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# Audio-Video Recording The Consenting Process With Futuristic Air-Gapped Dedicated Devices

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**Corresponding Author:**

Dr. Deepak Gupta,  
Anesthesiologist, Wayne State University, 48201 - United States of America

**Submitting Author:**

Dr. Deepak Gupta,  
Anesthesiologist, Wayne State University, 48201 - United States of America

**Other Authors:**

Dr. Nida Aftab,  
Resident, Detroit Medical Center, Anesthesiology - United States of America

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# Audio-Video Recording The Consenting Process With Futuristic Air-Gapped Dedicated Devices

*Author(s):* Gupta D, Aftab N

## Opinion

As anesthesiologists working in perioperative areas, the question that constantly lingers is how to judge the capacity of perioperative patients to consent for the procedures they are presenting for and the procedures they may need emergently. Even though these questions might not have been traditionally related to anesthesiologists' responsibilities, the evolution of anesthesia specific consenting process as well as consents for anesthesia specific procedures warrants the understanding of patients' capacity to consent [1-4]. Even though innumerable times reiterated and still easily forgotten, patients' incapacitation to consent for specific procedures/processes is different from patients' legal incompetence that results in an almost-blanket transfer of all decision-making via legal authority delegating it to dedicated surrogates/legal guardians who all themselves in turn should have the capacity to consent for specific procedures/processes on the behalves of the patients [5-12]. Therefore, the evaluation of patients' (and potentially even of surrogates/legal guardians') capacity to consent is part and parcel of consenting process which all anesthesiologists will eventually be exposed to and therefore have to be attuned to. Simply stating, this evaluation encompasses posing questions which quiz the patients' capacity to understand the clinical scenarios they are in with the options which lie ahead for them, their capacity to appreciate the implications of their current clinical scenarios, their capacity to reasonably differentiate among the options they have to deal with their current clinical scenarios and thereafter their capacity to reasonably decide and choose their best-possible options based on their appropriate understanding, appreciation and reasoning about their current clinical scenarios. Since there are semi-structured interviews [5] based on the templates and possible inspirations from MacArthur Competency Assessment Tool {for Treatment (MacCAT-T) [13] and for Clinical Research (MacCAT-CR) [14]} or from Assessment of Capacity for Everyday Decision making (ACED) [15] with Short Portable version of ACED (SPACED) [16] for these evaluations about capacity to consent, it will be worthwhile to consider adding the audio-video

recordings [6, 17, 18] into these consenting processes, at least for elective (clinical and/or research) processes wherein the futuristically air-gapped smart devices [19] dedicated solely for the audio-video recordings of these consenting processes can be used for secure storage so that these recordings can be replayed and reviewed during the recurring visits of the patients prior to the commencements of their consented procedures and thereafter the new concerns can be answered which may have arisen since the initiation of the consenting processes, thus providing the patients with the opportunity to reconsider their options any number of times before the commencements of the consented procedures. Moreover, these audio-video recordings on dedicated air-gapped smart devices will possibly accrue medicolegal value across the spectrum of consenting processes wherein at one extreme, the wronged patients will have legal protection against incompletely performed consenting processes while at the other extreme, the wronged providers will have legal protection against malicious litigations based on fabricated evidences. Due to the possibility of medicolegal importance [20-21] being accrued to these audio-video recordings, it will eventually lead to their inclusions into continuing medical education curriculums with the aims at comprehensively driving the informed consent processes towards the levels of ideological perfections while providing medicolegal protection to both patients and providers in the events of potentially failed and/or presumptively failed informed consent processes. Summarily, before they become mandatory educational exercises as well as clinical exercises in themselves, the anesthesia providers should explore, review and ponder how to judge their patients' capacity to consent for anesthesia and related procedures and must be able to logically answer questions and concerns about semi-structured interviews based assessments of their patients' capacity to consent, especially when these questions and concerns are related, but not limited, to (a) ongoing or new-onset pathophysiology dynamically affecting their patients' capacity to consent and/or (b) administration of scheduled home doses or recently prescribed doses of potentially cognition-impairing medications like analgesics, anxiolytics and sedatives.Â Â

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