

Chapter Med 18

INFORMED CONSENT

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Med 18.01 Authority, purpose and scope.

(1) **AUTHORITY.** The rules in this chapter are adopted pursuant to authority in ss. 15.08 (5) (b), 227.11, and 448.40, Stats.

(2) **PURPOSE.** The purpose of the rules is to define the obligation of a physician to communicate alternate modes of treatment to a patient.

(3) **SCOPE.** The scope of the rules pertain to medical and surgical procedures which may be prescribed and performed only by a physician, as defined in s. 448.01 (5), Stats.

History: Cr. Register, September, 1983, No. 333, eff. 10–1–83; correction in (1) made under s. 13.93 (2m) (b) 7., Stats., Register, May, 1989, No. 401.

Med 18.02 Definitions. (1) “Emergency” means a circumstance in which there is an immediate risk to a patient’s life, body part or function which demands prompt action by a physician.

(2) “Experimental treatment” means a mode of treatment which has not been generally adopted by the medical profession.

(3) “Modes of treatment” means treatment, including diagnostic procedures, generally considered by the medical profession to be within the scope of current, acceptable standards of care.

History: Cr. Register, September, 1983, No. 333, eff. 10–1–83; **CR 14–040: am.** (3) **Register May 2015 No. 713, eff. 6–1–15.**

Med 18.03 Informed consent. Any physician who treats a patient shall inform the patient about the availability of reasonable alternate medical modes of treatment and about the benefits and risks of these treatments. The reasonable physician standard is the standard for informing a patient. The reasonable physician standard requires disclosure only of information that a reasonable physician in the same or a similar medical specialty would know and disclose under the circumstances.

History: Cr. Register, September, 1983, No. 333, eff. 10–1–83; **CR 14–040: r. and recr. Register May 2015 No. 713, eff. 6–1–15.**

Med 18.04 Exceptions to communication of alternate modes of treatment.

(1) A physician is not required to explain each procedural or prescriptive alternative inherent to a particular mode of treatment.

(2) In an emergency, a physician is not required to communicate alternate modes of treatment to a patient if failure to provide immediate treatment would be more harmful to a patient than immediate treatment.

(3) A physician is not required to communicate any mode of treatment which is not a reasonable alternate mode of treatment or which is experimental.

(4) A physician may not be held responsible for failure to inform a patient of a possible complication or benefit not generally known to reasonably well-qualified physicians in a similar medical classification.

(5) A physician may simplify or omit communication of reasonable alternate modes of treatment if the communication would unduly confuse or frighten a patient or if a patient refuses to receive the communication.

(6) A physician is not required to communicate information about alternate medical modes of treatment for any condition the physician has not included in his or her diagnosis at the time the physician informs the patient.

History: Cr. Register, September, 1983, No. 333, eff. 10–1–83; **CR 14–040: am.** (3), (5), cr. (6) **Register May 2015 No. 713, eff. 6–1–15.**

Med 18.05 Recordkeeping. A physician shall indicate on a patient’s medical record he or she has communicated to the patient reasonable alternate modes of treatment.

History: Cr. Register, September, 1983, No. 333, eff. 10–1–83; **CR 14–040: am. Register May 2015 No. 713, eff. 6–1–15.**