

Patients' Perception of Quality of Pre-Operative Informed Consent at Muhammad Medical College Hospital Mirpurkhas.

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Abstract:

Background:

We sought to find the patients' views about the way preoperative informed consent (IC) was taken at Muhammad Medical College Hospital (MMCH) Mirpurkhas.

Methodology/Principal Finding:

100 patients, who had operation 5-10 days ago under General Anaesthesia (GA) were randomly chosen at MMCH. The patients who were seriously ill or who underwent a perioperative complication were excluded. All patients were aged 16 or above. They were requested to fill in a questionnaire (in Urdu and Sindhi) and those who could not fill the questionnaire were helped by the authors.

Results:

The patients were chosen from General Surgical Ward (62), Orthopaedic Ward (31) and Gynaecology Ward (7). There were 50 male and 50 female patients, operated by 8 different surgeons and anaesthetized by 4 anaesthetists. The mean age of patients was 38 years. Though 74 patients admitted meeting the surgeon preoperatively, only 56 had met the anaesthetist. 84 patients informed that the consent was taken by the House Officer (51) or the Nurses (34).

Conclusions:

Despite the small sample size that do not permit to draw any firm conclusions, results indicate that preoperatively, very few patients get a chance to have their condition/ operation explained by the Surgeon and Anesthetist.

Introduction:

A review of the Registers of the Islamic Court of Candia (Heraklion) in Crete, a series of records that touches on, among other things, matters of medical interest, reveals that the concept of informed consent was not only known during a period that stretched from the mid-17th to the early 19th century, but it was concerned with the same principles that prevail or have been a point of contention today.¹ It is well known that while some patients prefer to surrender the control of their treatment to the surgeon following old paternalistic notion of "the doctor knows best", others wish to take decision making in their own hands, yet others want a thorough communication leading to a mutual two way decision making.^{2,3,4,5,6,7}

We therefore decided to review the pattern of pre-operative consent from patients' perspective at MMCH.

Methodology:

100 patients, who had operation 5-10 days ago under General Anaesthesia (GA), and who volunteered to fill in with or without help a questionnaire, were randomly chosen at MMCH. The patients who were seriously ill or who underwent a perioperative complication were excluded. All patients were aged 16 or above. They were requested to fill in a questionnaire (in Urdu and Sindhi)

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and those who could not fill the questionnaire were helped by the authors.

The sample was a convenience sample. Written informed consent was taken by the participants and the study was approved by the Ethics Committee of MMCH.

QUESTIONNAIRE

(Translated from Urdu & Sindhi)

Age:

Gender: Male Female

Marital Status: Single

Married Divorced Widow(er)

Children (number 0 for none) .

Can read and write: Yes No

If yes, Sindhi , Urdu English

Profession:

Do you know your diagnosis?

Yes No Not sure

Do you know what operation you have had?

Yes No Not sure

Did you see the surgeon preoperatively?

Yes No Not sure

Did you see anesthetist preoperatively?

Yes No Not sure

Who took your consent?

Are you satisfied with preop explanation of operation?

Yes No Unsure

Were you given chance to participate in decision

Yes No Unsure

Were you explained options other than operation

Yes No Unsure

Were you explained post op issues

like removal of drain, sutures, Muhammad Medical College

Result:

The patients were chosen from General Surgical Ward (62), Orthopaedic Ward (31) and Gynaecology Ward (7). There were 50 male and 50 female patients, operated by 8 different surgeons and anaesthetized by 4 anaesthetists. The mean age of patients was 38 years. 23 patients were single, 69 married, 2 divorced and 6 widow(er). 71 patients had one or more children. 53 were able to read or right enough to fill in their forms with or without help. 29 filled in their form in Sindhi and 24 in Urdu. Largest profession (43) was housewife.

Only 69 patients claimed that they knew their diagnosis. 71 understood preoperatively the operation that they were going to have. Though 74 patients admitted meeting the surgeon preoperatively, only 56 had met the anaesthetist. 84 patients informed that the consent was taken by the House Officer (51) or the Nurses (34). 62 were satisfied with preoperative explanation of operation. 60 thought they participated in deciding about their operation. 91 patients were not explained options other than operation. 73 were

explained post op issues like removal of drain, sutures, likely duration of hospital stay but only 42 knew any possible postoperative complications. 88 respondents answered that less than 5 minutes were spent on the consent process.

Discussion:

Informed consent is not filling or signing a form. It is not even a doctor talking to a patient. It is essentially empowering a patient to communicate with his doctor and know and discuss the possibilities and participate in decision-making. Every patient is different and may want different level of knowledge and role in decision-making. But even this role has to be decided by him.⁸

We found that in our practice, we probably lack in ensuring that our patients fully comprehend the procedure, their rights and responsibilities.⁹ We have to be careful in the way and amount of information given should not cause undue anxiety.¹⁰ It has even been suggested that patients with poor literacy should be identified and they should be given information keeping their understanding and comprehensibility in mind.¹¹

Conclusions:

Despite the small sample size that do not permit to draw any firm conclusions, results indicate that we are not involving our patients adequately in decision making procedure. Preoperatively, very few patients get a chance to have their condition/ operation explained by the Surgeon and Anesthetist.

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