

Perceived understanding of informed consent among PG students and patients undergoing major abdominal surgeries in a selected hospital

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Abstract

Informed consent was developed as an ethical guideline 150 years ago. The concept began to take shape in 1914, when U.S. Supreme Court Justice Benjamin Cardozo stated, "Every human being of adult years and sound mind has a right to determine what shall be done with his own body, and a surgeon who performs an operation without his patient's consent commits an assault for which he is liable." Whatever we believe informed consent embodies, it has become first and foremost a legal system document designed to protect the patient from the physician. The quality of the administration of informed consent determines whether it is used as a prosecutorial or defense weapon in legal proceedings. Informed consent has evolved over the past 85 years to its current standardized form. Physicians contemplating surgical intervention are required to disclose a description of the problem and its natural history. They must explain the proposed treatment and alternatives to treatment. Risks general to the surgery and specific to the patient are to be delineated. Finally, outcome probabilities and postoperative expectations must be discussed.

Purpose: The main aim of the study was to know the perceived understanding of informed consent among PG students as well as among Patients undergoing major abdominal surgeries.

Method: A descriptive survey design was used for the study. A dyad sample of PG students and patients undergoing major abdominal surgeries participated in this study. Samples were selected through purposive sampling technique. Data was collected from PG students by administering a rating scale on perceived understanding of informed consent, and the data from patients undergoing major abdominal surgeries was collected by using structured interview techniques with the help of rating scale.

Results: The study result showed that 84% of the PG students and 40% of the patients undergoing major abdominal surgeries were having good perceived understanding about informed consent. 16% of the PG students and 52% of the patients were having average understanding of informed consent, whereas, 8% of the patients were having poor understanding of the informed consent. There was a association between the perceived understanding and the demographic variables of both PG students and the patients undergoing major abdominal surgeries.

Keywords: PG Students, Major abdominal surgeries, Perceived understanding, Informed consent

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Introduction

On the continuum of human life, many times the individual fall sick. It may be from a simple fever to life threatening illness which requires hospital stay, and there it begins different diagnosis, procedures, and surgeries etc. Most of the time the health care professionals treats the individual without providing enough information about the condition and what the treatment is being given. Patients need to be informed well about their condition once they come to the health care setting.

Performing surgical procedures is a routine event for the operating surgeon, while obtaining informed consent is an integral component leading up to the actual operation¹. The principles of autonomy, beneficence and

justice make up the basis of informed consent². This usually involves a frank, interactive discussion between patient and surgeon regarding the proposed treatment, indications, risks and benefits, and alternative treatment options, if any. This is to equip the patient with the knowledge required to make an informed choice. Yet despite a physician's best efforts, informed consent may be ineffective³. This may be due to an overestimation of the level of patient comprehension during the informed consent process⁴.

Informed consent is a process of communication in which the health care provider educates patients about the nature of their conditions and the possible solutions to their particular problems³, and, in turn, the patient consents to the proposed treatment regimen. This process depends on a patient not only having, but also understanding, the appropriate information before treatment can be agreed upon and consented to^{5,6}. Although the use of an informed consent document has become common practice in both the medical and dental professions, the process of educating patients so that they are truly informed has not⁷. As a result, many patients who sign a consent form are not actually informed.

Many health care professionals even today follow the paternalistic approach while treating the patient and they feel what they are doing⁸ that is best for their patients. But they will not think from the patient’s point of view what they really need to explain to them.

Keeping in view of the above findings in literature, the investigator wanted to know how much the PG students understand about the importance of informed consent and how much the patients get the information before they put their signature on the informed consent. The following objectives are formulated to carry out the study:

1. To assess the perceived understanding of informed consent among PG students.
2. To assess the perceived understanding of informed consent among patients undergoing major abdominal surgeries.
3. To find the association between perceived understanding of informed consent among PG students, patients undergoing major abdominal surgeries and selected variables.

Materials and Methods

The quantitative research approach was adopted and the descriptive survey design was followed. The study was carried out in Yenepoya Medical College Hospital, Yenepoya University, Mangaluru, Karnataka, India. The population for the study was PG students and the patients undergoing major abdominal surgeries. The sample (dyad) comprised of 25 PG students from different area of specialization and the patients who are admitted to undergo for major abdominal surgeries. The sampling technique used in this study to select the sample is non probability purposive sampling technique. The inclusion Criteria for selection of sample was PG students working in surgical wards, available at the time of data collection and Patients who are, admitted in the surgical wards, available at the time of data collection

The instruments used for this study were “Rating scale on PG students perceived understanding of informed consent” and “Structured interview schedule for patients undergoing major abdominal surgeries using rating scale”.

The above mentioned tools were prepared by the investigator and the reliability of the tools was obtained by Chron Bach’s Alpha, and it was 0.8 for both Rating scale.

Method of data Collection

The investigator had obtained written permission from the director of the hospital prior to the data collection. The investigator approached each participant individually and explained about the project and signature was taken on the informed consent. PG students were given with the rating scale and asked them to respond by placing the tick (✓) mark on the five point scale. Same way the investigator approached the patients undergoing abdominal surgeries admitted in the surgical

wards and gynecology ward. Participants were informed about the study and signature was taken on the consent form. The investigator conducted a structured interview schedule with the help of a rating scale. Questions were asked to the patients from the rating scale and the response of the patients was put on the five point scale by using tick (✓) mark.

