

# CAN WE MAKE SHARED DECISIONS BETTER? PERCEPTIONS OF DOCTORS AND PATIENTS REGARDING THE INFORMED CONSENT PROCESS

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## ABSTRACT

**Background-** It is a known fact that several patients tend to view written consent as a ritualistic obstacle and pressured by having to give written consent. Shared decision making should be an interactive process whereby patient's preferences are considered. **Aim-** Therefore present study was planned to conduct with an objective to assess the current scenario of differences in the perceptions of dental health care providers and patients regarding the informed consent process in shared decision making. **Methods-** The present cross-sectional study was carried out during June to December 2013 at a tertiary care dental hospital. In this study, a structured interview schedule was developed and handed out to 100 doctors and 200 patients. SPSS version 17.0 (IBM, Chicago, USA) was used for analysis. **Results-** Out of total 100 doctors and 200 patients, 88 doctors and 173 patients returned completed questionnaires giving a response rate of 88% and 86.5% respectively. Only 16.2% of the patients were in the view that treating dentist doctor answered in detail whatever they wanted to know. Almost all patients (96.6%) reported that they had chosen the treatment method suggested by doctor. Less than 6% of the patients revealed that their conversation with doctor lasted more than 15 minutes. 77.5% of the patients were in the view that with the information they received from their doctor, they are not in position to make any decision. The difference was found to be statistically highly significant ( $P < 0.001$ ). **Conclusion-** The findings from the present study are an eye opener to know where our healthcare stands regarding autonomy of our patients. It is need of an hour to launch physician and patient education programs to bridge the existing patient-physician communication gap.

**Key words:** Patient Rights, Informed Consent, Patients, Dental, Decision.

## INTRODUCTION

Autonomy of patients is an imperative issue in the health service area. Informed consent is an autonomous action by a

subject or patient that authorizes a professional either to involve the subject in research or to initiate a medical plan for the patient.<sup>1</sup> Informed consent is the process of agreeing to take part in a study based on access to all relevant and easily digestible information about what participation means in particular, in terms of harms and benefits.<sup>2,3</sup>

It is a known fact that several patients tend to view written consent as a ritualistic and bureaucratic obstacle, may

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unnecessary feel undue anxious and pressured by having to give written consent, and report that they do not read or understand the consent form.<sup>4</sup> Adequate information before any procedure is fundamental to give informed consent. Information should include a description of the benefits, risks, and complications of the intended procedure as well as alternative treatment options.<sup>5,6</sup> It should not be an inert and one-sided process in which a medical or surgical decision is left up to the physician only, but an interactive process whereby patients preferences regarding medical or surgical decisions are considered.<sup>7-9</sup>

Till date we are not very clear about patients' knowledge and understanding of the consent process and the role of the consent form. Differences in the perceptions of health care providers and patients regarding the informed consent process in shared decision making has not been investigated in the field of dentistry at least in the state of Punjab. The present study was therefore conducted to assess the current scenario of differences in the perceptions of dental health care providers and patients regarding the informed consent process in shared decision making.

## MATERIALS AND METHODS

The present observational cross-sectional study was conducted among doctors working in various departments and patients seeking care at a tertiary care dental teaching hospital at northern India during June to December 2013. A self-administered questionnaire was handed out to 100 doctors including residents in the departments of Pediatrics & Preventive Dentistry, Prosthodontics, Orthodontics and surgical departments viz. Oral & Maxillofacial Surgery, Pareodontics, Endodontics.

Only those patients, who received treatment or undergone some invasive procedure from doctors participating in the study, were included. The physicians were requested to return the filled up questionnaires within two months. The patients seeking treatment or undergoing invasive procedures during the study period were also requested to participate in the study during pre-procedure visit before invasive procedures. Data of two patients per interviewed doctor were included thus information from 200 patients and 100 corresponding doctors was captured.

