

Nips, Tucks and Lawsuits

continued from page 1

Likewise, lack of informed consent is often added to claims of improper performance. Besides a thorough written consent form signed by the patient well in advance of surgery, there are other approaches the ophthalmologist should employ to ensure that the patient is aware of the goals and possible outcomes of the proposed surgery and understands how he or she will be cared for throughout the process.

Be a Teacher

At a session on documentation and patient selection at the annual meeting of the American Society of Ophthalmic Plastic and Reconstructive Surgery, John W. Shore, MD, presented a history and physical form he has developed in his practice. The form includes sections for measuring "eye protective mechanisms" (tear film, basal tear secretions) and horizontal laxity measurements of the lower lids. Had the OMIC insured in this case used such a document, he would have been prompted to document important information that would have made it difficult for the experts and plaintiff to criticize his preoperative evaluation and dispute whether a critical part of the exam was performed.

Dr. Shore describes his approach to patients considering oculoplastic surgery as that of teacher. Beginning with the first visit and continuing throughout, anytime the patient is given patient education materials, it is documented in the chart. Dr. Shore conveniently does this while writing his *Impression* and *Plan* for the patient. From a list of nine handouts, Dr. Shore circles those that are given to the patient. Directly below the *Handout* section of his H&P is a *Discussion* section. Again, Dr. Shore selects from a list of six possible discussions the one he has with the patient. Logically,

Discussion

Discussion with Mary Smith and husband
8-21-98

All questions answered

Shore MD

(SAMPLE)

Blocked tear duct -- no way for tears to drain

Operation: DCR = dacryocystorhinostomy

- Generally successful
- local or general anesthesia
- Outpatient
- Not painful
- Internal - no scar, newer
- External - scar, conventional, ? higher success

Form 4 1/98

the Handout and Discussion sections come at the end of the H&P near Impression and Plan since only after a thorough exam is it possible to determine which discussion to have and which handout to give to the patient.

During discussions with the patient, Dr. Shore finds it helpful to use a diagram of the face and eyes as a "chalkboard" to explain the goals of surgery (see above). He dates and places the diagram in the medical record and gives a copy to the patient. Sometimes it may be

necessary to use more than one diagram to explain a procedure, but these diagrams will go a long way toward helping negate claims that the physician did not take the time to discuss and explain the surgical goals and objectives in a manner the patient could understand.

Family Ties

Often, it is just as important to establish rapport with the patient's family as it is with the patient. Throughout the treatment process, include in your documentation any