Original Article

Consent in Surgery

Current Practice of Informed Consent in Surgery Department at Tertiary Care Hospital

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ABSTRACT

Objective: To determine the current preoperative informed consent practice in cases undergoing surgical procedures.

Study Design: Observational / descriptive study.

Place and Duration of Study: This study was conducted at the Surgery Department of PMC Hospital and PUMHS Nawabshah Sindh from Jan-2014 to April-2015.

Materials and Methods: Following informed consent, 165 cases were incorporated in this study. Cases were randomly selected with suitable sampling technique and their surgical procedure was done electively, whereas those cases, which were treated conservatively and not capable of answering because of unconsciousness, eclampsia and shock, were not included in this study. Data was recorded on preplanned proforma concerning demographic information of cases, their knowledge regarding surgery carried out on them & the extent of data supplied them regarding risk, advantages of surgical procedure and other treatment choices.

Results: Twenty nine (15%) cases were of age group of 20-35 yrs, whereas 104(53.86%) were of age group of 36-50 yrs. Well-versed consent was obtained from the cases by surgeon in 63(32.64%) cases, by inhabitants in 105(54.40%), house officers in 10(5.18%) and by nurses in 15(7.77%) cases. This was ensured from the records of patients. When/ the patients were inquired, weather they completely grasped the data given to them, 86(44.55%) declared "yes" whereas 107(55.44%) did not grasp the data offered to them.

Conclusion: Our study concluded that the majority of our contributors were conscious regarding the surgery done on them however they were provided little facts about risk, complications & advantages of the surgery.

Key Words: Informed consent, surgery, patients, preoperative.

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INTRODUCTION

Autonomy of cases is a significant problem in the health service region. Well-versed consent is the autonomous approval collected from the patient following the description and explanation of surgeons regarding the optional treatment, nature of issue, anticipated therapeutic advantages, therapeutic side effects & risks as well as outcomes of no treatment. Ability to participation in one's own health care decisions is a basic right of human. The treating physician's concern in this procedure cannot be minimized while in practice, usually the "consent signatures' are received by a junior doctor or a health worker without any understanding on the part of the vulnerable patient.

It is the responsibility of the treating physician to discuss with the patient and obtain consent about the procedure or treatment, how it is carried out, and the risks attached to it. The treating doctor should give a balanced view of the options and explain the need for informed consent and let the patient decide. This is important in the context that the patient himself may have limited awareness of the legal implications of signing or not signing consent forms, and they may not recognize written consent as primarily serving their interests[1] Patients may feel scared and stressed by having to give written consent, and may report that they do not read or understand the consent form.[2,3], In addition there are assumed myths regarding informed consent that have not been explored or documented.[4] Ethics teaching has been shown to have a profound influence on medical professionals' attitudes.[5,6], In Pakistan ethics is sometimes not given the due importance at the undergraduate or postgraduate level, though the PMDC guidelines clearly state that medical students must be taught ethics and evaluated.[7]On the other hand, the Pakistani milieu also offers challenges to this process because crucial decision making is often done by family members or is left entirely up to the attending physician.[8]

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Informed consent for medical interventions must include the nature of the proposed intervention, the alternatives to it, the risk and benefits of the proposed intervention as well as the alternatives, an assessment of the patient's ability to understand the discussion, and the patient's voluntary acceptance of the proposed intervention [9]. The requirement for an informed consent is well established in all decision making situations in clinical practice.[10] Patient himself may have limited awareness of the legal implications of consent forms[11] informed consent has not been taken seriously sometimes by the care takers s& sometimes by the patients themselves especially in the field of psychotherapy.[12] This has been evident even in the situations at community health centers, even in presence of very stringent institutional policies.[13] In Pakistan health care is being provided through public sector as well as through private sector. The general practitioners are considered as the back bone for the health care delivery system in our country. In the medical profession, a general practitioner (GP) is a medical doctor who although does not qualify / specialize in a particular field but he cares for the general health of the community by treating acute and chronic illnesses and by providing preventive care and health education to patients. Regarding general practitioners' perception about bioethics, it is apparent that although they feel that patients have a right to knowledge about their disease status but a high proportion of general practitioners do not consider it necessary to explain the details of the treatment advised to patients.[13]

On many occasions, it has been noted that the respect for physicians inhibits the individuals from questioning the purpose and benefits of research [14] but still many studies conclude that it was imperative that individuals understand what health information sharing entails.[15] Informed consent is the simplest way of sharing of sufficient medical knowledge by communication between doctor & patient. This is more important in our setting where most of the times, the patients have very wrong concepts about the informed consent.[16]

The purpose of this study was to find out current preoperative informed consent practice in patients undergoing surgical procedures.

MATERIALS AND METHODS

This study was conducted in the s surgery department of PMC hospital and PUMHS Nawabshah Sindh from Jan-2014 to April-2015. After taking informed consent, 165 patients were included in the study. Patients were selected randomly by convenient sampling technique.

Patients, whose elective surgery was performed, were included in the study, while patients who were treated conservatively, who were operated in emergency and those patients who were brought in state of unconsciousness / shock or patients who were unable to answer the questions due to pain were excluded from the study.

Questions were asked from patients on 3rd[d] or 4th postoperative day when they were pain free. Information was collected on predesigned proforma regarding demographic data of patient, their awareness regarding surgical procedures performed on them & the extent of information given to them about risk, benefits of surgery and alternative treatment options. All data was analyzed on SPSS version 19. Frequency & percentages were calculated to describe the results.

