iii) What sort of knowledge is required for an individual to give their informed consent? Explain the principles that apply and how they bear on informed consent to a medical procedure.

Legally speaking, the knowledge that is required for an individual to give their informed consent is simply the benefits and risks of the procedure[[1]](#footnote-1) on a medical level, therefore informed consent is permission granted in full knowledge of possible consequences[[2]](#footnote-2). However, I pose the questions: is there such thing as too much knowledge, and can an excessive amount of knowledge actually make consent ill informed?

Controversially, I offer up the idea that knowledge acquired through religious, cultural and social beliefs shouldn’t bear on our informed consent to a medical procedure. Obviously, this is a radical position, for example forcing someone to have a procedure that they reject to on religious grounds could be considered as assault. However, what could be suggested is that the patient is the one that should disregard this knowledge (rather than the doctor ignoring it), purely focussing on the medical facts. This will allow for many lives to be saved and overall, consent will be more informed. It is a strange notion that emphasises the less knowledge used to consent, the more informed the consent is.

Informed consent is intended to protect patients from often incorrect, paternalistic judgements on what is good for them.[[3]](#footnote-3) However, this aim of protection is often totally disregarded with the intervention of religious views. Knowledge that is gained from religious belief can completely undermine the notion of protection, even if legally, informed consent is given/not given. This is an example of how too much knowledge, achieves the opposite of what informed consent is intended for. There are many people who will jeopardise their own health and protection in the name of religious commitments.[[4]](#footnote-4)A high court judge overruled the non-consenting parents who wouldn’t allow for their son to be given a blood transfusion. After suffering severe burns, this very young boy desperately needed a blood transfusion, however due to the ‘deeply held religious views’ of his mother and father they would not give their consent.[[5]](#footnote-5) In this case, all the knowledge was given about the benefits of having the procedure – one being that the boy would live – and the risks of not having it, yet because of the Jehovah Witness faith deeming blood transfusions sinful, consent was not given. The knowledge that these parents had gained through living as Jehovah’s Witness’ could have caused the death of their son. If we were to disregard the knowledge grounded in faith, unquestionably, informed consent would have been given and the welfare of the boy would have been protected, as intended from informed consent. In another example, we see the unfortunate death of a young Jehovah’s Witness after his refusal of a blood transfusion. Josh McCauley was crushed by a car and was rushed to hospital where he was told he needed an urgent blood transfusion, which because of his beliefs, he refused and consequently died.[[6]](#footnote-6) Legally, these cases showed that all parties were informed with all legal knowledge and they didn’t consent. Their non-consent wasn’t due to lack

of knowledge, but more so, too much knowledge. Plato said “when a man is ill… to the physician he must go, and he who wants to be governed, to him who is able to govern”[[7]](#footnote-7). This view is rejected now and this rejection is prevalent in these cases. The professional judgement of the doctors was completely overruled by the judgement of the patients, even though the doctors’ judgement was based on sound medical knowledge, whereas the patients’ judgement was based on bias, personal belief. This utilitarian, John Stuart Mill notion that patients are the best judges of their own good[[8]](#footnote-8), could potentially be dangerous and instead of protecting us, could put us in harm’s way. In some ways, we could say that religious doctrine that teaches - ‘For it has seemed good to the Holy Spirit and to us to impose on you no further burden than these essentials’[[9]](#footnote-9),interpreted in the Watchtower to mean that blood must not be transfused, even in the case of a medical emergency[[10]](#footnote-10)- actually coerces patients into making decisions, and therefore any consent given, or not given as the case may be, actually isn’t informed. Doctors must ensure that the patient is making their decision voluntarily[[11]](#footnote-11), but perhaps religious doctrine could be seen to coerce patients into making legally ‘informed’ decisions that aren’t going to protect them at all. It could be argued that disregarding religious belief and forcing procedures onto people is assault, yet it should be the patients’ conscience choice to disregard the knowledge gained through religious belief. The issue of Jehovah’s Witness’ and blood transfusions begins to illustrate this idea that we shouldn’t focus on what sort of knowledge is required, but instead how much knowledge is required. In these cases’ it should be recognised that Plato’s outdated medical ethics offer a valuable contribution: we should listen to our physicians sound medical knowledge and not knowledge we have sought out ourselves through religious belief.

