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دانشگاه علوم پزشکی مشهد

PUBLIC AND PRIVATE SURGEON ATTITUDE TOWARDS INFORMED CONSENT

نام ارائه دهنده: مهرانگیز کامکار

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Alexandria Journal of Medicine xxx (2017) xxx–xxx

HOSTED BY

ELSEVIER

Contents lists available at ScienceDirect

Alexandria Journal of Medicine

journal homepage: http://www.elsevier.com/locate/ajme

Original Article

Public and private surgeon attitude towards informed consent

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KEYWORDS

- Informed consent
- Attitude
- Surgeons
- Public
- Private

CONTENT

- Introduction
- Subjects and methods
- Statistical analysis
- Results
- Discussion
- Limitations
- Conclusion

INTRODUCTION

The right of patients to make decisions about their medical care **without coercion** by health care provider is called **patient's autonomy** which is very important issue in health care service.

It is an opportunity to be an informed participant in his/her health care management plan.

So, it acts as a safeguard to ensure the preservation of **individual rights**.

For a consent **to be effective**, it should be informed. Medical intervention consent **exceeds the relationship between patient and physician** as a mere signature on an acceptance form.

INTRODUCTION

The interest in informed consent has been increased among the medical profession and public media due to the **increased number of medico-legal cases** and, **the development of new guidelines**. Doctors must adhere to the new guidelines for consent.

Informed consent is now considered as one of the most prominent issues in the **recent ethics**.

INTRODUCTION

In general, **complete informed consent** should include a discussion of certain items as **the nature of the therapy or procedure**, **an alternatives to the determined procedure**, **the expected risks**, **benefits**, **suspicion of each alternative**, and **assessment of the patient's awareness**; and **the patient's willing to accept procedure**.

INTRODUCTION

Informed consent is a **professional ethics** emerging from the **responsibility of the physician to the patient**.

AIM OF STUDY

Informed consent should be given by patient **after ensuring that the he understood the information** by the physician or another responsible individual.

A considerable number of medical researches has been conducted recently on the consent process.

Most of them focused on patients – doctors' attitudes towards consent.

The notion of informed consent is usually more related to **surgical specialties** than other clinical specialties because patient should decide to Participate into surgery and permissiveness for surgeons to operate on them.

The aim of this study is to examine surgeons' attitude working in public and private hospitals towards informed consent.

METHODS

All five governmental general hospitals, and **two private hospitals** were randomly selected from 11 private hospitals in the state of **Kuwait**.

This study is a **cross-sectional survey** that was carried out **from January to June 2016**.

The **sampling** unit used in this survey was a surgeon working in the selected hospitals during the study period.

A self-administered questionnaire about informed consent for surgery derived from different published studies dealing with the same subject as well as from our own experience was used in this study.

Surgeons were asked to participate and complete the questionnaire and return it back.

METHODS

In addition to personal characteristics, the questionnaire included **24 items** related to surgeons' attitudes towards informed consent categorized as follow**:**

- **general question** regarding informed consent (**5 questions**)
- **the main purpose** of informed consent (**5 questions**)
- **why** of informed consent is **not necessary** (**4 questions**)
- the person **who** get the informed consent and **what** should be included (**6 questions**)
- and **factors affecting** the **quantity of information** given to patients before giving informed consent (**4 questions**).

The response to each question was either **Yes** (agree), **No** (disagree) or **Unsure** (not sure).

METHODS

A **pilot study** was carried out on 10 surgeons to the clarity the suitability of the used questionnaire, and test the overall response of the surgeons.

This study revealed that, overall, the **questionnaire was suitable**, and the required modifications of the questions were performed.

STATISTICAL ANALYSIS

analysis of results **did not contain Missing values**.

For **categorical variables**, **frequency and percentage distribution** were used.

For **quantitative variables**, **the mean and standard deviation** were used.

To test the **association between two variables**, a **bivariate analysis** was conducted using **Chi square test**.

RESULTS

Of the 600 distributed questionnaires, **456** were completely filled and were returned back; with a **response rate of 76.0%.**

Of those, 353 (**77.4%)** were public surgeons and 103 (**22.6%**) were private surgeons.

