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Case Report

Informed consent in a patient with aortic dissection and mild intellectual impairment

Wafa Abdelghaffar^{1,2*}, Elyes Lagha^{1,3}, Fares Azaiez^{1,3}, Nadia Haloui^{1,2}, Rym Rafrafi^{1,2}**ABSTRACT**

Informed consent is an ethical and legal requirement in modern medicine. A valid consent implies that the patient can decide on treatment after receiving adequate information from his doctor. In case of incapacity and specific conditions, doctors can administer treatments without patient consent. Nonetheless, some cases are borderline, such as the patient presented in this paper who had a mild intellectual impairment and refused to undergo urgent intervention for aortic dissection. In this case, psychiatrists and cardiologists collaborated to check whether the patient could consent and decided to respect his choice. He was not operated, and the local ethical committee agreed with this decision. In Tunisia and developing countries, the paternalistic approach is still prevalent in the doctor-patient relationship. This paper highlights that ethical considerations should be universal and applied to all patients in all cultures and discusses ethical and legal aspects.

Keywords: consent, autonomy, ethics, capacity, aortic dissection

1. INTRODUCTION

Autonomy and consent are becoming crucial requirements in modern medical ethics. They are part of the ethical principles of the UNESCO Universal Declaration of Bioethics and Human Rights in 2005 [1]. Patients who cannot give their consent should have special measures to protect their rights. Doctors should try to protect patients' health according to their best knowledge. At the same time, they should respect patients' autonomy. This equation is sometimes challenging to achieve, especially when there is a medical emergency and mental disability.

The objective of this case report was to highlight the importance of informed consent even in patients with mild intellectual impairment and discuss ethical and legal issues in various cultural contexts.

2. CASE REPORT

KB is a 64-year-old male patient with a medical history of diabetes and hypertension. He is known to have a mild intellectual impairment, and he could not complete primary school education. He is married with no children and has regular employment as a manual manufacturing worker. In October 2018, he was admitted to the cardiology department of the Mongi Slim Hospital Marsa in Tunisia with

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chest pain. Clinical and paraclinical investigations led to suspect the diagnosis of aortic dissection. Computed Tomography Angiography showed a “type A aortic dissection with aneurismal dilation of the ascending aorta. Consequently, he was admitted to the cardiology intensive care unit. His doctors explained that urgent surgical intervention was necessary to save his life, but the patient refused to undergo it.

A cardiologist and a psychiatrist collaborated to perform two education sessions with schemas and drawings about the intervention. They informed him about the risks and benefits of both possibilities: if he undergoes the intervention or if he does not. His family also tried to convince him to accept the intervention. Doctors assessed his mental state to determine whether he could give informed consent. The patient was aware of risks and had full judgment capacities despite his mild mental disability. He gave clear explanations about his decision. This was considered a dangerous intervention. He said he preferred to continue living with his aortic dissection despite the risk of aortic breaking and sudden death. The patient signed a written informed refusal and was discharged from the hospital. The medical staff of both departments had many debates on whether they should operate on the patient against his will. Some colleagues suggested making a compulsory hospitalization in psychiatry because of his intellectual disability and then transferring him to the cardiology ward to be operated on.

Nonetheless, the final consensual decision was to respect the patient’s choice. The ethics committee of our hospital agreed with this decision. Two years after the first diagnosis, the patient is still doing well, and he gave his consent for this publication.

3. DISCUSSION

This case illustrates a controversial aspect of medical ethics: autonomy in patients with disability in a situation of a medical emergency. In this case, physicians decided to respect the patient’s autonomy. Aortic dissection is a tear through the inner wall of the Aorta, the largest artery in the body. Type A is a severe condition warranting a rapid surgical intervention. In the case of our patient, the intervention could be delayed since vital signs were stable. This allowed doctors to perform a thorough examination and education.

Informed consent is becoming a crucial requirement in modern medical practice [2,3]. Nonetheless, it is still not widely respected in the Tunisian cultural context [4]. The novelty of this case is that it describes the application of this ethical principle in a particular context despite several difficulties. First, KB doctors belong to a culture where the paternalistic approach prevails. That means that doctors usually decide what is best for patients. Second, checking whether this patient can consent is time and energy-consuming. Third, doctors had no legal requirement to respect patient autonomy since there is no law about informed consent in Tunisia. Thus, the only motivation of physicians was to respect ethics. Finally, they were taking the risk of not assisting a person in danger regarding the common law in case of complications.

Consent requirements can differ from one country to another depending on local law. There is still no legislation about consent requirements (type of consent, disclosure, etc.). A draft bill about “medical responsibility” has not been voted yet in the parliament [5]. Complaints about medical responsibility are judged concerning the common law. In the case of guardianship, the legal guardian decides on behalf of the patient. In cases of mild intellectual impairment that doesn’t require legal guardianship, which is the case of KB, there is still no clear legislation. This legal gap is problematic. There are no standardized recommendations. Legal complaints against doctors are still not common in Tunisian patients’ culture, mainly because many are not aware of their rights. Respecting autonomy depends on the goodwill of the doctors. Usually, doctors fear no legal consequences if they do not appreciate it.

In our cultural context, many physicians still adopt a paternalist approach [4]. Paternalism means that only doctors know what is best for the patient [6]. These attitudes are more prevalent in developing countries than developed ones [7]. In the latter, individual autonomy is becoming widely accepted for ethical and legal purposes [8]. In societies where paternalism is still prevalent, doctors are reluctant to give detailed explanations to patients with limited mental capacities arguing that these patients would not understand the situation and the consequences [9]. Despite his refusal, KB’s physicians, who suggested performing the surgery, had a personal opinion about what was good for him. In their view, following the ethical principle of beneficence would be more appropriate than trying to respect the questionable autonomy of this patient.

Obtaining consent from patients with mental disabilities is challenging for physicians worldwide [10,11]. In most countries, when patients cannot give their support, the law enables physicians to administer treatment without consent in case of emergency [2]. Otherwise, they could be accused of not assisting a person in danger. The challenge is to determine when a person is considered incapable. Besides, consent is specific. One patient cannot support one procedure but still consent for another method [12]. According to the case law, British courts have developed a three-stage test to determine whether an adult patient can give valid consent: "The patient must be able to comprehend relevant information, believe it and weigh it in the balance to arrive at a choice" [13]. Regarding the patient KB case, the medical staff made sure to perform these three steps before declaring that the patient could give his consent about this particular intervention, and the local ethical committee agreed about the final decision.

It is recommended to have explicit legislation about consent for treatment [14]. A clear legal text protects patients' rights and protects doctors by specifying their duties, as well. An awareness campaign should target health care providers and patients, especially in developing countries, to promote the principle of autonomy.

4. CONCLUSION

Physicians should try to respect patients' autonomy and obtain informed consent whenever possible. Patients with mental disabilities should not be deprived systematically of their freedom of will. A thorough examination of mental capacities should be performed. Specific information should be given to them. All countries should set clear laws regulating consent for therapy requirements.

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