Adesh Institute of Dental Sciences And Research is a tertiary care teaching dental hospital equipped with ultra modern multi super speciality facilities. The hospital receives major chunk of its patients not only from Punjab but also from neighbouring states especially from Haryana, Jammu, Rajasthan, and Madhya Pradesh thus patients seeking care in this centre belong to mix of all the socio-economic status of the society. Thus this tertiary care centre provided us a perfect base to study such an objective.

Information was collected using a structured questionnaire. It was ensured that respondents understand the meaning of questions well. The questionnaire was pilot tested on 20 subjects and amended for clarity with the addition of some answer options and was modified accordingly. All interviews and examinations were conducted by single person. Ethical committee approved the study. Informed consent was obtained from the study participants.

After compilation of collected data, analysis was done using Statistical Package for Social Sciences (SPSS), version 17.0 (IBM, Chicago, USA). For statistical analysis, the  $\chi^2$  was applied. A

two tailed  $P < 0.05$  was considered statistically significant.

## RESULTS

Out of total 100 doctors and 200 patients, 88 doctors and 173 patients returned completed questionnaires giving a response rate of 88% and 86.5% respectively thus included in the same in the analysis. The mean age of doctors and patients was 43 years (range 27-64 years) and 33 years (range 18-56 years) respectively.

Only 16.2% of the patients were in the view that treating dentist doctor answered in detail whatever they wanted to know. Almost all patients (96.6%) reported that they had chosen the treatment method suggested by doctor. Less than 6% of the patients revealed that their conversation with doctor lasted more than 15 minutes. (Table 1)

Out of total, 77.5% of the patients were in the view that with the information they received from their doctor, they are not in position to make any decision. The difference was found to be statistically highly significant ( $P < 0.001$ ). In the same way, 77.8% of the patients told that they were not informed about their rights as a patient. (Table 2)

## DISCUSSION

Adequate information before any procedure is fundamental to give informed consent. Information should include a description of the benefits, risks, and complications of the intended procedure as well as alternative treatment options.<sup>10</sup> Although patients want to know their rights in hospital but their awareness of issues related to the consent process is often limited.<sup>11</sup> The most important goal of informed consent is that the patient

should have an opportunity to be an informed participant in his or her health care decisions so it acts as a safeguard to ensure the preservation of individual rights and to attain this goal there must be robust physician-patient interaction.<sup>12</sup>

Not surprisingly our study shows that significant differences in the knowledge and perception of these points of interests defining patient-doctor interaction between two study groups. Only 16.2% of the patients were in the view that treating dentist doctor answered in detail whatever they wanted to know. Physicians lacked awareness about their professional and ethical obligations to provide patients with information concerning their condition and forthcoming diagnostic and therapeutic procedures. Another study from Israel by Brezis M et al is also in concordance with our observations.<sup>13</sup>

It was found in this study that less than 6% of the patients revealed that their conversation with doctor lasted more than 15 minutes. It clearly shows that major chunk of patients reported receiving only limited or incomplete information. The extent of information exchange was a limited during the physician-patient consultation. This finding can be attributed to the fact that our doctors have to manage a large number of patients in the same time frame so physicians often feel pressed for time. This comes in contrast with the findings of another study by Corfield LF which observed that the patients often do not wish to be fully informed of the risks and possible complications of the forthcoming surgery.<sup>14</sup>

In this study, it was seen that majority of the patients (96.6%) reported that they had chosen the treatment method suggested by doctor. The result of this study is in agreement with previous study

population-based survey by Levinson W et al.<sup>15</sup> Recently a study from Bethesda confirmed that patients performing their own internet research are more interactive with their doctors about the treatment methods but the internet does not replace the role of doctors in such scenario.<sup>16</sup>

This study has several strengths. First, to our knowledge, differences in the perceptions of health care providers and patients regarding the informed consent process in shared decision making has not been investigated in the field of dentistry at least in the state of Punjab. Very few similar studies are available in the literature. Second, all the interviews were conducted by single person which provided uniformity in data gathering. One palpable limitation of this study is that the education level of the patient was not included in the analysis so we were unable to relate shared decision making with educational status of the patients.