RESULTS

Total 165 patients were included in the study. 19(11.51%) patients belonged to age group of 15-25 year while 95(57.57%) belonged to age group of 26-45 years and 51(30.90%) had age of more than 45 years (Table 1).

90(54.54%) patients were illiterate while 40(24.24%) had done the matric and 15(9.09%) were graduate (Table 1).

Regarding socioeconomic condition, 82(49.69%) cases belonged from poor class while 64(38.78%) belonged to middle class (Table 1).

Informed consent was taken from the patients by surgeon in 25(15.15%) patients, by residents in 73(44.24%) and by paramedics in 67(40.60%) patients.

When patients were asked, weather they fully understood the information provided to them, 76(46%) said yes while 89(53.93%) did not understand the information provided to them.

136(82.42%) patients knew the reason of surgery performed on them while 29(17.57%) were not told about the reason of surgery performed on them. Only 98(59.39%) patients were told about alternative of surgery while 67(40.60%) patients were not (Table 2).

Table No.1: Demographic data (n= 165)

Variables	Number	Percentage
Age (years) 20-35	19	11.51%
36-50	**95**	**57.57%**
>50	51	30.90%
Education Uneducated	90	54.54%
Middle	**20**	**12.12%**
Matric	40	24.24%
Graduate	15	9.09%
S.E.C Poor class	82	49.69%
Middle class	64	38.78%
Upper class	19	11.51%

Table No.2: Questions asked regarding information provided to patients before surgery n=165

1. Did you fully understood the information provided to you
• Yes 76(46%)
• No 89(53.93%)
2. Do you know why surgery was performed on you
• Yes 136 (82.42%)
• No 29(17.57%)
3. Before surgery were you informed about the surgical procedure
• Yes 123(74.54%)
• No 42(25.45%)
4. Did doctor informed you about side effect and complication of surgery
• Yes 41(24.84%)
• No 124(75.15%)
5. Was you told about cost of surgery
• Yes 153(92.72%)
• No 12(7.27%)
6. Was you told about duration of post operative hospital stay
• Yes 74(44.84%)
• No 91(55.15%)
7. Were you told about alternative of surgery
• Yes 98 (59.39%)
• No 67(40.60%)
8. Did doctor informed you about the benefits of surgery
• Yes 120(72.72 %)
• No 45(27.27 %)
9. Was you told about anesthesia type, its complications,
• Yes 74(44.84%)
• No 91(55.15%)

Table No.3: Consent taken by

Variables	Number	Percentage
Consultant	25	15.15
Junior residents/ medical officers	**73**	**44.24**
paramedics	67	40.60

DISCUSSION

The informed consent is a universally recognized procedure to ensure safeguarding the patients' rights.[17] It is now throughout the world that the requirement for an informed consent is well established in all decision making situations in the clinical practice. Currently it is a well-established fact that a fully informed patient can participate in choices about his/her health care.[18] Being a developing country, Pakistan still lacks in some of the crucial health innovations; the informed consent of the patient prior to some medical or surgical intervention is one of them.

In our study, only 46% patients understood the information provided to them, 17.57 % patients did not know the reason of surgery and 25.45% did not know about the surgical procedure performed on them. Same is seen in study conducted by Amin MF *et al*, 71.5% and 45% patients received information regarding their medical condition and the nature of the proposed intervention respectively[19].

In our study only 24.84% patients knew about side effects and complications of surgery while rest of patients was not given any information. Vessey *et al*., in their study, report that although majority of patients understood that an operation was being planned, 28 out of 49 (57.1%) patients undergoing surgery for acute abdomen did not receive any information about the complications before undergoing surgery.[20] In another study, 69.3% patients reported receiving no information about the potential risks.[21] The doctor's desire to protect patients against anxiety is usually cited as the reason for not divulging the complications associated with surgery. This notion, no matter how good-intentioned, is unfounded. Marco *et al*. refute this baseless impression by reporting that none of their patients undergoing coronary artery bypass surgery (CABG) or percutaneous coronary intervention (PCI) identified any of the explained risks as a reason to reconsider having the surgery with majority (80%) of the patients wanting to be informed of all the risks of surgery.[22] It is observed that although patients are usually notified that an operation was being planned, there is a clear need for improved discussion on common and important complications.[23]

In our study, only 44.84% patients got information about type of anesthesia for surgery and its complications while rest patients were not given any information. Amin *et al*. report only 15% patients receiving information about the complications a associated with anaesthesia.[19] In current medical practice, patients who have consented to a surgical procedure are routinely considered to have given an implied consent to undergo anaesthesia. It is usually regarded unacceptable for doctors, other than anaesthetists, to disclose the nature of the complications when they will neither be administering it nor have adequate knowledge of what is involved. Anaesthetists, therefore, have a duty to explain to the patient the nature, purpose and material risk of the proposed anaesthetic procedure. There is a dire need for designing specific guidelines by the anaesthetic departments for the process of taking consent.

In our study only 15.15% of consent was taken by consultant, operating surgeon while in 44.24% consent was taken by junior residents and medical officers. Same is seen in study conducted by Siddiqui et al. [24] We found a lack of communication between general

practitioners & their patients which is needed to be improved Nievelstein et al also concluded in a research on this issue that efforts should be directed towards improved information and communication between the doctors & patients for the betterment of the patients.[25]

CONCLUSION

This study reveals that most of our participants were aware about the surgical procedures performed on them but they were given little information regarding risk, complications & benefits of the surgery. Apart from educating the public, the healthcare professionals also need to be educated about the importance of patient's rights and the value of their informed consent so that the patients can fully participate in their disease management & to avoid litigation.

Conflict of Interest: The study has no conflict of interest to declare by any author.

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