Most of surgeons were **males** 347 **(76.1%)** and 109**(23.9%)** were **females**.

Their **age** ranged from 25 to 74 with a mean equals **40.4 ± 11.05 years**.

RESULTS

Years of experience ranged from 1 to 48 years with an average value **14.47 ± 10.98**.

Distribution of surgeons according to their **professional categories** revealed that, 5.9% were **trainee**, 9% were **assistant registrar**, 43.8% were **registrar**, 15.9% were **senior registrar**, 8.4% were **specialist**, 6.2% were **senior specialist**, and 10.8% were **consultant**.

According to **specialty**, 32.2% were **general surgeons**, 13.9% were **ENT**, 1.8% were **ophthalmologists**, 17.2% were **orthopedics**, 3.1% were **gastrointestinal** surgeons, 0.9% were **chest** surgeons, 1.1% **maxillofacial** surgeons, 2.6% **plastic** surgeons, and 7.7% were **others**.

Table 1
Responses of the public and private surgeons to the general informed consent questions.

Response to general informed consent questions	Public		Private		X^2 P value
	No.	%	No.	%	
Is informed consent routinely achieved in your current practice					
Yes	310	87.8	101	98.1	$X^2 = 11.18$
No	35	9.9	0	0.0	P = .004
Unsure	8	2.3	2	1.9	
Do you think that all doctors should receive formal training on informed consent?					
Yes	280	79.3	84	81.6	$X^2 = 26.87$
No	61	17.3	4	3.9	P < .001
Unsure	12	3.4	15	14.6	
Have you received any formal training on informed consent					
Yes	126	35.7	79	76.7	$X^2 = 54.18$
No	218	61.8	23	22.3	P < .001
Unsure	9	2.5	1	1.0	
Should written information leaflets be provided for patients during informed consent					
Yes	290	82.2	48	46.6	$X^2 = 120.18$
No	48	13.6	7	6.8	P < .001
Unsure	15	4.2	48	46.6	
Do you provide your patients with leaflets during informed consent					
Yes	145	41.1	31	30.1	$X^2 = 69.52$
No	183	51.8	31	30.1	P < .001
Unsure	25	7.1	41	39.8	
Total	353	100.0	103	100.0	

RESULTS

A significant higher proportion of **private surgeons** (98.1%) compared to 87.8% of public surgeons considered informed consent **routinely achieved** in their current practice (P = .004).

surgeons equally stated that written information in the form leaflets must be given to patients before giving informed consent

DISCUSSION

The participating surgeons in the current study could be considered as a representative sample of surgeons in public and private hospitals as they were of **different levels of seniority** and **varied specialties**.

Most public and private surgeons stated that informed consent was a **routine process** in their practice.

This was obvious and significant among private surgeons.

They believed that all surgeons must receive **informed consent training**.

However, only a third of public surgeons declared that they had this type of training.

Physicians in the USA, UK, and Canada are **well trained on how to obtain** informed consent due to **the possibility that patients usually make legal claims in case of complications**.

It is well defined **by law** in these countries which procedures patients should give **written consent**.

DISCUSSION

However, a significantly higher proportion of public than private surgeons indicated that they usually do this (41.1% versus to 30.1%).

This could reflect the practice in both public and private hospitals, in which more than half of surgeons do not give their patients written information before giving informed consent or sometimes leaflets may not be available. Although written information are useful for patients, they cannot replace conversation with surgeons.

Table 2
Responses of the public and private surgeons to questions related to the importance and unimportance of informed consent.

