

A SURVEY ON PATIENT'S INFORMED CONSENT AMONG DENTAL PRACTITIONERS OF LAHORE

¹PHOOL HUSSAIN

²GULZAIB AHMAD

³MUHAMMAD MUDASSAR SALEEM

⁴QURAT UL AIN ANJUM

ABSTRACT

Patient's informed consent is a legal document and a moral principle. It represents patient's rights to take part in the clinical decisions concerning their treatment. It is an important aspect related to daily relationship between dentists and patients. It may also decrease the practitioner's liability from claims associated with miscommunication. A cross sectional survey study was conducted to investigate the use of patients' informed consent, the extent to which it is provided in general dental practice and to assess the knowledge and practice of dental practitioners regarding informed consent. A questionnaire was used to collect data from 110 dentists working in Lahore from October to November 2016, which included questions on various aspects of the use of informed consent including the general information, treatment specific issues and the consent process. Completed questionnaires were collected, analyzed and presented as figure and tables. It was concluded that the dental practitioners of Lahore have a good awareness about questions concerning patients' informed consent but a considerable number of participants was not using written consent as a routine procedure. Some were relying on oral informed consent while in case of pediatric patients they are taking written informed consent.

Key Words: Informed Consent, Dental practitioners Lahore.

INTRODUCTION

Recent advances in medicine and information technology have enabled patients to be better informed about all aspects of healthcare. Increasingly, they question their doctors, dentists, and other healthcare providers in order to understand their diseases and conditions. In the light of these developments, patients are playing an active role in their treatment and have new expectations and needs. These changes reflect deeper changes in society, which have encouraged personal independence and the respect of human rights.^{1,2}

Informed consent is patient's oral or written agreement that is given after he or she has received sufficient information about the diagnosis and planned treatment.³ The necessary information should be explained in oral and written form that patient can understand

and should include warnings and any significant risks.^{4,5} Informed consent confirms patient's right to take part in decisions. It is an aspect of providing good quality healthcare. It does not shift the whole responsibility to the patient but should be a partnership between clinician and the patient that each has rights and responsibilities.⁶

Much has been written in the medical literature on why informed consent is important.¹ However, there is a limited discussion on this issue in the dental literature within Pakistan, despite the importance of this subject to dental healthcare providers. In dentistry as in other branches of medicine patient trust their healthcare provider to do what is best for them. The situation is changing day by day and patients are demanding better and more information about their healthcare.⁷ Some have taken legal action when their clinicians have failed to provide sufficient information about the outcomes of selected treatments.

Dentist's obligation to obtain the patient's consent is based on ethical principles, legal requirements and professional policies. Any treatment or investigation performed without consent can result in legal action and criminal proceedings. The dentist may be found guilty of serious professional misconduct.^{7,8}

¹ Phool Hussain, BDS, Dental Surgeon, RHC Musa Khel, Mianwali Email: phool95@hotmail.com Cell: 0332-4168659, 0331-7222332

² Gulzaib Ahmad, BDS, Dental Surgeon, THQ Isa Khel, Mianwali Email: dr_gulzaib@yahoo.com Cell: 0331-8616009

³ Muhammad Mudassar Saleem, BDS, FCPS, Assistant Professor, Department of Oral and Maxillofacial Surgery, Islamabad Dental Hospital Email: dr.m.m.saleem@gmail.com Cell: 03214225424

⁴ Qurat ul Ain Anjum, BDS, MPhil Trainee (Dental Materials), Postgraduate Medical Institute, Lahore Email: qurat.gulzaib@yahoo.com Cell: 0332-4889595

Received for Publication: December 21, 2016

Revised: January 15, 2017

Approved: January 16, 2017

Doyal and Canpell in their article on informed consent and the practice of good dentistry have discussed a case of negligence against a dentist in British Dental journal.¹ In another study done in India 64% dentist reported that they routinely take written informed consent.⁹ The importance of taking written consent was underlined by a Spanish study which reported that in 78% cases of dental malpractice, there was no written consent obtained.¹⁰ The Dental Council of India is concerned with maintaining ethics among dental professionals. The code of ethics for dentists specifies certain duties and rights of a dental practitioner, including the welfare of patients.¹¹ For many years, Asian countries have been looking into questions concerning patient's rights by accepting international charters to establish these rights. These rights depend on the quality of the healthcare system and methods of delivering treatment, together with the behavior and cooperation of clinicians and patients themselves.^{9,11,12}

RATIONALE

In the light of the above literature review it was thought important to investigate how informed consent is obtained from dental patients in the daily practice of dental practitioners. The authors planned a survey on dental practitioners of Lahore to check the use and awareness of informed consent.

