

Guest Editorial: Informed Consent

Informed consent doctrine is at once both simple and complex.^{1,2} For its proponents, "informed consent" is a straightforward moral imperative which requires that physicians inform patients about the consequences of treatment decisions in accord with patients' rights to make their own decisions. For its detractors, informed consent is an abstruse theory of legal liability which, while placing physicians at their peril, exposes patients to needless worry. For its enthusiasts, informed consent (or more properly its absence) has become a symbol of all that is wrong and needs to be remedied in the doctor-patient relationship, especially medical paternalism.

Yet despite the importance of informed consent, and despite the publication of hundreds of recent articles on the subject, what the doctrine really requires remains obscure. Also despite recent empirical studies of the subject, it remains unclear whether informed consent can or cannot be realized in medical and psychiatric settings.³ Why informed consent "ought" or ought not to be obtained from patients and subjects in research, whether it can be obtained, and whether it is "good or bad" for medicine, are questions of immense public policy importance. Perhaps that is why the subject has become so contentious and much discussed among both proponents and detractors.

The purpose of this special symposium is, hopefully, to shed some additional light on the doctrine, to present theoretical discourse about the topic, but also to illustrate how informed consent works or fails to work in some psychiatric settings. As Jay Katz has previously noted, and as these papers illustrate, informed consent is an ideal. To make informed consent a reality will require considerable restructuring of the doctor-patient relationship and the manner in which care is delivered in the modern hospital.⁴ Each of the following papers, in its own way, touches upon that fact. My hope is that these papers will be one more step towards delineating what is essential in informed consent doctrine versus what is dross. Absent such clarification, "informed consent" threatens to become but another buzzword obscuring more fundamental issues of intra- and inter-professional conflict, but also value conflicts between the professions and the public.

LOREN H. ROTH, M.D., M.P.H.