

Tentatio October 2003 - Informed Consent

The following scenarios illustrate ethical concerns in matters of Informed Consent in health care today:

- Each time I give consent for surgery following my acceptance of the risks as identified, I place my life in the hands of another willingly.
- Having been informed of the side effects of my using a prescribed medication, I have no reason to object if those side effects occur.
- If I enter the hospital as a patient and sign a document waving my privacy, I make the knowledge of my presence available to anyone who might inquire about my presence there.
- If I agree to participate as a patient in a research protocol from which I hope to benefit, I must accept the terms and risks of the protocol and the possibility that the hoped for benefit might not occur.

How questions of Informed Consent are put to people can make the ethical difference between their participation in treatment and their rejection of it, their being coerced and their being given a real choice, or and their vulnerability being respected or violated.

"Informed Consent" refers to our being informed of both risks and benefits in consenting to a protocol or procedure for the benefit of others (as in research studies) or ourselves (as in medical treatment). The issues of ethical concern in both obtaining and giving permission (Informed Consent) in matters of health care are many. The patient must be capable and competent enough to understand that to which he or she is giving consent. The patient must not have unrealistic expectations beyond which the protocol or procedure is aimed. The one asking for consent must not pressure, misinform, or take advantage of the one consenting. Nor should the one seeking consent dramatize the risks so that the patient rejects or accepts participation unrealistically. And those seeking consent ought never do so for personal reasons of gain that denigrate the patient.

Pastors can help a parishioner as a patient make decisions requiring Informed Consent by asking a parishioner to tell him in his own words what he understands the risks or benefits to be in giving consent. The pastor may be an invaluable person as spokesman between doctor and patient to protect the patient from undo influence due to the patient's physical or mental weariness, misunderstanding, or discouragement. The pastor need not make his role as spokesman adversarial with those seeking consent. He needs to remember that both pastor and physician, for example, are concerned with the patient's best medical interests. The pastor may be able to facilitate a physician's understanding of the patient as the physician seeks the consent of the patient.

Ultimately, however carefully informed consent may be successfully acquired, the patient is always in a position of weakness once consent has been given. Christians who give Informed Consent will realize this as an opportunity for faith in God's care through their own time of weakness. Being under God's care is living in the Gospel as God does for us what we cannot do for ourselves. Martin Luther pointed out that God works behind masks. Some of them are those

of the nurse, doctor, therapist, and research director. The willingness for Christians to be appropriately helpless at such times is called faith.

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