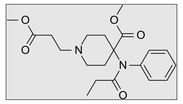
Obtaining informed consent for a labour epidural; should we discuss remifentanil Patient Controlled Analgesa ?

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INTRODUCTION

A key GMC principle of consent states, “Doctors must try to find out what matters to patients so they can share relevant information about the benefits and harms of proposed options and reasonable alternatives”.
The landmark case of “Montgomery vs Lanarkshire” ruled doctors should not presume to know what significance the patient may attach to different risks.[2]
Obtaining labour epidural consent is challenging and a full explanation of the risks and benefits is difficult. However, remifentanil PCA is an established alternative option.
If considered a reasonable alternative to an epidural and there are no contra-indications should it be part of the consent process in units that offer it?



We aimed to identify local opinion regarding the discussion of remifentanil whilst consenting for a labour epidural

METHODS

- Electronic surveys were sent to consultant and trainee anaesthetists.
- Consent was obtained from the local audit committee.
- Maternity unit with approximately 6000 deliveries per annum
- Established Remifentanil Service

RESULTS

Response rate was 73% (24/33).

Providing no contra-indications exist
- 8% always discuss remifentanil
- 71% sometimes do
- 21% never do.

Of those who discuss remifentanil, 72% reported incidents of women subsequently opting for a remifentanil PCA instead of an epidural.



Remifentanil was felt to be a reasonable alternative to an epidural by 96% of responders.

One of our key priorities as a healthcare provider is to engage with our patients in the decision making process. In relation to pain in labour, Thompson and Sunol suggested that a women’s expectation of pain in labour is defined by their antenatal education combined with beliefs they have regarding pain in labour(3).

DISCUSSION

With the law shifting to supporting patient autonomy over medical paternalism we should not make assumptions about patients’ wishes.

With 96% of responders in our survey considering remifentanil to be a reasonable alternative to an epidural, and the fact that practitioners do have experience of women changing their minds and opting for remifentanil, we would suggest that if remifentanil is an option, it should be discussed.

If not, this may pave the way for successful litigation should an epidural related complication occur.

REFERENCES
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