

# Awareness about the Knowledge, Attitude and Practice Regarding Informed Consent in Dental Professionals, Interns and Post Graduate Students in a Dental Institute - A Questionnaire Based Study

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**Abstract:** *Context:* Dentistry is a noble profession wherein both, knowledge and skill, are used for the service of the society. There is a need for knowledge about ethics which is obligatory to the practice of medicine in order to avoid attracting medicolegal issues. This will enhance safe health care delivery in an unbiased and standard way. *Aim:* To evaluate the amount of awareness regarding the knowledge, attitude and practice regarding informed consent in dental professionals, interns and post graduate (PG) students *Settings and design:* A cross-sectional survey was conducted amongst interns, post-graduate students and teaching staff of Sinhgad Dental College & Hospital, Pune. *Materials and methods:* Census sampling was done. 196 participants were evaluated with a structured, closed-ended, self-administered questionnaire. *Statistical analysis:* SPSS software (version 21) was used for data analysis. One-sample Chi-Square test and Binomial tests were applied ( $P > 0.05$ .) MS Excel was used to calculate percentages for the obtained responses. *Results and conclusion:* 85% MDS staff, 60% BDS staff, 60.15% PG students and 51.97% interns were aware about informed consent There is a need to increase the level of awareness regarding informed consent in order to avoid litigations

**Keywords:** consent, medicolegal, awareness, dental

## 1. Introduction

Medicinal practice is considered to be the most sincere profession worldwide [1]. Doctors have a service-oriented, self-regulating code of ethics [2]. It is common knowledge among dentists that no patient should receive dental treatment against his or her own will. Professional policies, legal requirements and ethical principles dictate the dentist's obligation towards obtaining a patient's consent [3,4]. A valid consent represents the evolutionary process from paternalistic medicine to patient-centered medicine [5]. Any treatment performed without an appropriate consent has potential for attracting medicolegal issues and action from the dentist's authorized registration body. Increased awareness amongst the general population about their rights have resulted in increased complaints regarding dentists for treatment without consent [6]. Maintaining patient confidentiality, assessing and quantifying the patient's condition and evaluating the validity of the consent along with legal guardianship remain the responsibility of the doctor [7].

## 2. Objective and Scope

The aim of this study is to evaluate the amount of awareness regarding the knowledge, attitude and practice regarding informed consent in dental professionals, interns and post graduate (PG) students. Studies on awareness among dental

health professionals about "consent form" have rarely been reported in literature, hence the present study was undertaken.

## 3. Methodology

The study was approved by the Scientific Advisory Committee and Institutional Ethics Committee.

Census sampling technique was applied which included the teaching staff (BDS and MDS), interns and post-graduate students of Sinhgad Dental College and Hospital, Pune. Inclusion criteria consisted of participants who have completed their undergraduate course including post-graduate students and teaching staff of Sinhgad Dental College and Hospital. Interns were also included in the study. A total of 196 subjects comprised the sample. A pre-validated, closed-ended questionnaire which consisted of 6 questions pertaining to "consent form" was distributed amongst the subjects. Response rate was 100%. The questionnaire was as follows:

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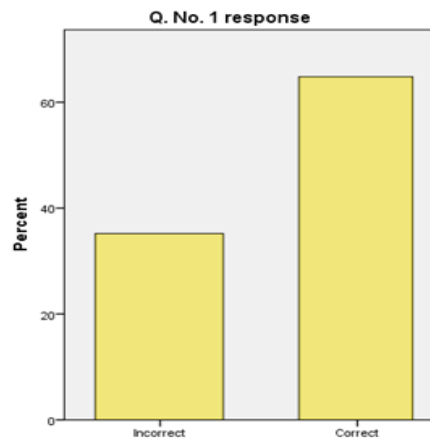
Q. 1	Which procedures require a consent form? a. Preventive b. Conservative c. Surgical d. All of the above
Q. 2	What is the main purpose of a consent form? a. Legal b. Ethical c. Administrative d. All of the above
Q. 3	Prior to obtaining a consent form, should a dentist provide all relevant information relating to the proposed treatment to the patient in a language understandable to him/her? a. Yes b. No c. Don't know
Q. 4	Do doctors need to take consent from patient/ family in emergency situations? a. Yes b. No c. Don't know
Q. 5	What is an implied consent for? a. Routine type of treatment b. Detailed treatment c. Complex treatment d. Don't know
Q. 6	What should be the nature of consent form? a. Doctor centric b. Patient centric
Q. 7	After what age is a patient legally allowed to give his/her own consent? a. 12 years b. 14 years c. 16 years d. Don't know
Q.8	Does a consent form signify the right to autonomy of the patient? a. Yes b. No c. Don't know
Q. 9	Is the dentist liable to provide a copy of informed consent to the patient if asked for? a. Yes b. No c. Don't know
Q.10	A doctor who has taken an invalid/inappropriate consent will be liable under which law? a. Civil law b. Criminal law c. Both of the above d. None of the above