Results

Table 1: Frequency and percentage distribution of subjects (PG students) according to their baseline characteristics(N=25)

| | Variable | Frequency (f) | Percentage (%) |
|-------------|-------------------------------|---------------|----------------|
| 1. | Age (in years) | | |
| | 20-25 | 06 | 24 |
| | 26-30 | 18 | 72 |
| | 31-35 | - | - |
| | 36-40 | 01 | 04 |
| 2. | Gender | | |
| | Male | 15 | 60 |
| | Female | 10 | 40 |
| 3. | Education | | |
| | MS | 15 | 60 |
| | MD | 10 | 40 |
| | Year of study | | |
| | I Year | 09 | 36 |
| | II Year | 07 | 28 |
| | III Year | 09 | 36 |
| 4. | Area of Specialization | | |
| | Surgery | 03 | 12 |
| | Medicine | 03 | 12 |
| | Pediatrics | 02 | 08 |
| | Ophthalmology | 05 | 20 |
| | ENT | 07 | 28 |
| | Psychiatry | 02 | 08 |
| Dermatology | 03 | 12 | |

Table 2: Frequency and Percentage Distribution of Patients According to their Baseline Characteristics (N=25)

| | Variable | Frequency (f) | Percentage (%) |
|----|-----------------------|---------------|----------------|
| 1. | Age (in years) | | |
| | 20-30 | 06 | 24 |
| | 31-40 | 09 | 36 |
| | 41-50 | 06 | 24 |
| | 51-60 | 04 | 16 |
| 2. | Gender | | |
| | Male | 11 | 44 |
| | Female | 14 | 56 |
| 3. | Education | | |
| | No formal education | 09 | 36 |
| | Primary education | 08 | 32 |

| | Variable | Frequency (f) | Percentage (%) |
|----|--------------------------|---------------|----------------|
| | Secondary education | 06 | 24 |
| | Pre university and above | 02 | 08 |
| 4. | Occupation | | |
| | Agriculture | 04 | 16 |
| | Business | 04 | 16 |
| | Govt. Employee | 03 | 12 |
| | Private Employee | 01 | 04 |
| | Unemployed | 13 | 52 |
| 5. | Type of surgery | | |
| | Esophagectomy | 02 | 08 |
| | Gastrectomy | 04 | 16 |
| | Appendectomy | 07 | 28 |
| | Pancreatomy | 02 | 08 |
| | Hysterectomy | 09 | 36 |
| | Cholecystectomy | 01 | 04 |

Table 3: Frequency and percentage distribution of perceived understanding of informed Consent among PG students and patients undergoing major abdominal surgeries (N=25+25)

| Perceived understanding | PG students | | Patients | |
|-------------------------|-------------|------------|-----------|------------|
| | Frequency | Percentage | Frequency | Percentage |
| Poor | - | - | 2 | 8 |
| Average | 4 | 16 | 13 | 52 |
| Good | 21 | 84 | 10 | 40 |

Association between perceived understanding of informed consent among PG students, patients undergoing major abdominal surgeries and selected variables

The association between perceived understanding of informed consent among PG students, patients undergoing major abdominal surgeries and selected demographic variables was analyzed by using Chi-square test and the hypothesis was tested at 0.05 level of significance. The result showed that there is a strong association between the PG students understanding about informed consent, patients undergoing major abdominal surgeries and selected demographic variables.

Interpretation and conclusion

The study attempted to assess the perceived understanding of informed consent among PG students and the patients undergoing major abdominal surgeries. (84%) of the PG students and 40% of the patients undergoing major abdominal surgeries were having good perceived understanding about informed consent. 16% of the PG students and 52% of the patients were having average understanding of informed consent, 8% of the patients were having poor understanding of the informed consent. There was a significant association

between perceived understanding and the selected demographic variables of PG students and the patients.

References

1. Nick WV. Informed consent—the new decisions. Bull Am Coll Surg.1974;59:12–17.
2. Li FX, Nah SA, Low Y. Informed consent for emergency surgery — how much do parents truly remember? Journal of Pediatric Surgery.2014;49:795–97.
3. Department of Health. Reference Guide to Consent for Examination or Treatment. London: Department of Health; 2001.
2. Del CMG, Joffe S. Informed consent for medical treatment and research: a review. Oncologist. 2005;10:636–41.
3. Smith TJ. Informed consent doctrine in dental practice: a current case review. J Law Ethics Dent 1989;1:159-69.
4. King J. Consent: the patient’s view. A summary of findings from a study of patients’ perceptions of their consent to dental care. Br Dent J 2001;191:36-40.
5. Macklin R. Understanding informed consent. Acta Oncol 1999;38:83-7.
6. Salgo v Leland Stanford Jr Board of Trustees, 317 P2d 170 (Cal Ct App 1957).
7. Lemonidou C, Merkouris A, Kilpi HL, Dassen T, Gasull M, Scott A et al.Comparison of surgical patients’ and nurses’ perceptions of patients’ autonomy, privacy and informed consent in nursing interventions. clinical effectiveness in nursing.2003;7:73-83.
8. Amir M, Rabbani MZ, Parvez MB. Informed consent in elective surgical procedures: What do the patients think? Journal of Pakistan medical association.2009;59(10):679-82.