

Invited Commentary

The Evolution of Informed Consent for Surgery Using the Best Case/Worst Case Framework

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For the last several decades, surgery has been preceded by the surgeon obtaining informed consent from the patient. In the traditional informed consent process, the surgeon explains the risks, benefits, and alternatives to surgery to patients so that they can make an informed decision about



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whether to proceed with an operation. In recent years, surgical options have increased while the numbers of frail, elderly patients needing surgery have also increased. This confluence of events has exposed a weakness of the classic informed consent discussion—namely, the manner in which the discussion of operative risks may be isolated from the patient's overall condition and future goals.

Especially when discussing surgery with a frail, elderly patient, the focus has too often been on the operation alone, with little integration of that discussion into the patient's goals and wishes with regard to quality of life. Even though, as a surgeon, I may think of an operation as a discrete event, my patient will not experience the operation in isolation from how it affects his or her life.

In the current issue of *JAMA Surgery*, Taylor et al¹ have demonstrated that surgeons can be trained to use the “Best Case/Worst Case” framework to improve their ability to communicate with elderly patients and enhance shared decision making surrounding acute, nonemergent surgical interventions. By using the Best Case/Worst Case framework, surgeons are encouraged to integrate the discussion of a specific operation into the possible outcomes that the patient might experience.² Surgeons also express their estimate of the patient's likely outcomes and further encourage the patient to evaluate the possible outcomes based on his or her personal goals. Best Case/Worst Case should not be seen as an alternative to the traditional informed consent discussion, but rather as a means of embedding that discussion in a broader consideration of how the operation may affect the patient's overall quality of life. Just as surgical techniques have changed over the decades, informed consent discussions prior to surgery must also evolve to include more attention to the patient's goals and priorities. In an era of increasing numbers of frail, elderly patients being considered for surgical interventions, Best Case/Worst Case is a helpful means of enriching those discussions.

ARTICLE INFORMATION

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