

Perceptions of Patients Regarding Informed Consent: Are They Satisfied

Ziyad Afzal Kayani¹, Irum Gilani² and Shaukat Hayat Khan³

¹Department of Surgery, AJK Medical College, Muzaffarabad

²Department of Community Medicine, AJK Medical College, Muzaffarabad

³Department of Orthopedics, AJK Medical College, Muzaffarabad

ABSTRACT

Objective: To evaluate perceptions of patients about the components of informed consent for surgery and their level of satisfaction. **Study Design:** observational study. **Place and Duration:** The study was carried out at Abbas Institute of Medical Sciences attached teaching hospital of AJK Medical College Muzaffarabad from February 2011 to April 2011. **Subjects and Methods:** A closed ended questionnaire exploring the perceptions of patients about knowledge of disease, surgical procedure, anaesthesia and consent with their level of satisfaction about the entire process was administered to the patients post-operatively. **Ethical approval:** Ethical approval was taken from the hospital ethical committee. Informed consent was taken from all the subjects and their identity was kept confidential. **Results:** There were 59 (60.8%) male and 38 (31.2%) females in the study. 91 (93.8%) patients were provided with the Information about their disease before surgery and only 37 (38.1%) patients were satisfied with the provided information. Information about advantages/ disadvantages of surgery was provided to 73 (75.3%) out of which 26 (26.8%) were satisfied. 79 (81.4%) patients were Satisfied with the pre operative information being provided by the surgeon. out of 18 patients who were unsatisfied 7 thought information was provided in a hurry. **Conclusion:** Informed consent is a very important aspect of patient's autonomy; it is also a safeguard for treating doctors. We feel that informed consent is the time when patient gets to know every aspect of his management and is fully involved in it. Ample time must be given to the patients and all their concerns redressed to improve their satisfaction with the process.

Key words: Informed consent, satisfaction level, perceptions and autonomy.

INTRODUCTION

Surgery is the mainstay in treatment for many diseases. Sometimes we do have alternative choice of procedures to offer, and it's the duty of doctor to warn a patient of the consequences of a medical procedure¹. Knowing about the disease, surgical procedure, anaesthesia and post operative phase helps relieving anxiety of the patient and increases satisfaction of patients^{2,3}. What we see in practice in our institution is consent written at the bottom of a page and it is just a blanket statement of willingness for surgery under anaesthesia; a routine fulfilled as a part of procedure of sending patient to operating room.

Consent procedure has five interlinked components; competence of the patient, autonomy, adequate disclosure of information pertaining to the procedure, understanding of that information by the patient and consent⁴. Of immense importance is the involvement of treating physician in the whole process which does not happens always, junior doctor or staff gets the signature of patient or relatives without providing adequate information⁵. It is good to involve the patient in the process of decision making,⁶ but there are myths about the consent procedure like information provided to the patient regarding surgery and possible complications will discourage the patient undergoing surgery⁷ and he/ she may refuse so what

happens is that just to fulfill the medico legal requirements for the safety of doctors consent is taken on papers without provision of relevant information to the patient⁸. Patient is not given the opportunity to refuse and be presented with alternative choice of treatment⁹. There is a shift of paradigm in the west where increasing number of patients want to be adequately informed about the procedure they have to undergo, complications and alternate choice of treatment¹⁰. A legal and ethical principle exists in the west whereby consent must be obtained before commencing a physical examination, starting treatment or physical investigation, or providing care. Non-compliance with this requirement is treated most seriously and professionals who choose to do otherwise risk investigation by the relevant regulatory body and legal proceedings¹¹.

Keeping in view the deficiencies in the process of consent in our hospitals and the standardized procedures in the west as supported by the literature we decided to undertake this study to analyze the process from patient's perspective as advances in access to information on internet and social media might influence their views also. The objective of this study is to evaluate perceptions of patients about the components of informed consent for surgery and their level of satisfaction with them.

SUBJECTS AND METHODS

An observational study was conducted in Abbas Institute of Medical Sciences a Teaching Hospital of AJK Medical College, Muzaffarabad during three months from February 2011 to April 2011. Along with age and gender dependent variables of the study were knowledge about disease before surgery, advantages and disadvantages of surgery, possible outcome in post operative phase, knowledge about anaesthesia, its advantages and disadvantages, satisfaction level of patients to all the provided information, who was the information provider and finally giving consent for surgery.

A pretested structured questionnaire was used as data collection tool. It was completed by a senior staff nurse who was not involved in the consent process. Informed consent was taken from all the patients and questionnaire was completed in the post

operative phase once patients were stable. Patients were interviewed about the information given to them about their surgical management as a part of the standard informed consent practice. Too sick patients were excluded from the study to maintain homogeneity.

