



Practices and Perceived Importance of Informed Consent in Practice of Dentistry

Aasim Farooq Shah^{1*}, Romshi Raina², Irfan Ali³

¹Lecturer, Department of Public Health Dentistry, Government Dental College and hospital Srinagar, Kashmir, Jammu & Kashmir, India.

Email: draasimshah@gmail.com, Orcid ID: 0000-0001-7435-9209.

²Registrar, Department of Public Health Dentistry, Government Dental College and hospital Srinagar, Kashmir, Jammu & Kashmir, India.

Email: romshiraina@gmail.com, Orcid ID: 0000-0002-9753-3254.

³Registrar, Department of Public Health Dentistry, Government Dental College and hospital Srinagar, Kashmir, Jammu & Kashmir, India.

Email: ali31ids@gmail.com, Orcid ID: 0000-0001-6086-4589.

*Corresponding author

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Abstract

Background: Medical ethics are often defined as “the disciplined study of morality in medicine”. A doctor-patient, especially a dentist-patient relationship is a special one as the patient seeks help from the dentist for relief from pain and for restoration of their oral health. They permit the dentists to see, touch and manipulate structures in and around the oro-facial region and also divulge information about themselves they wouldn't normally reveal. The various ethical principles act as guides to enable the dentist to perform his duty to the patient. Informed consent is an autonomous action by a subject or patient that authorizes a professional either to involve the subject in research or to initiate a medical plan for the patient. It is not just a form to be signed as a hospital formality, but a process which ensures respect for persons through provision of thoughtful consent for an option to decide on the best possible treatment in disease processes, so that the patient can make a rational voluntary decision regarding what he/she wants to be done. **Aim:** The current survey was conducted using a closed/open-ended questionnaire to understand how the dental surgeons perceive the implications and importance of informed consent and their practices towards it in dental practice. **Methods:** This cross sectional study was conducted in Jammu and Kashmir in government and private dental settings. A modified pretested questionnaire was used about informed consent and the ethical issues related to informed consent. The participants of this survey were dental surgeons working in Kashmir region, dentists working in different private and government health institutions and private dental clinics in Kashmir region. The questionnaire was distributed in 130 participating dental surgeons and then the filled questionnaires were collected by the author after completion on the same day. Most of the questions were bipolar. The collected questionnaires shall be evaluated and the results collated in tabular form. **Results:** 83.84% accepted that it is necessary to take a consent from patient while 16.15 % reported that it is not important to take a consent from patient. Legal reason was the highest quoted reason for taking a consent by almost 54.61% of the respondents, 66.92% of the respondents reported that Patient can take legal action if not informed properly about treatment procedures. 79.23% reported that written consent makes dental practice difficult. 91.53 % of the respondents accepted that Taking Written consent can save them from medico legal claims by patients. **Conclusions:** the study revealed that dentists are more or less aware of the principles of medical ethics, but they are not adequately acquainted with the three words - respect, beneficence and justice, that describe principles of medical ethics, as it is not taught elaborately in the

Keywords:- Consent, Dentistry.



INTRODUCTION

A doctor-patient, especially a dentist-patient relationship is a special one as the patient seeks help from the dentist for relief from pain and for restoration of their oral health. They permit the dentists to see, touch and manipulate structures in and around the oro-facial region and also divulge information about themselves they wouldn't normally reveal. The various ethical principles act as guides to enable the dentist to perform his duty to the patient. Medical ethics investigate ethical issues arising in medicine and healthcare provision by applying the principles of moral philosophy. Medical ethics are often defined as "the disciplined study of morality in medicine".^[1]

Ethics is understanding and practicing of moral values and in principle, applies to all the aspects of life. Medical or bio-ethics deal with the moral principles that should guide the members of the medical profession in their dealings with each other, their patients and the state.

Since The Declaration of Geneva in 1948 and the International Code of Medical Ethics in 1949. Medical profession has become more cautious about ethical issues regarding treatment and care. Autonomy or respect, beneficence and justice are the three basic components of bioethics and these three make up the integral part of medical profession. Respect or autonomy means that a patient's judgment should be respected at any level of treatment procedure and he or she has total freedom for taking a decision. Benevolence insures that no harm is done to the patients and the third principle, justice, dictates equal right for each individual. An informed consent, which is supposed to be taken from a patient

before any form of treatment, preserves the right of the patient to accept or refuse treatment. Ancient ethical codes were often compiled in the form of oaths, the most famous being the Oath of Hippocrates.^[2]

