

To what extent are children involved in consent to their dental care?

Children and informed consent: a study of children's perceptions and involvement in consent to dental treatment
by A. Adewumi, M. P. Hector and J. M. King *Br Dent J* 2001; 191: 256-259

Aim

The aim of the study was to find out to what extent children are involved in consenting to their dental care.

Methods

It was conducted using a structured interview with 60 8-13-year-old children. In the control group, verbal consent was given by the parent, whilst in the study group written consent was given by the parent and verbal assent by the patient. Interviews were conducted after dental treatment.

Results

The findings indicate that children in the study group felt they were more involved in deciding about their dental treatment compared with the control group.

Conclusion

Children want to be more involved in consenting to their dental treatment.

In Brief

- The significance of involving children in the decision making process in this study, shows that positive results can be obtained from involving child patients as much as is possible in their treatment
- It also highlights the need for clinicians to address and confront the issues of consent however challenging they might be
- The extra time spent in seeking consent properly increases satisfaction with treatments and instils patient confidence in clinicians
- This may reduce the incidence of complaints and litigations and overall cost to the health service

Comment

Consent to dental treatment is not an academic concept without practical application in everyday practice. Indeed it is an issue of ever increasing importance in the working lives of all practising dentists. In times not long past, it was common for patients to undergo treatment with little or no explanation and discussion of that treatment. Both the dentist and the patient believed 'doctor knows best'. That has all changed, and changed for good.

The consumer led, service orientated society in which we now practise is better educated, better informed, and has reduced confidence in the healthcare professions generally. Their confidence has in no small part been undermined by all the medical scandals of recent years. Consent to treatment is closely linked with the autonomy of the individual, and patients now insist on being fully involved in the decisions regarding their treatment. Failure to involve patients, and where appropriate parents or carers, can result in complaints, claims and disciplinary action. Nowadays, it is very common for solicitors acting for a patient to allege not only negligence in the performance of the treatment itself, but also that

the practitioner was negligent in having failed to obtain proper, valid consent. As much as one-third of all complaints involve poor communication, and communication is closely linked with consent.

Whilst in the UK at the present time there is no legal doctrine of informed consent, and the test applied is still the so-called Bolam test of the reasonable dentist acting in accordance with a responsible body of opinion within the profession, we are almost inevitably moving closer to the situation which exists in other jurisdictions, such as the USA and Australia.

In these jurisdictions, the test in relation to consent is not the explanations and warnings which the reasonable dentist would give the patient, but the explanations and warnings which the reasonable patient would expect to receive. It may of course be that as the public demands more information, the reasonable dentist will provide more information, and so the two standards of consent become one.

In the UK, we also recognise the principle of so-called 'Gillick competence', whereby children under the age of 16 years can give valid consent themselves, subject to their

capacity to understand the issues surrounding treatment, and to make balanced decisions.

In this issue of the *BDJ*, the paper by Adewumi *et al.* on consent and children raises important issues for any practitioner involved in any aspect of the treatment of children. And the treatment of children certainly presents particular unique problems because of the involvement of a third-party, namely the parent or guardian. Children are no exception to the trends in society as a whole, and it seems clear from the study undertaken that if children are involved in the decisions regarding their treatment, that treatment is more likely to be trouble-free. If dentists and professionals complementary to dentistry treat the obtaining of consent as being of fundamental importance, and of equal importance to the treatment itself, they should avoid a significant proportion of complaints, as well as enjoying greater levels of patient satisfaction, the essential ingredient for a successful dental practice.

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