



CODEN [USA]: IAJ PBB

ISSN: 2349-7750

**INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES**<http://doi.org/10.5281/zenodo.1494139>Available online at: <http://www.iajps.com>

Research Article

**AN OBSERVATIONAL STUDY ON THE INFORMED CONSENT
OF PATIENTS IN ELECTIVE SURGERY AT MAYO HOSPITAL
LAHORE**¹Iqra Matloob, ²Dr Maryam Ayub, ³Dr Anum Saleem¹Services Hospital, Lahore.²King Edward Medical University Lahore³District Headquarter Hospital, Nankana Sahib**Abstract:**

Objectives: The objective of this research was to assess the patient's perception and practice of the informed consent before the act of any elective surgical procedure at tertiary healthcare service provision setup.

Methodology: This research was carried out at the Surgical Department of Mayo Hospital Lahore from April 2018 to August 2018. A standard questionnaire was distributed among patients who underwent elective surgical procedures during hospitalization. Our research independent variables were level of education, age and socioeconomic standing of the patients; whereas, among dependent variables we included disease awareness, available options of the treatment, alternatives of the treatment, repercussions if not treated, postoperative complications and anesthesia associated risks with other variables such as complication management, authority consent, patient's satisfaction and all the information extended to the patients or to the attendants of the patients including signing of the patients.

Results: Concerned surgeon gave the consent for 37 patients (24.33%); whereas, house surgeons and trained medical officers gave the consent for 113 patients (75.33%) in this research. These house surgeons and junior medical officers were junior doctors. Explanation of the disease and availability of various alternative therapies were also told to 105 patients (70%) and 67 patients (44%) respectively. Complications associated with the elective surgical procedure were also explained to 135 patients (90%) by concerned surgeons of junior doctors. Interestingly, the majority of the patients 110 were satisfied with the information which was extended to them about the surgical management of the disease (73.33%). In this series, every patient signed the informed consent before the commencement of surgical procedures.

Conclusion: The ongoing practice of informed consent is not compatible with the ethical, legal and internationally accepted standards of the informed consent. It is suggested that more emphasis is to be given to the practice of informed consent with an active involvement of the surgeons in order to educate and enhance the patient's awareness about the surgical procedures and associated complications.

Keywords: Rehabilitation, Complications, Preoperative, surgical procedures, Anesthesia, Postoperative.

Corresponding author:

Iqra Matloob,
Services Hospital,
Lahore.

QR code



Please cite this article in press Iqra Matloob et al., *An Observational Study on the Informed Consent of Patients in Elective Surgery at Mayo Hospital Lahore.*, Indo Am. J. P. Sci, 2018; 05(11).

INTRODUCTION:

It is a right of any adult individual that he should be informed about the procedure and complications associated with the procedure that what is going to be done with his body parts [1]. Any surgical management initiates with the surgeons counselling extended to the patient about the disease nature, appropriate management of the disease, all available alternative options, possible outcomes and associated complications with their available management options is necessary in order to make patients satisfied and confident. It also develops a mutual trust between patient and surgeons. The objective is to satisfy the patients that everything is being planned for the utmost interest of the patient and to cure the disease with the best possible outcomes and decreased consequences. The decision-making process involves the consent of surgeons and satisfaction of the patients [2]. The process of informed consent is actually a reinforcement of the patient's autonomy and satisfaction. It upholds the will of the patient and satisfies the patients as the surgical procedure will directly affect or restore the regular routine of the patient. Patients have an opportunity to say "No" or to disagree with the surgical procedures; in such cases, the other existent options are also considered [3]. The art of the consent lies in the satisfaction of the surgeon and patient and both agree to some terms and conditions [4, 5]. Decision-making process completes with the choice of the patient and expertise of the surgeon about the possible disease treatment options and management of the associated complications [6]. The objective of this research was to assess the patient's perception and practice of the informed consent before the act of any elective surgical procedure at tertiary healthcare service provision setup.

