

Consent in cognitively intact quadriplegic patient: Is it different

Sir,

Recently, I was confronted with a question which blew my mind. Although I was not surprised by the question itself, I was not expecting something like this coming from someone who is a critical care specialist as well as a hospital administrator with a vast experience of working in clinical settings in the Western world.

The question was simple! He asked, "Doctor, how should we obtain consent for a tracheostomy in a patient with quadriplegia secondary to cervical spine injury, intact cognitive function, and no relatives around."

First, as a critical care specialist I would not perform a tracheostomy myself in a patient with cervical injury. Instead, I would send the patient directly to the OR. But the question asked was not about the preferred clinical setting for a tracheostomy in this scenario. The question was about the proper way of obtaining treatment consent. Although I have not come across a situation like this, I responded that we could video tape the consent since the patient is cognitively intact but unable to sign. My answer was dismissed. So, I started rethinking and said - We could call an independent witness who is not part of treating team and obtain consent in his/her presence. However, the reply was: "We will ask the patient for thumb print."

I kept thinking about this solution. I realized that patients who have developed quadriplegia due to cervical spine injury are likely to have a sensory loss and that a thumb print may not be the appropriate way to document consent. In patients with quadriplegia and secondary sensory loss, taking a thumb print following verbal consent may not "certify" the patient's consent. Furthermore, thumb prints can be misused for nonmedical purposes as well.

I decided to go online and search for the prevailing practices. Patient consent is required regardless of the nature of the medical intervention.^[1] It can be given verbally as well as in writing.^[1-2] For consent to be valid it must be voluntary, meaning the decision to consent to medical intervention must be made by the person him/herself, must be free from undue influence or pressure from medical staff, friends or family and must be "informed." The latter means that all information must be provided regarding what the treatment entails, potential risks and benefits, whether reasonable treatment

alternatives are available, and what will happen if the treatment proves ineffective. Lastly, persons providing consent must have decision-making capacity, that is, they must be able to understand the information and use it for the purpose of formulating an informed decision.^[1-2]

In conclusion, the patient in this scenario is quadriplegic, has no relatives around, and is cognitively intact. Therefore, he has capacity to make informed treatment decision and thus is able to provide voluntary consent. The inability to sign consent because of quadriplegia does not require extra measures. Verbal consent works equally well under these circumstances provided all criteria for informed, voluntary consent can be met. It is advisable for a written note to be made in the patient's medical records indicating consent to treatment is present and disclosing the manner in which this consent was obtained. Finally, it should be documented that written consent not available due to the patient's quadriplegia.^[2]

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Conflicts of interest

There are no conflicts of interest.

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