

Consent for endoscopy: A shift from paternalism to shared decision making in one word

Leeds Teaching Hospitals NHS Trust, UK

In 2015 the ruling of the Supreme Court in favor of Montgomery resulted in a paradigm shift in the provision of information to patients undergoing interventional procedures, including endoscopy. Up to this point, the responsibility of the endoscopist had been to inform a patient of any significant risk that would affect the judgment of a reasonable patient. The Montgomery ruling indicates that the patient must be aware of any material risks in which the test of materiality is whether a reasonable person in the patient's position would be likely to attach significance to the risk. The relevance of the shift from significant to material is to place importance on exploring with each patient those matters that will influence their very individual decision. Within a year, this led to the publication of new guidelines for informed consent from each of the gastroenterology, surgical and anesthetic societies in Britain. The concept of Montgomery embeds in endoscopic practice the principles of patient autonomy and shared decision making and moves ever further away from paternalism. Embracing shared decision making is becoming ever more demanding when the margins of benefit from a particular course of action are not clearly defined and as the available options for investigation and treatment become wider. This places responsibility on clinical practitioners to have sufficient knowledge and devote enough time to seek the patient's priorities and inform them of their options, whereas the research community must provide clear information on efficacy and risks of treatment where such margins are unclear.

Notes: