

New Zealand Orthopaedic Association

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Kanny Ooi Senior Policy Adviser and Researcher Medical Council of New Zealand PO Box 10509 The Terrace WELLINGTON 6143

By email: kooi@mcnz.org.nz

Dear Kanny

Medical Council of New Zealand: Draft Revised Statement on Information, Choice of Treatment and Informed Consent

The New Zealand Orthopaedic Association (NZOA) Council recently considered the Medical Council of New Zealand (MCNZ) draft revised Statement on Information, Choice of Treatment and Informed Consent.

We specifically want to comment on proposed New section (F) "When a patient is anaesthetised".

We understand this section is intended to cover unexpected findings or events in surgery whilst the patient is under anaesthetic. We are however concerned with the line "You should discuss any unexpected intraoperative findings with a peer, a clinical head or your Chief Medical Officer, and must document any advice given." We consider this wording is too prescriptive, particularly in the orthopaedic setting when fractures of bone defects occur intra-operatively and need to be managed. Whilst they may have been consented for it is not possible or helpful to list 'every possible complication' and this would not seem to be the intent of the revised statement.

Many Private Hospitals cover this situation by including in the consent form a statement such as "If something unexpected is found or occurs during the surgery, the surgeons will act in your best interests".

We I would suggest MCNZ consider the following (or similar) wording:

"There may be occasions when the clinical presentation of an anaesthetised patient is such that it warrants further investigation or intervention which the patient has not consented for. Good clinical judgement is needed as to whether to proceed, or to defer that additional investigation/ intervention until you have discussed it with the patient and obtained the patient's consent. You should act in the best interests of the patient taking into account the context of the situation. You should consider discussion of unexpected intraoperative findings with a peer, clinical head or your Chief Medical Officer, however if there are clear and recognised management options and the patient would be significantly disadvantaged by withholding treatment then the surgeon should proceed within the context of that situation."

We hope this additional wording is acceptable. Thank you for consulting with the NZOA. We look forward to your response.

Yours sincerely

Peter Robertson

First President Elect

Andrea Pettett
Chief Executive