

ASSESSMENT OF KNOWLEDGE OF CONSENT AMONG MEDICAL PRACTITIONERS

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ABSTRACT

Background: The changing medical practice of the 20th century has given place to patients' economy and consent. In this context, consent is seen as a new code of practice for the medical profession motivated by societal changes. The present study was carried out to assess the knowledge about various aspects of consent in medical practitioners. **Material and Method:** A cross-sectional, questionnaire-based study was undertaken in 100 medical practitioners during June 2015 to July 2016. **Results:** The participants were knowledgeable about various aspects of consent grossly, but finer details were lacking. **Conclusion:** We concluded that local bodies and medical associations should increase the participation of medical practitioners in seminars, CMEs, and workshops to increase awareness.

KEYWORDS: Consent, Medical practitioner, Knowledge, Assessment.

INTRODUCTION

Medicine is essentially a moral practice constituted by intrinsic moral convictions in which trust is an indispensable factor. Good bedside manner, technical competency and communication skills are the physician's behaviors most strongly associated with patient trust. The changing medical practice of the 20th century has given place to patient's autonomy and informed consent.^[1,4] The age-old "paternalistic approach" has been replaced by the patient's right to self-determination, which is recognized and protected by law. Informed consent is the autonomous authorization of a medical intervention/treatment with knowledge of the possible consequences. In this context, consent is seen as a new code of practice for the medical profession motivated by societal changes. In the common law, the standard of medical care to disclose risks has been laid down by the Bolam test in 1957 by the famous English case of Bolam vs Frien Hospital Management Committee. As per Bolam test, the patient must be told the nature and purpose of the procedure/ treatment, its benefit and potential risks/side effects. Failure to communicate and disclose potential risks is considered medical negligence. Consent forms facilitate and document this authorization.^[1]

Law in the field of health care is an established concept in developed countries but remains in its infancy in developing countries like ours. Due to global

advancements, the situation is changing because of increased awareness of the patients' rights, and it is just a matter of time before we fall prey rightfully or wrongfully to an ever-evolving legal framework for the health care industry.^[2] Considering the above fact, this study was undertaken to assess the knowledge about various aspects of consent in medical practitioners.

MATERIAL AND METHOD

A prospective, cross-sectional, questionnaire-based study was carried out among medical practitioners of NKP Salve Institute of Medical Sciences and Research Centre and Lata Mangeshkar Hospital, Nagpur from June 2015 - July 2016. All medical practitioners possessing MBBS degree and above were included for the study. They were selected by simple random sampling. A validated questionnaire which covered various aspects of consent, commonly encountered in the medical practice was given for all participants to check their knowledge about consent in medical practice. The questionnaire was pretested on a group of 10 medical practitioners who were excluded from the study and questionnaire was modified accordingly. Ethical clearance was obtained from Institutional Ethics Committee prior to the study.

The response was obtained from various levels of medical practitioners including professor, associate professor, assistant professor, tutors, medical officers and residents belonging to various specialties of medicine.

Total 120 questionnaires were distributed among medical practitioners of various specialties out of which 100 responses were received within stipulated period. The informed consent was taken prior to the study. They were informed that this questionnaire is the part of study and they are free to accept or deny completing it. They were asked not to disclose their name and department. Received responses were checked. The results were tabulated and statistically analyzed.

RESULTS

The study was carried out among 120 medical practitioners, out of which 100 (83.3%) responded positively. The validated questionnaire was used to assess their knowledge about various aspects of consent as follows (Table 1).

Table 1: Knowledge about various aspects of consent.

| Trait | Yes | No |
|---|-----|-----|
| Consent applied in medical practice | 98% | 2% |
| Consent is necessary for general examination of patient in OPD | 62% | 38% |
| Consent is necessary for laboratory examination of patient | 67% | 43% |
| Informed consent should be taken for operative procedures | 98% | 2% |
| Informed refusal in a case of established Doctor-patient relationship | 65% | 35% |

When inquired about best type of consent in medical practice and the best person in the hospital to obtain the consent, following response was observed (Fig. 1 and Fig. 2).

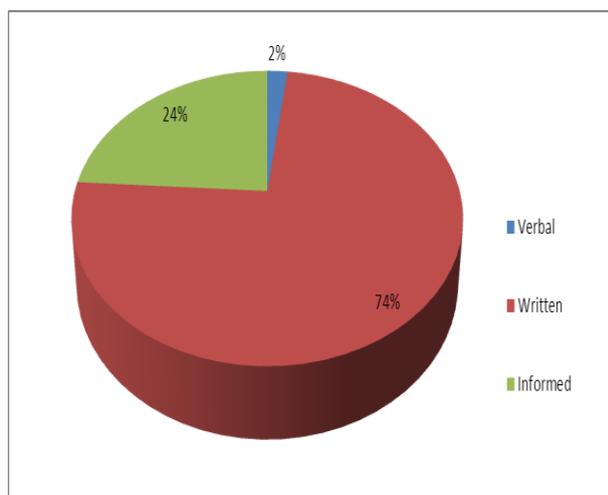


Figure 1: Best type of consent.

