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Knowledge, Attitude and Practices of Dentists of Pakistan Regarding Informed Consent

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ABSTRACT

Though ongoing medical advancements has helped the man kind in many ways but it has also tailored the attitude of both the doctors and the patient to insecurity. It has now become immensely important to protect legal and ethical rights of the patients and as well as that of the doctors. Therefore, the application of the informed consent has become immensely important almost in all health care disciplines. **Aims:** The aim of the study was to gather base-line information on consent knowledge, attitude and practices of dentists of the different cities of Pakistan with the view of utilizing this information in dental practice of this population. **Methods:** A cross sectional survey was done at different cities of Pakistan including Lahore, Karachi, Peshawar, Quetta and Islamabad. A total of 359 dentists were studied for the practice of informed consent (IC) by filling a self-designed, semi-structured questionnaire in a one-to-one interview by the researcher. **Results:** The data recorded was then entered in SPSS.16 and analyzed. Knowledge and attitude of the dentists is seen to be considerably high as compared to their practices which means that they are over reporting in relation to what they know about the essence of consent and hence its application. A need of proper legislature and its implementation is necessary for the improvement of practice of informed consent. **Conclusion:** Refresher courses regarding IC practice should be introduced on regular basis among the medical and dental professionals.

Key words: Knowledge, Attitude, Practice, Consent, Legislature, Ethics and Discipline

INTRODUCTION

The principle of informed consent is based upon some of the most fundamental assumptions of basic human rights.[1]Application of informed consent has been recognized in almost all heath care departments due to the multiple factors involved like advancements in the nature of the procedures, its complications, invasiveness and cost factor. Informed consent helps safeguarding legal and ethical rights of the patients as well as it strengthens the level of trust between the patient and the physician.[2]

Informed consent has two types *i.e.*, implied and expressed consent. Implied consent is mostly taken for non-invasive procedures[3] whereas expressed consent is taken for more invasive procedures. Implied consent is taken for consultation, examination and diagnosis whereas expressed consent includes information regarding nature of procedure, reasonable alternatives, relevant risks and benefits of the treatment.[4,5] In Dentistry, verbal consent is one type of expressed consent and used adequately for routine dental treatment such as dental filling, scaling, extraction, etc.,[6] whereas written consent is taken for more broad treatments such as procedures requiring sedation and analgesia, etc.[7]

Dentists worldwide face a problem of taking the informed consent. Majority claim to have gone through detail discussions but fail to record the information in documentation form. It is very important to place details in patient's record that informed consent process has taken place which is in mutual interest to both dentist and the patient.[8]

Although written informed consent is time

consuming, it helps dentist to develop a good patient-doctor relationship. During interaction regarding informed consent documentation a dentist builds a bond of trust and confidence with a patient.[9] They feel fully informed and in control of their decisions about treatment. Use of informed consent prevents mal practice or quackery in dental practice. The purpose and benefits of treatment are well understood by patients and parents, in case of minor children.[9-12] Studies have shown that even after presenting adequate verbal information to patients, their ability to fully understand information may be limited, so written informed consent is very important before starting treatment of a patient.[13,14]

Health care ethics for practicing doctors need to be tailored specifically. This is immensely important to protect legal and ethical rights of the patients and as well as that of the doctors. This requires back-ground knowledge, attitude and practices (KAP) level of the practicing doctors.[15] As this level varies, the present study aimed to gather base-line information on oral health knowledge, attitude and practices of dentists of the different cities of Pakistan with the view of utilizing this information in dental practice of this population.

MATERIAL AND METHODS

This cross sectional descriptive study was conducted to assess the KAP among dentists working in public and private dental practices regarding informed consent. A convenience sample of 359 dentists (Male: 162; Female; 197) were selected for the study. The mean age of the sample was 29.72 ± 8 years with a range from 23 to 65 years.

This multi-centric study was conducted in Lahore, Karachi, Peshawar, Quetta and Islamabad. Private practices of these locations were visited and the following institutions were involved in the study: de Montmorency Institute of Dental Sciences, Lahore, Fatima Memorial Medical and Dental College, Lahore, Lahore Medical and Dental College, Lahore, Fatima Jinnah Dental College, Karachi, Sardar Begum Dental College, Peshawar, Khyber College of Dentistry, Peshawar, Dental Section, Bolan Medical College, Quetta, Islamic International Dental College, Islamabad.

