

ORIGINAL PAPER

To evaluate knowledge and awareness of consent in medical practice amongst the medical practitioner

Wankhade Pawan A¹, Ninanve Sudhir V², Mohite PrakashM³, Patond SwapnilK⁴

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ABSTRACT

Aim: Assessment of knowledge, awareness and current practice about consent amongst the Medical practitioners.

Objectives: To study a) the orientation regarding the various prerequisites while notifying the consent b) study current practice of obtaining consent c) present way of documenting the consent forms in medical investigative and operative procedure d) knowledge of obtaining consent in special circumstances like Medical management of Minors, operative procedures, Medicolegal autopsy, medicolegal examination of drunken persons, etc. **Materials and methods:** Cross sectional Observational study. Collective sampling method was used. Sample size: 200 RMP working in medical college were included. An elaborate questionnaire was prepared to obtain all the information incorporated in the aim and objectives of the study. **Results:** The correct responses were calculated. All the variables in the study were analyzed statistically by using HPSS software 17.0 version and Spearman's Rank order correlation coefficient. It was found that the participants are not having the required knowledge and awareness regarding consent taken in various fraternities in medical field applicable in different conditions. **Conclusion:** It can be concluded that Medical practitioners were not having required Knowledge regarding consent and awareness, regarding correct practice of obtaining consent in various circumstances c) Lack of awareness may be justified by non availability of CMEs & orientation programmes regarding information about consent and also diverse field of Participant doctors.

Keywords: Assessment, documenting, current practice, required, orientation

INTRODUCTION

The “magic” of the patient’s consent is that it transforms the status of an act from illegitimate to legitimate.¹ Both morally and legally, the patient’s right to give or withhold consent flows from his right to respect for autonomy. Although the

meaning of autonomy is debated it is not contentious to suggest that, at a minimum, autonomy requires the capacity to make a decision.² It is a general legal and ethical principle that valid consent must be obtained before starting treatment or physical investigation, or providing personal care, for a person. This principle reflects the right of patients to determine what happens to their own bodies, and is a fundamental part of good practice. A healthcare professional (or other healthcare staff) who does not respect this principle may be liable both to legal action by the patient and to action by their professional body. Employing bodies may also be liable for the actions of their staff.³ Informed consent are way of providing necessary information to the patients and helping them for decision making. All the pros and cons of procedure must be explained to the patients in the language he or she can understand. Just taking signature of patient on consent form without proper explanation and understanding of him is violating entire process of informed consent.⁴ The consent obtained, of course, after getting the relevant information will have its own parameter of operation to render protection to the medical practitioner.⁵ This study focuses on assessment of knowledge, awareness & understanding about consent and also current approach and way of obtaining consent in medical practice amongst the medical practitioners of JNMC & AVBRH, Sawangi (M), Wardha(MH).

Address for correspondence:

¹Assistant Professor

Email: drpawan9781@gmail.com

Mobile: +919422422660

²Prof and Head (**Corresponding Author**)

Email: sudhirinave@yahoo.in

Mobile: +919850736324

³Professor FMT and Vice Dean (Admin), ⁴Asst Professor Forensic Medicine Department, Jawaharlal Nehru Medical College, DMIMS (DU), Sawangi (Meghe), Wardha-442001

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Aim: To evaluate Knowledge and awareness of consent in Medical practice amongst the Medical practitioners.

Objectives: To review current practice of obtaining consent & the various prerequisites while notifying the consent. Analyzing the present way documenting the consent forms in medical investigative and operative procedures. To evaluate the knowledge of obtaining consent in cases of treatment of Minors, sterility procedure, consent for medicolegal autopsy, medical examination drunken persons etc.