Contemporary medical ethics and bioethics began after the World War II as a result of contemptible issues in medical research and medical interventions.^[3,4] In the developed countries, medical ethics appeared as recognizable academic discipline and became a compulsory part of medical curriculum in 1993.^[5] Autonomy of patients is an imperative issue in the health service area. Informed consent is an autonomous action by a subject or patient that authorizes a professional either to involve the subject in research or to initiate a medical plan for the patient.^[6] It is not just a form to be signed as a hospital formality, but a process which ensures respect for persons through provision of thoughtful consent for an option to decide on the best possible treatment in disease processes, so that the patient can make a rational voluntary decision regarding what he/she wants to be done.^[6,7]

Informed consent is an essential tool of standard ethical medical practice. It is the process of sharing information with patients that is essential to their ability to make rational choices among multiple options in their perceived best interest.^[8] It is universally recognized as an essential safeguard to ensure the preservation of individual's rights.^[9] A conventional consent can take the form of an implied, verbal or a written consent, but an informed consent is one that a patient understands clearly and therefore agrees to accept or refuse a treatment willingly. It is generally accepted that a verbal consent completes the formality of consent for most dental treatment. But an informed consent is

associated with both legal and ethical issues.^[10] It is generally recommended that a dentist must keep a written account of the type of consent given by the patient and in case of an invasive type of treatment must obtain a written consent.^[11] Sear stated that consent in writing has an advantage, for it can more readily be provided whether a patient has understood a particular treatment procedure and any possible after effect can never be judged by an implied or verbal consent.^[12] The current survey was conducted using a closed/open-ended questionnaire to understand how the dental surgeons perceive the implications and importance of informed consent in dental practice.

MATERIAL AND METHODS

This cross sectional study was conducted in Jammu and Kashmir in government and private dental settings. Ethical clearance for the study was taken from the ethical committee of government dental college Srinagar, Jammu and Kashmir vide letter no PROSTHO/GDC&H/6131 dated 08/02/2021. A pretested questionnaire was used which was modified by adding more questions asking questions about informed consent and the ethical issues related to informed consent. An introduction of the study and its objective were briefly described along with the questionnaire. The participants were assured that the information gathered through this questionnaire would be kept confidential. The sampling was done as a convenience sample method within 30 days from start of study from January 2021 to February 2021. The participants of this survey were dental surgeons working in Kashmir region, dentists working in different private and government

health institutions and private dental clinics in Kashmir region. The questionnaire was distributed to all participating dental surgeons and then the completed questionnaires were collected by the author after completion on the same day. Most of the questions were bipolar, but some questions were open ended. The collected questionnaires were then evaluated and the results collated in tabular form.

Of the available 182 dentists approached, 28 refused to participate and remaining 154 dentists were explained the nature of the study and questionnaires were provided to them after their approval. Out of total, 24 interviews were discarded during data analysis due to lack of internal consistency. The remaining 130 were assessed and analyzed.

The collected data were entered in Microsoft Excel. Coding of the variables was done. SPSS version 11.5 was used for analysis. Interpretation of the collected data was done by using appropriate statistical methods like percentage and proportions. A Chi-square test was applied to test for proportions wherever applicable.

RESULTS

Of the 130 filled questionnaires which were assessed and analyzed Average age of dentists was 29.5 ± 9.6 years. Majority (47.69 %) of the dentists were in the age group of 25-34 years while the respondents in the age group of 44 and above were very less. [Table 1] presents the demographic detail of the participants. A total of 67.69% of the dentists were males; 32.31% were females. Most of the respondents were graduate (BDS) 77.69%. out of the total 37.69 % were having experience of 5-14 years while only 11 respondents were having a work experience of 25 years and above. 85.38%



of the respondents were working in government settings while 22.30 % were private practitioners.

[Table 2] presents the data regarding the questionnaire distributed. Out of the total of 130 respondents 83.84% accepted that it is necessary to take a consent from patient while 16.15 % reported that it is not important to take a consent from patient. 78.46 % of the respondents were in acceptance that consent should be taken before the start of the treatment. Furthermore, 52.30% of the respondents answered that a written consent shall be taken while 11.53 % said an implied consent can be taken. Legal reason was the highest quoted reason for taking a consent by almost 54.61% of the respondents, while 39.23 % quoted ethical reasons for taking a consent. 89.23 % of the respondents reported that Failure to obtain a consent is an offence while only 10% reported negatively to this question. Regarding the question that Patient has a right to accept or refuse a treatment 89.23 % accepted it while 23.84% said it may not be important. 66.92% of the respondents reported that Patient can take legal action if not informed properly about treatment procedures. 79.23% reported that written consent makes dental practice difficult. 91.53 % of the respondents accepted that Taking Written consent can save them from medico legal claims by patients.

