

accurate manner are repeated themes throughout the publication. As is the notion that doctors need to be able to justify the decisions they make by careful analysis of the potential harms and benefits involved for the patient. The burdens of any surgical intervention must be outweighed by the benefits which can realistically be expected for that patient.

L.1 How parents, guardians or (if appropriate) children should be informed of the risks associated with surgery

5.5 The 1984 BMA advice typified much thinking at the beginning of the period in that the guidance contained next to no detail and left a great deal to clinical discretion. It was generally assumed that doctors would come to their own decisions in each case about the manner in which consent was sought and the degree of information provided. The core statement in the extract from the 1984 handbook is that "the onus is always on the doctor carrying out the procedure to see that an *adequate* explanation is given" (emphasis added). No indication was given in the guidance, however, about what would constitute adequacy or by whose standard (doctor's or patient's) adequacy should be judged, although it would normally be assumed that the medical standard would be the benchmark. There is a brief paragraph on the importance of clear communication and avoidance of misunderstanding but the necessity of discussing risks associated with treatment is entirely absent.

5.6 The 1993 BMA publication stresses that respect for patients and their rights lies at the heart of the issue of consent. In its section on consent in relation to children, the BMA lists the prerequisites for valid consent (section 3.3,¹²), among which is a discussion of the proposed procedure's risks and side effects.