

SURGICAL PRACTICE

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Thus far, the moral and legal reasons why the duty of surgeons to respect the autonomy of patients translates into the specific responsibility to obtain informed consent to treatment have been reviewed. For consent to be valid, adult patients must: /uni25CF have capacity to give it – be able to understand, remem - ber and deliberate over the information disclosed to them - about treatment choices, and to communicate those - choices; /uni25CF not be coerced into decisions that reflect the preferences of others rather than themselves; /uni25CF have been given su ffi cient information for these choices to be based on an accurate understanding of reasons for and - against proceeding with specific treatments. Surgical care would grind to a halt if it were always neces - sary to obtain explicit informed consent every time a patient is touched in the context of their care. Fortunately , it is an elementary step merely to ask the patient whether they mind being examined – the usual response will be acce ptance. This - simple transaction illustrates that the legal and ethical ‘rules’ that govern a surgeon are often no more than an expression of good clinical practice; in this case, politeness. Some patients will not be able to give consent because of - temporary incapacity . This may result from their presenting illness or intoxication, or an unanticipated situation may be encountered midway through a general anaesthetic. T he moral and legal rules that govern such situations are clear. The - doctrine of medical necessity enables the surgeon, in an emer - gency , to save life and prevent permanent disability , operating without consent. This has historically been employed daily , where unconscious emergency patients undergo surgery to save ‘life and limb’. No consent has been provided and none is required, providing the treatment is in the patient’s best inter - - ests. However, if the patient has made a legally valid advance decision refusing treatment of the specific kind required, their - decision must be honoured, providing it is applicable to the cur - - rent clinical situation. Wherever possib le, surgery on patients who are temporarily incapacitated should be postponed until their capacity is restored and they are able to give informed consent or refusal for themselves. Surgeons must take care to respect the distinction between procedures that are necessary to prevent death or irremediable harm and those that are done merely out of convenience. - If /uni00A0 the /uni00A0 patient consents only to a dilatation and curettage, do interests’, simply because she is anaesthetised. SURGICAL PRACTICE

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