RESULTS

Informed Consent Knowledge

Three questions were asked to assess the knowledge of dentists. When individual scores of these questions were added 80% had "good", 17% had "fair" and 3% had "poor" informed consent knowledge in dentists as shown in Figure 1.

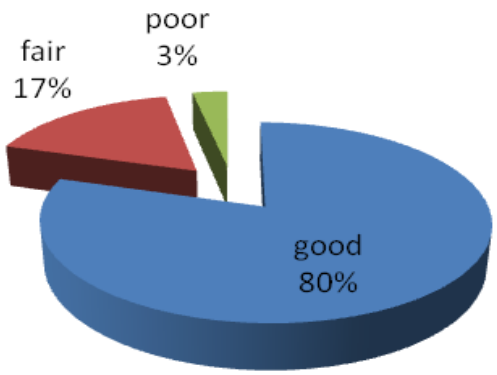

Fig. 1: Informed consent knowledge in dentists.

Informed Consent Attitude

Two questions were asked from dentists to evaluate their attitude regarding informed consent. Overall, 94% of dentists had concerned attitude towards informed consent. 6% had fair attitude and none of them had casual attitude as shown in figure 2. No significant relation was found between the attitude of dentist and the sectors of practice (P=0.194).

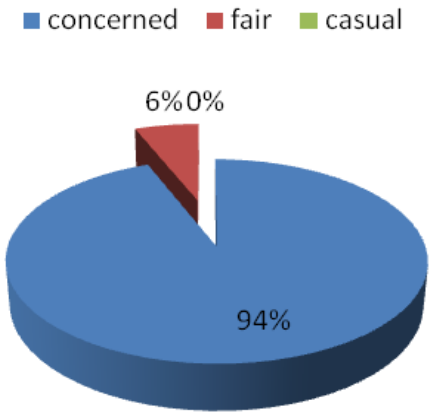

Fig. 2: Informed consent attitude in dentists.

Practices Regarding Informed Consent

Thirteen questions were asked to assess the practice of dentists regarding informed consent. It is seen in figure 3 that the practices were good in 34%, fair in 62% and poor among 4% of the dentists. The practice of dentist was not significantly related with the sector of practice (P=0.588).

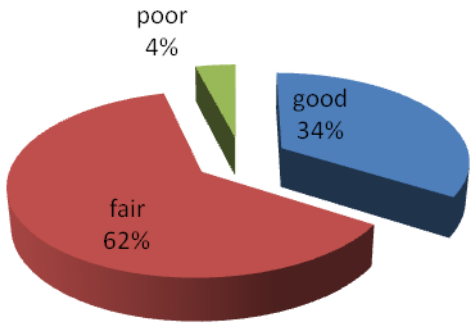

Fig. 3: Informed consent practice in dentists.

DISCUSSION

Informed consent usually refers to the idea that a person must be fully-informed about and understand the potential benefits and risks of their choice of treatment.[16-18] Informed consent is of supreme importance to the dental and medical profession because of ethical issues and legal consequences.[19] In countries like Pakistan where such laws are not practiced or enforced; it is of utmost importance to conduct a baseline study regarding knowledge, attitudes and practices pertaining to informed consent before recommendation are made for the same. In the present study, specially designed questionnaires were used among the dentists to probe knowledge, attitude and perception of consent.

Studies have indicated a high level of awareness among dentists on the issue of informed consent. Two Japanese studies found that 98.8% of dentists[20] and 90% of dental students[21] had knowledge of informed consent. A similar study carried out in Lahore, Pakistan found that 87% of dentists and dental students had information about the consent.[22] Another survey of doctors conducted in South Africa showed that 79% of the doctors were aware of the concept of informed consent.[23] Two studies done in 2000 and 2001 from Netherlands showed that dentists were well informed about some of the most important topics of law, such as the requirement to obtain the patient's consent to major dental procedures.[24,25] The present study also showed a very high level (97%) of awareness among dentists. This very high percentage of awareness among the dentist can be due to increased consciousness of patients' physician relationship, advancement in dental treatment and quality and the medico legal issues coming within the practice. These studies show good awareness also among the undergraduate's students and the house surgeons. The present study did not take undergraduate students however practicing dentists in our study have been seen to be more aware of the subject. However, there are studies which show lesser level of awareness as seen in a survey carried out in Netherlands in 1995 to find out the opinion of dentists about law concerning medical treatment agreement revealed that most of the general dental practitioners were ill-informed about informed consent.[26] This was due to the fact that dentists claimed that they lack the communication skills necessary to meet obligation of IC.[26]

