Question: In an assessment of 2480 informed consent documents from 25 U.S. hospitals, what was the mean score?

A) 15/20  B) 10/20  C) 5/20  D) 2/20

Quality of Informed Consent Documents
Informed consent requires that the clinician disclose sufficient information to the patient to enable him or her to make an informed decision about whether to undergo invasive medical care. One might suppose that doing this properly is common practice but a new study of the documentation of informed consent in hospitals shows that it is seldom well documented, suggesting that patients are not being given the information they need to make prudent decisions.

A large team of investigators developed and validated a tool to measure informed consent quality on a 20-point scale. They applied their tool to records of 2480 Medicare patients treated in 25 hospitals, arbitrarily setting a quality threshold of 10/20, which would be flunking on any academic exam (my view). Only 2 of the 25 hospitals had more than half their scores above this threshold. Eight of the hospitals had a mean score of 2.0 or less. The Centers for Medicare and Medicaid Services requirements are so weak that some documents met those requirements while scoring ‘0’ on the investigators’ tool.

The tool itself was mostly physician-centered as opposed to patient-centered. If the tool had been built around patient-centered informed consent, the scores would be even worse than found by the investigators. There is a clear warning to patients: if you want genuine informed consent, you are going to have to know the right questions to ask and be assertive to get meaningful answers.

Pharma Buying Political Influence
A British researcher compiled the nature and extent of contributions to lobbying and political donations in the United States made by pharmaceutical companies and health product companies. From 1999 to 2018 the total spending was $4.7 billion and averaged $233 million per year. Money was donated at the federal and state levels. Money came from individual companies and organizations representing the industry. The spending was the most of any single industry in the U.S. The targets and timing of donations clearly indicate that the purpose was to influence legislation in a way favorable to the companies. The author notes that his findings offer a means to ‘temper’ the influence of this industry on health policy in the U.S.

Healthy Lifestyle and Chronic Diseases
One of the greatest fears of adults as they age is the development of chronic diseases that limit their physical and mental capacities. We often see warnings that we should adopt healthy lifestyles. The key question is ‘how much does a healthy lifestyle protect us from the development of chronic disease?’ A large group of investigators examined more than 116,000 records of patients from 12 European countries to discern the effect of lifestyle
on disease-free years of life. The table below shows how they calculated lifestyle number. In each box, score 2 for high, 1 for medium, and 0 for poor. The authors’ list of chronic diseases included the following: type 2 diabetes, heart attack, cancer, asthma, heart failure, and dementia. The result was that for each point improvement in the lifestyle score, one year of life free of a chronic disease was added. People with a metric BMI less than 25 or with 2 points in two of the three other factors (smoker, exercise, alcohol consumption) often live to 70 years old without chronic disease. Comparing those who scored worse with those who scored best showed a 10-year gain in disease-free living. It was interesting to me that those who drink moderately (1-3 drinks per day) scored better than those who never drink.

<table>
<thead>
<tr>
<th>Factor</th>
<th>High (2)</th>
<th>Medium (1)</th>
<th>Poor (0)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BMI</td>
<td>&lt;25</td>
<td>25-30</td>
<td>&gt;30</td>
</tr>
<tr>
<td>smoker</td>
<td>never</td>
<td>quit</td>
<td>current</td>
</tr>
<tr>
<td>Intentional</td>
<td>2 ½ hours/week</td>
<td>&lt; 2 ½ hours/week</td>
<td>Very little</td>
</tr>
<tr>
<td>exercise</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td>1-3 drinks/day</td>
<td>None</td>
<td>&gt;2-3 drinks/day</td>
</tr>
<tr>
<td>consumption</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Disclosure of Diagnostic Errors to Parents
Two MDs asked the question about who should disclose a diagnostic error to the parents of a child treated in a hospital. A diagnostic error, for practical purposes, happens when the opportunity to make an accurate and timely diagnosis was missed or delayed. This may be discovered after the fact by a pathologist or researcher examining the medical record. There is no doubt that parents should be told about a diagnostic error, but who has the ethical obligation to disclose that error – the researcher who discovers the mistake or the clinician who is told about the mistake by the researcher? The authors write that a researcher has an ethical obligation to disclose the mistake to the clinician, but this must be done in a respectful way given the sensitivity of the topic. The clinician, having been informed of the mistake, is ethically obligated to disclose the mistake to the parents of the child.

