



Informed consent in elective gynecological surgery

Informisani pristanak u elektivnoj ginekološkoj hirurgiji

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To the Editor:

According to the regulations of the Law of patients' rights, consent to a surgery is an act of sanity, demanding a patient to be mature, with full mental capacity and with information available providing the possibility of valid decision making¹. A patient has the right to decide with free will on everything regarding his/her life and health; not a single medical treatment can be undertaken without his/her approval². A patient has the right to information necessary to make the decision on giving consent to the medical measure (risks of both the undertaken and not undertaken procedure, possible consequences, alternative treatments). The information ought to consist of a diagnose, prognosis, a brief medical measure description and its duration. The consent can be given in an oral, written or silent way. For an invasive procedure, a written consent must be given. The notification language needs to be clear and the procedure well-explained². The signature needs to be willing, signed under no pressure. The consent can come out of a communication implying an active involvement of both sides, or the doctor is allowed to make the decisions. The communication ought to be initiated by the doctor who is supposed to give information on the character of the disease, the surgery plan, prognosis and existing alternatives. It is necessary to inform the patient about the consequences (usual consequences: inability to work and perform everyday activities) and also about the possible complications (in spite of the degree of probability of their occurrence).

There has been an active question on how much information a patient needs. Most doctors share an opinion that little should be said. A patient needs to understand the risks of an intervention/non intervention and to possess the capacity of decision making³. Doubting patient's competency imposes the need to consult her parents, guardians, a social worker or a psychiatrist for an evaluation of her mental status and the capacity of decision making. The exceptions are some urgent situations which suppose the doctor to react for the patient's best benefit³. Indecisive patients are advised to read some lite-

ature, brochures, and even some Internet sites, to gather more information⁴. Modern means of communication (the Internet, forums) can be both useful and harmful in the process of getting information; so, relevant sites ought to be recommended. Articles advising non-standard new surgical techniques and procedures represent a special issue if a patient requires them to be included in the treatment. In this case, only through a conversation about the benefits and the risks of such procedures, based on scientific proofs, the doctor and the patient should reach a mutual agreement. Otherwise, the patient may ask for another opinion⁵. Consent to the intervention and the risk does not make the doctor free from responsibility.

Many patients often don't read the details of the informed consent. The reason for that mostly lies in the doctor-patient relationship, in which the doctors find themselves in the position of the ones possessing knowledge, information and even a certain amount of power. This kind of paternalistic physician-patient model was predominant in the past. The opposite way is a doctor to help the patients discover their best interests after evaluation of their own needs, expectations and beliefs. Sometimes, through such conversations, the patient's need for a certain intervention may disappear, and also, the counseling to initiate a surgical intervention instead³. Another model is a tutoring doctor-patient relationship, in which the doctor (the one who knows what the best is) stands opposed to the passive, partially informed, almost believing patient. This kind of a relationship is a relic of the past and considered to be unacceptable in the modern medicine^{6,7}.

We tend to achieve a balance in this unequal doctor-patient relationship and to create a partnership. In that case, the possible complications would rarely become an issue at court trials and requests for material and non material damages. In the era of serious debates on human rights, the rights of patients, the right to quality information and the right to free choices are genuinely some of the crucial ones in medicine.

In our prospective study of the informed consent, we included 100 randomly chosen patients who underwent the elective gynecological surgery and who filled an anonymous

questionnaire conducted on the day of their release from the hospital. The subject of our survey was to find out if it was their formal consent or it was a decision made as a consequence of doctor-patient communication.

The results of the questionnaire showed that 68% of the patients were satisfied with the full quantity and quality of the information they were provided with prior the surgery; almost 1/3 of the patients was dissatisfied both with the quantity and quality of the information (32%). The consent was read only by 36% of the patients. The decision on the

performed the intervention dedicated the most time and information to the patients (43%); 12% of the patients got informed by unauthorized individuals and 1/5 of the patients did not get any information (Table 1).

