

SAY ANYTHING

HOW HAS YOUR INFORMED CONSENT CHANGED IN THE COVID-19 ERA? WHAT LANGUAGE DO YOU INCLUDE WHEN PROVIDING IMPORTANT PRE- AND POSTOPERATIVE SAFETY CONSIDERATIONS? DO YOU ASK PATIENTS TO ACKNOWLEDGE THAT THEY ASSUME THE RISK OF CONTRACTING THE SARS-COV-2 VIRUS?



**DENISE M. VISCO,
MD, MBA**

■ President and Medical Director, Eyes of York, Pennsylvania

“ When we reopened on May 4 in the midst of the coronavirus pandemic, we considered the necessity of a legal waiver for seeing patients and performing surgeries. Although we knew we were going above and beyond following CDC guidelines, we consulted our attorney, who was adamant about using a waiver. In fact, he drafted a strong one that says in no uncertain terms that we are not liable, as we all know how ubiquitous this virus is becoming (see *Sample Patient Waiver for Treatment Care During COVID-19 Pandemic*). Patients will sign the waiver one time to consent to treatment at the clinic and/or ambulatory surgery center. On subsequent visits, patients are asked COVID-19 screening questions, and their temperature is taken and recorded with their answers in the medical chart. Documentation of the COVID-19 processes and precautions during patient care is also entered into the chart with every examination. We employ the waiver for all patients. Anyone who is not comfortable accepting and signing the waiver is offered the option to postpone their care until after the pandemic is over or to seek care with another provider.”

SAMPLE PATIENT WAIVER FOR TREATMENT CARE DURING COVID-19 PANDEMIC

Dear Patient,

This informed consent has been created to provide you with information about your wish to receive care during the COVID-19 pandemic.

What is COVID-19?

Human coronaviruses were identified in the 1960s. COVID-19 is spread by direct contact (within 6 ft) with droplets from an infected person (these may persist in the air for hours after release) or by touching an infected surface, then touching your face. Eighty percent of people with COVID-19 have a mild form of illness with cold or flu-like symptoms. More severe cases are seen in people over the age of 60 and in people with preexisting conditions. However, severe cases do occur in apparently healthy individuals with no known disease. It is impossible to know how prevalent the disease is in our area.

This RELEASE OF LIABILITY FOR PERSONAL INJURIES AND/OR DAMAGES ("Release") is being signed this day of _____, in response to the current COVID-19 ("Virus") pandemic.

(Print name)

I represent to Eyes of York Cataract and Laser Center, P.C. that neither I, nor a person with whom I reside, am presently experiencing any of the following flu-like symptoms: **fever, headache, dry cough, back pain, nausea, abdominal discomfort, loss of smell and/or taste or smell or loss of appetite**; and, that I and persons with whom I reside, have observed the personal safeguards recommended by the CDC as listed on the CDC website. If I do experience such symptoms after being seen or treated by Eyes of York, I will immediately seek medical attention and testing for the Virus, and not return to Eyes of York until cleared by a physician. **SHOULD I OR A FAMILY MEMBER BE DIAGNOSED WITH THE VIRUS, I WILL IMMEDIATELY NOTIFY THE FACILITY BY PHONE CALL TO 717-767-2000 OF SUCH DIAGNOSIS.**

I acknowledge that despite the exercise of caution, there is a risk of catching the Virus from a person who has no symptoms. In consideration of being seen/treated by Eyes of York, I accept all risks and agree that Eyes of York and its physicians, officers, employees and agents will not be liable for any and all liability, claims or causes of action or demands of any kind or nature whatsoever that may result or arise, by or in connection with my being in the Eyes of York facility for diagnosis or treatment, that is related to the Virus. The scope of this document includes, without limitation, any personal, bodily, or mental injury, economic loss or damage to me or my property resulting from any and all alleged acts of negligence on the part of Eyes of York, and its physicians, officers, employees and agents. This release shall unequivocally release Eyes of York and its physicians, officers, employees and agents from all claims, injuries and damages, present or future, anticipated or unanticipated, resulting from, or arising out of, contracting the Virus.

Patient Signature _____ Date _____

Witness _____ Date _____



**VANCE THOMPSON,
MD, FACS**

■ Founder, Vance Thompson Vision, Sioux Falls, South Dakota

“ We haven’t changed our informed consent.”



**O. BENNETT WALTON IV,
MD, MBA**

■ Private practice, Slade & Baker Vision, Houston

“ We have added a new informed consent document for all surgery patients to ensure we communicate as clearly as possible. The wording is comprehensive and specifically includes acknowledgment of the option to defer the treatment or procedure until later. In general, patients have been understanding. We have strict policies in place in the clinic, and although some patients become frustrated by the mask and limited visitor requirements, most feel better protected. To us, it’s an important way to earn patient trust: They see the extra effort and thought that go into taking the best care of them possible.”



ANAT GALOR, MD, MSPH

■ Staff Physician, Surgical Services, Miami Veterans Affairs Medical Center, Miami

“ We test all individuals for COVID-19 48 hours before surgery and cancel or postpone surgery if they test positive. Additionally, all individuals seen in the clinic are required to wear a mask at all times, and companions/significant others are not allowed to accompany patients to appointments unless medically indicated—for example, a blind patient who needs help navigating. We have not changed our consent forms regarding surgery.”

