Notice of the Final Oral Examination for the Degree of Doctor of Philosophy of

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“Physician Engagement with Family and Close Others of Patients during the Informed Consent Process”

Faculty of Law

Tuesday, October 24, 2017
1:00 p.m.
Clearihue Building
Room B017

Supervisory Committee:
Prof. Maneesha Deckha, Faculty of Law, University of Victoria (Supervisor)
Prof. Freya Kodar, Faculty of Law, UVic (Member)
Dr. Natalee Popadiuk, School of Educational Psychology and Leadership Studies, UVic (Outside Member)

External Examiner:
Dr. Louise Racine, College of Nursing, University of Saskatchewan

Chair of Oral Examination:
Dr. Lincoln Shlensky, Department of English, UVic

Dr. David Capson, Dean, Faculty of Graduate Studies
Abstract

The participation of family members or close others of a competent adult patient during pre-consent discussions with physicians challenges the integrity of confidential, dyadic interactions ordinarily regulated by ethico-legal rules designed to protect the patient’s autonomy. Hence it is important to understand how experienced physicians navigate such ‘triadic’ discussions because their tacitly-applied communication skills during such encounters reflect their interpretation of patient autonomy as well as the complex role of families in medical decision-making. Formal training in the development of such skills is lacking in medical curricula.

Using the qualitative methodology of Interpretative Phenomenological Analysis (IPA) and through conducting in-depth interviews of purposefully selected participants, answers to this question were sought: What is the experience of Canadian specialist physicians in high-risk fields in their interactions with family of competent patients during the informed consent process?

The project design and analysis of the research data were guided by philosophical insights from law, bioethics, feminist and postcolonial theory. A central argument presented is that current approaches to informed consent, being rooted in law and bioethics, are excessively individualistic and hence do not adequately deal with the tensions that arise during multi-party clinical discussions. Many patients benefit from support of trusted relatives or friends when medical issues about their condition are discussed with the intention of securing consent. However, such family involvement is more than what health care professionals typically allow in compliance with typical ethico-legal frameworks. It is critical therefore to add a socio-political perspective rooted in the social sciences that constructively integrates the concept of relationality into clinical consent practice.

The research findings provide an explicit portrait of the tacit skills used by physicians as they navigate multi-party interactions, underscoring the complexity and unpredictable nature of triadic clinical interactions and identifying priorities adopted in balancing the interests of the patient with those of family members. The locus of control and authority during these interactions is identified, as are the measures taken whenever a patient’s autonomy appeared to be compromised. The knowledge gained from this research is of value in medical education, as well as in the development of institutional consent protocols and policies governing provider-patient interactions.