The obtained results were analyzed using MS Excel to calculate percentages. SPSS software v.21 was used and Chi-Square test was applied ( $P > 0.05$ ) In order to avoid bias, the statistician was blinded.

#### 4. Results

The questionnaire comprised of 10 questions from which the following results were obtained:

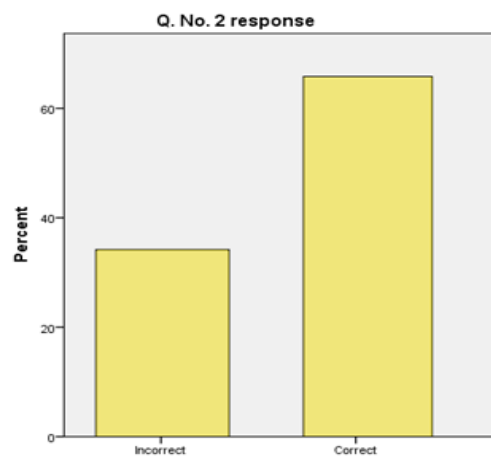
Q.no.1 was regarding the procedures requiring consent. 64.8% of the participants marked the correct response whereas 35.2% gave an incorrect answer ( $P = 0.000$ ) [Fig.1].



Q. No. 1 response

Figure 1

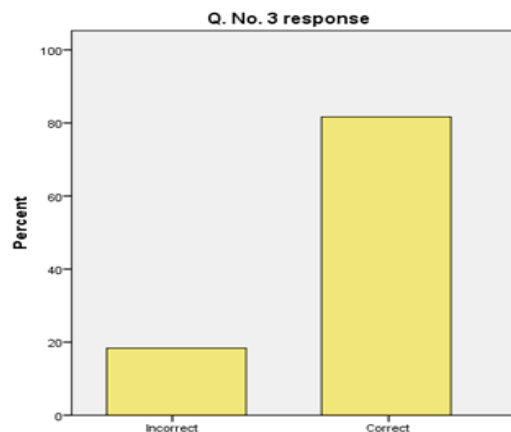
Q.no.2 assessed the knowledge about the main purpose of consent form wherein it was observed that 65.8% of participants were aware and 34.2% were unaware regarding the same ( $P = 0.000$ ) [Fig. 2].



Q. No. 2 response

Figure 2

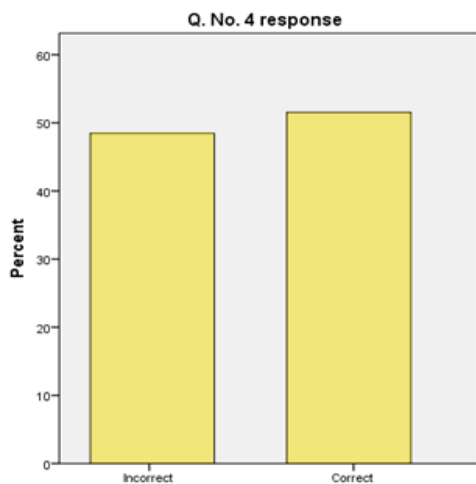
Q.no.3 assessed the awareness level of providing all relevant information relating to the proposed treatment to the patient prior to obtaining consent. 81.6% gave the correct response while 18.4% of the sample gave an incorrect response ( $P = 0.000$ ) [Fig. 3].



