

## RESEARCH SUMMARY

# How informed is informed consent?

Informed consent: optimism versus reality

M. A. Mohamed Tahir, C. Mason and V. Hind *Br Dent J* 2002; 193: 221–224

## Objective

To determine whether parents of children attending the outpatient general anaesthesia (OPGA) session at the Eastman Dental Hospital, London fully understand the proposed treatment.

## Design

Observational study supported by structured questionnaires and interviews.

## Setting

Casualty service in the Department of Paediatric Dentistry and the Victor Goldman Unit (a day-stay general anaesthetic unit) of the Eastman Dental Hospital.

## Main outcome measures

The parents' understanding of the consent was assessed based on their knowledge of the actual treatment procedure, the type of anaesthesia to be used and the number and type of teeth that would be extracted.

## Results

Fifty-two of the 70 subjects (74%) approached completed both parts of the survey (interviews one and two). Results showed that 40% of the written consent obtained from the parents were not valid. The subjects' knowledge of the proposed treatment improved on the day of the actual treatment although 19% of them still did not fully understand the procedure. There was a statistically significant increase in the proportion of valid consent on the day of the actual treatment. Many of the subjects had no knowledge of the type of anaesthesia that would be used for their children but were more aware of the number and type of teeth that were going to be extracted. The time interval between the consent process and the actual treatment did not have any significant effect on the subjects' understanding of the consent, but it implied that with time the subjects' knowledge improved.

## Conclusion

A proportion of subjects did not fully understand the proposed treatment procedure even after being adequately informed. Appropriate measures should be taken to ensure that the patients or their guardians truly understand the proposed treatment.

### IN BRIEF

- A high proportion of patients will not fully understand the consent to treatment even when adequate information has been provided.
- Sufficient time should be given for patients to consider the disclosed information to allow them to understand the treatment procedure better.
- Consent should be repeated before carrying out the actual treatment especially if some time has elapsed since signing the consent form and the actual time of treatment.

## COMMENT

The survey attempts to evaluate the quality of understanding and feedback in a relatively controlled environment using an out-patient GA clinic where the issues of consent could be streamlined, namely an understanding of the type of anaesthesia that will be used during extractions, the number of teeth that would be extracted and the type of teeth that will be extracted (primary or permanent teeth). By interviewing the parents immediately after the primary assessment appointment and again approximately a week later, just before the treatment appointment, the interviewer can determine how much information had been retained at the time of giving the consent and at the time of treatment. The restricted information required for the type of treatment being provided, namely GA extractions, allowed the interviewer to focus on the issues of understanding and retention of information.

The results demonstrate two specific issues relating to consent. The first is the importance of efforts made to ensure that parents understand the treatment to be provided. Apparently at least one third did not understand all the relevant details of the treatment in spite of a specific discussion with the dentist involved in agreeing the treatment. The signing of a consent form under those circumstances must be of little value and indeed could be a distraction from the real issue which is the failure to put the information to the patient and audit feedback to determine that the patient or parent has understood the treatment. It highlights the need to ensure that information is provided in a simple format in lay terms and in a 'language' which the patient can understand. In this survey for a number of patients English was not the first language and this added to the difficulties.

The second issue was that there was a slight increase in understanding just before the treatment at the second appointment. This is the reverse of what is generally believed to be true and was explained by the authors as possibly because subjects were involved in the study and possibly because of reinforcement of the consenting process by the staff carrying out the pre-anaesthetic assessment. It does highlight that an opportunity exists to reinforce the message in validating consent, and where complex treatment is to be undertaken, a space between the original discussion of the actual treatment appointment could well have value if it is followed up properly with a further discussion immediately prior to treatment. Whilst this survey demonstrates that it is very easy for dentists to assume a parent (and therefore patients) understands treatment, it is clear approximately two out of three did not understand all the details involved. An assumption can therefore be made that patients find it difficult to understand and every effort should be made by dentists to provide information in the most easily digestible format available. It would also be helpful if prior to treatment the details of the treatment, outcome, sequelae, etc were reinforced. The importance of clear records demonstrating the consenting process would not only guide the dentist through the appropriate steps but also confirm that those steps had been undertaken.

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