

Knowledge, Attitude, and Practice about informed consent amongst Resident doctors at Rural Medical Institute of Central India

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Abstract

Informed consent is the process by which the treating health-care provider discloses appropriate information to the patient so that the patient may make a voluntary choice to accept or refuse treatment. There are few studies done amongst the medical residents in India about informed consent. The residents are the stepping stone of the Medical profession, it is proposed that the perception about the informed consent amongst the residents shall be sought. Hence, the study was undertaken with the aim, to appraise the knowledge, attitude, and practices of residents of all three years toward 'informed consent taking' with the objectives of assessing and comparing the knowledge, attitude and practices of obtaining informed consent. The survey questionnaire was circulated and data was collated. It was developed in Knowledge, Attitude and practice domain and analysis was done. Based on the result, it was concluded that, in all three domains, there was ascendancy of Knowledge, Attitude and Practice in three years of resident doctors.

Key words: *Informed consent, Knowledge, Attitude, Practice, Resident Medical Doctors.*

Introduction

Consent is a lawful right of a patient that decides their involvement in clinical procedures. The meaning of consent is that patients not to be touched or in nevertheless treated without their permission, it considers like an endorsed inquiry for their protection. Consent is a thoughtful agreement between doctor and patient, and in the health-care sector, it gives moral values to maintain the dignity and sanctity of the profession. The concept of consent is an endeavour by which the patient can take part in clinical judgment concerning their treatment and protect every patient against any litigation. Knowledge and approach of consent are foremost important due to encroachment in clinical procedures in the medical field.

Informed consent is the process by which the treating health-care provider discloses appropriate information to the patient so that the patient may make a voluntary choice to accept or refuse treatment¹. It originates from the legal and ethical right the patient has to direct what happens to his/her body and from the ethical duty of the physician to involve the patient in his/her health care².

Some of the revealing facts about Informed consent for the subjects of Clinical trial can be depicted as the basic ethical principle behind informed consent legalities is to protect the autonomy of human subjects which states that welfare and interests of a subject participating in clinical research are always above the society's interests and welfare.

ICMR guidelines stipulate that volunteers must be provided all information on physical and psychological risks as well as moral implications of the research. They also stated that research should include an inbuilt mechanism for compensation to cover "all foreseeable and unforeseeable risks" a fact rarely mentioned³.

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It is an obligatory duty of health-care professionals to help their patients for taking conversant decisions regarding treatment procedures. Thus, knowledge and approach of consent are

foremost important due to encroachment in clinical procedures in the medical field as well as it is also important for the general population.

Nowadays there are physical attacks on practitioners about bad patient outcomes. According to a study by the Indian Medical Association, over 75% of doctors have faced violence at work⁴. There may be multiple reasons behind this but the study by Neeraj Nagpal⁵ stated that one of the reasons is consent taking (other reasons are poor communication or Meagre health budget and poor-quality healthcare etc). It also suggested that proper steps should be taken to avoid such incidences like taking proper informed consent (eg. some technical issues like consent in their language, explaining them in detail in their language, for children taking consent from their parent, etc).

There are few studies done amongst the medical residents in India about informed consent. The residents are the stepping stone of the Medical profession, it is proposed that the awareness about the informed consent amongst the residents shall be sought.

Hence, the study was undertaken with the aim, to appraise the knowledge, attitude, and practices of residents of all three years toward ‘informed consent taking’ with the objectives of assessing and comparing the knowledge, attitude and practices of obtaining informed consent amongst all three-year resident doctors of Medical postgraduate students of Medical Institute of central India.

Methodology

The study was descriptive cross-sectional survey for resident doctors. Sample size was calculated by complete enumeration method. All the postgraduate students of broad specialties of Medicine faculty in the postgraduate departments were included. The departments included were Medicine, Surgery, Obstetrics and Gynaecology, Paediatrics, Orthopaedics, and Anaesthesia.

Survey questionnaire was prepared as study tool which was pre-validated by the experts of medical

education. It was based on 3-point Likert scale.

Survey questionnaire was prepared under three headings as follows:

1. Describing the knowledge regarding informed consent taking including 9 questions
2. Describing the Attitude regarding informed consent taking including 5 questions
3. Describing the Practice regarding informed consent taking including 5 questions

The study was conducted after obtaining the Institutional Ethics clearance.

The data was analysed using SPSS version 20. A Chi-square test was used to compare Junior Residence of 1st year 2nd year and 3rd year doctors to find out the statistical significance.

