INFORMED CONSENT

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Informed consent is a voluntary authorization by a patient, with full comprehension of the risk involved for a diagnostic procedure and for medical and surgical treatment. It is consent between the surgeon and patient, with medico-legal implications.[1] Informed consent has become a major issue with medico-legal and ethical implications in healthcare systems. Before any procedures/intervention it is mandatory to take informed consent. Increasing medico-legal litigation, and to participate the patients with more say regarding their own treatment, has also highlighted the issue of informed consent.

Process of informed consent is not just taking the signature of patient in consent form but should have sufficient and adequate information in all its components like; adequate disclosure of all relevant information about the procedure, understanding of information by the patient, competence of patient to grant consent and consent itself.[2] Therefore accurate, adequate and relevant information must be provided using non scientific terms and language that the patient can understand.

At present time informed consent has become only as a tool to safeguard the surgeon from being accused of battery and medical negligence, so many doubt whether informed consent is being implemented in the spirit or it is still part of medico-legal formality. Although informed consent is an integral part of medical practice but many component involved in it like: what patient want to know about procedures, how much information they want, the way of its communication, how knowledgeable they are, and how much they are retained following informed consent is still controversial.[3,4,5,6]

The doctors are more interested in medico-legal requirement than the information component, so there are always chances of informed consent documents being secured without genuinely ensuring whether patient has received and understood the relevant information.[7] It is also observed that particular pattern of information was given preferentially over other e.g. more patients are informed of possible complications if surgery is not done as opposed to complications of surgery itself.

In countries like ours, where treating physician is given the role of family members in consenting procedure unlike in western countries where the patient personal autonomy is kept preserved at all cost also makes consenting process less practical.

Informed consent should not be only patient's signature on a dotted line obtained routinely by a staff member. At least following things should be disclosed in informed consent: condition/disorder that the patient is having, necessity for further testing, natural course of the condition and possible complications, consequences of non treatment, treatment options available, potential risks and benefits of treatment options, duration and approximate cost of treatment, expected outcome, follow up requirement. Patient should be given opportunity to ask questions and clarify all doubts.[8]

Patients even after being educated, often fail to understand the medical terminology used by surgeon during verbal interaction which leads to poor understanding of the process despite the patients being given opportunity to interact in the process. There are various factors in poor understanding and delivery of process of informed consent, such as; inefficient healthcare system, less awareness of individual rights, unwillingness to hear bad news, and inhibition in participating in interaction in the presence of treating physicians who is at much higher status in the eyes of patients.[9]

Patient's perception of satisfaction appears to be dependent upon engagement in the discussion and decision making rather than complete understanding of the information being provided.[10] Patients feel more satisfied and confident if the treating surgeon shares important and relevant information with them prior to surgery.[11]

Informed consent for elective surgery is often obtained by junior medical staff. Current guidance states that the person obtaining consent must either be capable of performing the procedure themselves or have received specialist training in advising patient about procedure.[12]

It is wiser to obtain informed consent at the time of listing/ dating the patient in clinic for surgery, when the risk and benefit are often explained. At this time patient will feel less pressure to proceed. In our circumstances, consent is usually obtained at the day or a day before surgery, where most patients will have firmly decided to proceed. If minority of patient develops doubt upon learning about the procedure in more detail during the consent process on the day or day before surgery, he/she may feel under duress to proceed as all the arrangements have been made which makes the consenting process unpractical and unscientific. Informed consent remains valid

for an indefinite period, providing that the patient's condition has not changed, and /or new information concerning the proposed intervention or alternative treatments have not come to light in the intervening period. So it is a good practice, if consent is obtained in advance, to confirm consent at the time or surgery.[13]

Various studies have shown that understanding of implications of informed consent by the patient is poor. For an informed consent to be valid, patients need to understand what it is supposed to achieve. When patient do not understand what informed consent is about, how valid is it to take it? Whose responsibility is it to ensure that informed consent is taken properly. So now it is time for the surgeons, legal experts and the public to confer and make informed consent a practical, user friendly tool rather than the legal obstacle.

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