"How can we ensure valid consent in dermatologic surgery in the era of teledermatology and one-stop clinics?"

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INTRODUCTION:

Since the beginning of the COVID-19 pandemic, we have seen substantial changes in the way that medical clinics opperate. For many specialties, including dermatologicl surgeries, this has resulted in the increased mobilisation of services such as teledermatology[1]and one-stop clinics. Teledermatology refers to the practice where digital technology is used by clinicians to diagnose and treat skin conditions, in a manner not contingent on the physical presence of the patient[2]. One stop clinics refer to clinics which aim to assess, diagnose and treat patients in the same day, [3.], and have been recently championed by the NHS Long Term plan as a way to increase the speed of medical diagnosis and treatment.[4,5,6]

Whilst these are undoubtedly useful tools that can improve efficiency, it is paramount that this does not come at the cost of patient consent. In a medical context, consent can be defined as a person giving permission prior to receiving medical treatment, examination or procedure[7]. In order for a person to give consent, it is essential that several critera are met. Firstly, consent must be voluntary, and not forced upon a person (by medical staff or personal relations). Secondly, a patient must be made fully aware all benefits/risks of treatment. -This is particualrly poignant in the light of the 2015 Montgomery ruling, which highlighted the duty of the doctor to ensure a patient is informed of procedural and treatment risks, as well as altenrative treatment options[8]. Finally, in order to give valid consent, a patient must have capacity (the ability to synthesise the information provided to reach a decision).[9]

In the context of dermatological surgery, consent is particularly important for the storing of medical images, and consenting to the surgical procedure itself.[10] This essay will focus on the challenges associated with consent that are specific to dermatologic surgery, and how these may be compromised by the use of teledermatology and one-stop clinics, as well as suggesting ways in which these challenges may be overcome.

TELEDERMATOLOGY:

Whilst face to face appointments may remain the gold standard for dermatological procedures, teledermatology provides a flexible service, which has been increasing in use in recent years.[11, 12]Teledermatology can be broadly split into two different modalities: store and forward (SAF), (where videos and pictures are recorded, in order to be analused by a clinician at a later stage), and real-time consultations, which may be carried out over a videocalling platform.[13] By nature of design, teledermatology raises important ethical questions regarding challenges to consent over the storing and of private images of patients. - A problem which is further exacerbated when photos/videos are identifiable.[14]

It should be noted, however, that teledermatolgoy may provide benefits to improving valid consent, as it may be easier. It has been established that patients generally only remember 14% of provided verbal information, compared to 80% of pictorial information.[15]The use of easily accessible pictures in a videocall setting could therefore be beneficial. In the table below, are a number of different examples of how we can ensure valid consent in dermatologic surgery using teledermatology.

Challenges to consent in teledermatology	**Ways to mitigate this**
During SAF consultations, and video consultations, patients may not be aware of who they are showing their screen to. This is particularly important when sensitive areas may be revealed.	During videocalls, it is important for all members in the room to introduce themselves, and make it clear to patients that they are allowed to decline to the presence of certain people being present.
Storing of pictures / videos. This is particularly important for SAF teledermaotology, and where patients are recognisable (eg. showing their face).	It is important for clinicians to ask for permission to store any images of the patient. They must also explain who may view the images in the future. In order to give patients time to consider this, when a patient uploads an image, it may be appropriate to use a tick box for patients to select when they have read the information, prior to sending.
Patients must be provided with adequate information about the upcoming surgery. It is important to ensure that if documents are online, these are accessible.	It is important to ensure that if online documents providing information about the procedure are provided, that these are accessible, and in relation to the signing. This may involve accurate translations of informative material, options to increase font size, and options for patients to listen to the written information.
Writen consent for procedures.	Provide patients with accessible ways to electronically sign documents, or offer them an in-person service if not confident with technology.
During video consultation, it may be difficult for clinicians to accurately judge if a patient has the capacity to make an informed decision, or is being unfairly controlled behind the scenes, or their account hacked into.	Consent can be asked for twice, once after being presented with the diagnosis / treatment option during a tele-consulation, and again at the time of the in-person surgery. Video calls should be password-protected, and clinicians should confirm who they are talking to at

	the beginning of the call.
If informative material is given solely in an online capacity, patients may be more likely to skip over it.	Design signing documents in such a way that patients have to scroll through the information / watch videos.

ONE-STOP CLINICS:

One of the main issues associated with using one-stop clinics is the time-pressured environment in which a patient is expected to make a decision.[16] Additional time-pressure may arise from urgencies surrounding the condition being treated. For instance, in clinics treating time-sensitive conditions such as skin cancer, there may be urgency from both clinician and patient to carry out procedures (both diagnostic and therapeutic) as rapidly as possible. However, it is essential this does not come at the cost of informed consent. - There is evidence to suggest that the time spent on the consent process is predictive of a patient's level of comprehension of a procedure[17].

The time needed to consent for a dermatologic surgery is likely to be procedure dependent. -Patients may feel more confident in consenting for diagnostic procedures such as punch-biopsies and shave-excisions associated with faster healing than more-invasive therapeutic procedures. Nevertheless, it is important to recognise that dermatologic surgery risk is individual-dependent. For instance, whilst punch-biopsies may pose little risk to most patients[18], in circumstances where patients are on medications such as blood thinners or have a compromised immune system there exist additional risks related to bleeding/infection.[19, 20]The table below contains different examples of challenges regarding consent in one-stop clinics, and how these may be overcome.

Challenges to consent in one-stop clinics	**Ways to mitigate this.**
Patients may feel pressured into making a rapid decision.	Ensure the patient has adequate time to make an informed decision. This may involve giving the patient reading material, as a large amount of verbal explanation can be overwhelming.
Patients may have more questions, which arise outside of the initial consultation, before the procedure.	Before a surgical procedure at a one stop clinic, it may be beneficial to install a patient education kiosk in the waiting area of the clinic, therefore allowing patients to discuss questions and their

	anxieties around the procedure with a healthcare professional, before enetering the surgical room.
One-stop clinics may not be uniformaly suitable for all skin surgeries	There needs to be consideration as to whether one-stop clinics are suitable for all dermatological surgeries. For instance, where skin biopsies may be appropriate one-stop clinic procedures, for more invasive procedures such as skin cancer exsions, it may be appropriate to have a 24 hour window.
Patients may underestimate the risks associated with the surgery, if it is perfomed the same day	Visual aids, in the form of pictures and video, may be appropriate to use, in order to show the patient what the procedure entails.
Patients may feel overwhelmed with the decision, especially if they are not expecting a surgical intervention.	Prior to the consultation at the onestop clinic, it may be appropriate to send informative information via email, where possible. This should be relevant to the possible diagnosis. For instance, in a hair loss clinic, it may be appropriate to forewarn patients beforehand that a clinician may want to take a skin biopsy, in order to investigate possible inflammatory skin conditions.

CONCLUSION:

In conclusion, consent is an important part of all medical consultations and procedures. Whist dermatological surgical procedures may generally pose fewer risks to patients than other more invasive surgeries, it is important to recognise that consent is remains paramount. Teledermatology and one-stop clinics have become an intergral part of dermatological surgery since the COVID-19 pandemic. We must adapt our current practices to ensure that valid consent is not compromised, when utlising these pratices.

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