

Quand les patients nous poussent à sortir de nos guidelines...

Introduction

Dr D Grossman

Pourquoi ?

Demandes particulières en augmentation

Médecine paternaliste

Loi relative aux droits du patient

La loi du 22 août 2002 relative aux droits du patient précise les droits attachés aux personnes bénéficiaires de soins de santé. Les droits énumérés par la loi sont les suivants :

- Droit à recevoir des prestations de soins de qualité
- Droit au libre choix du praticien professionnel
- Droit à recevoir l'information relative à la santé
- Droit au consentement libre et éclairé
- Droit d'avoir un dossier médical tenu à jour, conservé en lieu sûr ; droit de le consulter et d'en obtenir des copies ; droit de consultation post-mortem pour les proches
- Droit au respect de la vie privée et de l'intimité
- Droit d'accès à une fonction de médiation compétente
- Droit à la prise en charge de la douleur

consentement

- Accord donné par une personne à une autre en vue de la réalisation d'un acte. Dans le cadre des soins de santé, le consentement libre et éclairé est un droit du patient énoncé dans la loi relative aux droits du patient de 2002 : aucun acte de soin ne peut être pratiqué sans l'accord du patient.

consentement

- Informel en Belgique
- Formel dans les pays anglo-saxons

Aux USA

- Informed consent

Toutes les complications possibles sont expliquées

INFORMED CONSENT FOR OBSTETRICS LABOR AND DELIVERY

- TO THE PATIENT: You have been **given information** about your pregnancy and recommendations concerning obstetrical procedure(s) and interventions which may be used. This consent form is designed to **provide a written confirmation** of such discussions by recording some of the more significant medical information given to you. It is also designed to help you **more actively participate** with your practitioner in the decision(s) concerning the obstetrical procedure(s) and interventions which may be used. It is intended to make you better informed so that **you may give or withhold your consent to the proposed procedures** and interventions.
- DR / CNM
- PROPOSED PROCEDURE(S) AND INTERVENTIONS: The above stated DR / CNM has explained to me that the common procedures and interventions related to the management of pregnancy include: Assistance at Vaginal Delivery, Episiotomy, Vacuum or other instruments used to assist delivery, use of drugs to stop premature labor or induce labor, and fetal assessment including Auscultation (listening to the fetal heart), use of Electronic Fetal Monitoring (external and / or internal), and Fetal Blood Sampling. The following additional procedures and interventions were explained:
- Additional Procedures and Interventions were explained:
- RISKS / BENEFITS OF PROPOSED PROCEDURE(S) AND ACTIVITIES: Pregnancy, labor and delivery are ordinarily **normal physiological events** and can be expected to provide a **healthy outcome for mother and baby** in the majority of cases. However, there are **complications** that may arise during pregnancy, labor and delivery, such as . preeclampsia, blood clots, hemorrhage or administration of blood and / or blood products is required, there is the potential risk of transfusion reaction and / or transmission of infectious disease. I also realize that the additional risks enumerated below can be associated with the procedure(s) and interventions proposed for my obstetrical care.

CARE DURING LABOR AND VAGINAL DELIVERY

- *The risks described may be immediate or delayed.*
- RISK TO MOTHER DURING THE COURSE OF DELIVERY:
- Tears of the vagina or the cervix may require the use of stitches.
- If an episiotomy (incision into the lower part of the vagina) is performed to minimize the risk of tears, post-partum discomfort occurs for a few days. Also, it is possible that the episiotomy may become infected and require treatment with antibiotics or surgical drainage.
- Tears into the bladder or rectum may result in difficulty with urination or bowel movements, and require treatment.
- Dehydration may require intravenous fluid administration.
- The possibility of infection of the uterus exists and may require treatment.
- Retained fragments of the placenta can occur and require treatment.
- Excessive blood loss may necessitate medication, transfusion or in rare circumstances D & C (scraping of uterus), or emergency hysterectomy.
- Serious tears or injury to the birth canal may require treatment. This risk is associated with spontaneous deliveries as well as those in which vacuum, forceps or other instruments are used to assist delivery.
- Formation of one or more blood clots in the veins of the leg or pelvis may require treatment. It is possible for the clot(s) to travel to other organs (such as the lung or brain) and endanger the life or health of the mother.

RISK TO BABY DURING THE COURSE OF PREGNANCY AND DELIVERY:

- Prematurity, birth defects, neurological problems, shoulder dystocia, infection to the baby, **and death** are risks of the natural circumstances of pregnancy and delivery. The natural forces of labor and delivery are sometimes sufficient to cause injury to the infant including changes in the shape of the baby's head and damage to the skin, bones and underlying structures, including the possibility of injury to the nerves and limbs.
- All fetal difficulties may not be identified by fetal monitoring or other means of fetal assessment.
- If internal fetal monitoring by means of a small electrode attached to the fetal scalp is used, there is the possibility of a reddened area and small scar at the electrode site. There is also the possibility of bleeding at the scalp site which may require pressure or a suture. There is also a possibility of infection to the scalp.
- If forceps or other instruments are used to assist delivery, there is the possibility of damage to the skin, bone or underlying internal structures of the baby. This risk is associated with spontaneous deliveries as well as those in which forceps or other instruments are used.
- If the baby is breast fed, the milk may contain small amounts of medications the mother receives (such as pain medication or antibiotics).
- There may be other complications such as, but not limited to, arrest of labor, or problems with the fetal heart rhythm which would require a cesarean section delivery

