

Baden-Baden, February 2025

Patient education

Information about medical information and consent to endoscopic examinations:

1. Why does the clarification have to take place?

Any medical intervention for diagnostic or therapeutic purposes is only legal if the patient has the **The meaning and scope of the intervention are essentially clarified** has been informed, has consented to the procedure and it is carried out professionally. The patient must be shown the type and severity of the planned intervention and what consequences it may have for him personally. The effectiveness of the patient's consent requires information about the course of the procedure, its chances of success, risks and possible treatment alternatives with significant other burdens. According to the Patient Rights Act, there is an obligation to provide a clear explanation of the diagnosis, the expected development of the therapy and the measures to be taken after the therapy, as well as to provide information in particular regarding the type, scope, implementation, expected consequences and risks of the treatment measure, its necessity, urgency, suitability and prospects of success with regard to the diagnosis and therapy as well as existing, serious treatment alternatives. The effectiveness of the consent depends on whether the patient knows the essential circumstances of the planned treatment and can base his decision on it. The information should enable the patient to weigh up the pros and cons of the planned measure.

2. Who will clarify?

The Enlightenment must be done orally by the person treating the patient or by a person who has the training necessary to carry out the measure. In the best case, the explanation is provided by the treating doctor (endoscopist, gastroenterologist, internist, etc.). One **Delegation of information to other doctors is permitted**, but not permitted to non-medical personnel.

3. Who will be informed?

In principle, the patient must be informed in order to give effective consent. In the case of minors or patients with incapacity, the information must be provided to the legal representative, i.e. the parents, the guardian or the carer (guardian).

If a patient is unable to manage his or her affairs in whole or in part due to a mental illness or a physical or mental disability and is unable to recognize the meaning, scope and risks of medical treatment, it must first be checked whether one **effective living will** exists that allows or prohibits the planned endoscopy. The patient's wishes documented in the living will must be observed. If there is no living will, it must be checked whether there is a care directive or one **Power of attorney** is present. If this is not the case, care for the medical procedure must be applied for at the local court (care court). In the case of supervision/authorization, the supervisor takes the place of the patient with regard to information and consent.

If the patient does not speak German, the information should be given in a language he can understand. That is also possible **Engage an interpreter**. The information sheets to be used to conduct the information interview are available in various foreign languages.

4. When will the information be clarified?

The **Information must be given in a timely manner**. The patient must have sufficient time to weigh up the pros and cons of the planned endoscopy **to decide freely within yourself**. The patient should be in possession of his or her ability to make decisions and his/her **Approval not under time pressure** grant. The patient should have a reasonable period of time to think about it before the procedure. In case law there is no precise definition of the time interval between the information and the medical intervention. One **It makes sense to give the patient the information sheets in advance - even by post** and gives them the opportunity to prepare specifically for the information interview. For inpatient procedures, information must be given no later than the day before the endoscopy. **For outpatient endoscopic procedures, information can usually be given on the same day**. All that is required is a time gap between the information and the endoscopic procedure.

5. How is information provided?

The information is generally provided in an oral conversation between the doctor and the patient. **Information sheets prepare the information, but do not replace the information discussion**, in that the educational content must be individualized to the individual patient. In personal contact, the doctor should endeavor to adapt the information to the patient's individual understanding and at the same time ensure that the patient understands it. The doctor should note the main content of the conversation on the information sheet. He can go with you **Sketches, underlining, highlighting**, etc. work. The forms must be signed by the doctor and the patient and include the date of the information discussion. The patient must be given copies of documents that he has signed in connection with the informed consent or consent (copies or copies of the fully completed, signed informed consent forms).

6. Dispensability of education

The In exceptional cases, information can be omitted if it is certain that the patient is already sufficiently informed about the planned endoscopic procedure (e.g. in the case of a repeat endoscopy). If the procedure is repeated, the patient should be asked whether he is familiar with the information from the previous treatment or whether it should be clarified again. Information can also be omitted if the patient clearly and unmistakable makes it clear that he does not want clarification and is also foregoing the clarification. A waiver of information must always be documented, dated and signed by the patient and the doctor.

7. Notes and comments

If you have any further questions regarding medical information and consent to endoscopic examinations, please contact Professor Dr. med. A. Kahraman personally.