香港社會醫學學院
HONG KONG COLLEGE OF COMMUNITY MEDICINE
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Administrative Medicine Part II Fellowship Examination 2010

Q1 You are the Hospital Chief Executive (HCE) of a tertiary public hospital. One morning you received a call from an anaesthetist of your hospital about a 15 years old neurosurgical patient.

The boy fell off his bicycle nearly a week ago sustaining head injury that required a burr hole surgery to relieve intracranial pressure. He regained conscious for a short while but then showed clinical deterioration from suspected hydrocephalus. The attending neurosurgeon has booked a Ventriculo Peritoneal Shut (VPS) drainage procedure to be done later this afternoon.

The boy's parents have agreed to this procedure but indicate he is a Jehovah's Witness (JW) and cannot have a blood transfusion under any circumstances. Their consent is conditional on this limitation. The neurosurgeon is comfortable with this consent because s/he believes the risk of haemorrhage is negligible. The shunt will be inserted through the existing burr hole.

The anaesthetist has previously experienced a major haemorrhage in an adult JW patient during a VPS procedure. The patient died and could probably have been saved if blood transfusion had been given.

The anaesthetist is now refusing to participate because s/he believes there is inadequate consent.

The Chief of Service(Anaesthesia) has volunteered to take over this case and proceed with surgery because a) s/he is a friend of the neurosurgeon and b) s/he also believes this risk of bleeding is negligible.

- Discuss the elements of informed consent and indicate how they might apply in this situation

- How could you manage this situation and what outcomes might your anticipate?

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For Examiner

Q1 Key Points

Introduction
Elements of consent
Managing communication with parents and stakeholders regarding teenage patients

Elements of consent

Informed
Benefits and side effects, as well as availability of alternative treatments with pros and cons, must be explained, including unusual ones
Consent when given must be witnessed
Substituted consent for minors and consent for mentally incapacitated persons (MIP)
Can a teenage of 15 make consent for procedures her/himself?

Managing the situation

Hospital (and its employees) may be considered neglectful if certain resuscitative procedures (such as blood transfusion) not administered in an emergency
Discussion with medical stakeholders
Clarification with Guardianship Board (Aus), or officers administering the Care of Children Act in NZ
Should the operation be considered emergency or Elective, and would the management be different?
Are there different options for preparing for the operation such as blood salvage for autologous transfusion?
Communication with the local Hospital Liaison Committee and the "Bloodless Surgery" hospital directive
Any hospital in the locality practices Bloodless Surgery?

Managing communication with parents

Who to communicate with parents (by individual professional staff, or the HCE, or as a team)?
Discreet, confidential, respectful
Hospital's responsibilities, factual
Parent's wishes and the need to discuss with spiritual leader

This case was resolved as follows:
A meeting was held with the parents to inform them the hospital was obliged by law to transfuse their son if they thought it was necessary. After much discussion with JW church officials, the parents agreed that the procedure could be undertaken on this basis. They did

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make a written plea that in the event of a large haemorrhage, the hospital should consider their feelings about transfusion and take all possible steps to avoid a transfusion.

If the parents had refused permission for surgery, efforts would have been made by the hospital to obtain consent from an independent and legally appointed guardian.

Ultimately the surgery proceeded uneventfully with the participation of first anaesthetist.