

Clinical Practice Statement:

Informed Consent for Procedures Performed by Other Physicians
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Clinical Practice Statement:

It is the position of the American Academy of Emergency Medicine that emergency physicians should not obtain informed consent for any procedure they will not personally perform or supervise.

Discussion:

With respect to patients who present to the Emergency Department with STEMI, the American Heart Association recommends a door-to-balloon time of 90 minutes or less. In order to meet this benchmark, centers have implemented various strategies to expedite the diagnosis and transfer of STEMI patients to the catheterization lab. One such strategy asks the treating emergency physician (EP) to obtain written consent for interventional cardiac catheterization. While the Board of the AAEM supports the goal of timely treatment of AMI, it cannot recommend that EPs obtain informed consent for procedures performed by other specialists.

According to the AMA, informed consent “is a process of communication between a patient and physician that results in the patient's authorization or agreement to undergo a specific medical intervention.”¹ The AMA explains that, “In the communications process, you, as the physician providing or performing the treatment and/or procedure (not a delegated representative), should disclose and discuss with your patient specifics of the procedure as well as risks and benefits.”¹

The 1991 ACC/AHA guidelines for cardiac catheterization state that “The patient should make his or her own determination about the

necessity for treatment. The cardiologist should present the medical facts accurately to the patient (or the family or person responsible for the patient's care) in a manner the patient can understand."² The Society for Cardiovascular Angiography and Interventions (SCAI) also has addressed this in their 2004 publication on ethics in invasive cardiology which states, "The invasive cardiologist may have various roles in his relationship to the patient. ...The invasive cardiologist is ultimately responsible for informing the patient of the various options, the risks and benefits of therapy."³

Informed consent, as described above, is a "process of communication" between the physician who will perform a procedure and the patient who will undergo the procedure. A signed document memorializes that communication; it does not substitute for it. Moreover, the "process of communication" cannot be delegated to another physician. It is clear that only the interventional cardiologist should obtain informed consent for cardiac catheterization.