



Presidenza del Consiglio dei Ministri

NATIONAL BIOETHICS COMMITTEE

INFORMATION AND CONSENT TO MEDICAL TREATMENT

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abstract

Having outlined that the information/consent combination has different modalities of application according to the model of medicine to which it refers, the NBC highlights the fact that the exercise of the medical profession, especially in the case of specialist medicine, today privileges the technical quality of the intervention, to the detriment of the conditions which once favoured the establishing of a relationship founded on trust. The acquisition of authentic informed consent requires the realisation of a wide relational context.

The opinion recommends that the information be suitable for each single patient in relation to their culture, ability to understand and their psychic state; furthermore, it should be correct and complete concerning the diagnosis, therapy, risks and prognosis. Three types of ways of imparting information to the patient are identified: a) the professional standard, based on present scientific knowledge, with the advantage of scientific correctness, but with the risk of the patient not being able to understand the information; b) average standard, with reference to how much a reasonable person would want to know and could understand, with the advantage of the popular level of the information, but with the difficulty in identifying the thresholds of reasonableness; c) the subjective standard, with reference to the single patient, with the advantage of a relational specificity but with the risk of a paternalistic bias of the contents of the information. In emergency situations, which require medical staff to take rapid decisions, the phase of the patient's consent cannot however be skipped, unless he/she is in an obvious state of unconsciousness.

The role of the relatives is another fundamental point of the question, above all when the patient is not able to express his/her own preferences. Nonetheless, next to the undeniable legitimacy of a close relative interpreting what the patient's decision would be, the emotional state of the moment must be considered, which could reduce their ability to make a pondered decision. Moreover, the relatives themselves are often the bearers of interests in conflict with those of the patient.

Consent therefore has ethical and juridical requirements, as it has to be personal, free, specific and conscious. In the case of patients that are not of a sound mind, and if there are no dangers or serious risks to their lives, it is necessary to wait until they are once more able to express their own will. On the other hand should they be running the above-mentioned dangers and risks, for which medical assistance cannot be delayed, the treatment in question should be carried out. Any 'living wills' and 'advanced treatment statements' are not considered eligible to dispel doubts concerning the real will of the incapable patient.