ENT SURGEON'S PERCEPTION AND ATTITUDE TOWARDS THE INFORMED CONSENT: A DESCRIPTIVE CROSS SECTIONAL STUDY

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ABSTRACT:

Objective:

The study aims to assess the perception and attitude of ENT surgeons towards informed consent.

Materials & Methods:

The study was conducted among ENT surgeons from November 2019to January 2020among 54 respondents. A cross-sectional survey was performed using astructured questionnaire. All the ENT surgeons of Nepal were identified through the Society of Otolaryngology Nepal website and an electronic copy of the questionnaire was distributed via email.

Results:

Among 54 respondent, 44% of the surgeons admit that enough information is not being provided before taking consent,4% of surgeons disagreed that the possibility of death and significant disability to be included as the content of the consent. Almost 20% of the surgeon respond that they do not disclose specific information about anesthesia and the immediate postoperative period. Similarly, 14% do not disclose information on specific operative details. The surgeon reported that 70% of their patient refused on giving consent for surgical operation. Patient fear of complication of the surgery was the reason for refusal on giving consent.33.34% suggested compulsory communication skill course for all surgeon as the ways of improving the consent process

Conclusion:

The perception of the surgeon was found to be positive regarding the informed consent purpose, content, process. Surgeons admit that enough information is not being provided before taking consent.

Keywords: Attitude, Inform consent, Legal document, Perception

INTRODUCTION

Informed consent in surgery is an ethical and legal surgical care provision that protects both the patient and the surgeon from unnecessary procedures and accusations.[1] Nuremberg trial of Nazi doctors gave rise to the importance of informed consent to safeguard violence against humanity.[2]The term 'informed consent' recognize not only the simple rights of the patients in giving approval of their treatment but also the autonomy of the patient and the right to complete information.[3]Moreover, autonomy and well-being provide the legal framework for informed consent. Informed consent is well established in law and moral philosophy in clinical practices.[4]In Nepal, health care professionals and health care beneficiaries are legally regulated by the Code of Ethics and Professional Conduct of the Nepal Medical Council 2017 and the Nepal Medical Council Rules 1968.[5,6]

Well-informed patients are less likely to file court cases.[1]The medical profession, public media have raised their interest in informed consent due to the increased number of medico-legal cases.[7] There is a wide gap between informed consent's theoretical best practice and everyday practice[1]. There were few studies assessing perception and attitude on informed consent in low resource countries like ours. Most of the research that looked at doctors' perception and attitude towards informed consent were conducted outside of Nepal and in Nepal, none of the studies looked concerning their speciality (i.e. among ENT surgeons). Thus, the

study aims to assess the perception and attitude of ENT surgeons towards informed consent.

MATERIALS AND METHODS

The study was conducted among ENT surgeons from November 2019to January 2020among 54 respondents. A cross-sectional survey was performed using a structured questionnaire. All the ENT surgeons of Nepal were identified through the Society of Otolaryngology Nepal website and an electronic copy of the questionnaire was distributed via email. The instrument was developed after consulting the relevant literature on the subject. The questionnaire consisted of three parts. The first elicited general information about demographic and professional characteristics of the respondents, the second part focused on perception about informed consent and was subdivided into seven sections: perception on informed consent purpose, process, components, unnecessary components in the consent process, perceived factors affecting information delivery, threshold perception, cause of refusal to give consent. The third part focused on attitude on informed consent and was subdivided into four sections: disclosure of information on obtaining consent, ways of improving consent process, the response on refusal to provide consent. Ethical approval was taken before commencing the study. The data were entered into SPSS software version 20.0 and analyzed using simple descriptive statistics.

RESULTS

There were a total number of 54 respondent, with the more male respondent (63%) in the study. More than 3 out of 5 respondent (63%) were from the age group of 31-40 years. Almost 2 in 5 (37%) resident participated in the survey. Similarly, more than half of the respondent had work experience of fewer than 5 years as shown in Table 1.

Table 2 showed the purpose of the informed consent where the majority (18.52%) disagreed on its purpose to reduce patient anxiety about the procedure and surgical tradition. All the respondents agreed that the purpose of consent is to inform patient about risk, respect patient right to autonomy, educate patient about alternative treatment options, inform about desired benefits of the procedure, help patient decide on the planned procedure.

