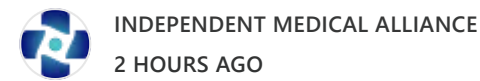


What Informed Consent Really Means

Informed consent isn't a form on a clipboard. It's the foundation of the relationship between a patient and a physician. When it fails, trust fails with it.



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A family physician's perspective on the principle medicine forgot, and how we get it back

By Dr. Kat Lindley ([originally published on X](#))

Informed consent isn't a form on a clipboard. It isn't a signature at the bottom of a page you never read. And it isn't a box someone checks so a clinic is covered. It's the foundation of the relationship between a patient and a physician. When it fails, trust fails with it.

I've said it many times on this platform: "Informed consent is a cornerstone of ethical medicine and a must in restoring trust in medicine." Here's what I mean.

What informed consent is:

Informed consent rests on a simple idea: you own your body, and you decide what happens to it.

For your consent to be real, four things have to be true:

Information. You're told what the treatment or test is, what it's meant to do, its risks and benefits, the other options, and what happens if you do nothing.

Understanding. That information is explained in plain language until you actually understand it, not just until you sign.

Capacity. You're able to weigh the information and make a decision.

Voluntariness. Your decision is free. Nobody pressures you, threatens you, or punishes you for it.

The fifth piece is the one people forget: the right to say no. If you can only ever say yes, you haven't consented. You've complied.

None of this is new. After World War II, the Nuremberg Code opened with the words "The voluntary consent of the human subject is absolutely essential." The Belmont Report later built human research protections on respect for persons, with informed consent at the center. The AMA's Code of Medical Ethics also treats informed consent as a basic duty physicians owe their patients. These principles were written down because history showed what happens without them.

In my own words: "Informed consent is essential for the ethical patient oriented practice of medicine that ensures patients and parents have the autonomy to make decisions about their health and well-being. No coercion, no threats."

What informed consent is not:

Consent doesn't count if it comes at the price of your job, your schooling, or your place in society.

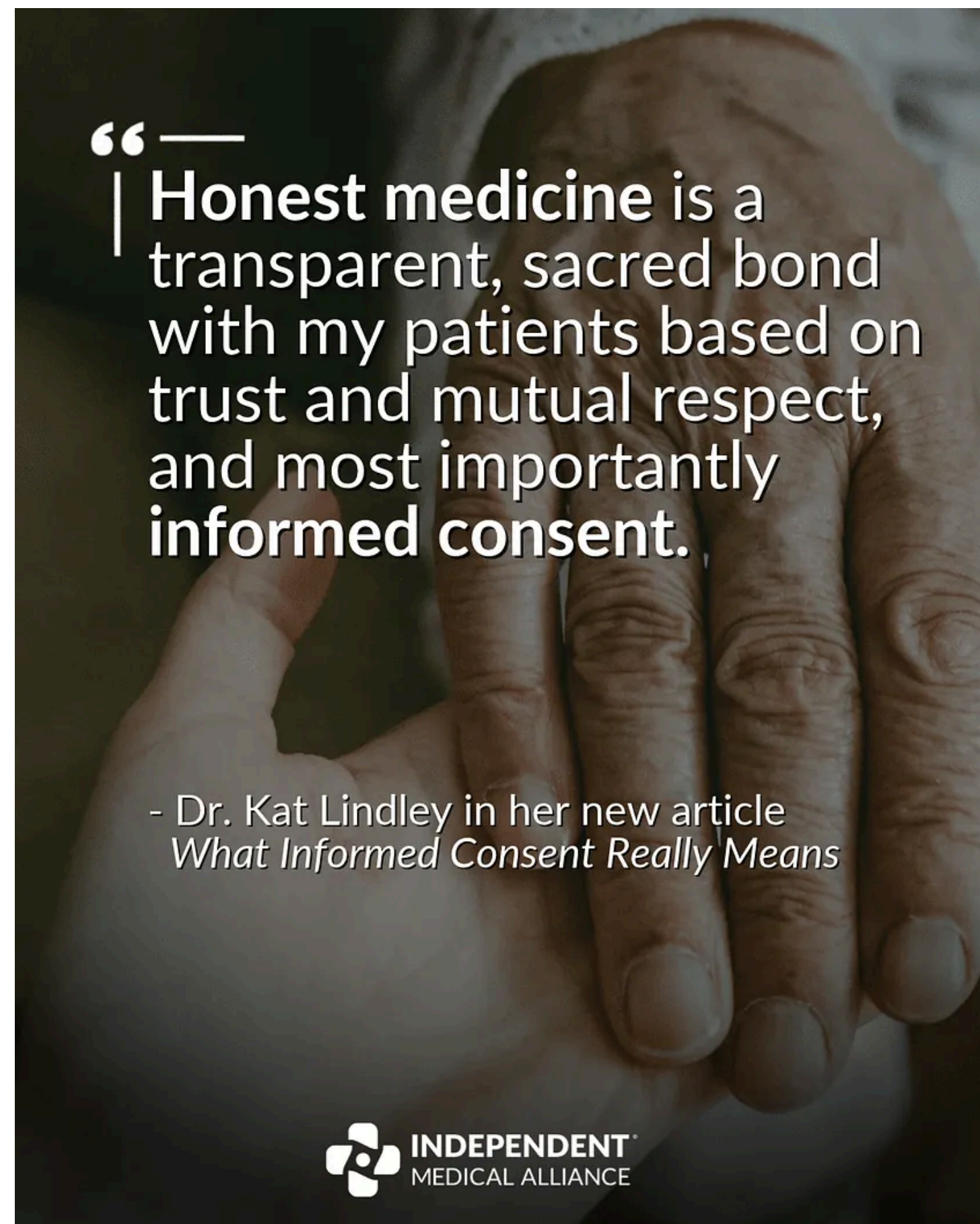
It's not a mandate. "Get this or lose your paycheck" isn't a choice.

