Perception of Informed Consent among Medical Students for Treatment in Out patient Department of a Tertiary Care Center in Karachi

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Abstract

Objective: To determine the perception of medical students regarding use of informed consent for management of patients in out patient department in a tertiary care center, Karachi.

Methods: A questionnaire-based cross-sectional survey regarding informed consent among medical students for treatment in out patient department of a tertiary care center, Karachi was done from January to June 2015. The sampling technique used was non-probability random sampling. The sample size was 273 medical students of 4th and final year. Permission was taken from the institute before collection of data. The responses were observed after the informed consent among medical students for treatment in out patient department in a tertiary care center, Karachi. Descriptive analysis was performed using SPSS version 19. A comparative analysis was performed with genders for their perception regarding informed consent by the patients seeking treatment in out patient department.

Results: There were 273 respondents. The response rate was 96% based on the availability of the time of the participants. Mean \pm SD age of the entire respondents was 19.84 \pm 2.42 years. The female participants were 197 (72.2%). The mode of taking informed consent was oral 183 (67%), written 88 (32.2%) and both 2 (0.7%). There were only 94 (34.4%) respondents with a perception that patients have rights to refuse to give history to a medical student. The reflections of medical students if patient refuses to give consent mostly were distress in 197 (72%).

Conclusion: Half of the male medical students have perception that informed consent before history taking and examination is not required as an ethical principle. Only one-third of medical students were aware of rights to refuse to give history to medical students. The reflection after refusal of informed consent was distress in two-third of the respondents. Mostly verbal informed consent 67% was the practice among clinical medical students.

Keywords: Perception, informed consent, medical students, tertiary care center, out patient **IRB:** Approved by Ethical and Scientific Review Committee, Karachi Medical and Dental College. Dated: 26th October 2016.

Introduction

According to Oxford dictionary, informed consent is defined as "Permission granted in full knowledge of possible consequences given by a patient to a doctor for treatment with knowledge of possible risk and benefits". Obtaining an informed

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consent is integral part of every hospital and medical practice¹. In out patient department all the activities conducted by the medical students must be supervised including history taking, physical examinations with full comprehension by the patient². In teaching hospitals where medical students become the part in care of the patients it becomes important that they should be taught about obtaining a proper informed consent³. The need to improve informed consent among medical students has been felt in previous studies worldwide^{4,5}. Therefore, an integrated bioethics curriculum has been proposed by studies conducted in medical schools in New Zealand⁶.

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The current health care system requires informed consent for most clinical management in out patient department by the medical students⁷. In order to gain trust in patients in prescribing a treatment, physicians discourse its rationale, any alternatives, and consequences including both potential benefits and side effects to obtain the patient's agreement. Therefore, an informed consent is required to make a shared decision in the healthcare management of a patient. In Pakistan, the situation is different and based on ethical, social and economic factors. It is necessary to obtain an informed consent in out patient department by the medical students of a tertiary care hospital. In the undergraduate medical education, ethical aspects of respect of people and perception of informed consent to be taken by medical students during their training has not been taught and practiced. Therefore, it is mandatory to comprehend the value of informed consent at an early stage of undergraduate education and training. This will develop a habit and practice of obtaining an informed consent from the patients before taking history and performing physical examination in out patient department in a tertiary care center. This clinical practice is for the benefit of medical students at the learning stage which can explore some clinical aspect of the patients during discussions. The clinical practice of obtaining informed consent in out patient department will improve trust in patients and expand healthcare system practices that will become ethical.

Therefore, the study aims to determine the perception of medical students regarding use of informed consent for management of patients in out patient department in a tertiary care center, Karachi

Subjects and Methods

This was a questionnaire based cross-sectional survey regarding knowledge of informed consent among medical students for treatment in outpatient department in a tertiary care center, Karachi. The study was conducted during January-June 2015. The sampling technique used was nonprobability purposive sampling. Medical students were requested for the availability of their time to be enrolled for the survey. All medical studentsof third, fourth and final years not having their examination and clinical assignment and could spare ten minutes for this survey, were included for the survey. The exclusion criteria were students sick and involved in clinical postings, preparing assignment and examination and those who refused to participate. The sample size was calculated using a proportion of 20%8 of medical students not aware of informed consent by patients in outpatient department with a margin of error of 5% and 95% confidence interval. The computed sample size was 246. Adding 10% non-response rate, the final sample size was 273 medical students of third to final year.

Permission was taken from the institute before collection of data. Descriptive analysis was performed using SPSS software version 19. The frequency was shown as percentages. A comparative analysis was performed among genders for their perception regarding informed consent by the patients seeking treatment in out patient department of a tertiary care hospital.

