers should follow the ethical and legal obligations of obtaining informed consent for general anesthesia. For those who do not routinely obtain informed consent or discuss the FDA DSC, we recommend reconsidering their actions. We endorse the inclusion of minor children with cognitive capacity to be included in the informed consent process. The authors believe that as a specialty geared towards caring for children we should be at the forefront of these issues.