OBJECTIVES

The main aims of this study were to assess the

- knowledge and practice of dental practitioners regarding informed consent
- extent to which it is provided in general dental practice.

METHODOLOGY

This community based cross sectional survey was conducted in the district Lahore for a period of one month between October to November 2016. Lahore is the largest city of Pakistan and is the capital city of Punjab Province. A large number of general and specialist dentists practice dentistry in this city. A self-administered questionnaire with multiple answers was distributed among 150 practicing general dentists. Before its distribution, it was discussed thoroughly and piloted to ensure that the questions were clear. One of the authors himself approached the dental practitioners to get the questionnaires filled. After getting the consent to take part in the study the participants were given a clear and detailed briefing about the aims and objectives of the study. It was assured that the results obtained will be used for the study purposes only and the information will

be confidential. The participants were requested to respond to this survey anonymously and they were independent to take part in the study. Some of the questions required the respondents to respond merely with a “yes” or “no”. Other questions offered several possible answers from which they had to choose one or several. A third group of questions assessed respondents' self-perceived point of view in relation to getting patients' informed consent (open questions in which a blank space was left for writing the answers). Out of 150 distributed questionnaires 110 questionnaires were received completely filled and were considered suitable for inclusion in the data of the study. The collected data was arranged and analyzed. It was and presented in tabulated form and as pie charts.

RESULTS

Responses to the different questions of the survey questionnaires are presented in the following:

Do you think it is necessary to take informed consent from the patients to start their dental treatment? (Fig 1) Which of the dental procedures require informed consent from the patient? (Table 1) In which form do you take informed consent from the patients? (Fig 2) Do you take informed consent in case you are treating children? (Fig 3) In which cases do you think that taking informed consent is not necessary? (Fig 4)

