



Full Length Research Paper

Pre-operative written consent in Nigeria: How informed are our patients?

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Abstract

This study was carried to determine the patients' understanding of status, purpose and importance of written consent before operation. This is a questionnaire based study which was self administered for literates' patients and with assistance of interpreter to illiterate ones. The questionnaire was administered 24 hours before the scheduled operation, but after the routine informed consent has been obtained. This study revealed that patients had limited knowledge of legal implications of consent before surgery. More than half 130 (55.6%) of the patients strongly agreed that the main purpose of the consent is to protect the hospital against litigation. Over two-third, 162 (69.2%) of the patients have strong believe that consent allows doctors undue control of what happens during surgery. However, high proportion of the participants 168 (71.8%) and 156 (66.7%) strongly agreed that signing the consent form made them more aware of what was going to happen during surgery and the risk of surgery respectively. Many patients seem to have limited knowledge of the legal implications of signing or not signing consent forms, and they failed to identify that written consent primarily serve their interests. Existing consent form signing appeared inadequate as a way for the expression of patients' autonomy. Ethical standard and credibility of the present processes of obtaining informed consent need to be re-examined.

Keywords: Informed consent, Pre-operative Consent, Obstetrics patients, Gynaecological patients, Nigeria.

INTRODUCTION

Informed choice is a voluntary, well-considered decision that an individual makes on the basis of options, information, and understanding (Huezo and Diaz, 1993). The decision making therefore should result in a free and educated decision by the individual about whether or not the individual needs to obtain health services and, if so, what method or procedure he or she will choose and thereafter consent granted. In England, there is formal guidance developed by department of health to obtain consent from patients for medical treatment so as to make the consent process more structured and focused (Akkad et al., 2006). In Nigeria, most consent form being used in Teaching and General Hospitals were developed by such hospitals, thus allowing for varying information disclosed to the patients.

Previous studies have revealed poor information retention after consultation when consent was obtained (DOH United Kingdom, 2006, Mayberry and Mayberry, 2001). Another study showed that current consent procedures seem not enough as a means for the

expression of independent choice, and their ethical standing and credibility has been called to question (Habiba et al., 2004). Not only those, clients have been shown to have limited knowledge of legal importance of signing or reject the signing of consent form. Written consent has been viewed as a ritualistic and technical stumbling block. The processes were said to frighten and exert pressure on clients (Courtney, 2001, Schouten et al., 2002). However, written consent ideally should afford each patient undergoing surgery adequate information, to enable them make informed decision and pay proper attention on what is written and understand the details of what he/she has documented and signed. Globally, there is dearth of works on this subject, and more importantly, our search did not reveal any of such work in Nigerian patients.

This study is therefore, intended to seek the perspectives, perceived roles and intents of written consent amongst patients undergoing Obstetrics and gynecological surgeries at our institution.

Table 1: Demographic status of studied population (n=234)

Demographic Factors	Number (%)
Age (years)	
<20	6(2.6%)
20-29	84(35.9%)
30-39	112(47.9%)
40-49	18(7.7%)
≥50	14(6.0%)
Marital Status	
Single	14(6.0%)
Married	216(92.3%)
Divorced	2(0.9%)
Widowed	2(0.9%)
Education Attainment	
None	2(0.9%)
Primary/Arabic	26(11.1%)
Secondary	76(32.5%)
Tertiary	130(55.5%)
Occupation	
Unskilled	56(23.9%)
Semi-skilled	42(17.9%)
Skilled	136(58.2%)

MATERIALS AND METHODS

This was a prospective, descriptive, questionnaire based study conducted at Ladoke Akintola University of Technology (LAUTECH) Teaching Hospital Osogbo, Osun state, Nigeria. The structured questionnaire was self-administered for literate participants and with assistance of an interpreter (in local languages) for illiterate participants. Participants were obstetric and gynaecological patients undergoing either elective or emergency surgery. The questionnaire was administered after participant or her relative has signed the existing consent form, but before the surgery. Enrolment was by voluntary participation. The questionnaire was pre-tested with twenty (20) patients, validated and appropriate modifications were done. The study period was between January and December, 2010.

Data entry, editing and analysis were carried out using descriptive analyses of frequency and percentages of the Statistical Package for Social Sciences version 16 (SPSS Inc, Chicago, IL, USA).

RESULTS

A total of 258 patients had surgery during the study period, of which 234 (90.7%) patients consented to take part in the study. Participants in the age bracket 30 -39 years accounted for nearly half (47.9%) of the patients.

