

Review outlines issues relating to obtaining surgical consent

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There is currently low-level evidence about surgical consent processes

that can inform clinical practice, and surgical consent is frequently obtained by junior doctors in a suboptimal process, according to a review published online June 25 in the *Journal of Clinical Nursing*.

Therese M. Gardiner, M.N., from Griffith University in Southport, Australia, and colleagues provided an overview of the literature about the process of obtaining informed [consent](#) from adults undergoing planned surgery. The scoping review included 53 articles: 39 primary and 14 secondary research publications.

The researchers identified three key findings: currently, there is low-level evidence relating to the surgical consent processes to inform [clinical practice](#); [junior doctors](#) often obtain surgical consent, but this process is likely suboptimal; and current knowledge gaps include capacity assessment, decision-making, and preprocedural consent checks.

"While the responsibility for obtaining surgical consent lies with the surgeon, the nurse's role is crucial as they act as a safety net," the authors write. "This holds particular importance given the frequency of junior doctors consenting patients for surgery, coupled with incomplete procedural information delivered."

More information: Therese M. Gardiner et al, Exploring healthcare professionals' perspective of the process of obtaining consent for adult patient's having planned surgery: A scoping review, *Journal of Clinical Nursing* (2023). [DOI: 10.1111/jocn.16698](https://doi.org/10.1111/jocn.16698)

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