Sample size was calculated using WHO sample size estimator for a cross sectional surveys with 95% confidence interval it was 97; Non probability convenient sampling technique was used. Ethical approval for the study was taken from the Ethical Committee of Abbas Institute of Medical Sciences.

RESULTS

Structured questionnaire was administered to ninety seven patients, 59 (60.8%) were males and 38 (31.2%) were female (Table 1). Male female ratio was 1.5:1, age of the patients ranges between 18-65 years with majority 70 (72.1%) were in the range of 18-45 years and 27 (27.9%) in the range of 46-65 years.

Table 1: Socio-demographic variables.

Variables	Number	Percentage
Age (Years)		
18-45	70	72.1%
46-65	27	27.9%
Gender		
Male	59	60.8%
Female	38	39.2%

91 (93.8%) patients were provided with the Information about their disease before surgery (Table 2) and only 37 (38.1%) patients were satisfied with the provided information. Information about advantages/disadvantages of surgery was provided to 73 (75.3%) out of which 26 (26.8%) were satisfied. Information regarding anaesthesia, its types and advantages was provided to 62 (63.9%) patients and only 26 (26.8%) were satisfied with the amount of information provided to them. Post operative phase problems specially pain after surgery were discussed with 84 (86.6%) and 34 (35.1%) were satisfied (Table 3). Surgeon provided all this information to 87 (89.7%) patients.

Table 2: Dependent variables.

Variables	Yes	No
Information was provided about disease before surgery	91 (93.8%)	6 (6.2%)
Information was provided about advantages/ disadvantages of surgery	73 (75.3%)	24 (24.7%)
Information was provided about advantages/ disadvantages of anaesthesia	62 (63.9%)	35 (36.1%)
Information was provided about post operative phase specially pain	84 (86.6%)	13 (13.4%)
Was the information provided by surgeon	87 (89.7%)	10 (10.3%)
Satisfied with the pre operative information	79 (81.4%)	18 (18.6%)
Did you gave the consent for surgery yourself	23 (23.7%)	74 (76.3%)

Table 3: Satisfaction level of patients with provided information.

Variables	Satisfied	Undeceive	Un satisfied
Information about disease before surgery	37 (38.1%)	55 (56.7%)	5 (5.2%)
Information about advantages/ disadvantages of surgery	26 (26.8%)	47 (48.5%)	24 (24.7%)
Information about advantages/ disadvantages of anaesthesia	26 (26.8%)	40 (41.2%)	31 (32%)
Information about post operative phase specially pain	34 (35.1%)	50 (51.5%)	13 (13.4%)

Table 4: Reason for un-satisfaction.

		Are you satisfied with pre-operative information provided to you?	
		Yes	No
If no, what is the reason?	Information was provided in a hurry	11	7
	Information was not provided	0	10
	My questions were not answered to my satisfaction	0	1
	Not applicable	68	0

79 (81.4%) patients were Satisfied with the pre operative information. out of 18 patients who were unsatisfied 7 thought information was provided in a hurry (Table 4). No information at all was provided to 10 patients and 1 patient felt his questions were not answered to his satisfaction. 23 (23.7%) gave the consent for surgery them self.

DISCUSSION

Patient's autonomy is popularizing in developing countries as it is already ingrained in the medical practices in developed countries¹². Informed consent is among the important aspects in patient's autonomy, patient gets a chance to know about his disease, treatment options and what to expect after surgery during the process of informed consent.

Majority of the patients 93.8% have been provided information about their disease, but advantages and disadvantages of the surgical procedures were discussed with 75.3% of patients. In another study conducted at Jamshoro,¹³ the information level of patients regarding their surgical condition was 89.7%. In the same study the information level of patients about the proposed surgical procedure was 72.1% but the information level of patients regarding the complications of procedure was only 20.8 % which is again proved in our study if we look at the satisfaction level of patients with information about the surgical procedure which is 26.8% meaning thereby that these were the patients who actually understood about the information and the rest wanted to know more about the procedure and outcome.

Adequate information before an invasive

procedure is fundamental to give informed consent¹⁴. Information should include a description of the benefits, risks, and complications of the intended procedure¹⁵. For the surgical procedure, regarding knowledge about anesthesia and its advantages and disadvantages (63.9%) patients were given the information and only 26 (26.8%) were satisfied with the information, in another national¹⁶ study 43.3% patient had the knowledge about anaesthesia and its complications.

Providing information about risks and complications causes undue and unnecessary anxiety^{17,18}. But studies also suggest that improving patients' knowledge about treatment reduces anxiety^{19, 20}. Post operative phase problems specially pain after surgery were discussed with 84 (86.6%) and 34 (35.1%) were satisfied with the information it seems that Patients want to be informed and want to participate in the decision process²¹.

