

Patient Wishes and Consent: In ICU SettingsTasha Purohit¹, Vijay Kumar², Ravindra Singh Chouhan³¹Associate Professor, Department of Anaesthesia & Critical Care, Pacific Medical College & Hospital, Udaipur²Associate Professor, Department of Anaesthesia & Critical Care, Pacific Medical College & Hospital, Udaipur³Assistant Professor, Department of Anaesthesia & Critical Care, Pacific Medical College & Hospital, Udaipur

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Abstract:

This article aims to investigate the ethical considerations associated with providing information and obtaining permission from the patient in Intensive Care settings. When providing information to a patient, it is important to ensure that the information is accurate, clear and understandable. Patients have the right to be fully informed about their health condition, treatment options and potential risks and benefits. It is important to communicate in a language that is easily understood by the patient. Obtaining permission from the patient is also crucial before conducting any medical intervention. This includes explaining the purpose of the procedure, the potential risks and benefits and any other alternative options if available.

Keywords: Intensive Care, Ethics, Information, Consent.

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Introduction

In the field of medicine, ethical reflection is based on the four principles of biomedical ethics described by Beauchamp and Childress, namely beneficence, non-maleficence, autonomy and justice.[1] Any medical action should bring about a benefit, should result in no harm while respecting the autonomy of the patient and should provide equitable treatment for all. The patients should be involved in the making of any decisions that concern them, because they have a unique perspective of their illness and how it affects them. [2,3]

The quality of the information provided by the physician and how it is understood by the patient supports the validity of the patient's consent or refusal.[4] The physician must respect the patient's choice, after informing the patient the consequences of that choice. If the patient refuses care and their life is at risk, then the physician should make every effort to convince the patient to accept essential care.[5]

Respect for Autonomy and Informed Consent: Beauchamp and Childress describe an informed consent as an individual's autonomous authorization of a medical intervention or participation in research. Under their framework, an "informed consent" must incorporate the following elements [1]

1. Threshold elements

- a) Competence
- b) Voluntariness
2. Information elements
 - a) Disclosure
 - b) Recommendation
 - c) Understanding
3. Consent elements
 - a) Decision
 - b) Authorization

Decision Making Capacity

The first threshold element identified by Beauchamp and Childress (1) is competence or decision making capacity. Decision making capacity is described as being comprised of four components:

1. The patient must be able to communicate a choice.
2. The patient must be able to understand the relevant information presented by the clinician
3. The patient must be able to appreciate the situation and its likely consequences and apply this information to themselves.
4. The patient must be able to rationally assess the situation.

Capacity is both a decision and time specific question. When a patient is assessed to lack decision

making capacity, their surrogate should be asked to provide guidance regarding the patient's choice. If there is no such person, the medical team should take a decision in the patient's best interest.

Voluntariness: The patients should make their decisions without being under the control of any person or condition. [1] It is common for people to make decisions as a function of their social dynamics.

Paternalism and Shared Decision Making: In this model, the clinician's judgement alone should determine the course of care irrespective of the patient's wishes.[6] Shared Decision Making has been defined as a process of communication in which clinicians and patients work together to make optimal healthcare decisions in the interest of the patient. This process incorporates three key components:

1. The communication of clear, accurate, and unbiased medical evidence about treatments and reasonable alternatives - including no intervention - and the risks and benefits of each.
2. Sharing of clinical expertise in communicating and tailoring that evidence for individual patients.
3. Incorporation of patient values, goals, informed preferences and concerns which may include treatment burdens.

Conclusion

In the ICU setting, intensivists put in all the efforts to inform the families of patients. The process of providing information is complicated by emergency circumstances, the family members may be absent at admission time or could not be contacted and the

need to respect the patient's confidentiality or the patient's wishes. There is a need for a specific framework to deliver information in the ICU setting. The intensivist, while respecting the patient's autonomy would be able to give priority to the principle of beneficence towards the patient and the family. The principle of autonomy may be overridden by the principle of beneficence when a patient is incapable of receiving information or making decisions.

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