Surgical patients who take part in a longer discussion of informed consent—15 to 30 minutes—understand their proposed operation better than those who have shorter discussions, according to a report in the June 2010 *Journal of the American College of Surgeons*.

Asking patients to repeat back their understanding of the procedure also aided their comprehension of informed consent issues. The study is the largest ever conducted on the surgical informed consent process, the authors say.

The informed consent process is intended to help patients to make sound decisions about their surgery. But many studies have found patients don’t have a good understanding of the issues related to their operations. In a survey of over 700 patients, the average patient understood less than half of the information related to the surgery.

“In our study, we found that patients with potential cultural or language difficulties from factors such as race, education, or age may limit informed consent comprehension,” said Aaron S. Fink, MD, FACS, attending surgeon at the Atlanta Veterans Affairs (VA) Medical Center and professor of surgery at Emory University School of Medicine, Atlanta.

But all patients benefitted from what the authors found was the strongest influence on patient comprehension—extending time spent on informed consent discussions plus having patients repeat back their understanding of the procedure.

**How the study was performed**

The study involved 575 patients scheduled for 1 of 4 elective procedures: total hip arthroplasty, carotid endarterectomy, laparoscopic cholecystectomy, or radical prostatectomy.

All informed consent discussions used iMedConsent, the VA’s computer-aided informed consent process, which provides a structured interview to create an informed consent document.

A random sample of patients participated in a “repeat back” discussion. They were asked to reiterate procedure-specific facts and provide additional information as needed. Patients’ comprehension was then tested.

Though the time spent explaining the consent process had the strongest impact on patient comprehension, other factors associated with improved comprehension were race, ethnicity, age, and type of procedure. Some of these factors suggest language and education barriers, highlighting the need for modified approaches to consent.

The repeat-back method was associated with improved comprehension, but the impact was weaker in the analysis that included consent time.
Reference