DISCUSSION

Law influences every aspect of human activity, and dentistry in this regard is no exception. Ethical standards of the dental profession are seeing a steady decline, altruistic concepts being overridden by a market driven system. A deficient knowledge regarding the medico-legal aspects halts the effective implementation

and delivery of efficient services. Consent to treatment consists of three essential characteristics namely competence, voluntariness and knowledge. Competence means that the patient has sufficient ability to understand and the nature of the treatment and the consequences of undergoing or refusing the treatment. 'Voluntariness' means that the patient has freely agreed to submit to the treatment without any coercion or force. 'Knowledge' means that sufficient comprehensible information is disclosed to the patient regarding the nature and consequences of the proposed and alternative treatments.^[13]

Consent of treatment is based on two ethical principles namely: The Principle of Autonomy and the Principle of Beneficence. Autonomy: The predominant model in the past still adhered to by many health care professionals is the concept of paternalism. This concept implies that the doctor is knowledgeable and skilled, therefore the best person to make judgments without involving the patient when deciding a therapeutic regimen. A shift in attitude has taken place after World War II with the Nuremberg Trials, resulting in the Nuremberg Code and The Declaration of Helsinki which stated that the voluntary consent of the human research subject is absolutely essential and that consent should be based on sufficient knowledge and understanding. From these regulations derived the concept of patient autonomy in health care. Autonomy may therefore be crudely defined as a person's ability to decide and act on the basis of rational thought and deliberation.^[14] Beneficence: In simple terms, Beneficence is a moral obligation to act in the interest or benefit of others. All health care providers have a duty to care for the patient and all health care



actions performed should be done with the best interests of the patients in mind.^[14]

Although patients want to know their legal rights in hospital but their awareness of legal and ethical issues related to the consent process is often limited. Adequate information before a surgical procedure is fundamental to give informed consent. Information should include a description of the benefits, risks, and complications of the intended procedure as well as alternative treatment options.^[15] Failure to obtain consent before performing an invasive procedure could result in either trespass (assault and battery) to a person or negligence. Simply defined, assault involves the threat of using force while battery involves the actual usage of force, either intentionally or negligently, against another person, without lawful justification or excuse. Assault is covered under Section 351-358 of the Indian Penal Code (The Indian Penal Code (Act No. 45 of 1860)).

The current study was conducted among 156 dental practitioners of Kashmir region, India to assess their knowledge and attitude toward informed consent. To the best of our knowledge, this is the first study to examine the knowledge and attitude toward informed consent among dental practitioners of this region. In the current study, simple descriptive analysis revealed were done to describe the knowledge of dental health care workers towards consent taking in practice. The results of the present study depict that the dental practitioners were aware of the principles of consent taking however it was also seen that more than 16 % of them were not taking consents from the patients. The results of the present study are in accordance with previous studies by Ankita et al &

Vivek et al,^[16,17] which found that more than 90 % of dentists knew about informed consent and participants regarded consent as an integral part of dentistry.. Maximum studies have shown that awareness of the dentists regarding various ethical principles and informed consent have increased due to various factors like media, inclusion of this topic in the curriculum, increased consciousness of patients' physician relationship, the medico legal issues coming within the practice etc. Furthermore there were 78.4% of the practitioners who responded that The patient consent should be taken before treatment. As a rule it is said that a common consent for diagnostic and operative procedures may be taken where they are planned.^[18]

In the present study approximately less than 20 % of the practitioners were not aware of this protocol. It is also known that consent given only for a diagnostic procedure, cannot be considered as consent for the therapeutic treatment.^[18] Consent given for a specific treatment procedure will not be valid for conducting some other procedure.^[18] In Samira Kohli versus Dr. Prabha Manchanda and Anr case,^[18] the doctor was held negligent for performing an additional procedure on the patient without taking her prior consent. Therefore it becomes mandatory for a practitioner to know the rules of consent taking as it can lead to a legal trouble in future.

Most of the Practitioner (58%) of the present study regarded written consent as a better option than verbal or implied consent in dental practice. Consent should be on the basis of adequate information concerning the nature of the treatment procedure. Consent should be informed and based on intelligent understanding. The doctor must disclose



information regarding patient condition, prognosis, treatment benefits, adverse effects, available alternatives, risk of refusing treatment and the approximate treatment cost. He should encourage questions and answer all queries. These may not be possible while taking an implied consent. moreover an verbal consent can also not be defended even if all the formalities might have been completed. Hence an written consent should be preferred to other variants. however many previous studies Farhat et al have found that among the types of consent, 84.4% verbal consent was found to be the favored method of acquiring consent over its written form.^[19]

Our study revealed that 58% of the dental professionals agreed that they take signatures or written consent. This is in accordance with the study conducted by Avaramova and Krassimira.^[20] This was a rather low percentage because written consent provides some evidence that patients have been informed of the details and costs of their proposed treatment.