Surgeon provided all this information to 87 (89.7%) patients which is an encouraging aspect of our study. On the other hand 79 (81.4%) patients were Satisfied with the pre operative information. Most of the patients even among those who said that they were provided with the information reported that information was provided in a hurry. This means that patients won't to be better informed and need enough time to satisfy their concerns before their final decision.

CONCLUSION

Informed consent is a very important aspect of patient's autonomy; it is also a safeguard for treating doctors. We feel that informed consent is the time when patient gets to know every aspect of his management and is fully involved in it. Ample time must be given to the patients and all their concerns redressed to improve their satisfaction with the process.

REFERENCES

1. Lincoln v Gupta, 142 Mich App 615, 624; 370 NW 312, 318 (1985), citing Roberts v Young, 389 Mich 133; 119 NW2d 627 (1963) ('the hospital did not have a duty to obtain the informed consent of [the patient where the physician] was [patient's] private physician'')
2. Felicia V, Harriet W, Gerry B. Does preoperative anxiety level predict postoperative Pain? AORN J 2007; 589-604.
3. Lawrence DE, George EB, Claude EW, Marshall KB. Reduction of postoperative pain by encouragement and instruction of patients — A study of doctor-patient rapport N Engl J Med 1964; 270:825-827 April 16, 1964 DOI: 10.1056/NEJM196404162701606
4. Kanerva AM, Suominen T, Leino-Kilpi H. Informed consent for short-stay surgery. Nurs Ethics 1999; 6: 483-93
5. Zaffar S. et al. The Awareness of 'Informed Consent', Among Medical Students and the Current Consent practices at a tertiary care hospital. Ann. Pak. Inst. Med. Sci. 2011; 7: 176-79
6. Laine C, Davidoff F. Patient-centered medicine: A professional evolution. JAMA 1996; 275:152-56.
7. Burger I, Schill K, Goodman S. Disclosure of individual surgeon's performance rates during informed consent: ethical and epidemiological considerations. Ann Surg 2007; 245: 507-13
8. White G. Obtaining Informed Consent: It's more than a signature. Am J Nursing 2000; 100 (9): 83
9. Worthington R. Clinical issues on consent: Some philosophical concerns. J Med Ethics 2002; 28:377-80
10. Quadrelli S, Colt HG, Lyons G, Cohen D. Respect for autonomy. How much do patients want to know in order to make decisions? Medicina 2008;68:198-204
11. Heather S, Tricia S. Patients' Perceptions of Informed Consent for Surgical Procedures in Northern Ireland: A retrospective survey. Br J Anaesth Recov Nurs 2008; 9: 55-65. doi:10.1017/S1742645608000193.
12. Gongal R, Bhattarai P. Informed consent: Is it really understood? Kathmandu University Medical Journal 2005; 3(11): 271-73.
13. Siddiqui FG, Sheikh JM, Memon MM. An Audit of Informed Consent in Surgical Patients at a University Hospital. J Ayub Med Coll Abbottabad 2010;22(1):133-35

14. Amina T.G, Margret K, Lucas MB, Urs H, Thomas M K. Patients' Satisfaction With the Preoperative Informed Consent Procedure: A Multicenter Questionnaire Survey in Switzerland Mayo Clin Proc. 2006;81:307-12 www.mayoclinicproceedings.com
15. Bates T. Ethics of consent to surgical treatment. Br J Surg. 2001; 88: 1283-1284.
16. Tayyab M, Aurangzeb M. The standard of informed consent in elective surgery – An observational study from a tertiary healthcare facility. Pak J Med Sci 2010;26(3):611-614
17. Stenchever MA. Too much informed consent? [Editorial]. Obstet Gynecol. 1991;77:631
18. Schindele S, Renggli P, Hackenbruch W. Patient education before orthopedic elective interventions: "the Langenthal model of 3-step patient education" [in German]. Swiss Surg. 2001;7:151-57.
19. Lloyd AJ, Hayes PD, London NJM, Bell PRF, Naylor AR. Patients' ability to recall risk associated with treatment options [published correction appears in Lancet. 1999;353:2164] [letter]. Lancet. 1999;353:645
20. Dawes PJ, Davison P. Informed consent: what do patients want to know? J R Soc Med. 1994;87:149-52.
21. Patients' views of the good doctor [editorial]. BMJ. 2002; 325:668-669.

The Authors:

Ziyad Afzal Kayani
Associate Professor,
Department of Surgery,
AJK Medical College,
Muzaffarabad

Irum Gilani
Assistant Professor
Department of Community Medicine,
AJK Medical College
Muzaffarabad

Shaukat Hayat Khan
Assistant Professor,
Department of Orthopedics,
AJK Medical College,
Muzaffarabad

Corresponding Author:

Ziyad Afzal Kayani
Associate Professor,
Department of Surgery,
AJK Medical College,
Muzaffarabad
E-mail: ziyadkayani@hotmail.com