METHODOLOGY:

This research was carried out at the Surgical Department of Mayo Hospital Lahore from April 2018 to August 2018. A standard questionnaire was distributed among patients who underwent elective surgical procedures during hospitalization. Our research independent variables were level of education, age and socioeconomic standing of the patients; whereas, among dependent variables we included disease awareness, available options of the treatment, alternatives of the treatment, repercussions if not treated, postoperative complications and

anesthesia associated risks with other variables such as complication management, authority consent, patient's satisfaction and all the information extended to the patients or to the attendants of the patients including signing of the patients. We also included information about the complications related to the incidence of blood transfusion, satisfaction and confidence of the patient and rehabilitation on the form of the consent.

We interviewed a total of 150 patients about awareness of surgical management of the disease which is different from the standard ongoing practice of the informed consent. The interview also based on three basic factors such as social status, memory and level of education.

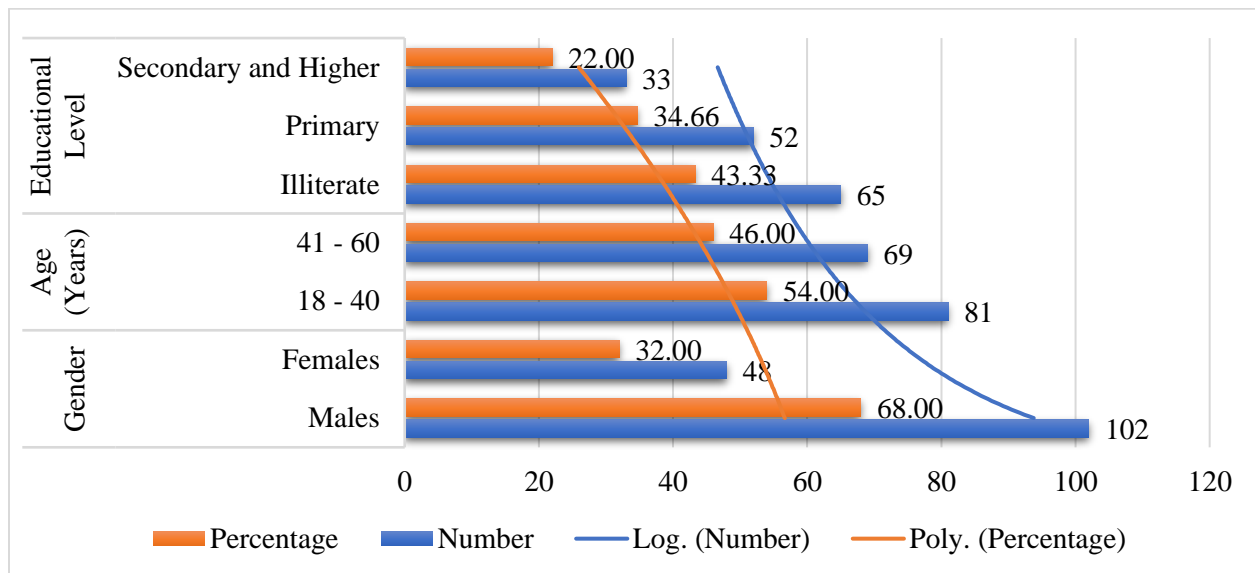
RESULTS:

The concerned surgeon gave the consent for 37 patients (24.33%); whereas, house surgeons and trained medical officers gave the consent for 113 patients (75.33%) in this research. These house surgeons and junior medical officers were junior doctors. Explanation of the disease and availability of various alternative therapies were also told to 105 patients (70%) and 67 patients (44%) respectively. Complications associated with the elective surgical procedure were also explained to 135 patients (90%) by concerned surgeons of junior doctors. Interestingly, the majority of the patients 110 were satisfied with the information which was extended to them about the surgical management of the disease (73.33%). In this series, every patient signed the informed consent before the commencement of surgical procedures.

