Surgical Consent Taking, in Azadi Teaching Hospital

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Abstract:

Background: The clinical ethical process of shared decision making is mirrored by the legal doctrine of informed consent. The current practice of the process of consent taking in one of Iraq's hospitals is audited in the current paper.

Methods: The consent taken from a random sample of 240 adult patients undergoing surgery in the surgical ward of Azadi teaching hospital was studied, medical records was reviewed and a questionnaire as to the effect of consenting was distributed on the patients.

Results: The consent was taken by a nurse in (76.6%) (184 patients) of cases, there were only 4 consent forms signed by the patients themselves, and only (40%) of patients had the consent taken 1-2 hours before the operation, the remaining had the consent taken at the time of operation. 40 patients (16.6%) had some verbal clarifications of the operation. Three months after addressing the defects in consent taking and despite an administration letter of the chief executive of the hospital highlighting the importance of the consent, the practice was only (10%) better.

Conclusions: There is a serious defect in obtaining a proper consent forms in one of Iraq's hospitals. This should be looked at by the ministry of health and the current practice amended

Keywords: consent, ethics, medical, surgery, policy

Introduction:

Informed consent is defined as voluntary acceptance by a competent patient of a plan for medical care after the physician adequately discloses the proposed plan, its risks and benefits, and alternative approaches. The informed consent process applies not only to invasive surgical procedures but to every clinical decision as well [(1)].

In general, the principle of informed consent says that, "no medical intervention done for any purpose should take place unless the patient has consented to it" [(1)]. The idea of informed consent stems from the fundamental ethical principle of autonomy, which gives the patient the right to knowledge of his own medical condition, and requires that the physician respect any decision made by the patient in regard to his own health care. In consistence with the autonomy principle, the goal of informed consent is to fully educate the patient on his condition, thereby enabling him to make the best decision for himself [(1-8)].

The aim of the current study is to get an overview on traditions used in consent taking from patients undergoing operations, audit the practice after enforcing proper consent taking.

Material and Methods:

A survey was conducted using a questionnaire to audit the practice of surgical consent taking. The current protocol of consent taking in Azadi teaching hospital surgical admission,

involves verbal discussion in the casualty department for emergency cases and in the private of public outpatient clinics for non-emergency cases. The current form of consent distributed by the ministry of health in Iraq, does not specify the operation, it merely mentions that the patient undersigned is happy with any procedure and outcome deemed necessary to be carried out by the surgeon. The patient, the treating doctor and the nurse in charge of the ward would have to sign. The consent form also includes a section about when the patient refuses surgery or self-discharge, in this case the patient also has to sign.

Between October 2011 and January 2012, a random sample of two hundred forty patients (59% male, 41% female) with a mean age of 47 years (20-61 years) who have undergone surgical operations in Azadi Teaching Hospital in Kirkuk city were studied. The patients responded to the questionnaire, the medical files were reviewed by the medical students. The data were collected from the general surgical ward.

A special questionnaire form was designed for the purpose of the study and it contains five questions:

1. Who took the consent from the patient?
2. Had the person signed the consent himself?
3. When the consent form had been signed?
4. Had Clarifying points about complications been discussed before signing?
5. Did the patient retain them?

Results:

After analyzing the data, it turned out that out of 240 patients, consents taken mainly by nurse in (76.6%) (184 patients). Specialist's surgeons, anesthetists, and registrar doctors had taken role in (7.5%) (18 patients), (6.2%) (15 patients) and (9.5%) (23 patients) consequently. None by junior house officers figure (1).

There were only 4 forms signed by the patients themselves, while the other 236 consents were signed by their relatives.

The majority (60%) of consents have been taken at the time of operation, only (40%) of patients had the consent taken 1-2 hours before the operation. None on the day before the operation figure (3).

Forty patients (16.6%) have got clarifications with optimal retain regarding the possible complications expected from surgery and anesthesia in verbal means only without documenting them in the consent form figure (4).

Following this, the hospital director, made it a requirement that the patients should have a consent taken prior to surgery, this to be checked by the junior doctors as well as the senior doctors i.e. every body's responsibility.

In March, 2012, the practice following the recommendations of the hospital director and the surgical department, was audited, there were only (10%) change (improvement of practice) were consent was taken, operation clearly stated and complications discussed.

