

LA Medical Disclosure Panel
March 22, 2013 | 10:00a – 12:00p

Members Present:	Members Absent:
Daly	Mitchell
Mouton	Regan
Garrett	Blankenship
Marier	Samuels
Williams	Pressly
Levet	Yount
Morvant	Hall
Miller	
Berger	

Call to order 10:10 am.

Introduction of members.

Quorum established.

***Motion by Levet. Second by Williams. Review/approve December 5, 2012 minutes.
Motion carries.***

Contact List for Medical Societies.

Updating Informed Consent Rule.

Dr. Williams provided an update on what she and Dr. Marier had done since the prior meeting. Letters were sent to presidents of medical societies. Dr. Marier did a comparison of TX rules and applied to LA rules and posted on Sharefile. Each society president could approve or add changes. Both personally attempted to call every president explaining need expressed in letter and purpose of the panel. ACOG (today) and General Surgery (after summer) are ready. Most will be ready to present after they're able to meet with their societies. Psychiatry is ready. Radiology will be ready after June. Some societies deferred to other Specialities, ie, ER to other Specialities.

General Consent Form.

Mouton: All general risks, ie general consent signed at hospital. Material risks – death, paralysis, disfigurement, etc.on general consent and also on surgical consent. Put material risks in general consent do not repeat on surgical consent which should be limited to actual procedure.

Williams. Disagree. Purpose to identify procedures in some situations should still use general consent. Gives blanket protection.

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Mouton. Patient may read death, brain damage and stop. Specific risks at end of string and patients never get to specific risks.

Berger. Change order.

Levet. Agrees with Mouton. Surgery patient keys in on one word, doesn't see true risks.

Miller. Put general risks at end and surgery risks in front.

Mouton. California insurance group, like LAMICO, has two sections – most likely and least likely associated with procedure. General risks are checked. No other risks are identified. Put it first – not bury general risk but to make them less prominent.

Williams. Review current one page general consent form. §4 Material Risks of established form.

Motion by Mouton. Chapter 23 Informed Consent – §4 change order by starting with infection, bleeding, pain (specific risks). Second by Levet. No objection. Motion carries

Williams. Recommendations for changes to §2 – Description/Nature of the Treatment/Procedure. Incorporate in form anything necessary to save a patient's life and removal of any damaged/diseased tissue.

Garrett. Objects. Implies that I am willing and able do anything and everything to save a life. And I may not or will not be in a position to.

Mouton. Allow doctor to provide enough information to write out at doctor's option. Depends on perspective – protect doctor or patient. More information better as long as it's no overload.

Williams. Meet with attorneys before next meeting to get attorney recommendations. Make motion to defer to legal team and bring recommendations back to panel.

Garrett. At mercy of legal opinion. Correct thing medically to do. Add if they want to or not for everyone. Putting in for everyone implies doctor is prepared and willing to do if don't have equipment. Don't need to complicate more and more. If necessary, would have been done 20 years ago.

Miller. Distinction between hospital and office

Garrett. Things can be done in hospital that can't be done in office

Motion by Williams. Second by Mouton. Defer to legal team on opinion and advice whether recommendations are appropriate. Roll call vote. Daly – Y, Mouton – Y, Garrett – Y, Marier – Y, Williams – Y, Levet – Y, Morvant – Y, Miller – Y, Berger – Y. Motion carries.

Williams. No comments. Move to §3.

Mouton. Put in parentheses reminder to make description (medical diagnosis) in layman's terms.

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Williams. To write out may be difficult for some.

Daly. Important that patient understands diagnosis.

Williams. Add language that they understand diagnosis and patient signs. Force provider to thoroughly counsel patient by patient initialing.

Williams. Any opposition to recommendations.

None

Williams. No comments. Move to §5. Reasonable therapeutic alternatives and the risks associated with such alternatives:

Mouton. Least used and filled in. Provider should ask patient to initial so there's understanding and disclosure

Williams. 2 boxes. Observation/Risk - Delayed Treatment. Reasonable Therapeutic Alternatives, if checked then list those alternate procedures and risks associated and patient initials for acknowledgment.