In the present study it was seen that 58 % of the dentists do not keep record of the type of consent given by the patient. However it has been reported that consent shall be preserved. It is important to document the process of consent taking. It should be prepared in duplicate and a copy handed over to the patient. It should be dated and signed by the patient or guardian, the doctor and an independent witness. Like all other medical records, it should be preserved for at least 3 years.^[21] As provided under section 24A of CPA India, a complaint can to be filed within two years of date on which cause of action arises. Therefore, there is a proper need of keeping record intact for at least two years. Video-recording of the informed consent

process may also be done but with a prior consent for the same. This should be documented. It is commonly done for organ transplant procedures. If consent form is not signed by the patient or is amended without his signed authorization, it can be claimed that the procedure was not consented to.^[22]

In the present study it was reported that 54.6% of the practitioner keep an account of the consent given by patients due to legal reason and it was also reported by 89.9% of the practitioners that failure to obtain a consent is an offence. It is well understood that no one has the right to even touch, let alone treat another person. Any such act, done without permission, is classified as "battery" - physical assault and is punishable.^[23] Hence, obtaining consent is a must for anything other than a routine physical examination.

About 67% of the dental practitioners reported that patient can take legal action if not informed properly about treatment procedures. This can be attributed to the Consumer Protection Act which was passed after the consumer movement in the 1980s led the government of India to enact the Consumer Protection Act (CPA) in 1986, paving the way for the establishment of consumer courts. The CPA is meant to protect the rights and interests of consumers. Failure on part of the dentist to provide adequate information about the procedure and its associated risks can amount to negligence. The dentist can be held accountable for this breach of duty of care under the Consumer Protection Act (CPA), 1986. This act provides for a three-tier quasi judiciary system (district, state and national level) to settle consumer disputes. Since the health care professional is considered a provider of service and the patient the consumer of such service, the health profession

came under the purview of the CPA in 1995 to deal with deficiency of service.^[24]

In spite of the information and the procedures followed by dental practitioners it was reported by 80% that written consent makes dental practice difficult. But it shall be wiser to do proper documentation of the whole findings is very necessary as without it the whole process of obtaining informed consent will be worthless. This form is not only beneficial to patients but to doctors also as in current daily practice they are facing more cases of malpractice suits related to doctor-patient relationship or patient's confidentiality.^[25,26]

The legal process is difficult and distressing to navigate, so it is best to avoid this when possible. Once a negligent lawsuit is filed against the dentist, a complex legal maze is opened. A dental practitioner needs the help of a competent attorney who specializes in such litigation. The best defense is avoiding the lawsuit in the first place. Dentists should appreciate and follow the process of obtaining informed consent because it contributes to improved communication and rapport with the patients and contributes a lot to provide quality treatment and various studies have showed that verbal consent is the most

favourite method of obtaining consent from the patients. This may be due to patient overload or lack of time. The dentists were asked about importance of explaining treatment plan and all the complications before taking the consent. Maximum studies have shown that awareness of the dentists regarding various ethical principles and informed consent have increased due to various factors like media, inclusion of this topic in the curriculum, increased consciousness of patients' physician relationship, the medico legal issues coming within the practice etc. Results of the study revealed that dentists are more or less aware of the principles of medical ethics, but they are not adequately acquainted with the three words - respect, beneficence and justice, that describe principles of medical ethics, as it is not taught elaborately in the undergraduate level.

CONCLUSION

The study revealed that dentists are more or less aware of the principles of medical ethics, but they are not adequately acquainted with the three words - respect, beneficence and justice, that describe principles of medical ethics, as it is not taught elaborately in the undergraduate level.