Additional risks and complications

- Possible risks and complications (including, but not limited to):
 - Blood transfusion or the use of blood components is NOT APPLICABLE at this time.
 - If blood transfusion or use of blood components is applicable: required
 - I CONSENT to receive blood / blood products if it is deemed necessary by my physician.
 - I DO NOT CONSENT to receive blood / blood products. I hereby **release** ECHN, this hospital, their employees, agents, directors and officers, and the attending physician from any and all liability / **responsibility** whatsoever arising from any risks or possible adverse **consequences, including death, which may result due to my refusal to permit the use of blood or blood products.**

- **Unforeseen Conditions**

I understand that during the course of the operation(s) or procedure(s) unforeseen conditions may arise that may necessitate procedures different from, or in addition to, those planned. I consent to any additional operations or procedures that my physician considers necessary under the circumstances. **I also understand that no guarantees have been made to me as to the results that may be obtained.**

- **Anesthesia**

I consent to the administration of such sedating medications and anesthetics as may be necessary for the performance of this operation or procedure, understanding that all forms of anesthesia involve risks which uncommonly may include injury, or even death.

- **Tissue Disposal, Support Personnel and Observers, Photographs and Video**

I agree to the disposal of any tissue specimens and / or placenta. ECHN will make every effort to respect the patient's wishes regarding the disposition of her placenta after delivery providing there is no medical indication otherwise. I accept the presence of medical / nursing / allied health observers. Photographs or videos may be taken during the surgery or procedure for documentation and / or educational purposes. The patient or the patient's healthcare representative will be informed of the intent of the patient photography before patient photography takes place. Patients have the right to request cessation of the recording or filming while in progress. In addition, patients have the right to rescind their authorization for use of the photo, film or recording any time before it is used for diagnosis, treatment and / or education. ECHN may rely on this authorization to the extent the photograph, film or recording has been used prior to the date and / or time the revocation of authorization was received.

- **Surgical Tasks (when applicable)**

I understand that some significant surgical tasks may be performed by qualified assistant(s) other than the primary surgeon identified in this consent.

- **Physicians / Assistants as Independent Contractors**

I understand that many of the physicians and assistants who will provide medical care to me are not employees or agents of the hospital, but rather, are independent contractors who have been granted the privilege of using the hospital's facilities for the care and treatment of patients.

- **Transfusion of Blood or Use of Blood Components**

I have been informed that I need, or may need, a transfusion of blood and / or one of its components (e.g., fresh-frozen plasma, platelets) in the interest of my health and proper medical care. The associated risks, benefits and alternatives to receiving transfusion(s) have been described to me. Although blood transfused at this hospital is collected from screened donors and is tested for various markers of infectious disease, absolute assurance cannot be given that an infectious disease will not be transmitted to me. I realize that the following risks and hazards may occur in connection with blood / blood product transfusion.

Occasional Complications: Fever, chills, allergic reactions (such as hives).

Infrequent Complications: Transmission of hepatitis with or without clinical symptoms, heart failure due to excessive transfused fluid.

Very Rare Complications: Hemolysis (destructions of transfused red blood cells), transmission of other infectious disease (including AIDS), shock, chest pain and death.

This transfusion consent is valid for the duration of the stay related to this procedure.

Informed consent

- For C section
- To breech
- Epidural analgesia
- For sonogram
- For a Vaginal Birth After Previous Cesarean Delivery
- Induced labor
- ...

informations

Experts

Autres sources: Internet, ...

ultracrépidiariens

- Ce sont ces personnes qui donnent leur avis sur tout mais sans avoir de connaissances ou de compétences sur les sujets évoqués. Elles ne se taisent jamais, nous corrigent, nous suggèrent des tonnes de choses, veulent sauver le monde et sous-estiment les véritables experts dans un domaine.



Augmentation de la méfiance vis à vis des professionnels

Demands particulières

temporalité

Planification possible

Urgence

sécurité

- Pour le patient
- Pour le soignant
- Pour l'équipe
- Émotionnelle
- Médicale
- Juridique

Birthing outside the system: the motivation behind the choice to freebirth or have a homebirth with risk factors in Australia

Melanie K Jackson, Virginia Schmied and Hannah G Dahlen

BMC Pregnancy and Childbirth(2020) 20:254

The core category was wanting the best and safest, which describes what motivated the women to Birth outside the system.

The basic social process, which explains the journey women took as they pursued the best and safest, was finding a better way

Women who gave birth outside the system in Australia had the countercultural **belief that their knowledge about what was best and safest had greater authority** than the socially accepted **experts in maternity care**. The women did not believe the rhetoric about the safety of hospitals and considered a biomedical approach towards birth to be the riskier birth option compared to giving birth outside the system.

Previous birth experiences taught the women that hospital care was emotionally unsafe and that there was a possibility of further trauma if they returned to hospital. Giving birth outside the system presented the women with what they believed to be the opportunity to experience the best and safest circumstances for themselves and their babies.

limites

- Droit de dire non ?
- Passer la main ?

Comment gérer la communication et les
dissensions possibles dans les équipes?

Énergivore
chronophage

Expériences

Formidable quand tout va bien
Comment faire quand ça dérape

Expériences

- Positives

Assouplissement des protocoles

Travail en équipe

- Négatives

Peut induire de l'insécurité

Retour à des protocoles rigides

Eclairage philosophique

Ecouter 2 logiques non nécessairement
compatibles

J-M Longneaux

Eclairage du droit

Ce que nous dit le droit

G Génicot

Assouplissement de nos pratiques?

Naviguer entre protocole et respect des demandes des patients

E Azria

Bienveillance obstétricale

Difficultés dans le rapprochement des points de vue

A Yamgnane

Vignettes cliniques