METHODS

Only registered medical practitioners having valid MBBS/MD/MS/DM/Mch and CPS/University diploma and resident doctors were included in this study. It was Cross sectional Observational study. Purposive sampling method was used. An elaborate questionnaire was prepared to obtain all the information incorporated in the aim and objectives of the study. The written consent of the participant for participation and future publication was duly taken. All the variables in the study were analyzed statistically using HPSS software, critical evaluation of the result and interpretation was carried out.

RESULTS

Table 1 Distribution of subjects according teaching experience (yrs)

Teaching Experience (yrs)	No of subjects	Percentage (%)
1-5 yrs	142	71.0
6-10 yrs	25	12.5
11-15 yrs	33	16.5
Total	200	100
Mean±SD	4.52±3.83(1-15 years)	

In this study, 200 participants of various teaching experience were included. 142 (71.0%) participants of 1-5 years of teaching experience, 25 (12.5 %) of 6-10 years of teaching experience and 33 (16.5%) participants were having 11-15 years of teaching experience (**Figure 1**).

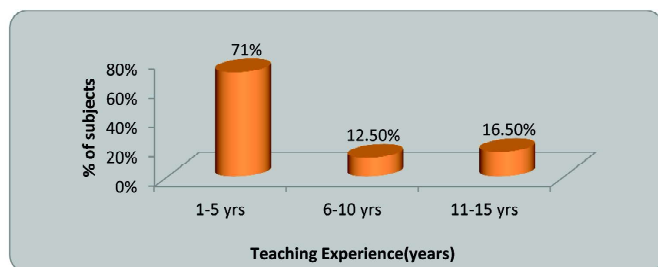


Figure 1 Distribution of subjects according to teaching experience (yrs)

Table 2(A) Analysis of Knowledge & awareness about consent

	No of subjects	Percentage (%)
Q. 1. For tubectomy operation consent of		
Only wife required	50	25
Only husband required	4	2
Both is required	138	69
Parents is required	0	0
NR	8	4
Q. 2. For surgical procedure on one spouse consent of		
Other spouse required	25	12.5
Other spouse not required	2	1
Both is required	169	84.5
Parents is required	0	0
NR	4	2
Q. 3. Patient can be discharged against DAMA by taking		
Implied consent	2	1
Written informed consent with signature	160	80
Police Permission	12	6
No formally required	13	6.5
NR	13	6.5
Q. 4. To remove eyes after death consent of		
Relatives required	2	1
Guardian required	21	10.5
Either A or B	58	29
Deceased already given the consent	117	58.5
NR	2	1
Q. 5. A patient can give valid consent for medical surgical procedure at the end		
Above 12 yrs	32	16
Above 15 yrs	10	5
Above 21 yrs	21	10.5
Above 18 yrs	127	63.5
NR	10	5

Table 2(B) Analysis of Knowledge & awareness about consent

	No of subjects	Percentage (%)
Q. 6. In drunken person without consent		
Examination can be done	20	10
Blood and urine for alcohol estimation can be taken	35	17.5
Only treatment can be done	23	11.5
All A,B,C can be done	113	56.5
NR	9	4.5

Q. 7. In rape victim, examination can be done		
Without consent	1	0.5
Only with consent	153	76.5
With permission of police	42	21
With consent of relatives	1	0.5
NR	3	1.5
Q. 8. If rape victim not willing to inform the police then		
Police not informed	31	15.5
Informed	20	10
Informed and not examined without consent	122	61
None	16	8
NR	11	5.5
Q. 9. For home visit		
Expressed consent required	59	29.5
No consent required	116	58
Informed consent required	0	0
Patient signature required	16	8
NR	9	4.5
Q. 10. In unexplained death for postmortem consent of		
Relatives is must	95	47.5
In laws is must	31	15.5
Hospital administration is must	23	11.5
No consent is required	47	23.5
NR	4	2

Note - NR: Not replied

In **Table 2(A)**, to the question of, for tubectomy operation consent of, only wife required which is incorrect answer was given by 50 (25%) of participants, only Husband required which is incorrect answer was given by 4(2%) of participants, both is required which is **correct answer** was given by 138 (69%) of participants.

