Informed Consent for Image Guided Biopsies

Fraser DM, Blankenstein T, Hawke F and McGurk S.
Radiology department, Borders General Hospital, Melrose, Scotland.

Background
- Percutaneous image guided biopsies are less invasive than open procedures
- Less likely to cause complications
- All procedures carry risk
- Recent literature has shown importance of discussing all risks of procedures with patients
- Documentation of informed consent is mandatory

Results of Audit 1st Round
- 2012-2013
- 84 procedures analysed
- 76% had consent forms available to view
- 20% consent forms had evidence of specific risks documented on consent form or in body of report
- 24% procedures had no consent form available
- 80% of consent forms had no evidence of specific risks documented

1st Round Action Plan
- Introduction of pre-printed radiology specific consent form for all image guided biopsies in NHS Borders (see below)
- Scan consent form in to RIS
- Re-audit 6 months after introduction of radiology consent form

Results of Audit 2nd Round
- 2014-2015
- 81 procedures analysed
- 91% had consent forms available to view
- 90.5% consent forms had evidence of specific risks documented on consent form or in body of report
- 7% procedures had no consent form available
- 9.4% of consent forms had no evidence of specific risks documented
- 3% consent forms explicitly mentioned risk of death

2nd Round Action Plan
- Adopt radiological specific consent form for all invasive procedures
- Consider adding "risk of death" as additional checkbox

Discussion
- After introduction of radiology specific consent form and scanning in to RIS:
  - Availability of consent forms increased from 76% to 91%
  - Documentation of specific risks increased from 20% to 90.5%
  - Only 3% consent forms explicitly mentioned risk of death

Conclusion
- After introduction of radiology specific consent forms and electronic capture, documentation of informed consent greatly improved.
- Informed consent requires judgement of patient willingness and ability to discuss risks. Where appropriate death as a risk should be discussed.
- The audit standards were not met in either cycle. Third cycle planned.

Methodology
- All image guided biopsies conducted in a DGH over a 1 year period were retrospectively analysed

Audit standard
- Documented evidence of consent, including discussion of specific risks, in 100% of cases

Indicators
- % of consent forms available to view
- % of consent forms or patient notes with documentation of specific risks
- % of radiology reports with documentation of specific risks discussed in report text

References
2. MPS. We need to talk about death. Casebook. 2015;22(2):23.