

the Rheumatologist

What Gets a Good Rheumatologist Sued?

**Pitfalls to avoid and habits that protect
you from malpractice suits**

>> By Dennis J. Boyle, MD

On the following pages is written steroid consent form created by the Colorado Physician Insurance Company for use with patients for whom a physician has recommended corticosteroid treatment. To learn more about consent forms and other ways to protect yourself and your practice from malpractice lawsuits, read "What Gets a Good Rheumatologist Sued?" by Dennis J. Boyle, MD, on p. 1 of the November 2007 issue of *The Rheumatologist*.

Consent Form for Corticosteroid Therapy

I. Because of the severity of your disease,

your physician feels that corticosteroids are indicated as part of your treatment.

II. Alternatives are: continuing to try to manage your disease with non-steroidal medications.

III. Risks: Corticosteroids (also known as "cortisone," "steroids," "prednisone"), when used in high doses for continuous (daily and possibly alternate day) long term treatment (usually longer than three months), may be associated with the development of side effects, some of which can be serious. The more common risks include:

- Thinning of bones (osteoporosis) which may lead to fractures or compressions, especially true of vertebral bodies (backbone)
- Loss of blood supply to bones (aseptic necrosis) which may cause severe bone pain, fractures (especially of the hip and shoulder) and may require surgical correction
- High blood pressure (hypertension)
- Increased pressure in the eye (glaucoma)
- Permanent clouding of vision in one or both eyes (cataracts)
- Weight gain with increased appetite and fluid retention
- Facial fullness
- Increase in body hair and acne and a tendency to easy bruising and thinning of the skin
- Interference with growth
- Muscle cramps and joint pain
- Changes in the menstrual cycle
- Elevations in blood sugar (diabetes)
- Suppression of your own body's adrenal glands' ability to make necessary cortisone at times of stress (adrenal insufficiency)
- Irritation of stomach and esophagus with possible ulcer type symptoms and, rarely, bleeding
- Emotional disturbances

IV. PATIENT'S CONSENT: I have read and fully understand this consent form, and I consent to allow my physician to treat me with corticosteroids. I understand that I should not sign this form if all items, including all my questions, have not been explained or answered to my satisfaction or if I do not understand any of the terms or words contained in this consent form.

IF YOU HAVE ANY QUESTIONS AS TO THE RISKS OR HAZARDS OF THE PROPOSED TREATMENT, OR ANY QUESTIONS CONCERNING THE PROPOSED TREATMENT, ASK YOUR DOCTOR NOW BEFORE SIGNING THIS CONSENT FORM.

DO NOT SIGN UNLESS YOU HAVE READ AND THOROUGHLY UNDERSTAND THIS FORM!

I have read and understand this consent form, and my questions have been answered.

(Witness): _____

(Patient/Responsible Party): _____

Date: _____

V. PHYSICIAN DECLARATION: I have explained the contents of this document to the patient and have answered all the patient's questions, and to the best of my knowledge, I feel the patient has been adequately informed and has consented.

(Physician's signature): _____

Date: _____