To the question of, for surgical procedure on one spouse consent of, Other spouse required, which is incorrect answer was given by 25(12.5%) of participants, Other spouse not required, which is **correct answer** was given **only by 2(1%)** of participants, both is required, which is incorrect answer was given by 69(34.5%) of participants.

To the question of, patient can be discharged against medical advice (DAMA) by taking, implied consent, which is incorrect answer was given by 2(1%) of participants, written informed consent with signature, which is **correct answer** was given by 160(80%) of participants, Police permission, which is incorrect answer was given by 12(12%) of participants, no formality required, which is incorrect answer was given by 13(6.5%) of participants.

To the question of, to remove eyes after death for eye donation

consent of Relatives (Legal Heirs) required, which is **correct answer** was given by **2(1%)** of participants, guardian required, which is incorrect answer was given by 21(10.5%) of participants, either a or b, which is incorrect answer was given by 58(29%) of participants, deceased already given the consent, which is incorrect answer was given by 117(58.5%) of participants.

To the question of, a patient can give valid consent for major surgical procedure at the age of above 12 years, which is incorrect answer was given by 32(16%) of participants, above 15 years, which is incorrect answer was given by 10(5%) of participants, above 21 years, which is incorrect answer was given by 21(10.5%) of participants, above 18 years, which is **correct answer** was given by **127(63.5%)** of participants,

In **Table 2(B)**, to the question of, in drunken person without consent, examination can be done which is incorrect answer was given by 20(10%) of participants, blood & urine for alcohol estimation can be taken, which is incorrect answer was given by 35(17.5%) of participants, Only treatment can be done, which is **correct answer** was given by 23(11.5%) of participants, All a,b,c can be done, which is incorrect answer was given by 113(56%.5) of participants.

To the question of, in rape victim, examination can be done, Without consent of victim, which is incorrect answer was given by 1(0.5%) of participants, only with consent of victim, which is **correct answer** was given by 153(76.5%) of participants, with permission of police, which is incorrect answer was given by 42(21%) of participants, with consent of relatives, which is incorrect answer was given by 1(0.5%) of participants.

To the question of, if rape victim is not willing to inform the police then Police not informed, which is incorrect answer was given by 31(15.5%) of participants, Informed, which is incorrect answer was given by 20(10%) of participants, informed & not examined without consent, which is **correct answer** was given by **122(61%)** of participants, None, which is incorrect answer was given by 16(8%) of participants.

To the question of, for treatment in home visit, expressed consent required, which is incorrect answer was given by 59(29.5%) of participants, no consent required, which is **correct answer** was given by 116(58%) of participants, Informed consent required, which is incorrect answer was given by 0(0 %) of participants, Patients signature required, which is incorrect answer was given by 16(8 %) of participants.

To the question of, in unexplained death for medicolegal postmortem examination consent of, relatives is must, which is incorrect answer was given by 95(47.5%) of participants, In Laws is must, which is incorrect answer was given by 31(15.5%) of participants, hospital administration is must, which is incorrect answer was given by 23(11.5%) of participants, no consent is required, which is **correct answer** was given by 47 (23.5%) of participants.

Table 3 Age wise distribution of correct responses of students

Questions	21-30 yrs		31-40 yrs		41-50 yrs		Total	x ² -value	p-value
	F	%	F	%	F	%			
Q1	62	31	61	30.5	14	7	137	1.60	0.44,NS
Q2	30	15	23	11.5	8	4	61	2.43	0.29,NS
Q3	69	34.5	72	36	19	9.5	160	0.34	0.84,NS
Q4	10	5	11	5.5	0	0	21	3.05	0.21,NS
Q5	60	30	54	27	13	6.5	127	3.24	0.19,NS
Q6	17	8.5	7	3.5	3	1.5	23	2.62	0.26,NS
Q7	61	30.5	72	36	20	10	153	2.61	0.27,NS
Q8	52	26	58	29	12	6	122	0.91	0.63,NS
Q9	49	24.5	56	28	12	6	117	0.61	0.73,NS
Q10	19	9.5	21	10.5	7	3.5	47	0.70	0.70,NS

No significant age wise difference is observed in the participants about knowledge and awareness of consent.