It's not an incentive scheme. When a doctor's pay depends on how many patients accept a product, the patient deserves to know. A financial thumb on the scale is pressure, even when it's quiet.

It's not a one-sided brochure. If you only hear about the benefits, you haven't been informed. You've been marketed to.

It's not silencing questions. If doctors who raise concerns are punished, patients never hear the whole picture. As I wrote in 2024: "If science is not allowed to be questioned, then it is not science but propaganda."

It's not "approve now, prove later." When products reach patients before the evidence is in, I've said it plainly: "That's not informed consent."



What the COVID years taught us:

For many physicians, the last several years were a crash course in what happens when consent is pushed aside for compliance.

Patients were told products were "safe and effective" as a slogan, not as a conversation. Questions were labeled misinformation. Doctors who wanted to weigh an individual patient's risks were overruled by protocols written by people who had never met that patient. Nurses and physicians faced losing their jobs over their own medical decisions. The result was predictable: trust in medicine collapsed.

I wrote in 2024 that trust in physicians was at an all-time low, "Deservedly so." That isn't an attack on medicine. It's a diagnosis. A system that stops asking for consent shouldn't be surprised when patients stop giving it. The way back is not better messaging. It's honesty.

Children and parents

Children can't give informed consent the way adults can. That's why the law and medical ethics have always placed that responsibility with parents.

I've written that "a child of 12 cannot give informed consent no matter the legal definition of a 'mature minor.'" A 12-year-old can't fully weigh lifelong risks and benefits, and policies that let institutions bypass parents for medical decisions undermine the very protection consent was meant to provide. Parental authority isn't

an obstacle to good pediatric care. It’s part of it. The parent knows the child, carries the responsibility, and lives with the outcome.

Pregnant women

Pregnancy is the setting where medicine has always been most careful. We tell expectant mothers to avoid raw fish, unpasteurized products, and many common medications, out of an abundance of caution.

That same caution should apply to every new product. Pregnant women deserve a frank conversation about what is known, what isn’t known, and what was never studied. When that conversation doesn’t happen, consent hasn’t happened either. As I put it last year, “many countless pregnant women were not given the informed consent.”

Questions every patient should ask:

You don’t need a medical degree to protect your right to consent. You need good questions, and a doctor willing to answer them:

1. What is this for, and what do you expect it to do for *me*?
2. What are the risks, both common and serious?
3. What does the evidence actually show, and how long has it been studied?
4. What are my alternatives, including doing nothing or waiting?
5. Will anything happen to me (my job, school, or coverage) if I say no?
6. Do you, or does this practice, receive any payment or incentive tied to this decision?
7. If something goes wrong, who’s responsible, and what recourse do I have?

A good physician will welcome these questions. If yours doesn’t, that tells you something.

Restoring the patient-physician relationship

When people ask me what honest medicine is, my answer is the same: “Honest medicine is a transparent, sacred bond with my patients based on trust and mutual respect, and most importantly informed consent.”

That bond can’t be built through an insurer’s algorithm, a government incentive program, or a corporate protocol. It’s built in the exam room, face to face, one conversation at a time. That’s why I believe, as I wrote in 2024, “To restore trust in medicine we need more physicians to step out of the system and practice independently.”

Informed consent isn’t a barrier to good medicine. It is good medicine. And I believe it’s how we get honest medicine back. Or, as I said last year: “Informed consent is how the house of cards will fall.”

Dr. Kat Lindley is a board-certified family physician and director of the Honest Medicine International Fellowship Program.

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