



Guidelines on Providing Information about Anaesthesia

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A patient is entitled to know the implications of an anaesthetic before it is administered, and to seek clarification of any issues which may be of concern. The patient must be free to accept or reject advice.

1. PRINCIPLES

- 1.1 Information about the proposed anaesthesia should be provided in such a way that the particular patient is able to appreciate broadly what the anaesthetic involves.
- 1.2 Where real alternatives exist, anaesthetic options should be outlined, with their advantages and disadvantages.
- 1.3 The patient should be aware of the financial implications of anaesthesia where appropriate.

2. PRESENTING INFORMATION

- 2.1 Information should be provided during the pre-anaesthetic consultation. Follow-up at a post-operative visit may be indicated.
- 2.2 Information should be communicated in a form the patient is likely to understand. This may include the option of presenting information in the printed form or via computer. Printed and visual aids are useful. Prepared information sheets or consent forms can help understanding, but are not a substitute for the required discussion with the patient. If necessary, a qualified interpreter should be used.
- 2.3 Basic information about anaesthesia should be provided, even if the patient requests no information. Information that a reasonable person in the position of the patient might wish to know, and which he/she might attach significance to should be provided. It is necessary to provide information about the inherent material risk of the proposed anaesthetic procedures.
- 2.4 Questions should be encouraged and answered clearly.
- 2.5 Where the patient clearly does not wish for further information and states this wish, the anaesthesiologist should record this fact in the notes and should not force further information upon the patient.



2.6 Where blood products may be required, discussion should take place concerning "risks", advantages and alternatives to blood products.

3. RISKS

3.1 Known risks should be disclosed when either an adverse outcome is rare but the detriment severe, or an adverse outcome is common even though the detriment is slight.

3.2 The uncertainty of adverse events should be explained, as should the difficulty in relating adverse events to the particular patient. Risks of adverse events will be affected by patient's age, pre-existing disease and the nature of the surgery.

3.3 The anaesthesiologist should discuss the risks, having taken into consideration the best anaesthetic technique and drug therapy, the seriousness and nature of the patient's condition, the complexity of anaesthesia, the questions asked by the patient, and the patient's attitude and apparent level of understanding.

3.4 The risk of non-treatment should be discussed.

4. OPTIMIZATION

The patient should be made aware of any optimization/further investigations that is required prior to the conduction of surgery.

5. WITHHOLDING OF INFORMATION

Information should only be withheld on the rare occasion when it is believed that the patient's health might be seriously harmed by the information.

6. EMERGENCIES

It may not be possible or sensible to provide information when immediate intervention is necessary to preserve life or prevent serious harm. In such cases, there must be provision of information and discussion of the treatment undertaken with the patient, or other suitable persons, as soon as possible.



7. INCOMPETENT PATIENTS

Adequate information cannot be given to small children, the intellectually disabled, the mentally ill and the unconscious. Appropriate consent must be sought in these situations - e.g. from parents, guardians, or legally appointed person unless it is an emergency situation. As full an explanation as possible should be given, appropriate to the patient's understanding.

8. RECORDS

A summary of the discussion and of the patient's understanding should be recorded in the patient's anaesthetic record or hospital file.

9. REFERENCE

Guidelines on Consent for Anaesthesia or Sedation. ANZCA PS26 2005