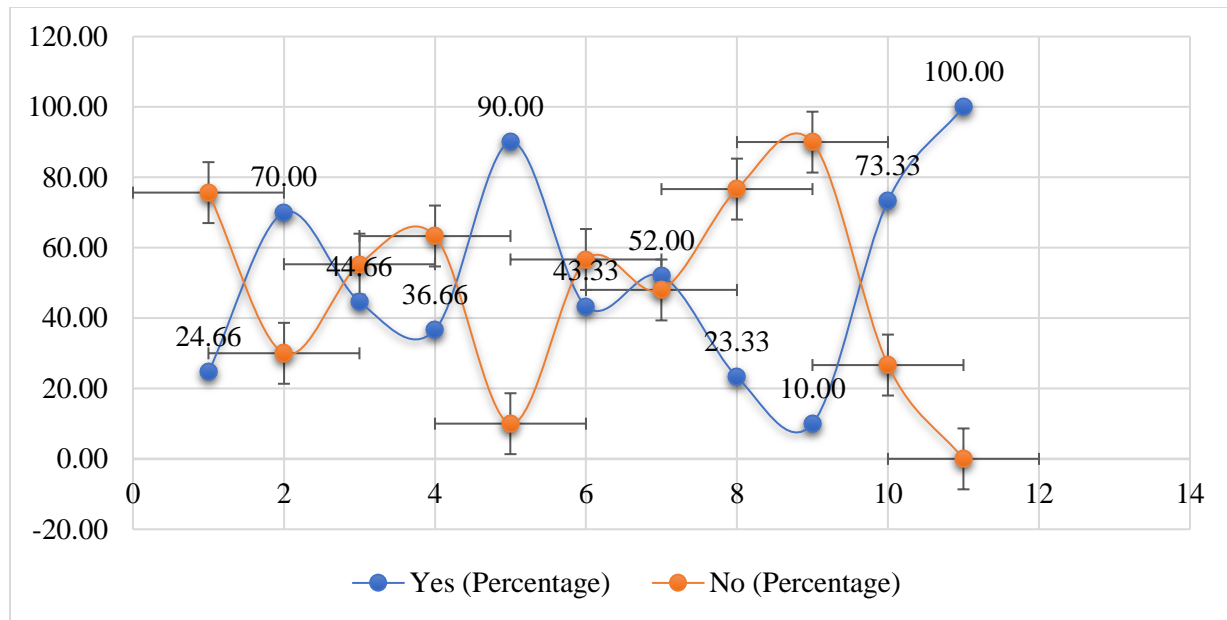
A detailed analysis of the dependent and independent variables is also given as under in Table – I and II and respective graphical presentation. Dependent variables include gender, age of the patients in years and level of education of the patients as illiterate, primary, secondary and higher secondary (Table – I); whereas, independent variables included surgeon's consent, detailed problem, treatment options, non-treatment consequences, surgical complications, anaesthesia type and complications, blood transfusion-related complications, postoperative complications and treatment, postoperative rehabilitation, patient satisfaction and signing of consent form (Table – II).

Table – I: Dependent Variables

Variables		Number	Percentage
Gender	Males Patients	102	68.00
	Females Patients	48	32.00
Age (Years)	18 – 40 Years	81	54.00
	41 – 60 Years	69	46.00
Educational Level	No Education	65	43.33
	Up to Primary	52	34.66
	Secondary and Above	33	22.00

**Table – II:** Independent Variables Discussed and Explained to Patients

Variables	Yes (Percentage)	No (Percentage)
Surgeon's Consent	24.66	75.66
Detailed Problem	70.00	30.00
Treatment Options	44.66	55.33
Non-Treatment Consequences	36.66	63.33
Surgical Complications	90.00	10.00
Anaesthesia Type and Complications	43.33	56.66
Blood Transfusion Related Complications	52.00	48.00
Postoperative Complications and Treatment	23.33	76.66
Postoperative Rehabilitation	10.00	90.00
Patient Satisfaction	73.33	26.66
The signing of the Consent Form	100.00	0.00



DISCUSSION:

Majority of the consent was taken by the junior doctors which include house surgeons and junior medical officers (75.33%). These consents had a number of complications and implications as the surgeons were knowing about the health department consent adequacy [7]. It is emphasized that consent is to be taken by the senior doctors such as senior surgeons as they possess sound and ample knowledge about the disease management with its related complications and alternatives; it ultimately increased the confidence of the patients [8]. Junior doctors, while taking consent from 53 patients did not warn about the related complications and alternatives of the surgical management, they also failed to explain the associated risks of the surgery. So, it is important to use standard forms which are well-structured in order to improve the overall informed consent standards that will ultimately affect the patient's confidence [9]. It was also reported that seventy percent of the patients had been informed about the disease only; whereas, forty percent of the patients were also explained about the alternatives and associated risks. Ninety percent of the patients were also explained about the related complications; whereas, anaesthesia associated risks were only explained to 43.33% cases.