The main purpose of informed consent is to	Public		Private		X^2 P value
	No.	%	No.	%	
Ensure that the patient has been informed of all potential complications					
Yes	312	88.4	88	85.4	$X^2 = 0.65$
No	33	9.3	12	11.7	P = .72
Unsure	8	2.3	3	2.9	
Provide the surgeon with greater protection against litigation					
Yes	293	83.0	89	86.4	$X^2 = 9.77$
No	41	11.6	3	2.9	P = .008
Unsure	19	5.4	11	10.7	
Respect the patient's right of autonomy					
Yes	316	89.5	98	95.1	$X^2 = 3.09$
No	25	7.1	3	2.9	P = .214
Unsure	12	3.4	2	1.9	
Improve the doctor-patient relationship					
Yes	293	83.0	97	94.2	$X^2 = 9.12$
No	43	12.2	6	5.8	P = .010
Unsure	17	4.8	0	0.0	
Improve the patient's compliance with medical care					
Yes	286	81.0	86	83.5	$X^2 = 5.67$
No	38	10.8	15	14.6	P = .059
Unsure	29	8.2	2	1.9	
Most patients depend on their doctor to make the decision for them					
Yes	86	24.4	44	42.7	$X^2 = 14.42$
No	240	68.0	56	54.4	P = .001
Unsure	27	7.6	3	2.9	
Disclosing information to patients about potentially harmful risks may be worrying for them					
Yes	128	36.3	50	48.5	$X^2 = 7.22$
No	197	55.8	42	40.8	P = .027
Unsure	28	7.9	11	10.7	
Disclosing information about potentially harmful risks may dissuade patients from undergoing the operation					
Yes	114	32.3	60	58.3	$X^2 = 25.02$
No	197	55.8	40	38.8	P < .001
Unsure	42	11.9	3	2.9	
Most patients do not usually remember all the information given to them					
Yes	146	41.4	31	30.1	$X^2 = 39.25$
No	167	47.3	33	32.0	P < .001
Unsure	40	11.3	39	37.9	
Total	353	100.0	103	100.0	

DISCUSSON

a significantly higher percentage of **private** than public surgeons believed that the **main purpose** of informed consent is to **improve doctor-patient relationship** (95.1% versus 89.5%) and **improving the patients' compliance** with medical care (83.5% versus 81.0%). Such findings mean that surgeons in both types of hospitals believed that informed consent is **a legal and ethical obligation**.

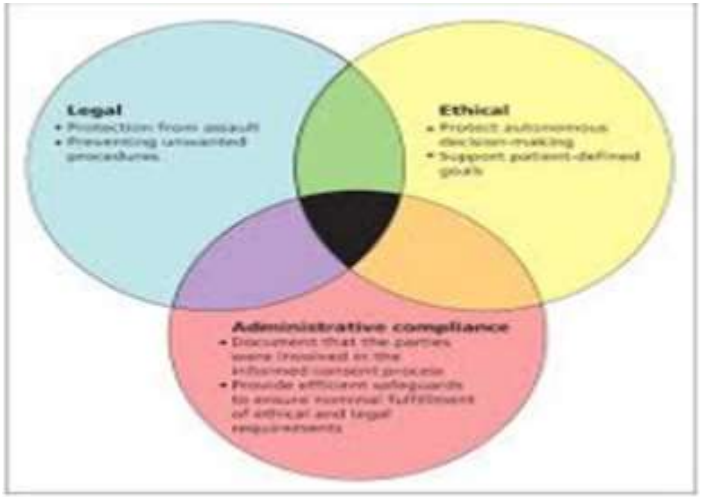


Table 3
Responses of the public and private surgeons to questions on who should do the informed consent and what should be disclosed during the process.

Questions related to who should do the informed consent and what should you disclose during the process?	Public		Private		X^2 P value
	No.	%	No.	%	
The doctor who is going to perform the operation					
Yes	302	85.6	64	62.1	$X^2 = 40.02$
No	38	10.8	38	36.9	P < .001
Unsure	13	3.7	1	1.0	
The responsible consultant					
Yes	202	57.2	60	58.3	$X^2 = 7.60$
No	121	34.3	42	40.8	P = .022
Unsure	30	8.5	1	1.0	
A junior doctor who is not going to perform the operation					
Yes	154	43.6	47	45.6	$X^2 = 0.67$
No	170	48.2	50	48.5	P = .716
Unsure	29	8.2	6	5.8	
Should disclose the possibility of death if present					
Should be included	271	76.8	73	70.9	$X^2 = 10.52$
Not necessary	52	14.7	10	9.7	P = .005
Uncertain	30	8.5	20	19.4	
Should disclose all major risks with incidence > 1%					
Should be included	305	86.4	101	98.1	$X^2 = 11.18$
Not necessary	34	9.6	1	1.0	P = .004
Uncertain	14	4.0	1	1.0	
Should disclose all minor risks with incidence > 5%					
Should be included	240	68.0	76	73.8	$X^2 = 5.20$
Not necessary	89	25.2	16	15.5	P = .074
Uncertain	24	6.8	11	10.7	
Total	353	100.0	103	100.0	

