

The Practice of Informed Consent among Dental Practitioner of NCR

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ABSTRACT

Introduction: Advancements in the field of medicines and technologies have enabled patients to be informed about all the aspects of healthcare. Nowadays, patients have new expectations and needs and are playing a more active role in their treatment. The Dental Council of India is now focusing more in maintaining ethics among dental professionals. The dental professionals are not performing their duties in obtaining informed consent (IC) from patients before treatment, as explained in the code of ethics. The present study was conducted to assess the practice of IC among dental practitioners (DPs) of NCR.

Materials and Methods: A cross-sectional study was conducted using a closed-ended questionnaire. The questionnaire consisted of 14 questions in both English and Hindi language. Forms were distributed to 152 DPs of NCR. The study was approved by Institutional Ethical Committee. Confidentiality of the participants was maintained. Descriptive statistics were done by using SPSS V 20.0 to analyze the result.

Result: Only 59.9%, DPs considered that it was necessary to take IC from their patients. About 15.13% DPs obtained written IC only from their patients, and 11.2% obtained IC from parents while treating their children. About 52% DPs did not obtain IC in a dental emergency.

Conclusion: It is to believe that IC is moral rather than legal. Dentists could incorporate IC into their regular dental practice for all cases. The practice of IC increases patient autonomy, trust and confidence in health professionals, and reduces the risk of any malpractice in dental care.

Keywords: Dental ethics, Dental malpractice, Dental practice, Informed consent, Legal claim

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INTRODUCTION

Advancements in the field of medicines and technologies have enabled patients to be informed about all the aspects of healthcare. Increasing awareness among patients is more likely to question their doctors, dentists, and other healthcare professionals and to express their different opinions and views, in order to understand their diseases and conditions. Nowadays, patients have new expectations and needs and are playing a more active role in their treatment. Some deeper changes are required in society, which encourages greater personal independence and the respect of human rights.¹

At present, the level of information given to the patients about an informed consent (IC) can be varying in practice

between individual dentists. Patients are demanding better services and more information about their treatment plan in healthcare. The treatment of a patient without his or her consent has viewed as malpractice.²

IC confirms patients' involvement in decisions and their opinion for the treatment. IC is either a patient's written or oral agreement that is to be given after the patient has received sufficient information and also clears their doubts about the diagnostic or therapeutic procedure that is planned.³ The necessary information should be explained in words that the patient can understand and should include warning(s) of any, evident or significant risks.⁴⁻⁶ Patients had taken legal action when concluded that their clinicians have failed to provide sufficient information about the outcomes of selected treatments.²

The Dentists Act of 1948⁷ regulates the practice of dentistry in India by constituting a Dental Council of India (DCI). The DCI is now focusing more in maintaining ethics among dental professionals. The dental professionals are not performing their duties in obtaining IC from patients before treatment, as explained in the code of ethics. It was therefore thought important to investigate how IC is being practiced by dental practitioners (DPs) of NCR. Thus, the aim of the present study was to assess the practice of IC among DPs of NCR.

MATERIALS AND METHODS

The present cross-sectional survey was carried out among the DPs of NCR. The questionnaire was pre-tested on some DPs to ensure that the questions were clear. The results of pilot study were tabulated in SPSS 20 for checking its reliability and validity. The reliability of the initial instrument was calculated by Cronbach's alpha value that is 0.72. Those interviewed in the pre-test were excluded from the final study. The study was conducted from May to July 2014.

The self-designed questionnaire consisted of fourteen questions. Some of the questions required the participants to respond merely with a "yes" or "no," such as the first question, "Do you think that it is necessary to take IC?" Other questions offered several possible answers from which respondents had to choose one or several. The questionnaire was distributed in English and Hindi languages, and translations were checked for consistency. Questionnaire forms were distributed personally to 196 DPs. The DPs were also given a written consent form to sign before they were enrolled into the study. Of the 196 questionnaires were distributed, only 152 questionnaires were completed, so these 152 DPs were included in the study. Ethical approval was taken from Institutional Ethical Committee of SGT Dental College, Gurgaon.

Statistical Analysis

The data so obtained from the study sample were compiled and analyzed. Descriptive statistics were done by using SPSS version 20.0.

RESULTS

In the present study, total 152 DPs were participated out of which 73 (48%) were males and 79 (52%) were females.

When asked about is it necessary to take IC, 91 (59.9%) participants considered it is necessary to take IC from their patients, whereas 61 (40.1%) did not consider that it is necessary. Of which, most of the participants

obtained IC during surgical intervention 51 (33.5%), specific clinical procedures 39 (25.6%), and in all cases 38 (25%) (Table 1).

When asked about obtaining IC regularly from patients, 41 (27%) participants responded "yes always," 48 (28.3%) participants responded with "yes in some important cases" and 68 (44.7%) participants did not obtain IC from their patients regularly. Of which most of the participants obtained oral form of IC from their patients 67 (44.1%) and only 17 (11.2%) participants obtained "oral and written form in all cases" of IC from their patients. When asked about obtaining the IC of parents while treating children, only 17 (11.2%) participants responded "yes always" and 73 (48.0%) participants did not obtain IC from their parents when treating their children. Most of the participants that is 51 (33.5%) participants responded that they obtain the IC "before the treatment procedure," 45 (29.6%) responded "before every step of patient management," and 6 (4%) responded "after the treatment was done" (Table 2).