Almost 60% of the participants had tertiary education and were skilled workers. Details of the socio-demographic status are as shown in Table 1.

Obstetric cases done during the study period were 154 (65.8%), the rest (60/234, 34.2%) were gynecological cases. Emergency surgeries in the study period were 124 (54.7%).

Legal standing of consent

Almost all participants 214 (91.5%) agreed that signing of consent form is a legal requirement before surgery could be done, while nearly a half 110 (47%) of the patients believed that signing the consent form will prevent them claiming their rights to compensation. About equal number of participants 106 (45.3%) and 102 (43.6%) agreed and disagreed respectively, that a patient can change his/her mind after signing the consent form. Almost two third 160 (68.4%) of the participants agreed that operation could not be done if she refused to sign consent form, even if non-intervention could lead to death. Nearly all participants 224 (95.7%) were aware that their next of kin could sign on their behalf, if they were unable to sign for themselves (Table 2).

Scope of consent

By signing the consent form, 212 (90.6%) agreed that the Surgeons shall perform exactly what was stated on the form. More than two-third 164 (70.1%) of the participants agreed that doctors could perform different procedure(s) other than the specified on the consent form if it was life saving. Significant number of participants 168 (71.8%) and 184 (78.6%) believed that signing of consent form affirmed that they understood what was likely to happen to them and the risk involved in having their operation respectively. However, more than a fifth (23.9%) of participants reported that they did not know exactly what they agreed to when they appended their signature on the consent form (Table 3).

Importance and Function of the consent form

Almost four-fifth, 180 (76.9%) participants strongly agreed that signing consent form is important to them and more than half of them, 124(53.0%) did not agree and that it was just mere papers to sign. Less than half of participants, 102(43.6%) agreed that signing of the consent form was to allow them have their surgery done while 90 (38.5%) believed it was more important than just to get their surgery done.

In term of function of consent form, more than half 130 (55.6%) believed that consent form was to protect the hospital from legal issues, 138 (59.0%) agreed that

Table 2: Patients' understanding of the legal importance of signing or not signing the consent form

Statement	True	False	'Don't Know'
Signing the consent form is a legal requirement	214(91.5%)	4(1.7%)	16(6.8%)
Signing the consent form removes your right to Compensation	102(43.6%)	110(47%)	22(9.4%)
You have the right to change your mind after signing the consent form	106(45.3%)	102(43.6%)	26(11.1%)
If you are not able to sign the consent form, the operation cannot take place, even if this means you could die	120(51.3%)	80(34.2%)	34(14.5%)
If you refuse to sign the consent form, the operation cannot take place, even if this means you could die	160(68.4%)	40(17.1%)	34(14.5%)
If you can't sign the consent form, your next of kin can sign on your behalf	224(95.7%)	6(2.6%)	4(1.7%)

Table 3: Patients' views on the scope of the consent form

By signing the consent form I thought I agreed that ...	Yes	No	Not answered
to exactly what was on the form	212(90.6%)	8(3.4%)	14(6.0%)
that the doctor may do something different from what was on the form if he/she thinks it is best for me	164(70.1%)	64(27.4%)	6(2.4%)
that the doctor cannot do anything different from what was on the form unless it is life saving	168(71.8%)	46(19.7%)	20(8.5%)
that I understood what was going to happen	168(71.8%)	54(23.1%)	12(5.1%)
that I understood that there are risks involved in having the operation	184(78.6%)	34(14.5%)	16(6.9%)
not really sure what I was agreeing to	56(23.9%)	160(68.4%)	28(7.7%)

signing of consent form would prevent mix-up of patients in the theatre during operation. Almost 7 in 10 patients (162/234, 69.2%) agreed that consent form gives surgeons control over what he or she does. Many participants 168(71.8%) agreed that consent form made it clearer to them what was likely to happen during surgery, while 156 (66.7%) reported that it made them better aware of likely risks and complications of surgery they were to undergo (Table 4).

DISCUSSION

Our findings in this study showed that most of the patients recognized signing consent form as a legal requirement before any surgery, however there was demonstration of limited knowledge of legal implications of either signing or non-signing of consent form and they

failed to realize that the concept of obtaining consent primarily served their interest. This finding was in agreement with previous studies (Habiba et al., 2004, Courtney, 2001).

