

The article discusses how "Doctor Steven Toms performed a total resection of a recurrent craniopharyngioma on Ms. Megan Shinal. During the procedure, he perforated her carotid artery, which led to permanent severe neurologic injury. Ms. Shinal sued, claiming that Dr. Toms had failed to explain the risks of the surgery and that had she known that a lower-risk subtotal resection was an option, she would have pursued that alternative instead." (Fernandez Lynch et al., 2018)

According to Dr. Tom's they had talked about the surgery, risks, and benefits, but they never decided whether or not to do a total, or subtotal. The total was done, and Ms. Shinal feels it was done without her consent.

Ms. Shinal had signed a consent form that she gave "Dr. Toms permission to perform "a resection of recurrent craniopharyngioma" and that identified the risks of the surgery as including "injury and death," among others. The form indicated that Ms. Shinal had discussed the risks and benefits of alternative treatments, that she had been given the opportunity to ask questions, and that she had been given sufficient information to make her decision. However, the form did not specifically address the differential risks of the two surgical options." (Fernandez Lynch et al., 2018)

The jury favored with Dr. Toms, and felt that he had given enough informed consent to do the procedure. However The Pennsylvania Supreme Court disagreed. This case has brought attention to how consent should be done, to the highest quality. The author of the article suggests extending the role of obtaining consent to other members of the healthcare team, so that the patient is fully informed, and that the conversation is an open one, and that patients are free to ask questions, and reach a final decision.

Fernandez Lynch, H., Joffe, S., & Feldman, E. (2018, June 21). Informed Consent and the Role of the Treating Physician. *The New England Journal of Medicine*.
<https://www.nejm.org/doi/full/10.1056/NEJMhle1800071>