Table 1. Sociodemographic characteristics of the respondents (n = 54)

Sociodemographic Characteristics	Frequency	Percentage
Age group		
Less than 30	10	18.5
31-40	34	63.0
41-50	4	7.4
51-60	2	3.7
More than 60	4	7.4
Qualification		
Resident	20	37.0
Junior consultant	14	25.9
Registrar	8	14.8
Senior consultant	12	22.2
Work experience		
< 5yrs`	30	55.6
5-10 yrs	14	25.9
10-15yrs	4	7.4
> 15yrs	6	11.1

Table 2. Purpose of the consent (n=54)

Purpose of Consent	Agree (%)	Disagree (%)
Inform the patient about risks and complications	54(100)	0(0)
Respect the patient's right to autonomy	54(100)	0(0)
Educate the patient about alternative treatment options	54(100)	0(0)
Provide the doctor with greater protection from medical litigation/ medical-legal reason	52(96.3)	2(3.7)
Inform the patient about the desire benefits of the procedure	54(100)	0(0)
Improve doctor-patient relationship	52(96.3)	2 (3.7)
Improve patient compliance with their medical care	48(88.89)	6(11.11)
Reduce patient anxiety about the procedure	44 (81.48)	10 (18.52)
Informing the patient to decide on the planned procedure	54(100)	0(0)
Hospital/unit policy	50 (92.6)	4 (7.40)
Surgical tradition	44 (81.48)	10(18.52)

Table 3. Perception of the surgeons regarding informed consent (n=54)

Perception of informed consent	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Surgeons don't provide enough information before taking consent	2	22	16	12	2
Informed consent as practised is a medicolegal ritual, not a moral obligation	2	4	8	30	10
Informed consent is nothing more than signing a consent document.	0	0	6	18	30
Informed consent is a new concept to the Nepalese practice	0	14	4	32	4
The surgeon may lose the patient if consent is properly taken	2	10	8	18	16
Informed consent cannot possibly be taken for every procedure	0	20	4	22	8
It ensures the patient's voluntary decision and authorization to proceed	8	34	4	2	6

Regarding the perception of the surgeons regarding informed consent, 77% (42 out of 54) of the respondent agreed that informed consent ensures the patient's voluntary decision and authorization to proceed. 24 out of 54 (44%) of the surgeons admit that enough information is not being provided before taking consent. Similarly, 37% (20/54) of the respondent showed agreement with the statement 'Informed consent cannot possibly be taken for every procedure (Table 3).

All the contents of the consent were given agreement in the majority but almost 4% of surgeons (2/54) disagreed that the possibility of death and significant disability to be included as the content of the consent (Table 4).

Table 4. Perception regarding the content of the consent (n=54)

Perception regarding the content of the consent	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
What the procedure involves	26	26	2	0	0
What procedure aims to achieve	24	28	2	0	0
An additional procedure that is likely to be necessary	16	32	6	0	0
A realistic outcome/ results for the procedure	16	34	4	0	0
Alternative forms of treatment	16	34	4	0	0
Possibility of death(if present)	22	30	0	2	0
Possibility of significant disability (stroke/ paralysis)	20	28	4	2	0

In this study, 74%of the surgeons (40 out of 54) agreed that the consent process may be inappropriate as patients do not usually remember all the information given to them. (Table 5).

Table 5. Perception of the aspect of consent that is inappropriate or unnecessary (n=54)

The aspect of consent that is inappropriate or unnecessary	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Most patient trust and depend on their doctor to make a decision, what is best for them	0	30	14	8	2
Disclosing information about potentially harmful risk may be worrying and disadvantageous for the patient	0	10	16	16	12
Informing the patient about details of alternative treatment modalities may be confusing	0	16	8	26	4
Discussion of risk during informed consent may persuade the patient from not undergoing a procedure that may benefit them	0	24	10	12	8
Most patients do not usually understand and remember all the information given to them during the process of consent	6	34	12	0	2

From this study, the factors that affect the amount of information conveyed depend on the patient level of education and complexity of the procedure with 92.5% (50 out of 54) of agreement on both (Table 6).

Table 6. Perceived factors affecting the amount of information delivery during the consent process (n=54)

Perceived factors affecting the amount of information delivery during the consent process	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Patient age	6	38	8	2	0
Patient-level of education	24	26	2	0	2
Patient interest to know	18	28	4	2	2
Complexity of procedure	12	38	0	4	0
How busy the doctor is at the time	10	30	4	10	0
Whether the patient is private or institutional	2	28	10	8	6

48.1 per cent of the surgeons respond that a major hazard/risk of more than 1% incidence should be disclosed (Table 7).

Table 7. Perception of threshold limit for sharing information of particular risk (n=54)

	Major hazard /risk of above 1 in 1000 should be disclosed	Major hazard/ risk of above 1 in 10000 should be disclosed	Major hazard/ risk of more than 1% incidence should be disclosed
	Frequency (%)	Frequency (%)	Frequency (%)
Perception on threshold limit for sharing information of particular risk	12(22.22)	16(29.63)	26(48.15)

20% of the surgeon respond that they donot disclose specific information about anaesthesia and the immediate postoperative period.Similarly,14% donot disclose information on specific operative details as shown in Table 8.