Results

There were 273 respondents. The responses were observed after the informed consent among medical students for treatment in out patient department (OPD) in a tertiary care center, Karachi. The response rate out of 284 was 96% based on the availability of time by the medical students. Mean \pm SD age of the entire respondents was 19.84 \pm 2.42 years. The female participants were 197 (72.2%). In OPD, informed consent was not taken by 148 (54.2%) medical students in clinical postings before taking history or physical examination of patients. However, overall 67% of medical students believed that patient's informed choice is important as shown in Table 1.

There were only 94 (34.4%) respondents with a perception that patients have rights to refuse to give history to medical student. The perception that patients have right to refuse to give history and ex-

amination regardless of ability to pay for their management and rights of privacy in OPD was 61 (22.3%). The reflections of medical students if patient refuses to give consent mostly were distress in 197 (72%). The mode of taking informed consent was oral 183 (67%), written 88 (32.2%) and both 2 (0.7%). The stratified analyses based on gender have shown that female medical students take informed consent more than males. However, males that consider that patients do not have rights for informed consent are higher than female medical students as shown in Fig. 1.

Discussion

Obtaining a valid informed consent is important in medical profession before performing medical examination and taking history. It is imperative for medical students to obtain consent from their patients and respect their point of view8. This study has shown 67% of the students thought that patients informed choices were important which highlighted the need for further teachings and skill building needed in current curriculum. This study has emphasized only 37% of the students believed that patient has a right to refuse to give history. Therefore, there is a need for further teaching regarding informed consent by the patients in out patient department. Several countries have shown improved results when students have been evaluated for clinical skills at the end of their clinical posting. The introduction of new modalities in assessment and need of further curriculum modifications were also advised in undergraduate programs during studies conducted in Canada. This also included informed consent form and its components⁹.

In this study only 45.8% of medical students took informed consent before history and physical examination. However, 67% believed that patients informed choices are important. This was also similar to other studies^{2,3,10}.

Total of 34.4% of medical students had the perception that patients have a right to refuse to give history to medical students. This study also revealed that 22.3% patients have right to refuse to

give history and examination regardless of ability to pay. This result was consistent to studies in other countries and healthcare system^{4,5,11}. If a patient refuses to give consent, then 72% medical students get distressed. Mostly, 67% medical students take verbal informed consent which is higher than that in developed countries^{7,8}.

The stratified analyses based on gender have shown that male medical students take informed consent more than females⁹. However, male students opinion that patients do not have rights for informed consent were higher than those of female medical students opinion suggesting that there is a need to develop modules on clinical ethics to teach the importance of informed consent by the medical students at tertiary care hospitals^{3,11,12}. The medical students must be given knowledge and practices of obtaining informed consent at the beginning of their clinical practice. Module for the principle of ethics i.e. paying respect of person must be introduced at an early stage of the curriculum i.e. before the clinical training is initiated. This introduction of information and knowledge regarding informed consent will enable the student to apply their knowledge before taking history and performing clinical examination.

Obtaining an informed consent prior to history taking and physical examinations is intended to respect patient autonomy, minimize risk, and prevent exploitation and injustice¹³⁻¹⁵. An informed consent cannot be obtained without disclosing the true status of medical students i.e. students who are in the learning process¹⁶⁻¹⁸. The practices of obtaining informed consent in out patient department are mandatory and will develop trust in patients and improve health care system and management¹⁹⁻²⁰.

The limitation of the study was that the data was collected from one center only and female to male ratio was larger. Hence larger multicentre studies with equal proportion of male and female respondents will give a truer picture.
 Table 1. Characteristics of sample in the studyn= 273

. No								No.	%
	Year of g	raduation							
	Third							121	44.3
	Fourth							111	40.7
	Fifth							41	15.0
)	Gender								
	Female							197	72.2
	Male							76	27.8
3	In OPD do you take informed consent before taking history?								
	Yes							125	45.8
	No							148	54.2
4	In OPD do you take informed consent before physical examination?								
	Yes							125	45.8
	No							148	54.2
5	Do you agree that patient's informed choices are important?								
	Yes							183	67
	No							90	33
6	Do you th	nink patients have	rights to refuse to g	ive history to a	medical studen	it?			
	Yes	-	0	-				183	67
	No							90	33
7	Do you th	nink patients have	right to refuse to giv	e history and e	xamination rega	ardless of ability t	o pay?		
	Yes							61	22.3
	No							212	77.7
8	Do you think patients have rights of privacy in OPD?								
	Yes							61	22.3
	No							212	77.7
9	If a patier	nt refuses to give	consent what will be	your reflection					
					a)	Angry		38	13.9
					b)	Distress		197	72
					c)	Agree		38	13.9
0	How do ye	ou take informed	consent?		,			100	-
					a)	Oral		183	67
					b)	Written		88	32.2
					c)	Both		2	0.7
			1.10			159			
			160 - 148	132					
			140 - 125	152					
			120 - 🚺						
			100 -						
		No. of	80 -		70				
		responses	60 -			29			
			40 -	16	24	25			
			20 -				Yes		
							No		
			IC not	IC	Rights	Do			
			taken	taken	ofIC	not			
						have			
						rights			
						of IC			
						0.10			
		Responses of medical students							
								1	
		I	ig. 1. Perception r	regarding obtai	ning an inform	ed consent		-	
		(IC) stratified by gend	ler					

