



## Introduction

Informed consent must be obtained from patients prior to undergoing any surgical resection for lung cancer, and formal written consent is usually the final step in the informed consent process.

Standardised procedure-specific written consent forms are used by clinicians in Queensland, Australia to document written consent, with each form detailing the risks and benefits of the procedure.

Reading literacy among Australians is generally poor, with nearly half the population unable to read at the recommended reading grade of Year 11, and current Australian Government guidelines recommend that content is written to a Year 7 standard or below to be accessible to the majority of the population.

## Objectives

The aim of this study was to review the Queensland Health consent forms and patients information leaflets used in thoracic surgery for lung cancer, to determine the readability of key sections

## Methods

Queensland Health consent forms for “Thoracoscopy Surgical (VATS) &/or other procedures” and “Thoracotomy for Lung Resection” were obtained.

The readability of the sections relating to risks of surgery (Section C), patient consent (Section G), and the patient information sheet were assessed via an online readability software program, using five separate validated methods:

- i. Flesch-Kincaid grade level
- ii. SMOG (Simple Measure of Gobbledygook)
- iii. Coleman-Liau index
- iv. Automated readability index
- v. Linsear Wriste formula.

Statistical analysis was performed using Microsoft Excel.

## Results

Mean  $\pm$  standard deviation grade level from all algorithms for risks of surgery, patient consent, and patient information was  $7.81 \pm 1.75$ ,  $10.77 \pm 0.75$ , and  $7.59 \pm 1.14$ .

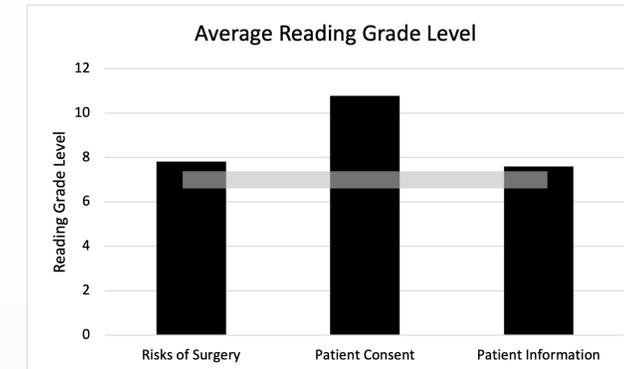


Figure 1: Average reading grade level of the five algorithms for each subsection of the consent form, with the light grey shaded area representing the recommended 7<sup>th</sup> grade

The “Thoracotomy” form had the highest average grade level ( $8.81 \pm 1.85$ ) followed by “Thoracoscopy Surgical (VATS) &/or other procedures” ( $8.63 \pm 2.06$ ).

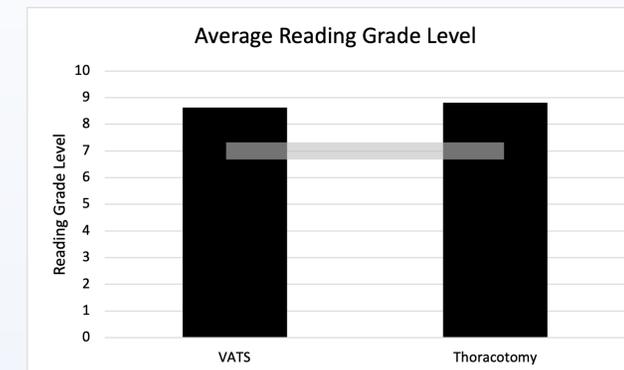


Figure 2: Average reading grade level of the five algorithms for each separate consent form, with the light grey shaded area representing the recommended 7<sup>th</sup> grade

Significant inter-algorithm differences were noted, with the Coleman-Liau nearly two grades higher than others, however the patient consent subsection was consistently above the recommended reading grade of year 7 among all five algorithms.

## Discussion and Conclusion

The readability of key sections of the Queensland Health thoracic surgery consent forms is above the recommended reading grade of year 7.

A large percentage of the Australian population would be unable to fully comprehend the written information, potentially impacting patient care and outcomes.

Consideration should be made to lower the reading grade level of patient consent forms to ensure patients can properly comprehend the information.