Observation and Results

There were total 216 resident doctors from all 3 years working in the six broad specialty departments of Medical faculty. The demographic profile depicted 115 (54%) males and 101(46%) females. Out of 216, the first year, second year and final year resident doctors were 70, 72, and 74 respectively.

Table 1: Number of resident doctors in all broad specialty

SN	Broad specialization	Number of resident doctors
1	Medicine	36
2	Surgery	36
3	Obstetrics & Gynaecology	54
4	Paediatrics	30
5	Anaesthesia	30
6	Orthopaedics	30
	TOTAL	216

The overall response rate was 64% (139) and the distribution were 64% (45/70) for 1st year, 68% (49/72)

for 2nd year and 64% (45/74) for final year resident doctors.

The survey was sent online as google forms and data collected and collated. The depiction of the same is described in the following tables.

Table 2. Knowledge about informed consent amongst resident doctors (N=139)

SN	Questions	Options	JR-I n= 45	JR-II n = 49	JR-III n = 45	Total N = 139	P value
Q1.	Do you know what is an informed consent?	Yes	45	49	45	139	P > 0.05
		No	0	0	0	0	
		Not Sure	0	0	0	0	
		Total	45	49	45	139	
Q2.	Do you know what is a verbal consent?	Yes	45	49	45	139	P > 0.05
		No	0	0	0	0	
		Not Sure	0	0	0	0	
		Total	45	49	45	139	
Q3.	Do you know what is a written consent?	Yes	45	49	45	139	P > 0.05
		No	0	0	0	0	
		Not Sure	0	0	0	0	
		Total	45	49	45	139	
Q4.	Do you know, the patient's signature be taken after verbal consent?	Yes	34	36	45	115	P > 0.05
		No	0	0	0	0	
		Not Sure	11	13	0	24	
		Total	45	49	45	139	
Q5.	Should the patient's consent be taken before treatment?	Yes	36	40	42	118	P > 0.05
		No	0	0	0	0	
		Not Sure	09	09	03	21	
		Total	45	49	45	139	
Q6.	Do you know that consent should be obtained for disabled/child patient?	Yes	38	49	45	130	P > 0.05
		No	0	0	0	0	
		Not Sure	09	0	0	09	
		Total	45	49	45	139	
Q7.	Does patient's consent help with the treatment?	Yes	31	38	39	108	P < 0.05
		No	06	03	0	09	
		Not Sure	08	08	06	22	
		Total	45	49	45	139	
Q8.	Are you aware that one copy of the informed consent form should be given to the patient if asked for?	Yes	40	45	42	127	P > 0.05
		No	00	00	00	00	
		Not Sure	05	04	03	12	
		Total	45	49	45	139	
Q9.	Are you aware of the Consumer Protection Act?	Yes	45	49	45	139	P > 0.05
		No	0	0	0	0	
		Not Sure	0	0	0	0	
		Total	45	49	45	139	

Table 3. Attitude of resident doctors about informed consent (N=139)

SN	Questions	Options	JR-I	JR-II	JR-III	Total	P value
Q1.	Have you been taking the consent from the patient before any treatment?	Yes	40	49	45	134	P > 0.05
		No	0	0	0	0	
		Not Sure	05	0	0	05	
		Total	45	49	45	139	
Q2.	Do you take signatures of the patient, even if it is a verbal consent?	Yes	40	46	42	134	P > 0.05
		No	05	03	03	00	
		Not Sure	00	0	0	05	
		Total	45	49	45	139	
Q3.	Do you take the consent of the patient/relative, for surgical procedure?	Yes	45	49	45	139	P > 0.05
		No	0	0	0	0	
		Not Sure	0	0	0	0	
		Total	45	49	45	139	
Q4.	Do you take the consent of the patient/relative, for noninvasive procedure?	Yes	31	38	45	114	P < 0.05
		No	0	0	0	0	
		Not Sure	14	11	0	25	
		Total	45	49	45	139	
Q5.	Do you provide a copy, if patient asks for a copy of the consent form?	Yes	40	49	45	134	P > 0.05
		No	0	0	0	0	
		Not Sure	05	0	0	05	
		Total	45	49	45	139	

Table 4. Questions regarding practices of taking informed consent amongst resident doctors (N=139)