Conclusion

Half of the male medical students have perception that informed consent before history taking and examination is not required as an ethical principle. Only one-third of medical students were aware of the rights of the patient to refuse to give history to a medical student. The reflection after refusal of informed consent was distress in two-third of the respondents. Mostly oral informed consent (67%) was taken by medical students.

Conflict of Interest

Authors have no conflict of interests and no grant/ funding from any organization for this study.

References

- 1. Beauchamp TL, Childress JF. In: Principles of Biomedical Ethics. 5th ed. New York: Oxford University Press; 2001. p.99.
- Bernat JL, Peterson LM. Patient-centered informed consent in surgical practice. Arch Surg 2006;14186-92.
- 3. Dawes PJ, Davison P. Informed consent: what do patients want to know? J R Soc Med 1994;87:149-52.
- Kaplan RM. Shared medical decision making. A new tool for preventive medicine. Am J Prev Med 2004;26:81-3.
- McKeague M, Windsor J. Patients' perception of the adequacy of informed consent: a pilot study of elective general surgical patients in Auckland. N Z Med J 2003;116:355.
- Ochieng J, Ibingira C, Buwembo W, Munabi I, Kiryowa H, Kitara D, et al. Informed consent practices for surgical care at university teaching hospitals: a case in a low resource setting. BMC Med Ethics 2014;15:40.
- Smith SK, Trevena L, Simpson JM, Barratt A, Nutbeam D, McCaffery KJ. A decision aid to support informed choices about bowel cancer screening among adults with low education: randomised controlled trial. BMJ 2010;341-5370.

- 8. Marracino RK, Orr RD. Entitling the student doctor: defining the student's role in patient care. J Gen Intern Med 1998;13:266-270.
- Su L, Huang J, Yang W, Li H, Shen Y, Xu Y. Ethics, patient rights and staff attitudes in Shanghai's psychiatric hospitals. BMC Med Ethics 2012;13-8.
- Audrey S, Abel J, Blazeby JM, Falk S, Campbell R. What oncologists tell patients about survival benefits of palliative chemotherapy and implications for informed consent: qualitative study. BMJ 2008;337-752.
- 11. Jamjoom AA, White S, Walton SM, Hardman JG, Moppett IK. Anaesthetists' and surgeons' attitudes towards informed consent in the UK: an observational study. BMC Med Ethics 2010;11:2.12.
- Henley L, Benatar SR, Robertson B, Ensink K. Informed consent--a survey of doctors' practices in South Africa. S Afr Med 1995;85:1273-8.
- Draper H, Ives J, Parle J, Ross N. Medical education and patients' responsibilities: back to the future? J Med Ethics 2008;34:116-9.
- 14. Sokol DK. How to be a "good" medical student. J Med Ethics 2004;30:612.
- 15. Santen SA, Hemphill RR, Spanier CM, Fletcher ND. 'Sorry, it's my first time!' Will patients consent to medical students learning procedures? Med Educ 2005;39:365-9.
- 16. Edelstein L. The Hippocratic oath, text, translation and interpretation. Bull Hist Med Suppl 1943;1:3.
- 17. Santen SA, Hemphill RR, McDonald MF, Jo CO. Patient's willingness to allow residents to learn to practice medical procedures. Acad Med 2004;79:144-147.
- Graber MA, Pierre J, Charlton M. Patient opinions and attitudes toward medical student procedures in the emergency department. Acad Emerg Med 2003;10:1329
- Barnett AT, Cawich SO, Crandon IW, Lindo JF, Gordon-Strachan G, Robinson D, et al. Informed consent from patients participating in medical education: a survey from a university hospital in Jamaica. BMC Research Notes 2009;2:1-5.
- Chiapponi C, Meyer F, Jannasch O, Arndt S, Stübs P, Bruns CJ. Involving Medical Students in Informed Consent: A Pilot Study. World Journal of Surgery 2015;39:2214-9.