Table 8. Attitude regarding information disclosure when obtaining consent (n=54)

Attitude regarding information disclosure when obtaining consent	Yes (%)	No (%)
A detailed explanation of diagnosis, nature of the patient condition and procedure to be performed	46(85.19)	8(14.81)
Therapeutic option including surgical operation	54(100)	0(0)
Available alternative including their risk and benefits	48(88.89)	6(11.11)
Specific operative details	40(74.08)	14(25.92)
The risk associated with the chosen operation	54(100)	0(0)
The potential benefit of the operation	54(100)	0(0)
Specific information about anaesthesia and immediate postoperative period	34(62.96)	20(37.04)
Frequency of occurrence of the major operative risk	44(81.48)	10(18.52)
Irreversibility of the procedure	42(77.78)	12(22.22)
Likely result of no treatment or procedure	48(88.89)	6(11.11)

The surgeon reported that 70% of their patient refused on giving consent for surgical operation as shown in figure I.Patient fear of complication of the surgery was the reason for refusal on giving consent (figure II). Almost 52% of the surgeon obeys the patient's wish as a response to the refusal to give consent (figure III).

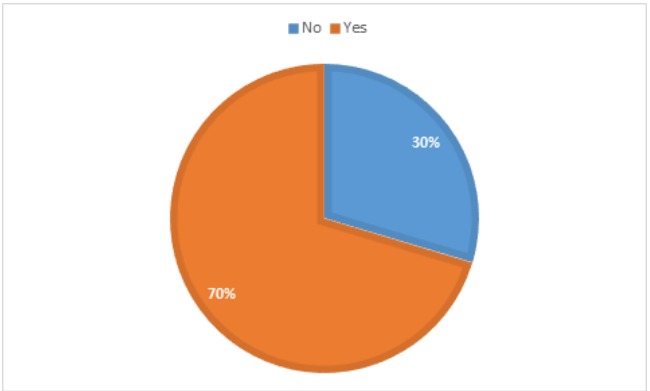

Figure I. Patient refusal on giving consent for surgical operation (n=54)

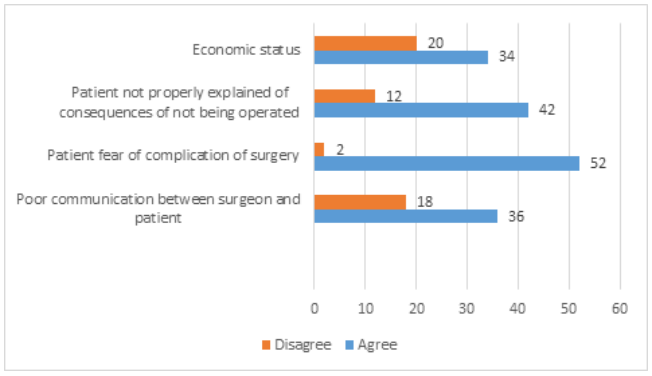

Figure II. Reason for refusal on giving consent (n=54)

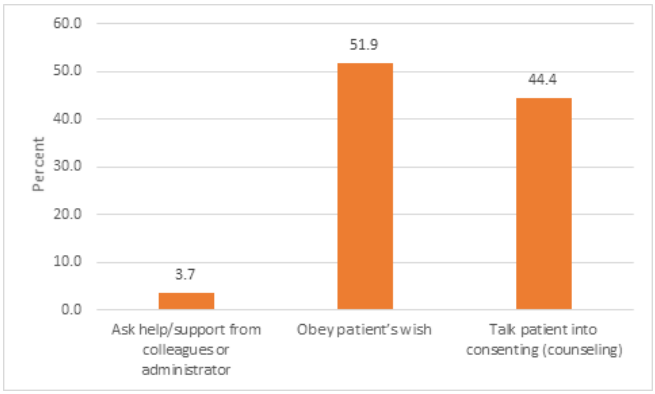

Figure III. Response to the patient who decline to provide consent (n=54)

More than 3 in 10 surgeons (33.34%) suggested compulsory communication skill course for all surgeon as the ways of improving the consent process (Table 9).

Table 9. Attitude of surgeons onways of improving the consent process(n=54)

	An adequate understanding of the details of the surgical procedure by junior doctors	Compulsory communication skill course for all surgeon	Discard the general consent form and customize it for each procedure or groups of procedure	Expand consent form to include specific risk, benefit and alternatives of the procedure
	Count (%)	Count (%)	Count (%)	Count (%)
The attitude of surgeons on ways of improving the consent process	12 (22.22)	18(33.34)	12(22.22)	12(22.22)

DISCUSSION

Informed consent is a prerequisite of health care practice that takes into account the patient's ability to participate in the decision-making process about their care and guarantees that the care they receive is in line with their priorities, desires, and values. The initial surgical informed consent definitions and laws are outdated and have been replaced by more current legislation.[1]With the felt need for proper informed consent, this study has focused on perception and attitude of the surgeons regarding informed consent.