DISCUSSION

Very few studies have been undertaken to assess the knowledge and awareness of medical practitioners about consent in medical practice. With the advancement of medical field, the need of authentic medical documentation and there by legally valid consent is increasing which is highly demanded for ethical medical practice and to stay protected from untoward legal petitions. According, literature available and KSN Reddy⁶ and OV Nandimath⁷ it is observed that in many question the Medical practioners have given incorrect responses.

In **Table 2(A)**, Q.No.2 it is observed that, most of the participants are unaware of the fact that for surgical procedure consent of one of the spouse is required who is major and operation is not involving reproductive organs by comparing with the available literature.⁸ In **Table 2(A)**, Q.No.4 it is observed that, most of the participants are unaware of the fact that for removing the eyes of the person after his death, consent of legal heirs is required though the deceased have consented for eye donation in his life.⁹ In **Table 2(B)**, Q.No 6 it is observed that, most of the participants are unaware of the fact that, only treatment can be done in drunken person without his consent unless the person is involved in criminal activity.¹⁰ In **Table 2(B)**, Q.No 10 it is observed that, most of the participants are unaware of the fact that, no consent is necessary for medico legal postmortem as it is ordered and demanded by the law enforcing agencies as per Section 174 Cr.PC.¹¹

In a study it is reflected that 'there is a wide gap between actual concept of informed consent and perceptions of patients for the same. Patient awareness programs must be conducted by appropriate authority with help of media and television to improve their knowledge and preserve their rights.⁴ A study revealed that, most of the patients want to aware of their legal and ethical rights but proper guidance and availability of hands on information is lacking. Before any procedure patient must know reason, benefits, risk, alternative procedure, its risk and benefits, limitations after procedure and cost of procedure.¹² In the present study the same facts are studied. A knowledgeable and wise doctor can guide the patients properly while documenting the consent

before any intended medical procedure. Derivations in present study comply with the other several studies that have shown that written information in the language patients can understand has beneficial effects. Patient information sheet in vernacular language must be necessary before obtaining their informed consent.^{13, 14} Some patients stated that doctor must take decision on behalf of them and take all responsibility.¹⁵ All these facts should be noted by the doctors while documenting the consent for medical procedures.

CONCLUSION

From the above study it can be concluded that medical practitioners are somewhat lacking the thorough knowledge & awareness regarding consent applicable in various medical conditions. No age wise or designation wise difference was observed in Knowledge and awareness about consent. Lack of awareness may be justified by non availability of CMEs & orientation programmes regarding amendments in rules of consent and also diverse field of Participants. In India there is no uniformity in proforma of the forms required for documenting the various medicolegal cases and also valid consent forms printed in local language are not presently available in government, private hospital and corporate hospital in Urban areas. Reasonably it can be concluded that in rural hospitals of the country the importance and awareness in documenting valid consent must be pathetic. In recent decades there has been tremendous increase in the use of technology in various fields of Medicine like radiology, Genetics, Infertility treatment. This has again raised the complexities in documenting valid consent in various diagnostic and therapeutic procedures. So, to cope with that, over whole orientation of all the medical professionals is direly needed. This will protect the innocent and honest Doctors in courts of Laws in the event of Law suits. Professional organizations like IMA, IAFM, IJHRMLP etc should be keen enough to undertake the training of every practicing doctor so as to become well versed with the various practical aspects of consent. Recommendation based on the study can be utilized to improve the quality of health care and Medical documentation. Regular CMEs, Workshops and research publications are required so as to upkeep the knowledge and awareness about consent.

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