Great number of participants recognised several important advantages of signing consent form like, awareness of the risks of the operation, clarity of what is going to happen and prevention of mixed -up at theatre during operation, however, there were number of doubts about the implications of signing or not signing the consent form, this indecision included: if surgery can proceed when consent form is not signed, rights to compensation, and the legality of signing of consent form by next of kin. Many patients did not see signing of consent as primarily representing their interests nor as a way of making their wishes known, whereas about a half of studied population believed that it protects the hospital and doctors against litigation. Previous study has demon-

Table 4: Patients' agreement with statements on the importance and function of the consent form

Statement	Strongly Agree	Partly Agree	Partly Disagree	Strongly Disagree
The consent form was important to me	180(76.9%)	26(11.1%)	8(3.4%)	20(8.5%)
The consent form made it clear what was going to happen	168(71.8%)	24(10.2%)	14(6.0%)	28(12.0%)
The consent form made me aware of the risks of the operation	156(66.7%)	28(12.0%)	16(6.8%)	34(14.5%)
The consent form made my wishes known	144(61.5%)	28(12.0%)	14(6.0%)	48(20.5%)
The consent form prevents mix-ups during the operation	138(59.0%)	38(16.2%)	18(7.7%)	40(17.1%)
The consent form was just another piece of paper	38(16.2%)	40(17.1%)	32(13.7%)	124(53.0%)
I just signed the consent form so I could have the operation	102(43.6%)	22(9.4%)	20(8.5%)	90(38.5%)
Signing the consent form was mainly to protect the hospital	130(55.6%)	34(14.5%)	22(9.4%)	48(20.5%)
The consent form gave the doctors control over what happened	162(69.2%)	18(7.7%)	14(6.0%)	40(17.1%)
Signing the consent form was a waste of time	14(6.0%)	22(9.4%)	22(9.4%)	176(75.2%)

strated same findings and also showed that it allowed doctors the full control of the whole process (Schouten, 2002). Byrne et al (1988) in their study had shown that there is no direct relationship between the knowledge of rights and ability to exercise those rights. Lack of awareness of the limitation and scope of consent is clearly demonstrated and these potentially cause patients to feel disempowered and lack control of the processes of their intended surgery.

Most of our patients were highly educated, the finding of this study showed that there is disparity between the patients perception and attitude about the consent process when compared with biomedical ethics. Patients feel that their autonomy was not protected and gave Surgeons undue advantage on decision about their healthcare. This observation brings confusion, both to the doctors and patients alike, whether the present consent process is adequate and protective of the patients' autonomy as expected.

The limitations of our study included the fact that it was limited to gynaecological and obstetrics patients and the participants were patients being worked up for surgery. An expanded study across surgical specialties and possibly community-based may provide a more generalised perspective. However, arising from our findings, it will be pertinent for regulatory health services authority in Nigeria to consider the provision of a uniform pre-operative consent documents for all hospitals, in which the concerns and interests of all parties are adequately protected.

REFERENCES

- Akkad A, Jackson C, Kenyon S, Dixon-Woods M, Taub N, Habiba M (2006). Patients' perceptions of written consent: questionnaire study. *BMJ*. 333(7567):528. Epub 2006 Jul 31. doi:10.1136/bmj.38922.516204.55
- Byrne DJ, Napier A, Cushieri A (1988). How informed is signed consent? *BMJ*. 296: 839-40
- Courtney MJ (2001). Information about surgery: what does the public want to know? *Aust N Z J Surg*. 71:24-26.
- Department of Health, United Kingdom (2006). *Consent forms*. www.dh.gov.uk/assetRoot/04/01/90/34/04019034.pdf.
- Habiba M, Jackson C, Akkad A, Kenyon S, Dixon-Woods M (2004). Women's accounts of consent to surgery: qualitative study. *Qual. Safe Health Care*. 13:422-427.
- Huezo C, Diaz S (1993). Quality of care in family planning: Clients' rights and providers' needs. *Adv. Contracept*. 9:129-139.
- Mayberry MK, Mayberry JF (2001). Towards better informed consent in endoscopy: a study of information and consent processes in gastroscopy and flexible sigmoidoscopy. *Eur.J. Gastroenterol. Hepatol*. 13:1467-1476.
- Schouten B, Hoogstraaten J, Eikman M (2002). Dutch dental patients on informed consent: knowledge, attitudes, self-efficacy and behaviour. *Patient Educ. Couns*. 42: 47-54.

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