A proper consent is that consent in which the patient is fully conversant with the disease management which is possible through the accessible and meaningful interaction of the surgeons with the patient before the commencement of the surgical

intervention in order to improve the confidence of the patient. It benefits both the patient and the healthcare staff. Despite all the precautions and related requirements, patients do claim about an improper and inadequately informed consent which is substandard and fails to satisfy the patient [10, 11]. Another author also reported that 69.3% patients were not given any information about the risk associated with the surgical intervention and anaesthesia associated risks were not explained to 75% of the patients who underwent any of the surgical intervention [12]. But on the contrary, the majority of the patients were still satisfied (73%). It is also reported by various authors that even if the legal and administrative requirements are met in the informed consent and unwilling consent is also possible in a number of patients [13]. Few studies also forward that even with minimum information provided the majority of the patients were satisfied with the informed consent formalities (78%) [14]. Every patient signed an informed consent in this series which is also reported by Amin MF in his research study [15].

CONCLUSIONS:

The standards of informed consent as practised in our research were not appropriate and as per the international standards. It also lacked in terms of ethical and legal standards. Proper training about the informed consent is to be imparted in healthcare staff and surgeons. The ongoing practice of informed consent is not compatible with the ethical, legal and internationally accepted standards of the informed

consent. It is suggested that more emphasis is to be given to the practice of informed consent with an active involvement of the surgeons in order to educate and enhance the patient's awareness about the surgical procedures and associated complications.

REFERENCES:

1. Amin MF, Jawaid M, Rehman S, Mudassir, Hina, Zakai SB. An audit of information provided during pre-operative informed consent. *Pak J Med Sci*2006;22(1):10-13.
2. Soin B, Smellie WA, Thomson HJ. Informed consent: A case for more education of the surgical team. *Ann Roy Coll Surg Engl* 1993;75(1):62-65.
3. Worthington R. Clinical issues on consent: Some philosophical concerns. *J Med Ethics* 2002; 28:377–380.
4. Akkad A, Jackson C, Kenyon S, Woods MD, Taub N, Habiba M. Patient's perception of written consent: Questionnaire study. *BMJ* 2006; 333:528.
5. Cassileth BR, Zupkis RV, Sutton-Smith K, March V. Informed consent—why are its goals imperfectly realized? *N Engl J Med* 1980; 302:896-900.
6. Valitutti RF, Drutchas GG. Hospital law: theory and application. In: Troyer GT, Salmon SL, eds. *Handbook of Health Care Risk Management*. Rockville, MD: Aspen Systems Corp; 1986.
7. Perez-Moreno JA, Perez-Carceles MD, Osuna E, Luna A. Preoperative information and informed consent insurgically treated patients. *Rev Esp Anesthesiol Reanim*1998;45(4):130-135.
8. Habiba M, Jackson C, Akkad A, Kenyon S, Dixon-Woods M. Women's accounts of consent to surgery: Qualitative study. *Qual Saf Health Care* 2004; 13:422-427.
9. Quill TE, Brody H. Physician recommendations and patient autonomy: Finding a balance between physician power and patient choice. *Ann Intern Med*1996; 125:763-769.
10. Department of Health. Reference Guide to Consent for Examination and Treatment. 2001. http://www.cppe.man.ac.uk/NHS_Plan/Consent.pdf. Accessed 6 April 2006 This guidance sets out the legal requirements surrounding consent with exemplary clarity.
11. Nixon I, Balaji N, Hilmy O, Fu B, Brown C. A prospective study comparing conventional methods against a structured method of gaining patients' informed consent for tonsillectomy. *Clin Otolaryngolgy*2005;30(5):414-417.
12. *Schloendorff v Society of New York Hospital*, 211 NY125, 105 NE 92 (1914).
13. Laine C, Davidoff F. Patient-centered medicine: A professional evolution. *JAMA* 1996; 275:152-156.
14. Whitney SN, McGuire AL, McCullough LB. A typology of shared decision making, informed consent, and simple consent. *Ann Intern Med* 2004; 140:54-59.
15. Marzuk PM. The right kind of paternalism. *N Engl J Med* 1985; 313:1474-1476.