



## ***MEDICOLEGAL BULLETIN***

### ***Week-2: Blanket Consent – Why Courts Reject It***

#### **1. REAL LIFE CLINICAL SCENARIO**

A 32-year-old woman planned for laparoscopic hysterectomy for fibroid uterus. A general consent stating “any necessary procedure” was taken at admission. During surgery, due to dense adhesions, the procedure was converted to open hysterectomy with bilateral salpingo-oophorectomy. Postoperatively, the patient alleged that she was not informed about removal of ovaries and that she would not have consented if properly counseled. A case was filed alleging unauthorized procedure.

#### **2. MEDICOLEGAL RISKS IN SUCH CASES**

Blanket or generalised consent exposes doctor to serious legal risk  
Common allegations include:

- Procedure performed beyond consent
  - Loss of reproductive or hormonal function without permission
  - Lack of proper explanation before surgery
  - Emotional and social consequences leading to higher compensation claims
- These cases are often decided based on documentation rather than surgical skill.

#### **3. WHAT THE LAW EXPECTS**

Valid consent must be procedure-specific, informed, and voluntary. A general or blanket consent has limited legal value. The doctor is expected to explain the nature of the procedure, possible extensions, alternatives, and risks. Additional procedures cannot be performed without consent unless there is a clear, immediate threat to life where delay would be harmful.

#### **4. DOCUMENTATION – THE DOCTOR’S STRONGEST DEFENSE**

Consent documentation should clearly include:

- Exact name of the procedure
- Possibility of conversion to open surgery
- Possibility of additional procedures such as oophorectomy
- Risks and complications explained
- Confirmation that patient and relatives understood the explanation

Clear, specific documentation significantly reduces medicolegal risk.



## **5. PRACTICAL SAFE PRACTICE – WHAT TO DO**

- Always take procedure-specific consent
- Clearly mention possible intraoperative changes
- Use simple and understandable language
- Ensure the patient or relative has genuinely understood
- Document that explanation was given and understood
- In elective cases, provide adequate time for decision making

## **6. COMMON MISTAKES TO AVOID**

- Relying only on blanket consent
- Not mentioning conversion or additional procedures
- Taking signatures without proper explanation
- Using copied or generic consent formats
- Absence of documented counselling

## **7. CLINICAL–LEGAL PEARL**

Consent is not a form. It is a process of communication that must be reflected in records.

## **8. REAL COURT CASE INSIGHTS (FOR UNDERSTANDING)**

In *Samira Kohli vs Dr Prabha Manchanda* (Supreme Court, 2008), the doctor performed hysterectomy with removal of ovaries when consent was only for a diagnostic procedure.

The Court held that performing an additional procedure without explicit consent amounts to deficiency in service.

The judgment clearly established that consent for one procedure does not imply consent for another, except in life-threatening emergencies where immediate action is required

## **9. TAKE-HOME MESSAGE**

Blanket consent does not provide legal protection. Safe practice requires clear explanation, procedure-specific consent, and proper documentation. If a procedure is not explained, it is not considered consented.

*Next Week's Topic: Refusal of Treatment – When Patient Says No, What Protects You?*



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