Informed Consent & Refusal in Obstetrics: A Practical Ethical Guide

Birth is a normal physiological process that usually occurs without intervention. When intervention in childbirth is indicated, a woman’s informed consent is required. Yet threats to informed consent exist: over-estimation of risk, imbalance of authority, and restrictive administrative policies can all coerce women into undesired interventions. When there is a conflict between caregivers’ recommendations and a woman’s informed choice, should autonomy or beneficence prevail?

This presentation addresses the ethical concepts of autonomy, beneficence, and non-maleficence as they relate to the process of informed consent and develops a framework for optimal informed consent that includes: a woman’s right to complete unbiased information regarding all clinical alternatives, including no intervention; her right to access her chosen alternative; her right to decline any recommended treatment without prejudice, and nonetheless to receive excellent care in accordance with her values and choice; and her ethical and legal responsibility for adverse outcome associated with informed refusal.

Dr. Kotaska will discuss the critical value of the therapeutic alliance and challenge caregivers to preserve it, even when women’s choices diverge from guidelines or caregivers’ recommendations. He will provide practical advice on risk estimation and highlight the difference between “offering” and “recommending” intervention. The integral role of clinician objectivity, humility, and self-awareness to achieving truly informed consent will be explored.

1. Define autonomy, beneficence, and non-maleficence.
2. List the essential components of informed consent.
3. Appreciate the “fuzzy” nature of clinical decision making and the difference between “offering” and “recommending” intervention.
4. Identify their own values and biases that might interfere with informed consent.
5. Better understand the context of risk.
6. Outline the critical value of the therapeutic alliance and the integral role of the clinician in achieving informed consent.