GPSA
GENERAL PRACTICE SUPERVISORS AUSTRALIA

MDA National
Support Protect Promote

Case 9 – Mrs D.

Mrs D. is booked to have a caesarean section to deliver her second child. She has decided that she doesn't want any more children and gives verbal consent to have a tubal ligation done at the time of her caesarean delivery. After the procedure, Mrs D.'s husband becomes very upset as he was not consulted about the tubal ligation and Mrs D. states she didn't sign any consent forms for the procedure. They have returned to you, their GP, for advice about the situation.

Best Practice Response

Verbal consent provides no evidence that a consent discussion took place. This may make it difficult to defend an allegation of negligence (failure to warn) or trespass.

- Regret is more common if sterilisation is performed with a caesarean section, and if sterilisation is to occur at caesarean section, it has been suggested that counselling should occur at least 2 weeks in advance (1).
- Sterilisation at caesarean section is less likely to be amenable to successful future reversal (2).
- The documented consent process should include (3):
    - What the procedure entails
    - The benefits
    - General, specific and material risks
    - Alternative methods of contraception
    - Discussion about family situation, patient's age
    - Reversibility
- Providing written information sheets can help patients' understanding and recall, and act as evidence of what was discussed (4).
- The Medical Board of Australia Good Medical Practice Code of Conduct provides that a person's voluntary decision about medical care must be made with knowledge and understanding of the risks involved. The patient must be provided information in a way that they can understand before asking for their consent.(5)
- While Mrs. D's husband may be strongly impacted by the procedure, the woman's decision for sterilisation does not require consent from her partner. However, it is in his and Mrs D's best interests that they discuss it together and agree on the decision.
- Don't make disparaging comments about the surgeon or his consent process.
- As a professional courtesy let the obstetrician know about the patient's and her husband's dissatisfaction with the procedure. This can be done in a non-judgmental, collegiate way. Don't pre-judge the obstetrician - he or she may have a different version of events.

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(1) King Edward Memorial Hospital, Obstetrics & Gynaecology. *Clinical practice guideline: Contraception: sterilisation.* http://www.kemh.health.wa.gov.au/development/manuals/O&G_guidelines/sectiona/9/a9.6.pdf

(2) Royal College of Obstetricians & Gynaecologists. *Female sterilisation: consent advice no. 3*. 2016. Pdf available at https://www.rcog.org.uk/globalassets/documents/guidelines/consent-advice/consent-advice-3-2016.pdf

(3) *Consent*. Defence Update 2011; Winter:9-12.

(4) Johnson A et al. *Written and verbal information versus verbal information only for patients being discharged from acute hospital settings to home.* Cochrane Database Syst Rev. 2003;(4):CD003716. Pdf available at: https://pdfs.semanticscholar.org/5335/b7c082d3cd3e10cdd58bf890a505b9ee5296.pdf

(5) Medical Board of Australia Good Medical Practice: A Code of Conduct for Doctors in Australia. Pdf available at: http://www.medicalboard.gov.au/Codes-Guidelines-Policies/Code-of-conduct.aspx

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