

Informing patient of risks of operation (98HDC19009, 19 January 2001)

Obstetrician and gynaecologist ~ Senior house officer ~ Midwife ~ District Health Board ~ Pregnancy ~ Early labour ~ Infection ~ Informed choice ~ Discussion of risks ~ Support person ~ Standard of care ~ Rights 4(2), 6(1)(b), 6(1)(f), 7(1), 8 ~ Clause 3

A woman presented to her GP with threatened pre-term labour and a vaginal infection. She was flown by helicopter to the nearest base hospital on several occasions to treat her infection and to suppress the early labour. The woman complained to the Commissioner that her partner was not allowed to accompany her in the helicopter, but instead the seat was given to a trainee midwife. This complaint was not upheld: a patient has a right to a support person, *unless* the patient's safety may be compromised. The District Health Board's policy was to have two caregivers on board, in case the baby was born in transit, so there was no room for the partner.

The woman delivered her baby at 35 weeks, but subsequently presented with a secondary post-partum haemorrhage due to retained placental tissue. The obstetrician proposed undertaking a dilatation and curettage (D and C) to explore the uterus and remove any remaining placental tissue. The procedure was explained to the woman and she consented to the operation. During the operation, the obstetrician suspected that the woman's uterus had been perforated, and undertook a further procedure to repair the tear. Although the decision to perform a D and C was appropriate, the Commissioner held that the woman had not been given adequate information about the attendant risks of the procedure.

The risk of perforation of the uterus was less than 1%, and most obstetricians would not disclose it. However, the usual practice of health professionals in disclosing risks is relevant but not determinative. The probability of a risk eventuating must be weighed against the magnitude of the potential harm and the availability of other options. Perforation of the uterus is a rare but well recognised complication and can have significant consequences, including fatal haemorrhaging and disseminated infection. In this case, the presence of infection would have made the woman's uterine wall soft and easier to perforate, thus increasing the risk. A reasonable woman would expect to be told of the risk. In these circumstances, it was incumbent upon the obstetrician to discuss the risk of complications, and any remedial action they might require, in order for the woman to be able to give informed consent. The obstetrician (who remained responsible, even though he had delegated the SHO to "consent" the woman) was held to have breached Rights 6(1)(b) and 7(1).

The woman also complained that she did not receive test results from a clot passed following delivery. This complaint was not upheld. A number of tests had been taken and, as the results were received after the woman had been discharged, they were forwarded to the woman's GP, which was held to be reasonable practice.