REFERENCES

1. Mc Cullough LB, Chervenak FA. Informed consent. *Clin Perinatol.* 2007;34(2):275-85. doi: 10.1016/j.clp.2007.03.005.
2. Indla V, Radhika MS. Hippocratic oath: Losing relevance in today's world?. *Indian J Psychiatry.* 2019;61(Suppl4):S773-S775. doi:10.4103/psychiatry.IndianJPsychiatry_140_19
3. Sauer JE Jr. Ethical problems facing the healthcare industry. *Hosp Health Serv Adm.* 1985 Sep-;30(5):44-53.
4. Larijani B, Zahedi F. Contemporary medical ethics: an overview from Iran. *Dev World Bioeth.* 2008;8(3):192-6. doi: 10.1111/j.1471-8847.2006.00180.x.
5. Rameshkumar K. Ethics in medical curriculum; Ethics by the teachers for students and society. *Indian J Urol.* 2009;25(3):337-339. doi:10.4103/0970-1591.56192
6. Bhurgri H, Qidwai W. Awareness of the process of informed consent among family practice patients in Karachi. *J Pak Med Assoc.* 2004;54(7):398-401.



7. Gupta UC. Informed consent in clinical research: Revisiting few concepts and areas. *Perspect Clin Res.* 2013;4(1):26-32. doi:10.4103/2229-3485.106373
8. Hall DE, Prochazka AV, Fink AS. Informed consent for clinical treatment. *CMAJ.* 2012;184(5):533-540. doi:10.1503/cmaj.112120
9. Thiele B. The human right to adequate housing: a tool for promoting and protecting individual and community health. *Am J Public Health.* 2002;92(5):712-715. doi:10.2105/ajph.92.5.712
10. Sfikas PM. Informed consent and the law. *J Am Dent Assoc.* 1998;129(10):1471-3. doi:10.14219/jada.archive.1998.0054.
11. Doyal L. Good clinical practice and informed consent are inseparable. *Heart.* 2002;87(2):103-106. doi:10.1136/heart.87.2.103
12. Nijhawan LP, Janodia MD, Muddukrishna BS, et al. Informed consent: Issues and challenges. *J Adv Pharm Technol Res.* 2013;4(3):134-140. doi:10.4103/2231-4040.116779
13. Kadam RA. Informed consent process: A step further towards making it meaningful!. *Perspect Clin Res.* 2017;8(3):107-112. doi:10.4103/picr.PICR_147_16
14. Craigie J. Capacity, value neutrality and the ability to consider the future. *Int J Law Context.* 2013;9(1):4-19. doi:10.1017/S1744552312000444
15. Bates T. Ethics of consent to surgical treatment. *Br J Surg.* 2001;88(10):1283-4. doi: 10.1046/j.0007-1323.2001.01913.x.
16. Ankita G, Abhishek P. Perception of Informed Consent among Private Dental Practitioners of Bangalore South - A Kap Study. *Biomed J Sci& Tech Res.* 2018;2(1):1-5. BJSTR. <http://dx.doi.org/10.26717/BJSTR.2018.02.000656>
17. Gupta VV, Bhat N, Asawa K, Tak M, Bapat S, Chaturvedi P. Knowledge and attitude toward informed consent among private dental practitioners in bathinda city, punjab, India. *Osong Public Health Res Perspect.* 2015;6(2):73-8. doi:10.1016/j.phrp.2014.12.005.
18. Nandimath OV. Consent and medical treatment: The legal paradigm in India. *Indian J Urol.* 2009;25(3):343-347. doi:10.4103/0970-1591.56202
19. Farhat W, Qiam F, Shah SMA, et al. Informed consent in dentistry: perceived importance and limitations in Khyber Pakhtunkhwa. *JKCD.* 2013;3(2):14e9.
20. Avaramova N, Krassimira Y. Patients' Informed consent in dental practice in Bulgaria. *OHDM.* 2011;10(2):807.
21. Satyanarayana Rao KH. Informed consent: an ethical obligation or legal compulsion?. *J Cutan Aesthet Surg.* 2008;1(1):33-35. doi:10.4103/0974-2077.41159
22. Kumar A, Mullick P, Prakash S, Bharadwaj A. Consent and the Indian medical practitioner. *Indian J Anaesth.* 2015;59(11):695-700. doi:10.4103/0019-5049.169989
23. Gupta UC. Informed consent in clinical research: Revisiting few concepts and areas. *Perspect Clin Res.* 2013;4(1):26-32. doi:10.4103/2229-3485.106373
24. Joga Rao SV. Medical negligence liability under the consumer protection act: A review of judicial perspective. *Indian J Urol.* 2009;25(3):361-371. doi:10.4103/0970-1591.56205
25. Chipidza FE, Wallwork RS, Stern TA. Impact of the Doctor-Patient Relationship. *Prim Care Companion CNS Disord.* 2015;17(5):10. doi:10.4088/PCC.15f01840
26. Widdows H, Dickenson D, Hellsten S. Global bioethics. *New Rev Bioeth.* 2003;1(1):101-116. doi:10.1080/1740028032000131459.

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