
POSITION STATEMENT

Informed Financial Consent

Preamble

This Position Statement addresses the minimum conditions that the ASA supports before a patient is considered to be able to provide *informed financial consent*.

It does not discuss *informed consent*, which is provided by a patient prior to undergoing anaesthesia; please refer to ANZCA Professional Document PS 7 for further information.

Informed Financial Consent

The ASA defines informed financial consent as the dialogue (verbal or written) undertaken between a medical practitioner or his/her representative and a patient so that the patient understands the potential fee for the medical procedure, the potential rebate for the services from Medicare and/or the patient's private health insurer. The patient is expected to be able to broadly identify his or her expenses associated with the procedure that will most likely not be reimbursed.

The provision of written material to the patient about anaesthetic fees is likely to improve the rate of retention of this information.

The provision of this important information about anaesthesia fees should ideally be available to patients prior to their admission to hospital.

Providing for informed financial consent for patients is sound, ethical, professional practice. Ultimately it is also good business practice and will result in fewer disputes over accounts, lower debt recovery costs and fewer bad debts.

The ASA has available a patient information brochure, *Anaesthesia & you*, which includes a form for notating the anaesthetist's estimated fee, estimated rebates and the estimated gap payable by the patient.

Who Should Inform the Patient?

The treating anaesthetist is ultimately responsible for obtaining informed financial consent. On some occasions it may be suitable for informed financial consent to be obtained on behalf of the anaesthetist by another anaesthetist, another practitioner or by administrative staff. On such occasions there must be clear instructions from the anaesthetist to the person obtaining consent and the anaesthetist should, where practical, affirm the financial consent during the pre-anaesthesia consultation.

Some anaesthetists may provide general information on their fees and charging practices to other practitioners (e.g. surgeons) for patients' information. However, this does not remove the responsibility of the anaesthetist to obtain the patient's informed financial consent where practicable.

Communicating with Patients

Many patients will be unfamiliar with what is involved with their anaesthetic procedure. In some instances, patients may have wrongly assumed that the fee for the anaesthetic service is included in the fee for the hospital or medical procedure or is fully covered by their health fund.

Patients may also be apprehensive over the pending medical procedure, unwell, distressed, disoriented, unconscious or affected by more than one of these conditions. Discussing financial implications with some patients at this time may be impractical and unworkable. This is a matter for the anaesthetist's judgement in each case. Under such circumstances, the anaesthetist should arrange to discuss his or hers fees with the patient as soon as practical after the patient's condition has sufficiently improved.

Unexpected Changes to Fees

Anaesthetic fees derived from the Relative Value Guide (RVG) are partly based on the time taken to complete the medical procedure. Accordingly, the

anaesthetist may only be able to estimate a range of fees based on the expected time to undertake the procedure. Similarly, if the planned procedure is changed during surgery, this may also result in a change to the final fee charged by the anaesthetist.

Any information about expected charges, provided to the patient prior to treatment, should include advice that the estimate is not guaranteed and the cost to the patient may increase if the planned procedure takes longer than expected or other procedures are required.

Health Insurance Information

For most private patients, the amount they will have to pay themselves will be determined by the difference between the fees charged by the anaesthetist and the applicable rebates from Medicare and/or the patients' private health insurer

Private health insurance arrangements are complex and may depend on individual patients' circumstances

Any information given to patients about likely health insurance rebates should therefore include a suitable disclaimer and advice that they should check their entitlement to private health insurance benefits with their health fund.

Legal Obligation

When anaesthetic services are provided under a negotiated agreement or designated "gap cover scheme" operated by a health fund under the *Health Legislation Amendment (Gap Cover Schemes) Act 2000*, the anaesthetist is obliged, where practical, to provide to the patient a written estimate of fees or the likely patient out-of-pocket expenses as well as seek written patient acknowledgement of that informed financial consent.

Date of release: 22 May 2004

Disclaimer

The Australian Society of Anaesthetists Limited is not liable for the accuracy or completeness of the information in this document. The information in this document cannot replace professional advice.

Copyright

The Australian Society of Anaesthetists Limited owns the copyright in this material. This material may only be reproduced for commercial purposes with the written permission of the Australian Society of Anaesthetists Limited.