Williams. Move to §6. Acknowledgment, Authorization and Consent. Defer to legal for recommendations.

Mouton. No problems that he is aware of. Legal will discuss

Williams. General Consent form is completed.

Motion by Williams. Second by Mouton. Recommend the following Summary of Changes to General Consent. Defer §2 to legal. Reverse order of complications in §4(c). §3 Patient Condition – add language that patient understands diagnosis and patient initials. §5 language remains same but add 2 check boxes: Observation/Risk - Delayed diagnosis and Treatment and Reasonable Therapeutic Alternatives (if checked then lines to write in) and patient initials acknowledgment. Roll call vote. Daly – Y, Mouton – Y, Garrett – Y, Marier – Y, Williams – Y, Levet – Y, Morvant – Y, Miller – Y, Berger – Y. Motion carries.

Williams. ACOG recommendation. Add Procedures Requiring No Disclosure – IUD, Endometrial biopsy, colposcopy and cervical biopsy, hysterosonogram w/or w/o endometrial biopsy. Standard office procedures. Risks are minimal.

Mouton. Suggests not including IUDs in no disclosure list. Risks higher than others. Patient should give consent.

Williams. All birth control has risks. IUD has manufacturer's consent form in product.

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Motion by Williams. Second by Miller. Motion 5 things added to no disclosure list: (1) IUD (2) insertion and removal of subcutaneous implanted birth control device, (3) Endometrial biopsy, (4) colposcopy w/cervical biopsy, (5) hysterosonogram w/or w/o endometrial biopsy. Roll call vote. Daly – Y, Mouton – N, objects to IUDs and implanted birth control devices in non-disclosure list, Garrett – Y, Marier – Y, Williams – Y, Levet – A, Morvant – Y, Miller – Y, Berger – Y, except for IUD and subcutaneous birth control devices. Motion passes.

Motion by Williams. Daly seconds. Change language of 601.3 to read No Disclosure and No Disclosure of Specific Risks and Hazards. No objections. Motion carries.

Motion by Williams. Second by Berger. Add to 601.2 Female Genital System Treatment and Procedures. Abdominal endoscopy (peritoneoscopy, laparoscopy and robotics). No opposition. Motion carries.

Mouton. Add cerclage to Maternity and related cases. Disclosure for risk of use of Cytotech

Motion by Williams. Second by Mouton. Defer recommendation as disclosure treatment of use cytotech within ACOG guidelines to Legal and ACOG. No objections. Motion carries.

Williams. Add to Abdominal Hysterectomy: Sterility; Failure to diagnose or miss cancer; and Unsatisfactory or diminished sexual function. Add to Vaginal Hysterectomy 17. Sterility; 18. Failure to diagnose cancer; and 12 Unsatisfactory or diminished sexual function

Motion by Williams. Seconded by Daly. Approve ACOG's recommendation of adding to Abdominal Hysterectomy: 12- Unsatisfactory or diminished sexual function, 16 -Sterility, and 17 - Failure to diagnose or miss cancer. Daly – Y, Mouton –Y, w/exception of #17, Garrett – Y, Marier – Y, Williams – Y, Levet – A, Morvant – Y, Miller – Y, Berger – Y, Motion passes.

Motion by Williams. Second by Daly. Approve ACOG's recommendation of adding to Vaginal Hysterectomy: 12 -Unsatisfactory or diminished sexual function , 17 -Sterility, and 18 - Failure to diagnose or miss cancer. Daly – Y, Mouton –Y, w/exception of #18, Garrett – Y, Marier – Y, Williams – Y, Levet – A, Morvant – Y, Miller – Y, Berger – Y, Motion passes.

Williams. Finalize topics for future meetings. Panel will meet every other month.

After discussion Friday mornings were determined to be the most convenient time for members.

Motion by Williams that meetings would be on Fridays from 10-12 with the next meeting scheduled for Friday, May 17, 2013. Second by Mouton. No objections. Motion carries.

Motion by Williams to adjourn. Seconded by Mouton. No objections. Motion carries.

Meeting adjourned 11:58 am.