Q. No. 3 response

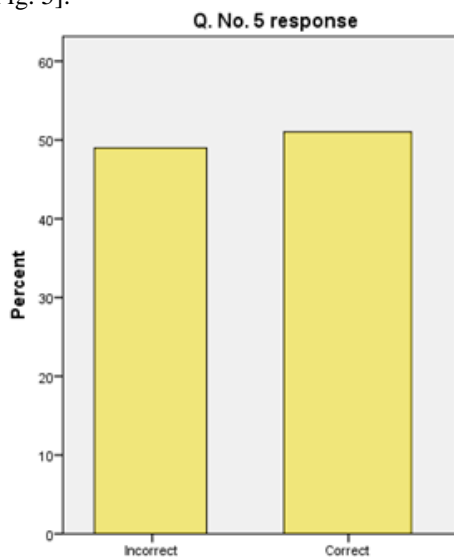
Figure 3

Q.no.4 was pertaining to consent in emergency situations. 48.5% gave an incorrect response and 51.5% gave the correct response (P = 0.721) [Fig. 4].



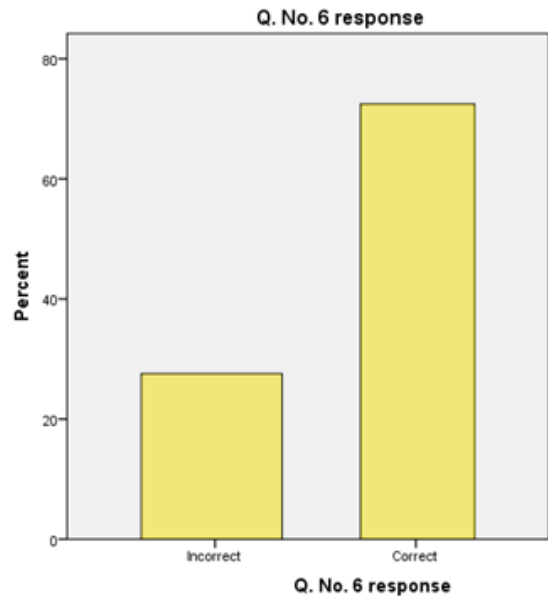
**Figure 4**

Q.no.5 was regarding “implied consent”. 49% gave an incorrect response and 51% gave the correct response (P = 0.830) [Fig. 5].



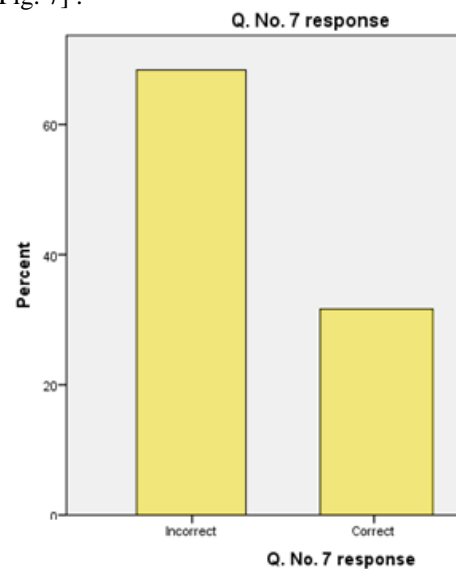
**Figure 5**

Q.no.6 was about the nature of a consent form. 27.6% of the participants gave incorrect answer whereas 72.4% gave the correct answer (P = 0.000) [Fig. 6]



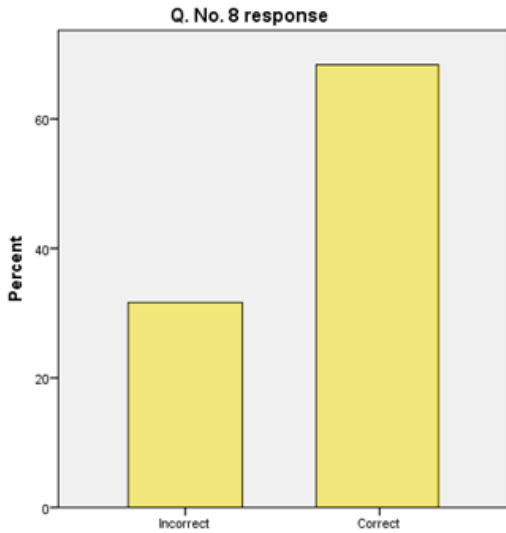
**Figure 6**

Q.no.7 was regarding the lower limit of the age for giving a consent. 68.4% of the participants marked the incorrect response. Only 31.6% marked the correct response (P = 0.007) [Fig. 7].