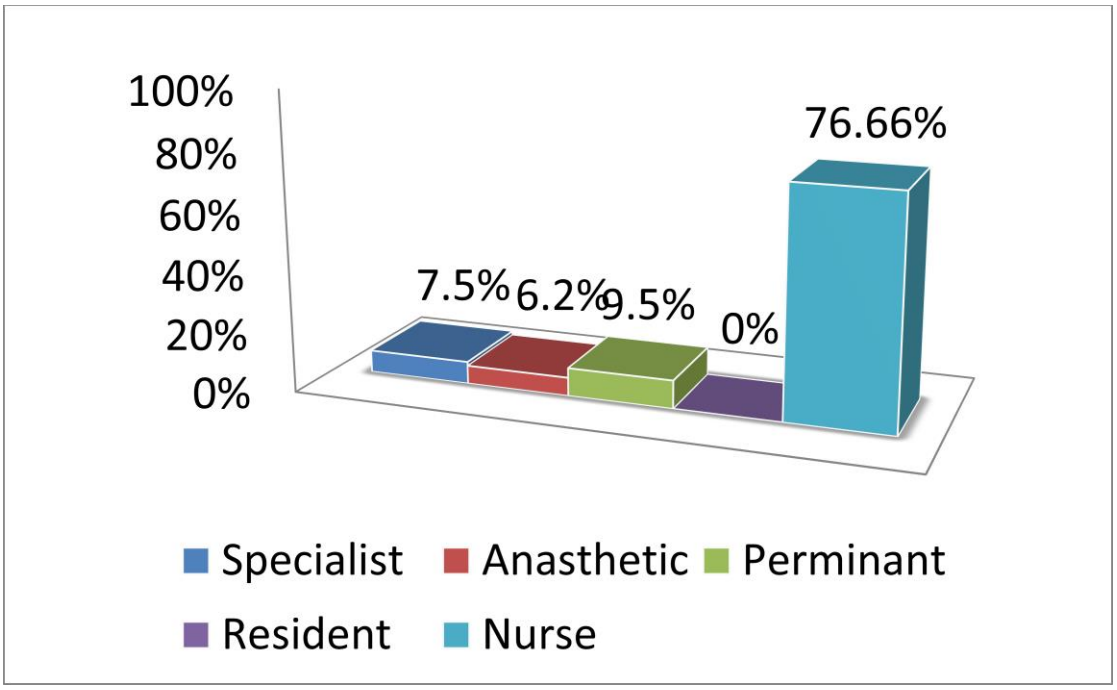

Figure 1: Showing the percentage of personnel who currently are taking consent from patients in Azadi teaching hospital.

