

INFORMED CONSENT (PART 1) — THE PROBLEM OF CHOICE



Illustration: Dr Kevin Loy

Informed consent is a process that takes place between the doctor and patient, where the patient gains an understanding of his condition, receives an explanation of the management options available, including an assessment of the expected risks, side effects, benefits and costs of each option, and is thereby able to give consent via an informed choice for the treatment option that best suits him. The process of making an informed consent is also about making the right choices.

CHOICE IS GOOD

Nobody can deny that having choices is a good thing. Being able to choose is an expression of one's autonomy,

the exercise of one's free will and the demonstration of one's desire for self-determination.

Under the Mental Capacity Act, a key ethical tenet expressed through the provisions of the Act is the principle of respecting the autonomous right of persons with the capacity to make decisions for himself, ie, the right for him to choose.

We make choices all the time, both consciously and subconsciously. However, the kinds of choices we make vary, from simple daily choices that have low consequences to important decisions that carry high stakes.

TYPES OF CHOICES

Going to the supermarket to buy groceries is a common activity that involves choosing from a wide variety of products that assault our senses as soon as the automatic doors swing

open. Most shoppers depend on a fixed habitual buying pattern to overcome the stress of making too many small decisions. However, we do occasionally select novel items or products to try out, based on recommendations, clever advertising or attractive packaging. Such choices are easy to make because the products are relatively inexpensive and the goods will eventually be consumed; therefore, such mistakes carry a low consequence. We then learn through experience and avoid products that we dislike.

Choosing a handphone is not an uncommon activity, but unlike grocery shopping, it occurs infrequently. It is also of a different magnitude of complexity. We probably need to buy a new handphone once every few years to replace an obsolete model or when our telco offers discounts on handsets with contract renewal. We cannot rely on our experience with an old model,

PROFILE



TEXT BY

DR WONG TIEN HUA

Dr Wong Tien Hua is President of the 56th SMA Council. He is a family medicine physician practising in Sengkang. Dr Wong has an interest in primary care, patient communication and medical ethics.

as new handphones always carry more advanced features and technology. The selection process thus becomes more complicated, as market research and investment of time would be required. The stakes are higher because one has to live with the consequences of one's choice, which is more expensive and lasting in this case.

In the practice of medicine, the choices that doctors and patients make also involve differing levels of complexity.

On the one hand, medical conditions such as the common cold, gastric flu and tension headaches occur frequently enough among patients that they have the benefit of experience. Choosing to see the family doctor for symptomatic relief and treatment of non-life-threatening conditions are decisions with low consequences. The doctor recommends a largely expected course of treatment and the patient is usually quite clear on the options available. From the benefit of experience and a relationship built up over time, the family doctor knows which course of treatment best suits the patient, and thus having the patient agree with the management plan is straightforward.

Medical conditions that are more serious or less common and procedures that are more complicated or require expert management will involve complex decision-making processes. In such cases, there is no absolute guarantee of success or "money back" once the commitment is made, and patients cannot rely on past experience. The consequences of making a wrong decision are very serious. Such choices therefore require patients to devote substantial time, energy and emotion, which may lead to stress and anxiety. A patient may even feel caught between a rock and a hard place, where none of the options seems to be good enough.

TOO MANY CHOICES

Nowadays, we have the luxury of choice even when satisfying our craving for a bowl of wonton noodles. A quick search of the local food portal will reveal a list of "Top 10 wonton noodle stalls in Singapore", with no fewer than 55 stalls taste-tested and ranked for our convenience. Arriving

at one of these stalls after travelling halfway across the island, you will likely find, to your dismay, a snaking queue of like-minded hungry patrons all seeking the same experience. After all that time spent travelling and waiting in line, I often wonder whether the \$5 bowl of noodles that would be polished off within minutes was worth the trouble, even if it was marginally superior in taste.

Having options is good, but having more options may not be better. This is the idea behind psychologist Barry Schwartz's 2004 book, *The Paradox of Choice: Why More Is Less*. Schwartz challenges the notion that more choices will lead to more happiness. He argues that the converse is true — that the overwhelming options facing consumers today leads to more anxiety, more time wasted and less overall satisfaction. He also quoted studies demonstrating that if too many options are available, the effort of trying to decide overwhelms the enjoyment of the experience. In an example involving shoppers, some people decide *to not decide* when faced with too many competing offers and put off making a purchase.

It seems that medical practice is not spared from this problem either. Schwartz wrote that "when it comes to medical treatment, patients see choice as both a blessing and a burden." Indeed, when faced with a life-threatening illness such as cancer, surveys show that cancer sufferers prefer their doctors to make the decisions for them.

What makes medical decisions increasingly difficult? Firstly, the options for treatment have increased tremendously with technological advancements. Slightly more than a century ago, someone with an infected leg wound faced gangrene and certain death, unless he had the courage to go through a brutal amputation in the absence of anaesthesia. Today, even in an acute illness like appendicitis, patients can choose to be treated with antibiotics followed by an interval appendectomy, or choose to undergo either a laparoscopic and open appendectomy. The patient obviously cannot rely on any past experience

to choose the best treatment. This creates an information asymmetry that puts the burden of knowledge on the doctor who is advising the patient. Even in such acute illness, the doctor must be careful to discuss and explain the options available such that the patient fully understands and can make an informed decision. Information asymmetry becomes more significant in complex procedures, and the burden of making a decision becomes heavier for patients undergoing elective treatment as they have to weigh the benefits and risks carefully.

Secondly, the roles of doctors and patients are changing. It was not too long ago that doctors made decisions on behalf of patients in a paternalistic model of care. Patients did as they were told and were not privy to important information about their treatment. In the present era, the model of care has shifted to that of giving patients the responsibility and freedom to make decisions about their care. If we take this far enough, we simply present patients with all the viable options and let them decide what is best for themselves. This scenario, however, may turn out to be confusing, difficult and counterproductive for patients.

MAKING THE RIGHT CHOICES

Informed consent is about helping the patient make the right choices. The difficulty lies in how to encompass all the possible options and whether it is even possible to have a truly informed patient.

Doctors are not technicians who rattle off from a long list of options for the patient without any intellectual input. They are expected to weigh the pros and cons of each option before making treatment recommendations. Patients should not be making decisions by themselves.

The process of arriving at the right choice, one that is best for the patient, is an interactive and contextual one. Indeed, informed consent is about shared decision-making, which will be the topic of another article. Watch this space. ♦