### CONCLUSION

The findings from the present study are an eye opener to know where our healthcare stands regarding autonomy of our patients. Finding of the study confirm the existence of patient-physician communication gap which creates hurdle in shared decision making. It is need of an hour to launch physician and patient education programs on the process of informed consent for better communication between doctors and patients in order to achieve patient autonomy, which is the ultimate goal of informed consent and nutshell in making the shared decision.

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**Table 1: Awareness and understanding of dental doctors and patients towards shared decision making**

Statement	No. of respondents (%)		Level of Significance
	Dental doctors	Patients	
	n= 88	n= 173	
<b>I answered whatever patient wanted to know / Doctor answered my questions/queries</b>			
In detail	21 (23.9)	28 (16.2)	0.009*
In brief	63 (71.6)	115 (66.5)	
Only the most necessary information was discussed	4 (4.5)	30 (17.3)	
<b>I provided/received information on risks and possible complications of treatment</b>			
In detail	23 (26.1)	16 (9.2)	0.0001**
In brief	45 (51.1)	81 (46.8)	
Only the most necessary information was discussed	18 (20.5)	53 (30.6)	
Not at all (Patient will go to some other doctor)	02 (2.3)	23 (13.4)	
<b>Patients / I usually make decision about the treatment method</b>			
As suggested by a clinician	75 (85.2)	167 (96.6)	0.002*
As suggested by friends	03 (3.4)	03 (1.7)	
I don't know	10 (11.4)	03 (1.7)	

<b>How long does/did the conversation with the patient/clinician last?</b>			
<5 minutes	39 (44.3)	44 (25.4)	0.008*
10 -15 minutes	45 (51.1)	119 (68.8)	
>15 minutes	04 (4.6)	10 (5.8)	
<b>Do you inform patients about their length of hospital stay? /Were you informed about the length of your hospital stay?</b>			
Yes	75 (85.2)	117 (67.6)	0.002*
No	13 (14.8)	56 (32.4)	
*P<0.05, statistically significant; **P<0.001, statistically highly significant; Figures in parenthesis indicate percentage.			

**Table 2: Perception and practices of dental doctors and patients towards questions about the procedure of obtaining informed consent to treatment and clinical procedures**

Statement	No. of respondents (%)		Level of Significance
	Dental doctors (n=88)	Patients (n= 173)	
<b>Perceptions of dental doctors and patients to questions about the procedure of obtaining informed consent to treatment</b>			
In your opinion, do your patients get sufficient information so that they are able to decide their treatment? / Did you get sufficient information so that you can make a decision?			
Yes, with that information i can make a decision	48 (54.5)	39 (22.5)	0.000**
No, with that information i can't make a decision	40 (45.5)	134 (77.5)	
If patients/you are not able to choose the treatment method, who would you ask for consent?			
(Patient's) family	82 (93.1)	54 (31.2)	0.000**
(Patient's) friends	02 (2.3)	00 (00)	
Colleagues/physician	04 (4.6)	119 (68.8)	
Statement	No. of respondents (%)		Level of Significance
	Dental doctors <sup>†</sup> (n=20)	Patients <sup>†</sup> (n= 36)	
<b>Perception and practice of obtaining patient informed consent to clinical procedures</b>			
Are you familiar with the informed consent process?			
Completely familiar	7 (35.0)	10 (27.8)	0.46
Partly familiar	9 (45.0)	22 (61.1)	
No, I am not familiar	4 (20.0)	4 (11.1)	
<b>Do you inform patients about their rights? / Are you informed about your patient</b>			

<b>rights?</b>			
Yes	12 (60.0)	8 (22.2)	0.004*
No	8 (40.0)	28 (77.8)	
<b>Do patients receive a copy of signed consent form?</b>			
Yes	17 (85.0)	15 (41.7)	0.001**
No	3 (15.0)	21 (58.3)	
*P<0.05, statistically significant; **P<0.001, statistically highly significant; †Denotes subjects from surgical specialities; Figures in parenthesis indicate percentage.			