

# **Consent and blood transfusion**

**Paul Komesaroff**

*Monash Centre for the Study of Ethics in  
Medicine and Society*

# Speaker disclosures

- Clinician and researcher
- Member or chair of various ethics committees
- Ethics convener of the Royal Australasian College of Physicians
- Professor of Medicine, Monash University
- Director of ethics centre
- Previous collaborative relationships in research projects with pharmaceutical companies

# What is consent?

- An ethical and legal concept
- Generally refers to verification of agreement between the parties in a medical treatment or intervention
- In Western societies often linked to concepts of individual freedom and identity
- Various attempts have been made to codify the process of consent

# Elements of consent

- Competence or ability to decide
- Voluntariness or free choice
- Disclosure of relevant information
- Understanding of facts and arguments
- A decision making process
- Authorization by the patient to proceed

# Exceptions to the requirement for patient consent for medical treatments

- Emergency settings
- Lack of competence:
  - Minors
  - Critical illness
  - Psychiatric illness
  - Dementia
- Research

# The case of Jehovah's Witnesses

- The views of competent individuals regarding religious beliefs are respected
- The views of the broader society usually prevail in the case of children

# What information should be provided?

- Objectives, reasons and evidence
- Risks and benefits
- Details of the procedures
- Alternatives to transfusion
- Consequences of different courses of action
- What might be done in response to different outcomes
- Relevant dualities and conflicts of interests etc.

Patients may legitimately choose not to know.

# What risks should be disclosed?

- Common risks of little consequence
- Rare but serious hazards
- Risks for specific patients
- Unknown risks

# Unknown risks

- Risk of unidentified viruses
- Risk of transmission of prison diseases
- Immunological effects, ARDS etc.

# Special issues in the consent process

- Consent involves two components:
  - Identifying the information to be conveyed
  - Communication with the patient
- Communication is a dynamic process that cannot be fully codified
- “Frequency” of repeated consent may need to be considered

# Special issues in the consent process

- Communication is context-sensitive and culturally dependent:
  - The significance of time, place and person may all be of importance
  - There may be special cultural meanings associated with blood
  - Different populations have different cultural and clinical needs

# Conclusions

- Consent is generally required but there are exceptions
- Consent refers to a process of communication which is dynamic and culturally sensitive
- Deepening of practice involves both an understanding of the content of the discussion and refinement of the communicative process