RESULTS

The current study showed that less than half **public and private surgeons** agreed that informed consent **may be performed by a junior doctor** who will not perform the procedure (43.6% versus 45.6%).This can be justified as a junior doctor has not the ability to provide all the necessary information to patient. Also, private and public surgeons had almost a similar beliefs that informed consent **should be done by the consultant** (58.3% versus 57.2% respectively). while significantly more public surgeons than private (85.6% versus 62.1%) believed that informed consent **should be done by the doctor who will perform the operation**.

DISCUSSON

In the current study, the majority of participating surgeons from both types of hospitals have a similar opinion with respect **inclusion of potential risks** in informed consent with higher proportion of public than private surgeons with regards to **the risk of death**.

On the other hand, more private that public surgeons believed that **minor risks** should be included.

Lee Char et al. reported that over 70% of respondents considered the discussion of **known and unknown risks as well as benefits of the procedure**.


رضایت نامه

اجازه معالجه و عمل جراحی

اجازه قطع عضو

Table 4
Responses of the public and private surgeons to questions on what affect the amount of information given during informed consent.

Questions related to factors affecting the amount of information given to patients during informed consent	Public		Private		X^2 P value
	No.	%	No.	%	
The patients age					
Yes	249	70.5	88	85.4	$X^2 = 9.22$
No	95	26.9	14	13.6	P = .010
Unsure	9	2.5	1	1.0	
The patients gender					
Yes	145	41.1	82	79.6	$X^2 = 47.42$
No	201	56.9	20	19.4	P < .001
Unsure	7	2.0	1	1.0	
The patients level of education					
Yes	248	70.3	60	58.3	$X^2 = 10.02$
No	91	25.8	42	40.8	P = .007
Unsure	14	4.0	1	1.0	
The patients social class					
Yes	176	49.9	81	78.6	$X^2 = 27.34$
No	169	47.9	20	19.4	P <.001
Unsure	8	2.3	2	1.9	
Total	353	100.0	103	100.0	

LIMITATIONS

This study has some **limitations**. We did not assess **patients' opinion** regarding topics to be discussed during informed consent.

Many other non-patient-related factors are needed to be studied as **type** and **duration of the surgery**, **timing of surgery** and **need for referral to another doctor**.

CONCLUSION

This study concluded that private surgeons differ from those in the public hospitals in that they believed that informed consent has **benefit** to patients, and not more **ethical and legal obligation**.

Surgeons should become **aware** of the **informed consent guidelines**.

In addition, introducing **formal training** on informed consent for surgeons in both

types of hospitals are recommended and for **making written information more**

widely available is required.

