

Pros and Cons of Informed Consent in Gynecology and Obstetrics

Dear Editor

Obtaining informed consent is a fundamental aspect of medical ethics to protect patients' autonomy and human dignity. An adequate practice of informed consent is complex and has not only personal but also ethical, legal, and administrative implications.¹ This may mean context-specific adaptation, particularly in the field of obstetrics and gynecology. Medical specialists must ensure that the provided information is according to the patient's mental capacity, and that they are aware of what medical examination entails, and what a particular diagnosis means. Moreover, if there are treatment alternatives, what are the expected benefits, potential complications and risks, the consequences of refusing treatment, and medical costs?² For instance, in the case of cesarean delivery on maternal request, physicians should point out the safety of normal vaginal delivery and describe potential complications and risks of the intended surgery including side effects of anesthesia, wound infection, thromboembolism, abnormal adherence of the placenta (placenta accreta) or abnormal invasion of the placenta (placenta increta and percreta), which may lead to hysterectomy and blood transfusion. Patients should also be made aware that some insurance companies may not cover the costs of surgery without an obstetric indication for a cesarean section. Given the above, patients should be able to opt for a medical procedure freely and voluntarily without any threats or coercion.³

Both patients and caregivers should pay special attention to confidentiality statements. It should be a standard practice that patients are allowed to ask questions, and physicians should answer in clear and simple terms.¹ Physicians also need to reassure patients that they will always provide care without prejudice even when their medical recommendations are not accepted. Consent to treatment is voluntary and can be withdrawn at any time even if it leads to fetal complications and pregnancy termination. Furthermore, patients can choose to leave the hospital during treatment against medical advice. In such situations, physicians should use prevention strategies and follow well-documented guidelines to avoid professional liability.⁴

It is important that resident physicians are educated about informed consent.⁵ For example, explicit consent is required prior to any physical or intimate examination. All paraclinical procedures should be explained verbally and performed only after consent is obtained. However, some patients may disagree with the suggested treatment plan on religious grounds. In this case, mediation by a religious figure may help resolve the issue. In Iran, according to the Islamic Penal Code,⁶ consent from the father or legal guardian is required for medical procedures, when the female patient is under the age of 18. Additional consent from the husband is required when she is under 18, and there are fertility issues involved that may affect marital life. When the female patient is over 18, both her and the spouse's consent is required in situations when medical procedures permanently affect fertility (e.g., tubal ligation or hysterectomy). Apart from the legal aspect of informed consent, any vaginal intervention will require a thorough description and documentation of the procedure used.

Awareness of physicians about the principles of informed consent is essential, as it helps them to better communicate with patients and prevent complaints and potential liabilities.

Keywords • Informed consent • Decision-making • Shared • Gynecology • Obstetrics

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