Letters and comments

Contributors to this section are asked to make their comments brief and to the point. Letters should comply with the instructions to authors at <http://www.rcseng.ac.uk/publications/annals/authorinstructions.html>. Tables and figures should only be included if absolutely essential and no more than five references should be given. The editor reserves the right to shorten letters and subedit contributions to ensure clarity.

COMMENTS ON

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COMMENT 1

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Knowledge of the laws of consent in surgical trainees

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We read with interest the review by Robert Wheeler and would like to make the following points:

1. Regarding patient marking prior to surgery, the patient safety alert published by The Royal College of Surgeons of England and National Patient Safety Agency (2 March 2006) states that marking should be undertaken 'by the operating surgeon, or a nominated deputy, who will be present in the operating theatre at the time of the patient's operation'. We suggest that the same ought to be true of consent.
2. There are written guidelines as to which patients (*i.e.* children, the psychiatrically unwell) are capable of giving consent in various clinical circumstances.^{1,2} We

Table 1 Results of survey

Topic of question	FY1&2 (n = 13)	SpR (n = 7)	Consultant (n = 8)
Overall	15/22 (69%)	18/22 (80%)	16/22 (75%)
Obtaining complete informed consent	68%	79%	77%
Consent from children	60%	64%	50%
Consent from psychiatric patients	70%	80%	90%
Consent for research and screening	80%	100%	80%

have surveyed surgical teams to assess their knowledge of these guidelines with the results shown in Table 1.

Table 1 describes the percentage of correct answers to each topic. For example, on the topic of consent in psychiatric patients (*i.e.* when it is appropriate to take consent from psychiatric patients and what they can consent for), SpRs got 80% of the answers correct.

3. We note the differences in results between SpRs (best knowledge) and FY trainees (poor knowledge). This was statistically significant ($P < 0.02$). We suggest that, in taking consent, the surgeon must not only be qualified sufficiently to undertake the procedure but must also have the basic knowledge of current law so that the consent taken is valid and informed, especially in situations involving children and psychiatric patients.
4. We conclude that formal training may be required for junior trainees in the taking of consent, and that surgeons should seek legal advice in difficult situations.

References

1. Department of Health. *Good practice in consent implementation guide: consent to examination and treatment*. London: DoH, 2001. Available from: <<http://www.dh.gov.uk/assetRoot/04/01/90/61/04019061.pdf>> (accessed 08/06/2006).
2. General Medical Council. *Seeking patient's consent: the ethical issues*. London: GMC, 1998. Available from: <<http://www.gmc-uk.org/guidance/library/consent.asp>> (accessed 08/06/2006)