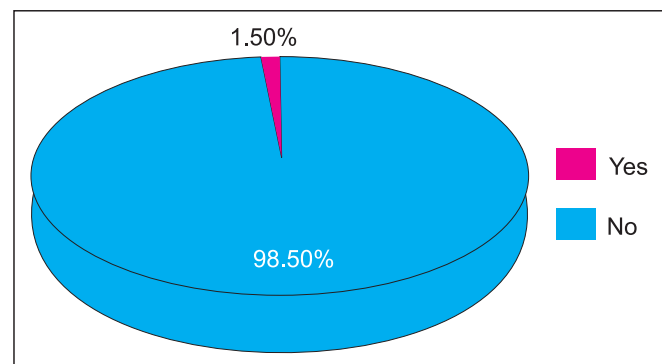


Fig 1: Necessity of taking informed consent

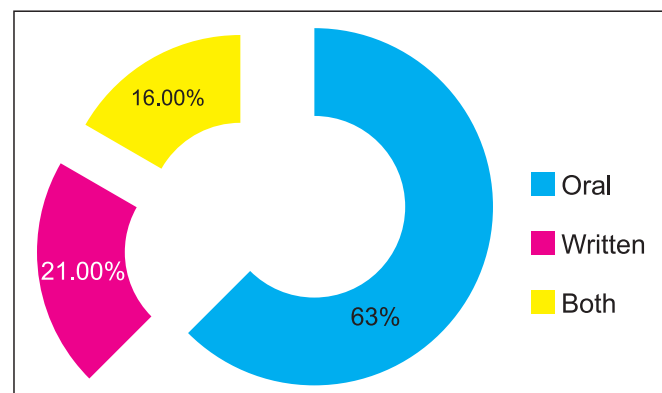


Fig 2: Forms of informed consent used

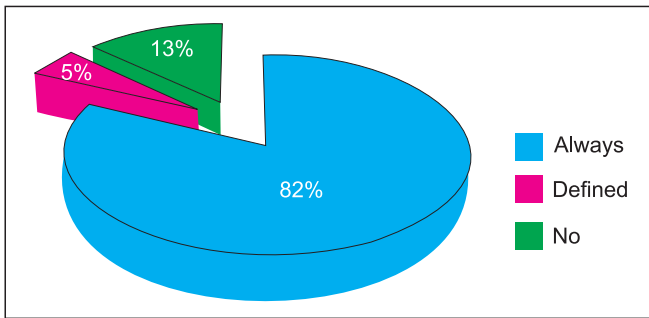


Fig 3: Parental informed consent when treating children

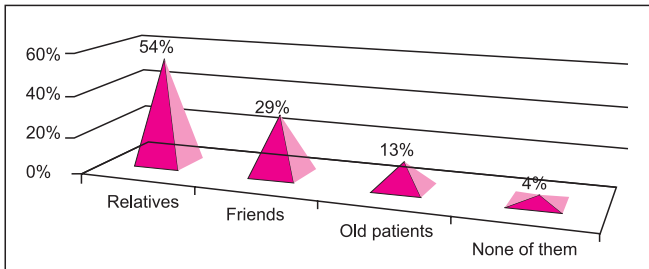


Fig 4: Cases in which informed consent is not necessary

TABLE 1: DENTAL PROCEDURES WHICH REQUIRE INFORMED CONSENT

Surgical	61%
Endodontic	22%
Orthodontic	8%
Prosthodontic	6%
All cases	5%

DISCUSSION

Results of this study clearly show that almost all of the dental practitioners that were included in the study showed awareness about the necessity of taking patients informed consent. But the level of awareness of the participants in response to different questions was quite variable.

Fig 1 revealed that 89.5% of the participants agreed to the question that informed consent should be taken from the patients. It shows that a qualified dentist know the importance of informed consent in their dental practice. This result is in agreement with studies that emphasize the importance of informed consent in dental practices.^{13,14} The second question (Table 1) was asked to learn about the participant's awareness about the specific procedure. It was revealed that 61% of the participants considered surgical procedures important for taking informed consent. This showed that participants considered informed consent necessary in invasive procedures only. As the degree of invasiveness decreases they do not bother to take the consent from the patient. Only 5% of the participants considered informed consent necessary in all cases. This result is in contrary to many studies which emphasize that

informed consent should be taken in all cases without the degree of invasiveness.^{15,16}

The written form of informed consent is recommended in almost all of the studies carried out on this topic.⁹⁻¹¹ But results of the present study (Fig 2) showed that there was a variable response on this question among the respondents. 63% of the participants said that they obtain an oral informed consent and 21% said that they take written informed consent. The importance of a written informed consent can not be overemphasized. A patient giving oral informed consent may change his stance in case of any legal complication. Therefore the oral informed consent only has ethical value but written informed consent carries legal value as well.¹⁷

The informed consent is generally not considered while treating pediatric patients. Therefore world forum on taking informed consent in pediatric patients has specifically mentioned that importance of informed consent should not be overlooked while treating children. In this study 82% of the participants agreed that they take parental consent when they do dental procedures on pediatric patients.

Results of the Fig 4 can be easily discussed in the light of Pakistani traditions and mind of the health-care providers. This question was asked to know the systematic approach and practice of the participants. 54% of the participants considered that taking informed consent from the relatives is not necessary and 29% said that they are not asking from the friends about the consent. This revealed the lack of awareness of the participants.

It can also be discussed that in a survey there is always a chance that whether or not the respondent answer the questions truthfully, either they give the answer that they feel will please the researcher or give what they think is right even if it is not what they do on daily basis so this possibility must be considered.

It is interesting that whether a dentist's age, gender and post graduate qualification influence the informed consent to be obtained or not. It is an important medico legal concern in improper consent and withholding of complete information from the patients and also been the subject of judicial scrutiny. It is important to bear in mind patients informed consent is a part of patient's general right and has legal and ethical values. It should be based on information that a patient can easily understand.¹⁹

CONCLUSION

Within the limitations of this study it can be safely concluded that:

The dental practitioners of Lahore have a good awareness about questions concerning patients'

informed consent but a considerable number of participants was not using written consent as a routine procedure. Some were relying on oral informed consent while in case of pediatric patients they are taking written informed consent.