Our survey confirmed the fact that patients, in most of the case, are well informed about their medical condition and who will take care of them. A huge number of patients gather a lot of information about their chosen doctor, but after being admitted to the hospital, their attitude becomes passive and they let the surgeon decide for them. However, a significant

Table 1

Information on diagnosis, prognosis and treatment method of the studied patients		
Question	Answer	Patients (%)
Who refers the patient for surgery?	Doctor in primary healthcare	23
	Doctor in private practice	25
	Clinical doctor	33
	Consilium	19
Confirmation of awareness about the disease and diagnosis in preparation for surgery	Yes	92
	No	8
Does the patient know who will operate?	Yes	82
	No	18
Are patients informed about the diagnosis before hospitalization?	Yes	92
	No	8
Surgical treatment indicated by	Primary healthcare	23
	Oncology Consilium	25
	Surgeons themselves	19
	Government sector	33
	Private sector	25
Did the patient choose the surgeon?	Yes	82
	No	18
Manner of selection	Recommendation from friend or relative	26
	Recommendation from medical staff	30
	Acquaintance with the surgeon	14
	Do not specify the reason	12
Assessment of patient satisfaction with the quantity and quality of time and information	Satisfied	68
	Dissatisfied	32
Time of obtaining information	Before admission	52
	After admission	24
	Without sufficient information	24
Did they have notice of the plan of operation	Yes	62
	No	38
What impact did the patients have on the plan of operation	Agreement – consensus	12
	No impact	38
	Decision left to the doctor	50
Prior knowledge on the approach (abdominal, vaginal, laparoscopic)	Yes	83
	No	17
Prior knowledge on possible complications	Yes	92
	No	8
Reaction to possible complications	Expecting none	68
	Blaming none	30
	Will complain	2
Assessment of elements related to written consent	Read	36
	Unread	64
Memory of the details of consent at the time of discharge	Total	49
	Partial	16
	No recollection	35
Information best given by	Operator	43
	Departmental doctor	25
	Unauthorized personnel	12
	No one	20

operation plan and their active involvement was applied on 12% of the patients, whereas 38% of them claimed that they did not have any influence on deciding about the treatment plan. Half (50%) of the patients share the opinion that doctors would make better decisions than themselves about what options are the most beneficial for them. The surgeon who

number of patients never read the written consent (64%) which is a fact other authors also confirmed⁸. An impression is formed that surgeons have too little time to spend with patients after their admittance, which leads to a conclusion that handing a written document to a patient, without communication and talk, is worthless and it is only a formal legal and

ethical obligation. We consider that a surgeon needs to take part in the last stage of giving consent and signing it and to take that time to talk and respond to the patient's final dilemmas. By doing this, it would become an act of ethics, not just pure formality⁹. But, there is still a question of how much and what to say. How much info does a patient need? Is there time for busy surgeons to tell everything, enough and in the best possible way? Apart from having great surgical skills, a surgeon needs to be well educated for giving information, as well as delivering bad news and informing the patients about possible undesirable situations¹⁰. Doctors most likely find it much easier to communicate with patients who have a high level of trust and an acceptable attitude towards complications or even non expectance of complications. However, it is a fact that doctors must make patients aware of their own responsibility to make relevant decisions about their lives, despite all medical knowledge, capabilities and good intentions of doctors¹¹.

Adopted models change slowly and the implementation of new models of behavior and acting demands education of the medical staff. Besides acquiring surgical skills and techniques, surgeons need also to be trained in communicational skills with patients. It is necessary the medical staff understand the rules and regulations of the healthcare laws. The communication training process should be in accordance with the existing standards of the countries where the informed consent has been stable and long present. We should also learn from the mistakes of the countries which are a step ahead of us in their attempts to adopt the desired values. Patients should obtain due attention and respect at every stage of the treatment. Eventually, the informed consent should be considered as a final document in the doctor-patient communication process, and after the surgery, that communication should continue, as well as the counseling and care of the patient, in order to have more successful process.

R E F E R E N C E S

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