In this study 76.4% of the dentists who were aware of IC were seen to be predominantly among the younger age group (ranging from 23-30years of age) which is similar to a study by Schouten B C reporting the same.[27] This can be attributed to the fact that they received more education during their training as compared to the older colleagues.

When the knowledge about the most valid type of consent was recorded in the present study, it was found that most dentists knew about written type (82.7%). Whereas 12.3% of dentists had knowledge about verbal type and 5% had no knowledge about informed consent. Similar situation was observed in a study conducted on the knowledge of types of consent in Lahore where 50.9% of the dentists were aware of written consent as compared to 15.7% who knew about verbal consent.[22] The knowledge of IC either written or verbal has increased over the last decade especially after its enclosure in the academic curriculum of both under-graduates and the post graduates.[22]

Ninety three percent of the dentists in our

study considered taking signatures after explaining the procedure very important which is comparable to 89% of the dentists reported by Chappell D et al.[28] This good percentage of awareness seen in our study can be postulated to the increase awareness about the medico legal issues among the dentists.

The results concluded that 98.1% of the dentists had positive attitude towards informed consent. This is similar to a survey conducted in Hospital Tengku Ampuan Afzan, Malayasia and Sir Maharaja Singh Hospital Srinagar.[29] A survey conducted in Lahore revealed that 93% and 61.1% of dental students and house surgeons respectively were aware of the importance of IC.[22] This can again be attributed to increase in awareness of the benefits of taking IC along with its inclusion in the academic curriculum of medical sciences.

In our study 34% of the dentists are reported to be taking written informed consent which is lesser than majority of the countries worldwide as seen in a study done in Sir Maharaja Singh Hospital Srinagar 85%.[29] A study on practicing dentists in Las Vegas revealed that 62.6% of the dentists were taking IC for local anesthesia[30] in contrast to the study on the dentists of India revealing that they were taking IC for the general anesthesia only.[31] A survey done in Karachi quoted 46.5% of the surgeons were taking IC before surgery,[32] smaller percentage was mentioned due to time constrain.[28, 33] A survey carried out by Shaila Tahir et al reported that only 5.3% of the dentists claimed about taking IC mostly[22] which is far less than reported in our study. This could probably be due to urgency, lack of time or negligence on the part of the dental professionals.[22]

In north-west England a survey revealed that 41% of the orthodontists were taking informed consent in 2002, [34] however, another similar survey was done at the same place after five years and the percentage increased to 94%.[35] Another survey carried out in 1991 found only 9% of the medical doctors were taking IC[36] whereas similar survey done at the same place in 1999 revealed increase in the percentage to 24%.[37] This increase in percentage is seen as a healthier change in the attitude of the both medical and dental practitioners towards the practice of the informed consent. Improvement in the practice of IC can be postulated to the improvement in both the knowledge and attitude of the dentists and medical doctors of IC. In our study 87% of the orthodontics were taking informed consent before starting the treatment.

CONCLUSION AND RECOMMENDATION

The results of our study conclude that despite possessing a high informed consent knowledge and attitude, it is not reflected in the numbers that dentists regularly obtain and practice IC. There is a poor practice of IC among the dentists both general dentists and the specialists either it be government or private sector. A need of proper legislature and its implementation is necessary for the improvement of practice of informed consent. Refresher courses regarding IC practice should be introduced on regular basis among the medical and dental professionals; furthermore, ethical issues of the medical and dental practice should be highlighted and stressed among the undergraduate, post-graduate and the practitioner level. Also SOPs regarding IC should be implemented in hospitals and private clinics.

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