

## Ask the Ethicist: Informed Consent - Resident Involvement in Care

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*Q: I am a 3<sup>rd</sup> year resident in a teaching hospital in a large Midwestern city. Our patient population is such that most of them (I think) do not understand that there is significant resident involvement in their clinical and surgical care. How much information about the exact role of the resident needs to be discussed with the patient? Usually, we say that the attending is operating and we will be assisting, "as an extra set of hands", even if we will be doing the entire procedure (with oversight). If we were explicitly honest with patients every time they ask, it is unlikely that we would be able to do any primary surgeries. What are other options?*

A: An honest response to patient inquiries about resident involvement in their care is essential in building the trusting relationship between you and that patient. The following recommendations, which pertain no matter what your level of training or experience, will guide to you an appropriate course of action.

- Explain that the complication rate for resident performance reflects that of the resident's mentor and not that of the resident.
- Determine the patient's preference about what he/she would like to know and use that information to determine the appropriate extent of your disclosure.
- Select appropriate patients, e.g., a needy patient may not be the best choice for a first surgery.

The Archives of the Ophthalmic Mutual Insurance Company (OMIC) offer this information in response to the question:

It is the attending physician's duty to inform patients if a resident will be responsible for any part of their care. A patient should never be misled or misinformed about anyone who participates in his or her care. Hospitals and universities that employ residents should include language in their general consent form about the role of residents in the patient's care and treatment. The same disclosure applies to the informed consent process if a resident provides surgical assistance to a physician's private practice patients. "Ghost surgery," in which the physician allows another doctor to perform the surgery unbeknownst to the patient, has attracted much unfavorable attention in the press.

A contingency plan must be in place to handle situations in which a patient refuses to have a resident participate in his or her care. The physician who uses a resident despite the expressed wishes of a patient does so at his or her own risk and may be sued for battery (under the law, battery is making physical contact where there is no consent) even if there is no negligence.

See also:

OMIC Digest, Spring 2002. Paul Weber, JD (with permission). <http://www.omic.com/>

Ethics Advisory Opinion, *Learning New Techniques After Residency*

[http://www.aao.org/about/ethics/upload/Learning\\_New\\_Techniques\\_5-4-07.pdf](http://www.aao.org/about/ethics/upload/Learning_New_Techniques_5-4-07.pdf)

Rule 2 of the Code of Ethics, *Informed Consent*. The performance of medical or surgical procedures shall be preceded by appropriate informed consent.