REFERENCES

- 1 Doyal L, Cannell H. Informed consent and the practice of good dentistry. *Br Dent J*. 1995 Jun 24; 178(12):454-60.
- 2 Odom J, Bowers D. Informed consent and refusal. In: Weinstein B, editor. *Dental ethics*. Philadelphia: Lea and Febiger; 1993: 65-80.
- 3 Bulgarian healthcare legislation. Accessed (2010 Mar 23) at: <http://www.lex.bg/forum/viewtopic.php?> [website in Bulgarian]
- 4 Yovtchev Y, Nikolov S, Miteva R, Encheva T. Patients' informed consent—a lawful regulation in Republic of Bulgaria. *Healthcare Management* 2008; 8: 81-85. [Publication in Bulgarian; English summary].
- 5 Spassov L, Popova K. Children's rights in the healthcare: good clinical practices in the European Union. *Healthcare Management* 2008; 8: 66-71. [Publication in Bulgarian; English summary].
- 6 Care Quality Commission. Our New Rules for Checking Health and Adult Social Care Services. London: CQC; 2010. Accessed (2011 Apr 25) at: http://www.cqc.org.uk/_db/_documents/ISL091_EasyRead_GAC_Updated_5Feb10.pdf
- 7 Mohamed Tahir M A, Mason C, Hind V. Informed consent: optimism versus reality. *Br Dent J*. 2002 Aug 24;193:221-24.
- 8 Grace M. Law and Ethics. *Br Dent J*. 1994 Mar 5;176(5):159.
- 9 Kotrashetti VS, Kale AD, Hebbal M, Hallikereranth SR. Informed consent: a survey of general dental practitioners in Belgaum city. *Indian Journal of Medical Ethics* 2010; 7: 90-94.
- 10 Lopez-Nicolas M, Falcón M, Perez-Carceles MD, Osuna E, Luna A. Informed consent in dental malpractice claims. A retrospective study. *International Dental Journal* 2007; 57: 168-72.
- 11 Dental Council of India. Bachelor of Dental Surgery Course Regulation 2007. New Delhi: Dental Council of India; 2007 Jul 25.
- 12 Bhutta ZA. Beyond informed consent. *Bulletin of the World Health Organization* 2004; 82(10): 771-77.
- 13 Ferrús-Torres E, Valmaseda-Castelió E, BeriniAytés L, Gay-Escoda C. Informed consent in oral surgery: the value of written information. *Journal of Oral and Maxillofacial Surgery* 2011; 69: 54-58.
- 14 Rubiños López E, Rodríguez Vázquez LM, Varela Centelles A, Varela Otero F, Blanco Otero AI, Fernández Fraga C, et al. Impact of the systematic use of informed consent form at public dental care units in Galicia (Spain). *Medicina Oral Patologica Oral y Cirugia Bucal* 2008; 13: 380-84.
- 15 Ghafurian R. Dental school patients' understanding of informed consent. *Journal of Dental Education* 2009; 73: 1394-1400.
- 16 Siddiqui FG, Shaikh JM, Memon MM. An audit of informed consent in surgical patients at a University hospital. *J Ayub Med Coll Abbottabad* 2010;22(1):133-35.
- 17 Jawaaid SA, Jawaaid M. Patient's rights and tphe Practice of obtaining Informed Consent: the need for some corrective measures. *Pak J Med Sci* 2006 ;22(1):7-9.
- 18 Khan RI. Informed consent and some of its problems in Pakistan. *J Pak Med Assoc*.2008;58(2):82-84.
- 19 Jahan F,Roshan R, Nanji K, Sajwani U, Warsani S, Jaffer S. Factors affecting the process of obtaining informed consent to surgery among patients and relatives in a developing country: results from Pakistan. *EMHJ* 2014; 20(9):569-77.

CONTRIBUTIONS BY AUTHORS

- | | |
|------------------------------------|---|
| 1 Phool Hussain: | Conception and design of research, literature search, data collection, data analysis, drafting of article and abstract writing. |
| 2 Gulzaib Ahmad: | Conception and design of research, drafting of article and final review. |
| 3 Muhammad Mudassar Saleem: | Contributed in data analysis and drafting of article. |
| 4 Qurat ul Ain Anjum: | Contributed in data analysis and drafting of article. |