The majority of the respondents were young (31-40) years while only 3.7 per cent were from 51-60 years of age. In our study, more than half of the respondents (55.6 per cent) had work experience of fewer than 5 years. The reason for this is due to majority of the respondent were residents followed by the junior consultant in their early age group of 31-40 years. This is similar to other study conducted in Punjab, India.[8] The younger surgeons are more often involved in the administrative process (consent) and are more aware with the medico-legal aspect compared to the senior surgeon who are basically more involve in clinical management part.

In this study, regarding the purpose of the informed consent, the major disagreement was seen on its purpose to reduce patient anxiety about the procedure and surgical tradition. Similarly, few disagreements were also on its purpose to provide the doctor with greater protection from medical litigation/medical-legal reason, to improve the doctor-patient relationship, to improve patient compliance to their medical care. The study of Jamjoom et al and Alazmi et al showed that the majority of surgeons accepted that its purpose is to respect the patient's right to autonomy.[9,10] Also, the major disagreement was seen on its purpose to improve the doctor-patient relationship like in our study.[10]

Regarding the perception of informed consent, the majority of the surgeons admit that enough information is not being provided before taking consent. There were also few agreements on the statement 'Informed consent cannot possibly be taken for every procedure.'[10]

Regarding the process of consent, the majority of the respondents agreed that there should be a clear explanation on the procedure, aims to achieve, additional procedures, outcome/result for the procedure, alternative forms of treatment, the possibility of death and disability. However, few surgeons disagreed on the explanation regarding the possibility of death and disability. The study conducted on Ethiopia had shown that alternative forms of treatment are being explained by 47.5% during the informed consent process. Before proceeding for a surgery, a patient should be explained about every aspects of the surgery including minor to the dread complication and the every options patient have.

Most of the surgeons agreed that the consent process may be inappropriate as patients do not usually remember all the information given to them in this study. The reason could be that the patient during the surgery period are more anxious and they tend to be focused on their decision for surgery as good or bad rather than on operative details. A similar finding was seen in the research conducted in the UK.[9] In this study, it was found that most surgeons accepted the statement that most patient trust and depend on their doctor to decide on what is best for them.

From this study, the majority of the respondents agreed that the factors that affect the amount of information conveyed depend on the patient level of education and the complexity of the procedure. This reason for such findings could be that the educated person may do research on their disease conditions. Similary, it would be easier to explain about the simple operative procedure rather than complicated and rare procedure. This finding is supported by the study done in Kuwait,[10] on Saudi Arabia and UK.[11]

Similarly, 48.1 per cent of the surgeons respond that a major hazard/risk of more than 1% incidence should be disclosed. Similar to this finding was found in the study done in the UK where over 70% agreed that major risks of incidence greater than 1/100 should be disclosed in the consent process. Another study was done in the UK also has opposing views as the risk of 1:1000 should be disclosed.[12]

The majority of the surgeon respond that they do not disclose specific information about anaesthesia, immediate post-operative period and specific operative details from this study. In contrary to this finding, the risk of surgery and anaesthesia was explained to 94% in the study conducted in Nigeria.[13]

Most of the ENT surgeons reported that their patient had refused to give consent for surgical operation. This study showed that the majority of the surgeons would obey the patient's wish if they decline to provide consent for the proposed surgical operation. The second majority of the respondents would talk the patient into consenting (counselling) while least would ask help from colleagues. The study conducted in Nigeria showed that most of the patient refuse to give consent for surgical operations and 84.3% of them thought that poor communication between patient and surgeons may be contributory to a patient's refusal.[14]

The majority of the surgeons suggested compulsory communication skill course for all surgeon as an important way of improving the consent process as communication skill is an essential part of doctor patient relationship. This is supported by the study of Alazmi where 79.3% of the surgeons thought that all doctors should receive formal training on informed consent.[7]

The small sample size is the potential limitation of the study.Similar study should be done including other medical and surgical speciality to identify the real situation in Nepal.

CONCLUSION

The perception of the surgeon was found to be positive regarding the informed consent purpose, content, process. Surgeons admit that enough information is not being provided before taking consent. Specific information about anaesthesia, immediate post-operative period and specific operative details have not been disclosed by the majority of surgeons while taking consent. The majority of the surgeons suggested compulsory communication skill course for all surgeon as an important way of improving the consent process.

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