All this aside, parents must be fully engaged in the care of their child to prevent medial errors, including diagnostic errors. They must constantly ask about their child’s diagnosis and how thoroughly that explains the available data on the child. Parents are a rich source of information about their child, so they must ensure that they have disclosed everything pertinent to the child’s care and that the clinician has heard them. If a diagnosis is not forthcoming in a timely manner, then ask that a team of clinicians be engaged to discover a true diagnosis. Recently, I assisted a young mother to get an accurate diagnosis for her seriously ill, 6-year old daughter. It took 5 visits to the hospital over about 6 weeks and the engagement of a medical team to find the right diagnosis. The hospital graciously forgave all the little girl’s medical bills. She is now in rehab.

Collection of COVID-19 Links

HOSPITALS AND NURSING HOMES
Hospitalized COVID-19 victims need their family caregivers present:
https://www.statnews.com/2020/03/29/hospitalized-adults-need-their-caregivers-they-aren't-visitors/

Tragic waste of money on ventilators:

Police in Brooklyn found 100 bodies in unrefrigerated trucks outside mortuary:
https://abc7ny.com/bodies-in-uhaul-trucks-funeral-home-investigation-nyc/6140056

Rich hospitals, poor quality, should they get public funds:

Will a nursing-home corporation be punished for COVID infection violations:
LOOKING BACK AND LOOKING AHEAD


CDC traces the early insights into origins of COVID-19 in the U.S.: [https://www.cdc.gov/mmwr/volumes/69/wr/mm6918e2.htm?s_cid=mm6918e2_w](https://www.cdc.gov/mmwr/volumes/69/wr/mm6918e2.htm?s_cid=mm6918e2_w)

Herd immunity is not likely to be the answer to community protection from COVID-19 (Kevin Kavanagh, MD): [https://www.infectioncontroltoday.com/covid-19/viewpoint-have-you-heard-about-herd-its-covid-19-fallacy](https://www.infectioncontroltoday.com/covid-19/viewpoint-have-you-heard-about-herd-its-covid-19-fallacy)


CDC guidance on reopening parts of the economy shelved by administration: [https://apnews.com/7a00d5fba3249e573d2ead4bd323a4d4](https://apnews.com/7a00d5fba3249e573d2ead4bd323a4d4)


OTHER COUNTRIES


Response to COVID-19 in Sweden (video): [https://www.youtube.com/watch?v=IoGp9vgeGRC&fbclid=IwAR0SoXglOK5BV7lh9JJkDUqitVNBNFoz1j1ct_n4ILnw6l2sdv6Qt7GAg8](https://www.youtube.com/watch?v=IoGp9vgeGRC&fbclid=IwAR0SoXglOK5BV7lh9JJkDUqitVNBNFoz1j1ct_n4ILnw6l2sdv6Qt7GAg8)


BUSINESS CONSIDERATIONS


PERSONAL HEALTH RELATED TO COVID


CDC: 35% of those with COVID-19 have no symptoms:

Patient Counsel of the Right Care Alliance on cost worries about healthcare, during the pandemic:
https://thehealthcareblog.com/blog/2020/05/15/americans-are-worried-about-the-cost-of-their-healthcare-and-they-have-good-reason/

Excellent tutorial on avoiding COVID exposures:
https://www.erinbromage.com/post/the-risks-know-them-avoid-them?

Trusted information about COVID control you should be doing:

**POLITICS**

North Carolina blocks lawsuits for COVID deaths:
https://www.charlotteobserver.com/opinion/article24536326.html

Why COVID 19 is so confusing (at least to the administration) *The Atlantic*:
https://www.theatlantic.com/health/archive/2020/04/pandemic-confusing-uncertainty/610819/?fbclid=IwAR1eiorRP9aKZcVS

We need the real CDC back (Ashish Jha, MD):

CDC sidelined by the Trump administration, call for renewal of the CDC (The Lancet):
https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)31140-5/fulltext

COVID response, Please don’t reopen Pandoras Jar (Fred Southwick, MD):

Even Fox News was shocked by Trump’s taking of hydroxychloroquine:

COVID data censorship in Florida by removal of official in charge of quality data:

GOP lining up pro-Trump doctors to push rapid-opening agenda:

CDC guidance on reopening. It was rejected by the White House:

Trump team killed rule that would have protected healthcare workers (NPR):
https://www.npr.org/2020/05/26/862018484/trump-team-killed-rule-designed-to-protect-health-workers-from-pandemic-like-cov

Find past newsletters:
http://patientsafetyamerica.com/e-newsletter/

**Answer to question:** answer: C, 4.5/20, source: https://bmjopen.bmj.com/content/10/5/e033299