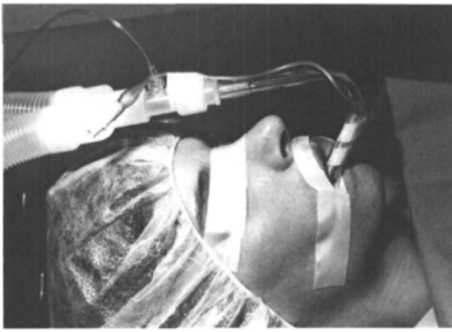

FIGURE

This technique has been used in both paediatric and adult patients without complications.

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Obstetric anaesthesia: informed consent

To the Editor:
The Department of Anaesthesia at Mount Sinai Hospital prepared a brochure to provide parents-to-be with an introduction to the obstetric anaesthesia service. The brochure was mailed to all obstetric patients six to eight weeks before admission for childbirth.

We selected, randomly, 62 patients in our delivery room in July and August, 1988 to determine if they had received the brochure and their response to it. We included only those patients who satisfied the criteria below.

1 ASA I or II
2 BP <140/90
3 Age 18–35 years
4 Gestational 38–42 weeks
5 Intention of vaginal delivery
6 Contractions >3 minutes apart
7 Comfortable between contractions
8 No sedation or narcotics given

Only 33 of 62 patients recalled receiving the brochure. All these patients read the brochure but only 23 remembered what it concerned and all thought that it was clear about the various methods of pain relief available.

We asked directly if the brochure provided enough information to give an informed consent about receiving an anaesthetic. Four patients felt that the brochure gave too little information and six were unsure if it gave enough information to give informed consent. This illustrates one of the problems of obtaining "informed consent" prior to obstetric anaesthesia.

In our hospital, there are numerous physicians who might obtain informed consent from the obstetric patient who may or may not be in labour. We have no standard routine, and discussion is left to the individual doctor. We are not aware of any guidelines that would ensure a legally acceptable consent. We speculate that guidelines established by our national bodies might help satisfy all concerned parties that a thorough attempt had been made to provide patients with sufficient information to make a reasonable decision regarding their anaesthetic care.

It is not possible to ensure that enough patients receive or understand a brochure such as we have distributed. Information sent in this manner will not eliminate the need to give more information on a one-to-one basis at the time of hospital admission. Perhaps the most useful feature of such a brochure is that it enables informed consent to be obtained more readily in some patients at the time of admission.

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Obstetric epidural analgesia in remote hospitals

To the Editor:
Dr. Palahniuk's editorial[1] regarding obstetrical epidural anaesthesia in remote hospitals underlines the challenge facing uncertified anaesthetists in small communities across the country. Dr. Palahniuk states emphatically that the GP anaesthetist must be prepared to stay in the hospital throughout the duration of an epidural anaesthetic. Quite apart from the fact that such a rule would eliminate the availability of epidurals for labour in community hospitals in Northern Ontario where I practise, this rule is clumsy and indirect in achieving its purpose.