با تشکر از توجه شما

نام ارائه دهنده: مهرانگیز کامکار

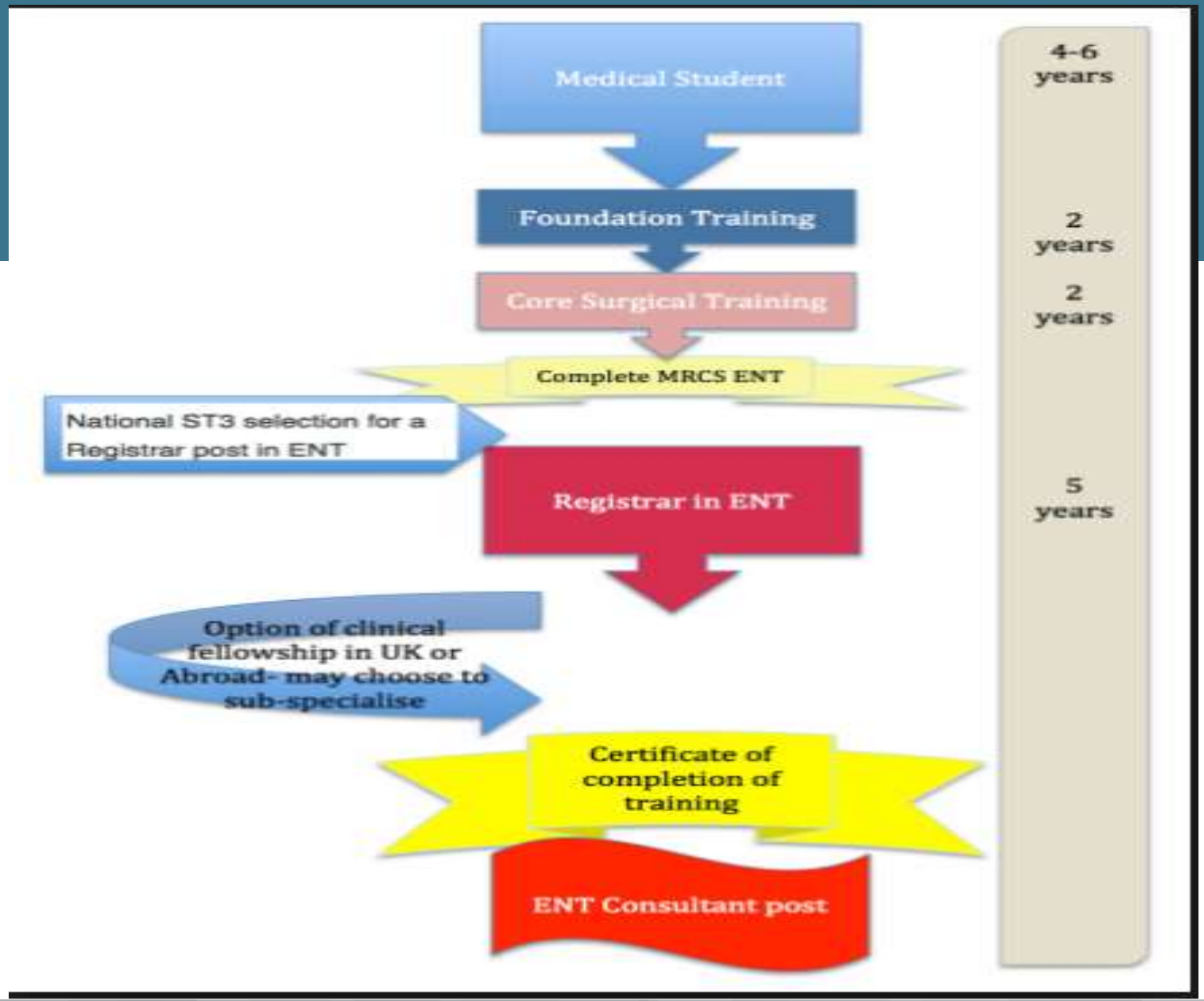
ایمیل ارائه دهنده:kamkarkm1@mums.ac.ir

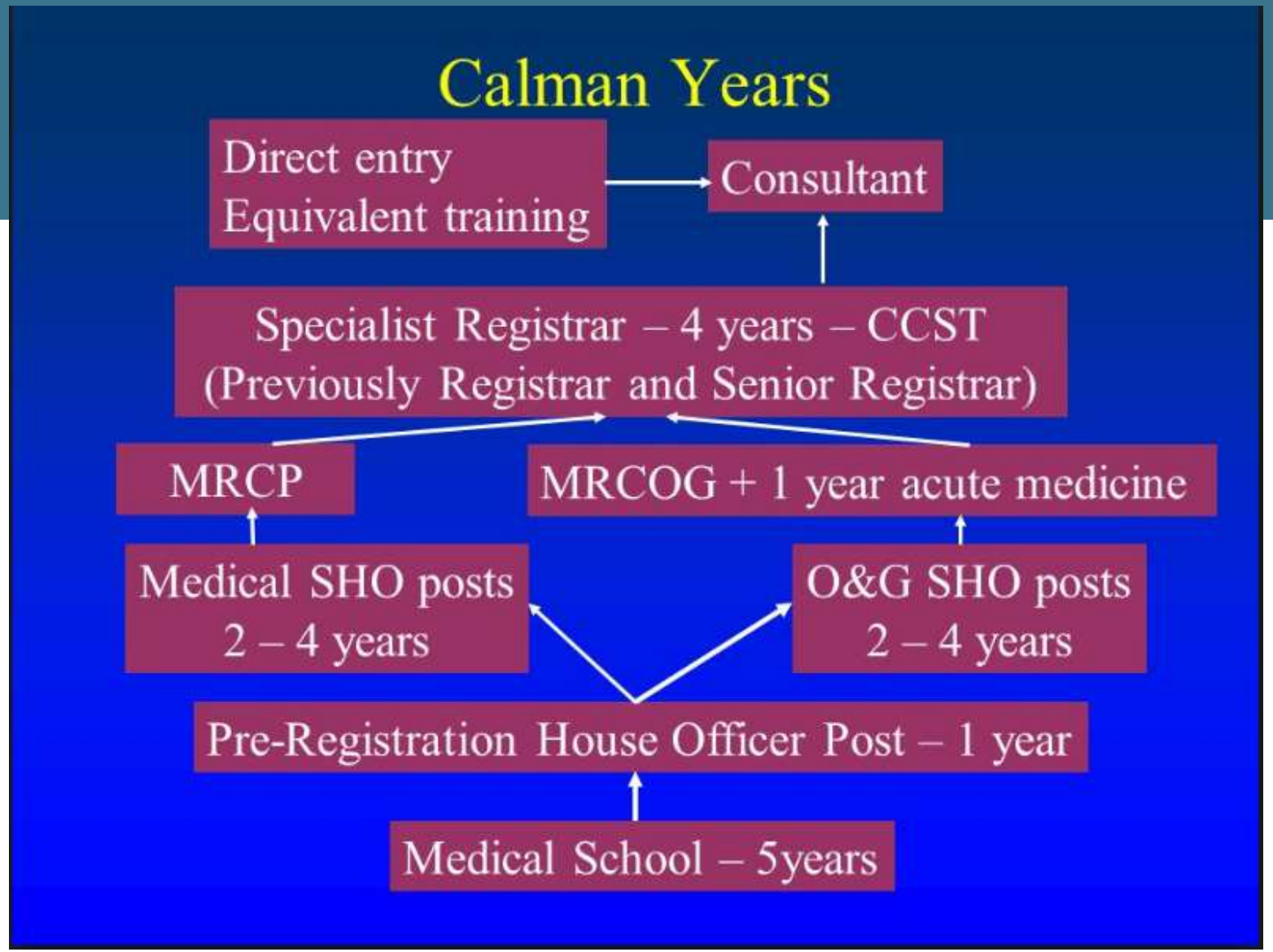
- **Trainee:** A person undergoing training for a particular job or profession.
- **registrar:** A middle-ranking hospital doctor undergoing training as a specialist.

'a registrar in rheumatology'

- **Assistant:** A person who ranks below a senior person. A person who helps in particular work. *'a care assistant'*
- **senior registrar:** A hospital doctor undergoing specialist training, one grade below that of consultant.

- **Specialist:** A person highly trained in a particular branch of medicine.
- **Senior:** High or higher in rank or status
- **Consultant:** A person who provides expert advice professionally. A hospital doctor of senior rank within a specific field.


Medical Student
Foundation Training
Core Surgical Training
Complete MRCS ENT
National ST3 selection for a Registrar post in ENT
Registrar in ENT
Option of clinical fellowship in UK or Abroad- may choose to sub-specialise
Certificate of completion of training
ENT Consultant post
4-6 years
2 years
2 years
5 years


Calman Years
Direct entry
Equivalent training
Consultant
Specialist Registrar – 4 years – CCST
(Previously Registrar and Senior Registrar)
MRCP
MRCOG + 1 year acute medicine
Medical SHO posts
2 – 4 years
O&G SHO posts
2 – 4 years
Pre-Registration House Officer Post – 1 year
Medical School – 5years

Research pathways for junior doctors