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Mini Review

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Historical Origins of Informed Consent in Cancer Surgery

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Abstract

Informed consent is commonly held to be a modern development that is linked with legal aftermaths. This paper presents the historical origins of this troublesome theme from 1753 to 1896. Hopefully, current adversarial attitudes would become minimal while surgical sagacity would fructify freely.

Introduction

Informed consent is clearly being thought of in terms of its being a modern legal issue. Thus, in a paper presented at the American Cancer Society National Consensus on Breast Cancer in 1979, Herbert [1] argued that this doctrine had been "the subject of dozens of papers in the past few years." Although my 1962 review of the literature dealt at length with historical trends in cancer surgery [2], the realm of consent was not included. Therefore, this paper deals with examples of such informed consent from 1753 to 1896. In this context, let me italicize "consent" throughout.

Historical origins

To understand the genesis of consent, it is necessary to document this issue over the centuries. Thus, in 1753, Norford [3] generalized that cancer not only is "a bad Habit of Body" but also "the most lamentable of all other Diseases." In his view, "But how shocking and deplorable a state must those unhappy People be in, in former Days, who were afflicted with it, and consented to come under the surgeon's hands?" By 1775, Gooch's patient was offered operative treatment but "would not consent to it."[4]

Benjamin Bell [5] lamented in 1784 that "almost always before a patient consents to it," the delay resulted in operations that had to be extensive. In the case of one Mrs Appleyard, a middle-aged woman, documented by Hey [6] in 1803, although she, herself apprehended her breast lesion to be of a cancerous nature, delay was such that "the tumour was so much increased in bulk, that she consented to the operation which I had proposed."

As regards, children, the parents had to be approached. In another Hey's case, [6] the cancer occurred in a boy about 14 years of age. The lesion was a large deep-seated tumor in the left calf. The increase in size within six months rendered him "very lame." As amputation was the only recourse, "the parents of the boy giving their consent, I performed the operation above the knee."

Amputation has long been a harrowing hurdle. As Charles Bell [7] put it in 1816, the surgeon "has the painful task imposed on him of announcing to the patient the necessity of immediate amputation." Of course, the element of time may influence matters as in the case of a young man. In his words, "He had been informed of the change which would take place, and now that it has come, he stands prepared for the worst, and has consented to lose the limb."

In 1856, the great French surgeon, Velpeau, [8] was convinced that "The conscience as well as the skill of the surgeon, is deeply involved in them; and humanity forbids our neglecting any means for their solution." Thus, concerning a victim, there was a terse report. "I recommended its removal," he wrote, "but the patient declined consent, and I saw no more of her."

The fear of operation cropped up naturally. Thus, in 1861, Bryant's [9] case was that of flat refusal. As documented, the patient "did not consent to the operation" because she was "so much afraid of the cutting."

What of internal operations? By 1896, this question was faced by George Beatson [10] of Glasgow. Having painstakingly carried out such extensive animal experiments that he was able to propose that ovarian ablation would alleviate breast cancer, it suffices to recount his successful encounter with a desperately diseased woman:

In the right axilla are three cutaneous nodules, and the deep mass of hard fixed glands; while below the centre of the right clavicle is an irregular mass of enlarged glands evidently growing quickly. Above the clavicle in the anterior and posterior triangles of the neck are the glands much enlarged and matted together, and extending in front and behind the sterno-mastoid as high as the angle of the jaw. On the left side of the neck there is present a small adherent nodule between the tendons of insertion of the left sterno-mastoid and an enlarged left supra-clavicular gland. At this time she felt she was not improving, and consented to my doing anything that I thought would benefit her condition…

Discussion

Nowadays, there is an adversarial situation as regards the legal issue of "informed consent." This manifested to such an absurd degree that, in 1984, Goodman [11] was so piqued by the rash of litigations in this field that he took a directly opposite view by affirming that the situation is "basically and inherently erroneous." Little wonder that he proposed that, indeed, it should be the patient's own duty to give his/her doctor an "informed request." Accordingly, it is worth considering how, in yester years, the medical masters, collated so far in this paper, worked calmly among patients whose attitudes were patently not adversarial. Perhaps, there will be progress when surgical sagacity on the one hand and adversarial attitude on the other hand are so balanced that their being at cross purposes would naturally diminish.

Conclusion

Examples have been given in order to illustrate that the word, consent, as well as the background of its usage, featured definitely in cancer surgery literature from 1753 to 1896. It is instructive to appreciate this fact nowadays. Indeed, it is to be hoped that amelioration rather than confrontation deserves to be the order of the day in this hitherto festering field in the medical practice at the courts of law.

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