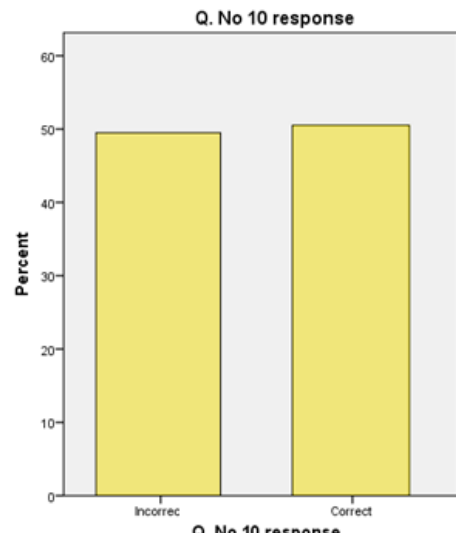


**Figure 7**

Q.no.8 was about the right to autonomy of the patient as signified by the consent form. 31.6% marked an incorrect response and 68.4% of the sample marked the correct response (P = 0.000) [Fig. 8]

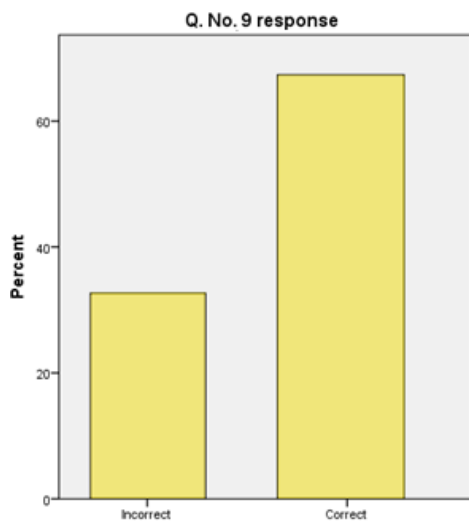


Q. No. 8 response  
Figure 8



Q. No 10 response  
Figure 10

Q.no.9 was about providing a copy of the consent to the patient. 32.7% marked an incorrect response and 67.3% of the participants marked the correct response (P = 0.000) [Fig.9]



Q. No. 9 response  
Figure 9

Q.no.10 was regarding legal liabilities of the doctor for obtaining an invalid/improper consent. 49.5% of the participants marked an incorrect response and 50.5% marked the correct answer (P= 0.943) [Fig. 10]

One-sample Chi-square test and one-sample binomial test was applied. The results obtained were statistically significant (P = 0.05) except for Q.no 4, Q.no 5 and Q.no.10 where P value was 0.721, 0.830 and 0.943 respectively.

The results of the present study reflect that MDS staff had a greater awareness about consent form (85%), BDS staff and Post-graduate students had an equal amount of awareness (60% and 60.15% respectively) whereas Interns had the least amount of awareness (51.97%)

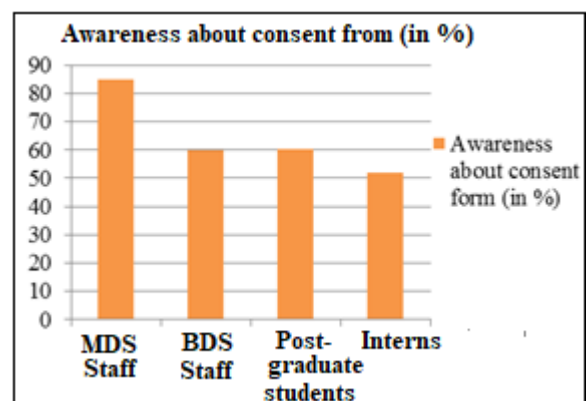


Figure 11

## 5. Discussion

Over the last decade, due to the ease of availability of knowledge and information through digital media there has been a gradual rise in the level of awareness amongst patients about their rights. This has led to an increase in the number of medicolegal cases against inefficiency and malpractices in dental practice. A dentist can effectively safeguard himself/herself from undue litigations simply by obtaining an appropriate consent from the patient prior to commencing any form of dental care. Obtaining a consent is a moral obligation of the dentist.

