



Correspondence

Placenta accreta spectrum and post-traumatic stress disorder: Is disclosing mortality risk to patients merit or demerit?



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Dear Editors,

Tol et al. [1] compared post-traumatic stress disorder (PTSD)-predicting scores after cesarean hysterectomy (CH) between patients with and without placenta accreta spectrum (PAS). Information on CH was and was not given to the former and the latter, respectively. A high PTSD score was more frequently observed among the former than latter. Information of CH did not mitigate the PTSD risk.

This re-invites discussion on whether patients waiting for PAS-CH should be informed of the mortality risk [2,3]. We inform patients of the mortality risk if they ask. However, our department protocol is to inform patients of morbidities but not mortality risk. Knowledge of PAS-CH being life-threatening does not change patients' choices or decision since there is no option but to choose CH. In many other life-threatening surgeries, mortality information allows patients to decline surgery. Informed consent (IC) promotes patients' choices and decision. However, mortality information here, without affecting their decision, may merely increase patients' anxiety [2,3]. Anticipation of PAS-CH did not mitigate the PTSD tendency. It is reasonable to consider that mortality information may increase this tendency. Studying PTSD scores between two groups of PAS receiving and not-receiving mortality information may determine this.

Not telling may lead to medico-legal issues for health-providers if deaths actually occur: IC is not only for patients but also for health-providers; however, undoubtedly, IC emphasizes the importance of “patients first, health-providers second”. Anticipation of CH may not mitigate PTSD. Then, should PAS patients be informed of the mortality risk, and if yes, when and how?

Contributions

SM identified the significance, and wrote and edited the manuscript. HT co-wrote and edited the manuscript.

Conflict of interest statement

We have no conflicts of interest regarding this study.

Approval of institutional review board

Not needed.

Sources of funding

None.

Patient anonymity

Not applicable.

Informed consent

Not applicable.

References

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Abbreviations: CH, cesarean hysterectomy; IC, informed consent; PAS, placenta accreta spectrum; PTSD, post-traumatic stress disorder

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