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## Ageism in Consent? In a decision-making capable geriatric orthopaedic trauma patient population, does increased age impact who physicians consent for surgical fixation?

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### **Ageism in Consent? In a decision-making capable geriatric orthopaedic trauma patient population, does increased age impact who physicians consent for surgical fixation?**

**Madeline M. McGovern, Michael F. McTague MPH, Marilyn Heng MD, MPH, FRCSC**

**Introduction:** Persistent misconceptions of frailty and dementia in geriatric patients impact physician-patient communication and leave patients vulnerable to disempowerment. Our study examines the consenting process in an orthogeriatric trauma patient population to determine if there is a relationship between increased age at presentation and utilization of health care proxies (HCPs) for surgical procedure consent.

**Methods:** We retrospectively reviewed medical records of patients aged 65 and older admitted for an operative fracture between 2013 and 2016. Patients were considered decision-making capable if there was absence of history of cognitive impairment prior to surgical consent and if the patients screened negative in a pre-surgical Confusion Assessment Method (CAM) and Mini-Cog Assessment. Data was analyzed via chi-squared and t-test analysis in SPSS.

**Results:** 510 patients were included, and 276 (54.1%) patients were deemed capable of consent. 27 (9.8%) decision-making capable patients had HCPs consent for surgery. 20 of the 27 (74.1%) were 80 years of age or older and 7 patients between 70 and 79 had HCP consent. ( $p=0.07$ ). HCP consent was significant for age ( $p<0.001$ ), income level ( $p=0.03$ ), and HCP physically present at consult ( $p<0.001$ ). Additionally, language other than English was found to be a significant predictor of HCP consent ( $p=0.035$ ).

**Conclusion:** It is concerning that cognitively intact geriatric orthopaedic trauma patients are not always consented for their own surgical procedures. Factors including age, income, and language contribute to increased risk of HCP consent. Increased physician vigilance and adoption of institutional consenting guidelines can reinforce appropriate respect of geriatric patients' consenting capacity.