SN	Questions	Options	JR-I	JR-II	JR-III	Total	P value
Q1.	I inform patients about their medical condition and procedures of the treatment?	Yes	45	49	45	139	P > 0.05
		No	0	0	0	0	
		Not Sure	0	0	0	0	
		Total	45	49	45	139	
Q2.	I always answer the patients queries regarding treatment?	Yes	45	49	45	139	P > 0.05
		No	0	0	0	0	
		Not Sure	0	0	0	0	
		Total	45	49	45	139	
Q3.	Do you inform your patient about possible consequences if he/she refuses the treatment?	Yes	45	49	45	139	P > 0.05
		No	0	0	0	0	
		Not Sure	0	0	0	0	
		Total	45	49	45	139	
Q4.	Do patients receive a copy of signed consent form?	Yes	35	45	45	125	P > 0.05
		No	0	0	0	0	
		Not Sure	10	04	0	14	
		Total	45	49	45	139	
Q5.	Do you inform patients about the length of their hospital stay??	Yes	45	49	45	139	P > 0.05
		No	0	0	0	0	
		Not Sure	0	0	0	0	
		Total	45	49	45	139	

Table 2, 3, and 4 depicted that the knowledge, attitude and practices of Informed consent amongst all 3 years of residency of postgraduate trainees was adequate in most of the aspects barring few areas and it was increasing as they go to higher levels of their training period.

Discussion

Informed consent deemed as an integral part of the doctor and patient rapport as well as delivery of successful treatment. Knowledge and attitude should always be in equanimity; once knowledge gets better, attitude and practices will automatically improve.

From the data of the study, it was found that the overall knowledge and attitude of resident doctors for informed consent was adequate. The ascendancy in all three domains was seen in the three years of their training. It was found that the knowledge, attitude and practice with regard to informed consent in medical practice was more in 2nd year in comparison with 1st-year resident doctors and it was more in 3rd-year resident doctors when compared to resident doctors. It was observed that there was an improvement in knowledge, attitude, and practice in 3rd-year resident doctors, but not significant except in few areas like “does patient consent help with treatment “ or “do you take patient consent for non-invasive procedures “ where it was significant.

In knowledge domain the observations could be inferred as; all three years of the residents were having significant knowledge of informed consent like various types of consent, the importance of signature, consent in disabled patients, and the Consumer Protection Act CPA act. Except for one area that the consent helps in the treatment where the p-value was significant. The first-year students were not sure about this.

The study by Gayatri Gupta et al studied the knowledge of informed consent in consultants and residents and found sufficient knowledge of informed consent⁶. The results of our study were in accordance with their results. Anshika Khare et al stated similar results⁷. Their study proved that knowledge regarding informed consent was superior in both medical and dental practitioners. Our study was also having similar results. The study by Vivek Gupta et al studied the knowledge and attitude of informed consent amongst

dental practitioners and stated that dental practitioners had an unbalanced knowledge about informed consent⁸. Shamsa Zafar et studied the awareness of informed consent amongst final year students in Pakistan and found it deficient⁹.

In attitude domain the observations could be inferred as: all students had the attitudinal aspects with regard to informed consent except for taking the consent of the patient/relative for the non-invasive procedure like injections or vaccinations. About 18% of students were not sure about it. Anshika Khare et al revealed in their study that attitude was often not as good as needed. In our study, we get positive results for the attitudinal aspect of informed consent.

The study by Vivek Gupta et al studied the knowledge and attitude of informed consent amongst dental practitioners and stated that dental practitioners with the attitude toward its use in the clinical setting were found very dissatisfactory. The study by Biswajit Chatterji in undergraduate medical students revealed that students generally agreed and subscribed that awareness of ethics was important¹⁰.

In practice domain the observations could be concluded as; all 3 years of residents are practicing the procedures or processes of informed consent necessary for patient care. The same has been reflected in the study done by Patond et al¹¹. Only in one aspect where receiving the copy of informed consent, 10% of JR1, and JR 2 was not sure but the value was nonsignificant. Anshika Khare et al revealed in their study that practicability of the knowledge was often not as good as needed. In our study, the students knew the practical use of informed consent.

The overall findings in the study may be attributed to the institutional policy that, at the commencement of training, the Postgraduate induction program is conducted at University level for all new entrants, where ethicality in medical practices are explained in detail. The same has been reflected by Ashish Jain et al¹².

Hence, we could conclude that there was an improvement in knowledge, attitude, and practice in 3rd-year resident doctors as compare to 1st and 2nd year. The only limitation for this study was inclusion of only 6 broad speciality. Hence, we recommend to conduct such

type of study in all clinical departments as well as at different medical colleges of different states of India.

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