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Consent: what we will discuss, and what you can ask

> **The short version.** Consent is a conversation, not a signature. I will explain what the anaesthetic involves, what the alternatives are, and the risks a person in your position would want to know about — including the rare ones. You can change your mind at any point, including in the anaesthetic bay.

What consent for anaesthesia involves

- **What I propose, and why** — the type of anaesthetic, the pain relief plan, the monitoring, and what will happen on the day.
- **The alternatives** — including having the procedure under a different type of anaesthetic, or not having it at all. If an option is not reasonable for you medically, I will say so and explain why.
- **The material risks** — those a reasonable person in your situation would attach significance to. The High Court of Australia has framed it that way, and it means the list is personal, not generic: what matters to a singer, a pregnant woman, or someone with a family history of a complication is not the same list.
- **The common, the uncommon and the rare** — a sore throat and nausea at one end; anaphylaxis, awareness, neurological damage and, for an otherwise healthy person, death at the other. Rare risks are still discussed, because you are entitled to know before the day, not in the anaesthetic bay.
- **What happens if the plan has to change** — if the operation turns out to be different from what was booked, or something unexpected happens.

How your own history changes the conversation

The risks I emphasise depend on you: your heart and lungs, your kidneys, sleep apnoea, previous anaesthetics and reactions, allergies, whether you take blood thinners, diabetes and weight-loss medicines, and your own priorities. Bring your questions written down — it is the single most useful thing you can do at the consultation.

Writing it down

Your consent will be documented in the anaesthetic record, including the risks discussed and your agreement. Written consent forms are used by most hospitals. In New Zealand, written consent is a legal requirement for anyone having a general anaesthetic; in Australia it is standard practice and required by most facilities.

> **Bring with you:** any advance care directive, goals-of-care document, or enduring guardian appointment. If you have a "not for resuscitation" order, tell me — it is not automatically cancelled by having an operation, and we will agree in advance what should happen if your heart stops during or after the procedure. That conversation is part of consent.

What consent does not cover

Fees are a separate and equally important discussion: you should know the likely cost before you agree to proceed. That is informed financial consent, and it is set out in the information sheet about my fees and the terms at herman.au/terms.

You can ask

- "What would you do if this were your mother?"
- "What is the most likely thing to go wrong, and what would you do about it?"
- "What happens if I say no to this part of the plan?"
- "Who will be looking after me, and who do I call afterwards?"

On your phone: anaesthesia.herman.au/p/15
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Consent framework, the material-risk test and documentation requirements follow ANZCA **PS26(A) Position statement on informed consent for anaesthesia or sedation (2021)**; financial consent from ASA **PS04 Informed financial consent**.
This pamphlet is general information and does not replace individual advice. If my rooms, your surgeon or your hospital have given you different instructions, **those instructions take priority** over anything written here.

Scan to read on your phone