

INFORMED CONSENT AND THE RESPIRATORY LABORATORY

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In preparing documentation for accreditation, questions asked about the need for and use of consent forms in the respiratory laboratory yielded a multitude of answers. Accordingly the membership of ANZSRS was surveyed to determine current practice across Australia and New Zealand.

An on-line survey was made available to all members via the ANZSRS web-site asking for one response per laboratory (estimate 70 laboratories). Current laboratory practice in obtaining consent for all respiratory testing was surveyed. 34 laboratories responded (49%) representing public hospitals (10), teaching hospitals (13), private laboratories (6) and research laboratories (5).

Overall the dominant form of consent was verbal (86/151 consents), although for exercise testing and bronchial challenges, written consent dominated (42 vs 28). Consent was taken predominantly by laboratory staff (59%) with the referring physician taking consent 28% of the time and Junior Medical staff 11% of the time. This breakdown was similar for all procedures. In the majority of cases, the patient attending, and not declining, the test implied consent. 12 of the 34 responding laboratories had responsibility for obtaining consent divided between medical, scientific and administrative staff. In only 25% of cases was the consent recorded in the medical record.

The approach to consent is variable and there appears to be a lack of clear understanding as to what consent is. There are legal and ethical aspects to the need for recording consent, who should be obtaining the consent and where that consent should be registered. We advocate a more consistent approach going into the future with clear guidelines pertaining to the need for, the obtaining of and the documentation of consent.

Key Words: Consent; respiratory laboratories; survey; common practice