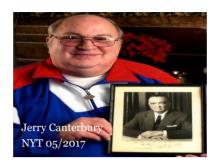
Solving Persistent Problems of Informed Consent Law with Federally Certified Patient Decision Aids

ASLME Health Law Professors Conference Atlanta, Georgia (June 10, 2017)

> Thaddeus Mason Pope, JD, PhD Mitchell Hamline School of Law



"comforted to know that his lawsuit and suffering had **not** been in vain"

Much **smaller** impact than anticipated

### Roadmap

**4** parts

UMT Failure IC law PDA solution Implementing



### Unwanted medical treatment

Patient did **not** want it

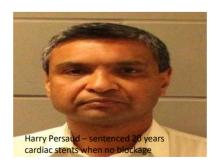
But <mark>got</mark> it anyway 3 types UMT

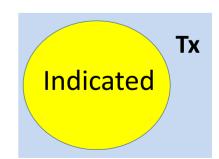
Type <mark>1</mark> UMT

Not medically indicated

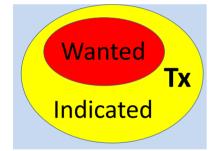








No patient would want this Type 2 UMT



Reasonable patient <mark>might</mark> want this But . . . **this** patient does not

#### 2 examples

The Journal of Clinical Ethics				
VOLUME 28, NUMBER 1		SPRING 2017		
	At the Bedside	Features		
	Fourteen Important Concepts Reporting Moral Distress Eldoured G. House	When Net to Research An Ethical Analysis of Deat Practices for Cardiopolescoury Resouchation and Emergency C. Jorden and Atther B. Deve		
	Special Section on Moral Distress Harmoning the Frontier of Meral Distress. A Call for Re-Drimston Alias Corrected Darks (Edua Dashton	A Franzewerk for Ethical Devision Making in the Reliabilitation of Pathents with Anosygenoin Assoc Bins Egboot		
	Parsus Mores on Cannon and Lease on Symptoms of Morel Distance Theory A. Thomas and Laurence B. AlpCallingth	Case and Analysis Paesity Loyalty as a Caltural Distants to Good Care. The Case of Mot. Ballice Shuth. Solidiqui		
	Using Mural Distance for Organizational Improvement James E. Sable	Complexities in Comprising Combets, Collinson, Commission, Conversations, and Contrasts Sherebugson Denses and Relax Dense.		
	Landsing at the Profiline Side of Manal Distance Why It's a Problem Elizabeth G. Excitos and Ashbur B. Hared	Low Low Logal Briefing: New Penalties for Specing		
	and the second	Advance Directives and Do-Net-Resactate		

Example 1: advance directives



Doctors Hospital Augusta *v.* Alicea (Ga. 2016) Example 2: forced cesareans



Crisp, clear,			
concrete			
UMT			

Patient: "No. I do not want X."

Clinician: Does X

**Explicit** refusals only small fraction of UMT

Type 3MostNo rejectionUMTImage: No refusalNo refusal

# Actual consent

#### uninformed







I would not have consented, **if** knew risks, benefits, alternatives





But patients are seriously **misinformed** 

Only **5 in 100** understand cancer diagnosis

Only **10 in 100** can answer basic questions about **their** spine surgery







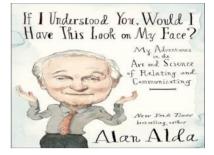


Incomplete Inaccurate Outdated

## How

Not meaningfully conveyed

Not understood



Informed consent law was not even **designed** to deal with this







Vast numbers of uninformed patients Deluge of UMT 3

Solution PDAs

Evidence based educational tools



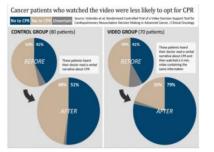
Robust evidence shows PDAs are highly effective > 130 RCTs



Improve knowledge Feel better informed Clearer about values More accurate expectations Value congruent choice

## UMT

Informed patients request less aggressive treatment



#### PDAs **reduce** UMT

"paradigmatic change in healthcare delivery"





More graphic More user friendly More accessible More useable

Great evidence

But little clinical usage "Promise remains elusive"



#### **Move** PDAs from research to practice



## Using law to promote PDAs

	Carrots	Sticks
Liability incentives	Enhanced malpractice protection for using SDM	Expanded malpractice exposure for failing to use SDM
Payment incentives	Medicare Shared Saving Program reimbursement for ACOs using SDM	Medicare and Washington state requirements to use SDM



Proposed Decision Memo for Screening for Lung Cancer with Low Dose Computed Tomography (LDCT) (CAG-00439N)

Shared decision making, including the use of one or mote decision aids, to include benefits, harms, follow-up diagnostic testing, over-diagnosis, false positive rate, and total radiation exposure;

```
Proposed Decision Memo for Percutaneous Left Atrial
Appendage (LAA) Closure Therapy (CAG-00445N)
A formal decision-making interaction between the patient and provider using an evidence-
base decision tool in anticoagulation in patients with WAF must occur prior to LAC, must be
documented in the indicat evoder, and include a discussion of the benefits and names, must
```

Widely varying quality

Should not attach legal consequences

Assure PDA quality

#### Certification

Accurate

Complete

Understandable

No bias No COI







Labor & Delivery (2016)

#### 3 prenatal testing

2 birth options (VBAC, big baby) Joint Replacement & Spine Care (2017)

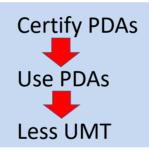
#### End of life (2018)





National Standards for the Certification of Patient Decision Aids





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