Although the consent process is time consuming, it provides an opportunity for the dentist to communicate with the patient and develop a good rapport with him/her along with

providing details of the treatment and understanding the individual patient's needs and attitude towards the treatment. Also, it allows the patient to provide his opinions and concern regarding the treatment. This not only builds the confidence and trust in the dentist but also provides full information to the patient regarding the treatment they are about to receive. At the same time, providing a consent inculcates a sense of control amongst patients regarding their decisions about the treatment.

Respecting the patient's autonomy, he/she is given full right and is provided with all possible treatment options through the informed consent although it has some limitations such as all possible choices of treatment may not be applicable in a certain situation [8].

65.8% of the participants of this study were aware about the procedures requiring and the purpose of obtaining a consent form. This reflects that a part of the dental society is still unaware about the same. Lack of knowledge and therefore failure to obtain a proper consent can lead to unlikely consequences to be faced by the dental professionals.

An informed consent should duly include all the potential risks and benefits of undertaking the treatment. The treatment alternatives and the possible sequel should also be included. The information should be clear and easy for the patient to understand. Numerous professional organizations and government entities have issued guidelines for informed consents and minimum legal requirements also exist at the state level [9,10].

The person obtaining a consent should ensure that the patient is explained the reason and nature of treatment proposed to him/her in a simple and lucid language which is understandable to the patient. The potential benefits and risks should be explained to the patient along with other treatment alternatives for the same. The patient should also be explained the possible consequences that might occur if the proposed treatment is not carried out. In spite of this, the patient has a free choice whether or not to give consent for accepting the health care offered to him/her. 81.6% of the participants were aware of this fact but the remaining 18.4% were unaware and this might lead to intentional or unintentional partial disclosure of information by the dentists to the patients and in this case, the dentist is likely to face unpleasant consequences under the medical laws covering dental professionals. Consent can be challenged if the patient is unable to take a proper and knowledgeable decision due to partial disclosure of information [11].

Any investigation, examination or treatment without prior consent may attract legal action for damages and criminal proceedings. A proper consent serves a dual purpose as it helps the patients make suitable decisions regarding the treatment and also gives the health care provider the authority to carry out treatment effectively. In case of emergencies, the doctor has the authority to carry out the required treatment without obtaining consent from the patient or his/her relatives. Only 51% of the subjects had knowledge about this. Almost half the participants were unaware regarding consent in an emergency situation. This

could prove to be really harmful to the society and inefficiency in providing the required healthcare services at the appropriate time. The urgency of treatment for trauma patients, who frequently have temporary alterations in their abilities to make autonomous and competent decisions, often results in *presumed* consent for medically necessary treatment [12]. The principle of bodily self-determination, even in emergency care situations, permeates through all cases involving informed consent and may only be set aside by legally recognized exceptions. These exceptions are included in both statutory and case law (ie, legislature-created and judge-created law, respectively) [13].

Obtaining a consent from a minor/potentially competent patient is different from obtaining a consent from an adult individual who can take his/her decisions competently. Because incompetent patients lack decision-making capacity, their right to choose must be exercised for them by substitute decision makers [14]. The minimum legal age of obtaining a consent is 12 years. 68.4% of the participants were unaware about this, again, increasing the probabilities of attracting lawsuits. In certain cases where the patient is a minor or potentially competent adult, the consent can be given on his behalf by the guardian who is legally responsible for subject's care, health and wellbeing. Common legal guardians are the subject's parents, sons or daughters, siblings or spouse [15].

## 6. Conclusion

The results of the present study conclude that dentists and postgraduate students showed a significantly greater knowledge and attitude scores than those with interns. A reason for this might be more familiarity and use of informed consent amongst dental professionals and post-graduates. Informed consent plays an important role in clinical medicine along with other models of decision making which deserve consideration under certain conditions [16]. There is a strong need for increasing the level of awareness regarding consent form amongst dental professionals and interns. The level of awareness can be increased easily if reinforcement of these topics is done repetitively through annual CDE programs and workshops. This will not only benefit the dental professionals but will also ensure that patient and society welfare is taken care of.

## 7. Drawbacks and limitations

The questionnaires were distributed in a single center and this serves to be a drawback of the study, leaving open vistas for further research. Future studies conducted over multiple-centers can give more reliable data. Also the questionnaire consisted of only 10 questions which again limit the assessment of knowledge regarding the current topic. An extensive questionnaire with more questions can prove to be more effective for assessing the same.

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