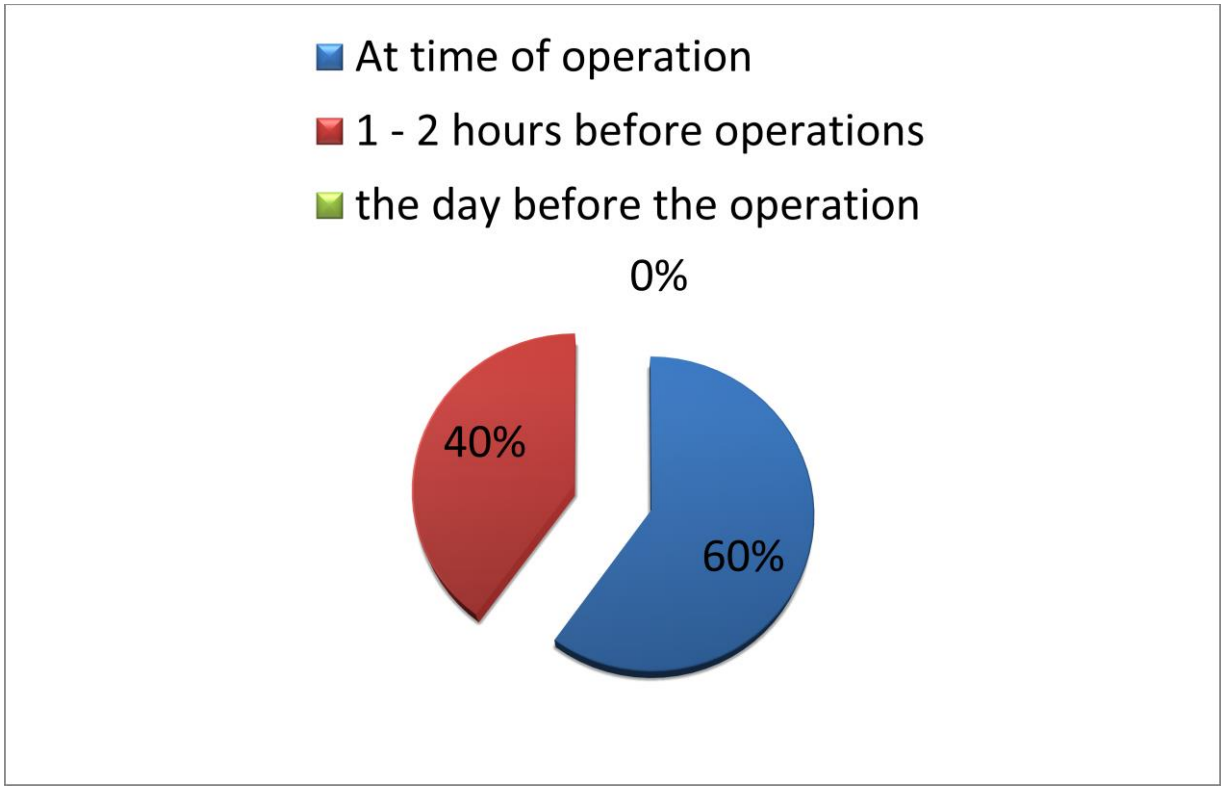

Figure (2): Showing the timing of consent taking prior to surgery.

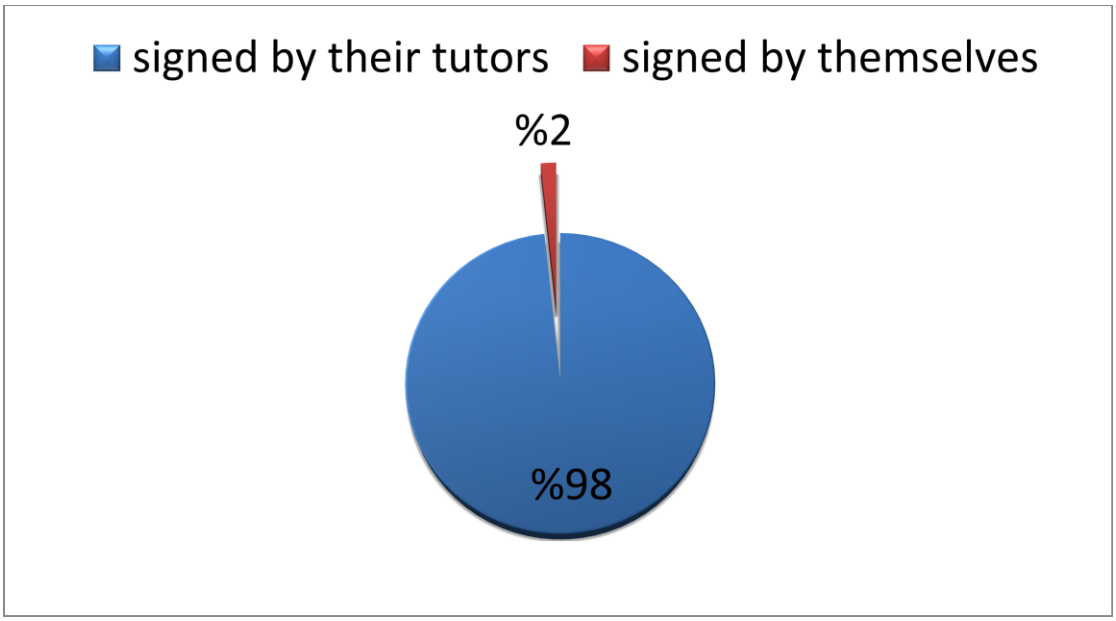

Figure (3): Showing the personnel who are currently signing for surgery on patient's side.