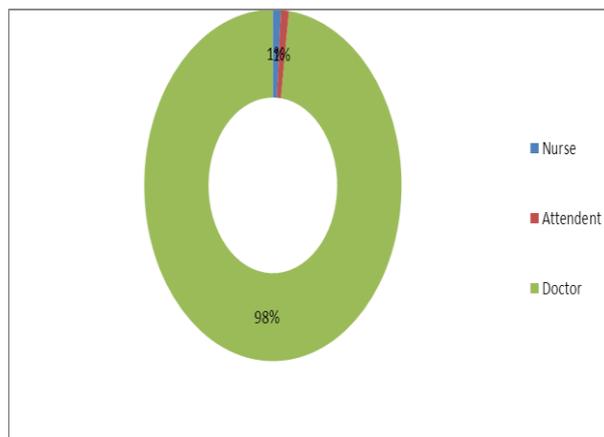


Figure 2: Best person to obtain consent.

We found that most of the participants were aware about medico-legal aspects of consent (Table 2). We found that 97% of participants were aware about the age of giving a valid consent for any kind of treatment which is 18 years but poor to see that only 36% of them were aware of the fact that age to give a valid consent for general physical examination which do not lead to grave consequences to the patient is 12 years.

Table 2: Response to various aspects of consent.

| Trait | Well versed | Partly known | No knowledge |
|--|-------------|--------------|--------------|
| Preconditions required for a valid consent | 52% | 41% | 7% |
| Medico-legal importance of consent | 70% | 30% | 0 |
| Laws in relation to consent | 50% | 33% | 17% |

The response regarding treatment of patient in emergency situations without obtaining consent is depicted in Fig. 3.

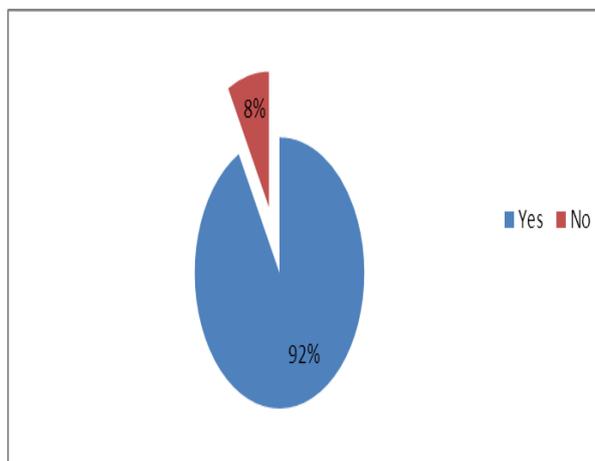


Figure 3: Treatment instituted without consent in emergency lifesaving situation.

When inquired about which type of autopsy is mandatory irrespective of relatives' consent, about 55% of participants could answer it correctly as medico-legal autopsy. Regarding duration of preservation of medical records after discharge of patient, a mixed response was obtained with 51% of participants marking answer as 3 years, 37% as 2 years and 12% as 1 month.

DISCUSSION

With an intention to assess the level of knowledge of consent in medical practitioners, the present study was carried out in 100 medical practitioners. A verbal consent is where a patient states his/her consent to a procedure verbally but does not sign any written form. This is adequate for routine treatment such for diagnostic procedures and prophylaxis, provided that full records are documented whereas a written consent is necessary in case of extensive intervention involving risks where anesthesia or sedation is used, restorative procedures, any invasive or surgical procedures, administering of medications with known high risks, and so on.

In our study 83.3% participants responded voluntarily, but in study by Yousuf RM *et al.*^[1] it was around 60%, 78% in study by Gupta S *et al.*^[2] and 100% in study by Rai JJ *et al.*^[3] In medical terms, informed consent implies to providing sufficient information for a patient to make an informed and rational choice, the information includes the inherent risks and alternatives that a reasonable doctor would provide having regard to the particular circumstances of the patient. This principle reflects the right of patients to decide what happens to their own bodies and is an essential part of good practice. We found that 98% medical practitioners were aware about informed consent. In a study by Rai JJ *et al.*^[3] 90 % respondents were aware of informed consent. In contrast to the observation that 97% of the participants answered correctly that a person above 18 years of age can give a valid consent, the fact that a child above 12 years of age can give a valid consent for general physical examination was not agreed by 64% of the doctors. Similar findings were noted by Gupta S *et al.*^[2]

We found that 8% of the participants refused for instituting life saving treatment in emergency situations. It can be inferred from section 92 of Indian Penal Code that act done in good faith for benefit of a person without consent is not an offence if the circumstances are such that it is impossible for that person to signify consent, or if that person is incapable of giving consent, and has no guardian or other person in lawful charge of him from whom it is possible to obtain consent in time for the thing to be done with benefit.^[5] Rai JJ *et al.*^[3] in their study mentioned that maximum participants were aware about the fact that one should treat the patient during emergency, however 50% physicians were not clear what to do in emergency situation in other study.^[2]

Due to lack of knowledge amongst medical practitioners, only 51% of the participants could answer correctly that

after patient's discharge from the hospital, the consent form taken for surgery and other records are to be maintained in the hospital for a minimum of 3 years.^[5] which is in agreement with study of Rai JJ *et al.*^[3] where 45% participants were about duration of medical record keeping.

CONCLUSION

Although the idea of informed consent is not new to health care profession, sometimes unforeseen mishaps occur despite our best efforts. Therefore, it is mandatory for all health care practitioners to obtain informed consent from their patients prior to every invasive and irreversible procedure. In present study though the participants were aware about various aspects of consent grossly, finer details were lacking. To rectify these issues, local bodies and medical associations should increase the participation of medical practitioners in seminars, CMEs, and workshops.

LIMITATIONS

The limitation of our study is that it was conducted in one institute, even though the hospital consists of a diverse group of healthcare providers coming from different and almost all parts of the district, it cannot predict the overall situation in the country.

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