High-Risk Consent in Anesthesia: The Need of the Hour

Sir,

Many a times, we come across the situation where anesthesiologist has asked for high-risk consent for the case to be taken up under anesthesia. What exactly does it mean? Patients who present for surgery may be at increased clinical risk for a variety of reasons. These include patient factors, availability of staff, resources, and timing and nature of surgery. Among the various risk-stratification systems, the most important and commonly used one includes the American Society of Anesthesiologists (ASA) status classification with its origin in 1963.[1] Healthy fit patients belong to ASA 1 and patients with mild and severe systemic disease belong to ASA 2 and ASA 3, respectively. ASA 4 refers to incapacitating disease that is a constant threat to life. A moribund patient who is not expected to live beyond 24 h with or without surgery belongs to ASA 5. The rate of postoperative complications was found to be closely related to ASA class with a mortality of 0.41/1000 for ASA 1 increasing to up to 9.6–26.5/1000 for ASA 4 and beyond.[2] But, does merely classifying the patient into ASA class signify high risk and does it give adequate information to the patient undergoing major surgery involving a threat to his life? The answer is probably no. It was seen that ASA classification takes into account only the clinical condition of the patient whereas the duration, nature, and complexity of the surgery and a variety of other patient factors such as age, sex, and weight do not influence the class of ASA to which the patient belongs.[3] It was found to be more of a documentary evidence.

It was seen that a majority of legal suits imposed by the patient on the anesthesiologist has been due to the lack of adequate information during the preassessment checkup.[4] Any patient undergoing a procedure is exposed to a small risk of surgical mishaps and anesthetic adverse events, but these are generally insignificant and unpredictable events. In these patients, the routine "informed consent" for surgery and anesthesia should suffice. A regular informed consent is a critical part of the preanesthetic review and should include the nature of anesthetic plan, the material risks and benefits, and the alternatives to the plan. It is an interactive session between the anesthesiologist and the patient before he/she is being taken up for surgery. "High-risk informed consent" comes to role when a "high-risk patient" has to undergo a complex surgical procedure. What exactly constitutes a "high-risk patient"? A particular subgroup of patients with multiple comorbidities in a decompensated stage are at risk of specific complications such as intra- and postoperative myocardial ischemia, respiratory failure, perioperative renal failure, and even cardiac arrest.[5] These are the patients in whom specific risk has to be explained in addition to the routine informed consent in terms of risk to life, morbidity, organ failure, and postoperative Intensive Care Unit stay and consent has to be obtained. Promoting realistic expectations in such patients enables the patient and the relatives to share a major part in the decision-making processes. High-risk informed consent also serves as a safeguard and provides a measure of protection for the anesthesiologist when the worst happens. Previously, a patient consent for surgery

was considered to have implied consent for anesthesia as well. However, today the growing threat of commercial litigation has led the anaesthesiologist to reconsider the need for a separate anaesthesia consent. In addition to the regular informed consent, identifying patients at high risk and explaining in detail the risks that accompany from taking up a frail patient for a difficult surgery and anesthesia and obtaining a "high-risk informed consent for anesthesia" stands as the need of the hour.

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