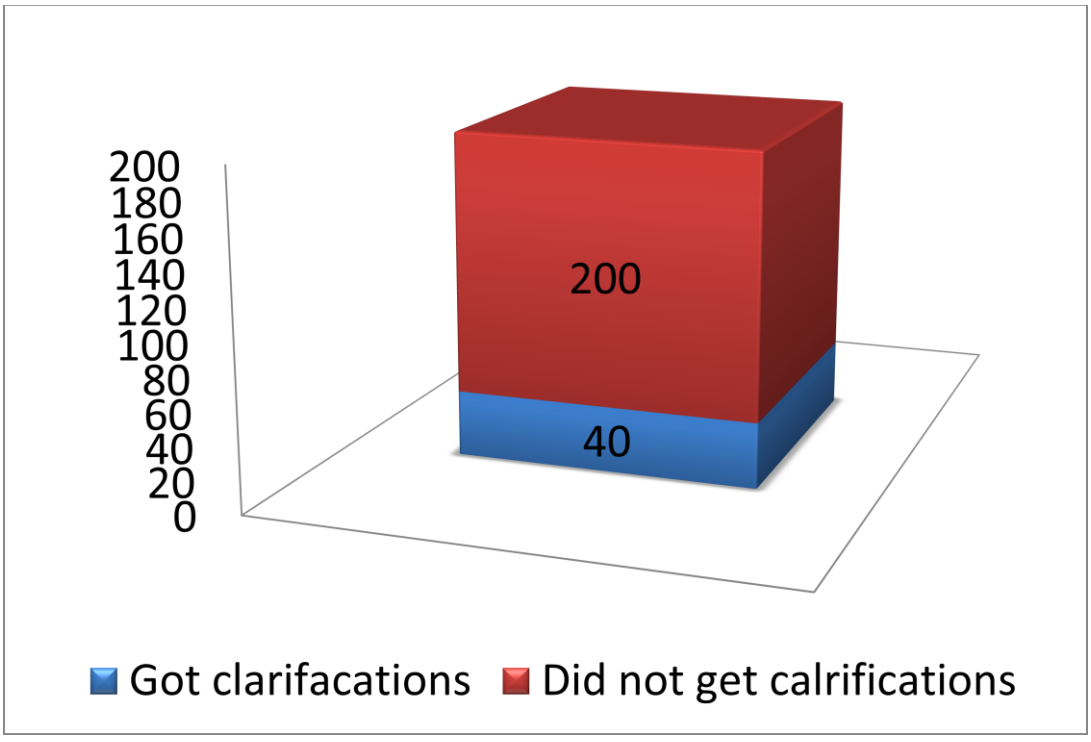

Figure (4): Showing the number of patients who have had/or not any clarification about the procedures performed.

Discussion:

Informed consent in medical practice is essential and a global standard that should be sought at all the times doctors interact with patients [6].

For true ethical consent to take place, the physician must feel that the patient understands his situation in its entirety, and that the decision the patient makes based on this understanding is actually the best decision for that patient [1-5].

The current study reveals that there is no informed consent taking where the operating surgeon discusses in his honest opinion other options, the benefits and the drawback of surgery without prejudice. Furthermore the current consent form is general to all the surgical operations and anesthesia. A similar finding has been reported from other teaching hospitals [7].

Consent should be taken by the operating surgeon stating clearly the exact procedure to be performed and incase of unpredicted circumstances what procedure need to be proceeded to. The current consent form provided in the Iraqi hospital is vague and open to changes as the surgeon wishes. It does not adjust to the invasiveness of the procedure planned for.The intensity of the consent taking should vary depending on the invasiveness and risks associated with the anticipated treatment [8].

There are some exceptions apply to the principle of informed consent; the patient may be forgetful, the incapacity of the patient limits the attainability of consent from the patient; and in an emergency situations, the consent may not be possible to take from the patient who may be incapable of giving consent, also in under aged children. In life threatening emergencies, treatment should be provided first, with formal consent obtained later [4,5]. The ministry of health need to have different forms for these circumstances, and has to make sure that relatives and/ or treating doctor can sign on the behalf of the patient, the consent forms. This decision may need to be discussed with a team of judges in the Iraqi Parliament to legalize it in the Iraqi courts.

Recommendation: It is of paramount to the human right and the rights of patient and doctor that a legal framework id discussed at the highest areas in the Iraqi health and legislation offices in regards to consent taking for surgery or performance of procedures. This should protect the patient and the doctor but also prevent any bad practice that allow the health professionals to exercise his/her "therapeutic privilege" and prevent hiding information from patients.

Conclusion:

Informed consent administration and documentation for surgical care is still inadequate at Azadi Teaching Hospital in Iraq. Surgeons need to be educated into what constitutes informed consent and the importance of adhering to such requirements.

There is need for development of an informed consent template with adequate information and room for modification to facilitate the informed consent process.

Recommendations:

1. 1. More time should be given to patient and relatives in a private and comfortable conditions, consent should be taken in the attendance of the surgical team [surgeon, anesthetic, others accordingly]. Other options, the benefits, and drawbacks of surgery should be discussed.

2. Patient himself should sign consent form and exception may be allowed in very few circumstances

3. More details should be written and explained in the consent form.

i. Special consent form for higher risk surgical operations like total joint replacement, cardiothoracic operations.

ii. Special forms need to be present for pediatric patients.

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