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Abstract

Current guidance about informed consent suggests patients ought to know about the procedures involved in any treatments they agree to undergo, and have a right to be involved in decisions about their care. However, it is not clear how this guidance is and should be applied to decisions between variant surgical procedures such as abdominal or vaginal hysterectomy.

We sent structured questionnaires about information provision and decision-making to 157 women who were scheduled for hysterectomy in north-east Scotland. A purposive sub-sample of 20 women was interviewed in depth post-operatively.

104 women (66%) responded to the questionnaires. 75% reported being told at outpatient clinics what kind of hysterectomy they would have, but fewer than half had been told about the advantages and disadvantages of different kinds. Between 26% and 65% of women thought they had been given too little information about various issues pertaining to different types of hysterectomy.

The interview accounts suggested that gynaecologists offered women little opportunity to influence the selection of a surgical procedure. Women did not express a desire for a greater say in this selection, but appreciated being told, or would have liked to know, why particular procedures were recommended for them. There may be circumstances in which it is important for surgeons to tell patients about options they have ruled out in their particular cases.

Decisions between alternative surgical procedures are often highly contingent on the dispositions and skills of individual surgeons. They raise practical and ethical issues that have been neglected in recent discussions about patient involvement in decision-making. As policy makers continue to emphasise the importance of choice and patients become increasingly aware of the existence of variant procedures, these issues need careful consideration.



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Keywords

Informed consent; Treatment decision-making; Patient choice; Hysterectomy; Scotland

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