It is internationally agreed that Female Genital Mutilation is a violent cultural tradition that puts millions of young girls’ lives at risk. So, when these girls and their families consent to it, knowing these risks, are we to stop them? After all, legally it is informed consent, from the parents, and even in some cases the minors involved. FGM is performed on nearly 3 million girls in Africa every year[[12]](#footnote-12), 88 percent of the female community are subject to it and over 74 percent of these girls are consenting with only 26 percent thinking the practice should end.[[13]](#footnote-13) A recent UN-backed ‘Girls Summit’ took place in 2014 with its main aim being the eradication of FGM practices.[[14]](#footnote-14) The main issue they found with this eradication is that most of those who practice it don’t believe it to be wrong, just part of their culture. In their eyes it is a cultural symbol of purity. In fact, local elders and tribal leaders will not accept uncut girls in their community.[[15]](#footnote-15) There is a huge cultural pressure on families to allow this life threatening practice, in fact it is actively encouraged. It’s not that they aren’t aware of the health risks involved, because they are, the high profile case of Mayar Moussa who died because of the FGM procedure at the age of 17 was in the media recently[[16]](#footnote-16), it’s simply

that the perceived cultural benefits take precedence over all other considerations. Technically, there is informed consent. The risks of the procedure are outlined, yet patients still consent, because of knowledge they have acquired through their culture. This example drastically forces us to observe that there is such thing as too much knowledge when it comes to consent. We, with our westernised principles and our views of gender equality wouldn’t dream of condoning FGM, in fact 100% of women and men I surveyed told me they thought it was ‘totally wrong’[[17]](#footnote-17), yet people are consenting and their consent is legally ‘informed’. Once again this shows that if we take away the knowledge or assumption that FGM connotes purity that many learn through culture (as we don’t believe in the west) then FGM becomes a dangerous medical procedure. It could be seen as ignorant to ignore other cultures, and impose western ideals instead, but looking at the facts and not allowing cultural knowledge to impede when it comes to medical procedures, will enforce protection rather than ignorance. Informed consent is not protecting the patients here, instead it is opening doors that push them into extremely awful situations.

Cosmetic surgery is a huge industry, attracting 14.6 million of us every year, generating about 27 billion dollars each year.[[18]](#footnote-18) We know that the purpose of informed consent is to protect patients from overzealous attempts to promote science and their careers[[19]](#footnote-19) earning surgeons a huge amount of money. Take for example the recent scandal of 2016, in which PIP gave implants to women that would go on to later increase their risk of cancer[[20]](#footnote-20), without telling them[[21]](#footnote-21). Additionally, the case of the private doctor, telling women they had cancer and removing their breasts, when actually they just had eczema in some cases.[[22]](#footnote-22)Here, the consent that was given was clearly not informed, as the medical professionals had clearly exploited the patients’ naivety about medical procedures for their own personal gain. However, what happens when all risks are outlined, following legal requirements to the letter and informed consent is given, yet it is obvious the patients consent stems from beliefs or ideals they have adopted from Eurocentric beauty standards in the media? Is the consent still informed? One particular case struck me as worrying in the sense of the language she was using. Sarah, who had previously suffered from eating disorders and depression and at age 21, decided she wanted a breast enlargement procedure. In the interview with her surgeon, she used phrases such as ‘obsessed with my body’ and the need to ‘sort herself out’ – to any psychologist, it would be apparent that this is a case of body dysmorphia - yet she proved she understood the risks, signed the forms and her informed consent was given[[23]](#footnote-23). Surely doctors should notice when patients have had their judgement clouded by the media and should be reinforcing body positivity rather than offering an alluring solution that helps them to personally gain. We are constantly bombarded with unrealistic ideals in the media, fake aspirations and knowledge that is just unachievable, I think this undermines voluntary consent. This undue inducement is where attention is fixed on the benefit, disallowing

proper consideration of the risks, even if they are outlined by the surgeon. The issue here is that proper reasoning about the procedure, whilst this ‘knowledge’ of beauty standards is in the back of our mind, is impossible.[[24]](#footnote-24)Here it

seems obvious that it should be the doctors’ responsibility to reinforce that cosmetic surgery isn’t a quick fix for psychological issues, but they aren’t legally required to tell patients they don’t need ‘sorting out’. Yes, they give you the knowledge of the medical risks, but what they don’t do is take away knowledge that shouldn’t be impeding your judgement. It has been suggested that if social media simply didn’t exist, the cosmetic surgery industry would crumble as 49 percent said that social media influenced their decision to have cosmetic surgery.[[25]](#footnote-25) Removing this knowledge, by legally requiring doctors to reinforce realistic body images, would make consent wholly more informed and subsequently protect more patients.

All things considered, the knowledge required to make informed consent is actually very little, compared to the knowledge used. Retrospectively, we should leave it up to health professionals, perhaps after bringing them up to date with issues such as body image, to provide us with all the knowledge needed for consideration when we consent to medical procedures. Knowledge acquired through social, cultural and religious belief should be left in the figurative waiting room by the patients when it comes to medical decisions. At its core, the main principle of informed consent is protection of the patient, no faithful, social or cultural belief should impede that.

(1911 words)

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