SHOULD PATIENTS BE INFORMED OF REMOTE RISKS OF PROCEDURES?

Mr. Joe Mulroney suffered a fatal reaction to an angiogram. In the ensuing inquiry the anesthetist admitted that he had not warned Mr. Mulroney of the remote risk of death. In fact, he did not ever warn any of his patients of the remote possibility that they might die from the procedure. In his view, and in the view of the majority of his colleagues, death in such circumstances was rare enough that to mention it would unduly alarm patients. Indeed, at the hospital at which that angiogram was done on Mr. Mulroney, they had an excellent track record. Over five thousand angiograms had been done there over a decade without a single fatality.

Sean, Mr. Mulroney’s son, unimpressed by such statistics, insisted his father should have been told of the risk of death. “Surely,” he argued, “that’s what informed consent is all about.”

The anesthetist then raised the question whether it would have made any material difference to the case if Mr. Mulroney had been informed. “Do you really think he would have refused the procedure if I had explained the odds to him? He struck me as being a very reasonable man and most reasonable people choose the angiogram. So why burden your father or others with information that might only present a problem for a small or even a nonexistent minority? Surely giving full information is this case would be counter to the patient's best interests.”

“That is a value judgment rather than a medical judgement,” Joe’s son retorted. “Many patients would consider it in their best interests to know all the risks involved in a given procedure and I happen to be one of those people. Only a paternalist who shows lack of respect for patients as persons would think or act otherwise. You should not have assumed that my father would have opted for the procedure. Even if your assumption was correct, and if it should turn out from future studies that the majority of patients would also choose the procedure, they—not their care-givers—should make the choice.”

“I beg to differ,” responded the anesthetist. “One has to consider the burden of fear and distress placed on patients when informing them of harms with an extremely low probability factor.”

“Low probability factor or not,” replied the son, “patients have a right to be given full information about any procedure to which they are subjected. While I do not hold
you responsible for my father’s death, I think you were delinquent in your duty as a practitioner in failing to apprise him of the risk involved, however remote. While there might be rare exceptions to informing patients about remote risks, the practice of not informing them is morally indefensible.” [From Well and Good by John Thomas and Wilfrid Waluchow. 3rd edition. P276-77.]

See our text, pgs 199-122 for an example of a case analysis, as well as pgs 201ff. Note especially the paragraph at the top of pg 204.

In your final reflection, consider this question: Is this the obvious “no-brainer” that it seems—is Joe right? Or is the anesthetist right? [or possibly neither]?

In developing your answers, I want you to consider as well the positions of each man, and the things they said. Among the things you should consider as you prepare to write are:

• Is Sean’s contention that being told of the risk of death is “what informed consent is all about” accurate?
• Is his accusation that the anesthetist is a paternalist imposing his value judgments rather than his medical judgments on Joe appropriate or fair?
• What about the anesthetist’s argument that it wouldn’t have made any difference…does that justify not informing someone?
• Is it necessary that all information be supplied, or is the anesthetist correct that inform consent does not require telling all information? Is the anesthetist right that this case is a reasonable exception to the rule? Why or why not?
• What about the anesthetist’s point about burdensome information…would that ever justify withholding or ignoring certain information, and if so, would this situation be a good example of such an exception?