Most of the participants 78 (51.3%) did not refer to IC material before preparing it for patients.

When asked about the obtaining of IC during emergencies most of the participants 79 (52%) did not take IC during emergency from patients and 73 (48%) participants believe that IC should be taken in an emergency condition of patients. It has been also noted that most of the participants 62 (40.7%) did not disclose the charges of the treatment to the patients (Table 3).

When asked about which of the following options should patient be informed before starting treatment, the participants responded "eventual involved risks" 62 (40.8%) and only 11 (7.2%) participants informed their patients about "diagnosis" before starting the treatment. Most of the participants responded that they might not consider it necessary to obtain the IC from "long time

Table 1: The responses for question no. 1 and 2

Q. no.	Questions	n (%)	
		Yes	No
1	Do you think, is it necessary to take IC	91 (59.9)	61 (40.1)
2	In which areas of dental practice do you consider it is necessary to obtain IC		
a	Specific clinical procedures	39 (25.6)	113 (74.4)
b	Investigation	24 (15.8)	128 (84.2)
c	In all cases	38 (25)	114 (75)
d	Surgical intervention	51 (33.5)	101 (66.5)
e	Endodontic treatment	29 (19)	123 (81)
f	Prosthetic treatment	12 (7.9)	140 (92.1)
g	Orthodontic treatment	35 (23)	117 (77)

IC: Informed consent

Table 2: The responses for question no. 3-6

Q. no	Questions	n (%)
3	Do you obtain IC from your patients regularly	
a	Yes always	41 (27)
b	Yes in some important cases	43 (28.3)
c	No	68 (44.7)
4	What form of IC do you obtain from your patients in your practice?	
a	Oral and written in all cases	17 (11.2)
b	Oral and written in some cases	39 (25.6)
c	Written only	29 (19.1)
d	Oral only	67 (44.1)
5	Do you obtain parents IC when treating their children	
a	Yes, always	17 (11.2)
b	Yes, in some	22 (14.5)
c	Yes in special cases	40 (26.3)
d	No	73 (48.0)
6	At what time should you take IC	
a	At the beginning when the patients enter the clinic	15 (9.9)
b	After the case history before investigation	35 (23)
c	Before treatment procedure	51 (33.5)
d	After the treatment is done	6 (4)
e	Before every step of patient management	45 (29.6)

IC: Informed consent

Table 3: The responses for question no. 7-9

Q. no	Questions	n (%)
7	Did you refer to IC material before you prepare it for patients	
a	Yes	34 (22.4)
b	No, I do it all by yourself	78 (51.3)
c	Yes looked at examples from other practitioner and hospital	40 (26.3)
8	Do you think you should take IC in an emergency condition of patient	
a	Yes, you should take for all the patients	73 (48)
b	No, it is not necessary during dental emergency	79 (52)
9	Do you disclose the charges of the treatment to the patient	
a	Yes, before all procedures	49 (32.3)
b	Yes, before specific procedure	41 (27)
c	No	62 (40.7)

IC: Informed consent

patient" 63 (41.4%), "friend" 46 (30.3%), and "relative" 43 (28.3%). Very few participants that is 60 (39.5%) participants responded that IC were taught to them during graduation, whereas 92 (60.5%) were not taught to them during graduation.

When asked about whether they had received any dental treatment before, 102 (67.1%) participants responded "yes" and 50 (32.9%) with "no," out of which 58 (38.2%) participants responded that the IC was obtained from them while they were a patient and 94 (61.8%) participants responded "no," about obtaining IC, when they were patients (Table 4).

Table 4: The responses for question no. 10-14

Q. no.	Questions	n (%)	
		Yes	No
10	Which of the following options, should patients be informed before starting treatment		
a	Diagnosis	11 (7.2)	141 (92.8)
b	Treatment plan and alternatives	45 (29.6)	107 (70.4)
c	Eventual involved risk	62 (40.8)	90 (59.2)
d	Possible complications	34 (22.4)	118 (77.6)
e	Expected result from treatment	24 (15.8)	128 (84.2)
f	Extra oral clinical examination	42 (27.6)	110 (72.4)
g	Cost of treatment	33 (21.7)	119 (78.3)
11	Are there any patients from whom you might not considered important to obtain IC		
a	Colleague	17 (11.2)	135 (88.8)
b	Relative	43 (28.3)	109 (71.7)
c	Friend	46 (30.3)	106 (69.7)
d	Long time patient	63 (41.4)	89 (58.5)
e	None of them	41 (27)	111 (73)
12	Was IC taught to you during your graduation	60 (39.5)	92 (60.5)
13	Have you been for dental treatment before?	102 (67.1)	50 (32.9)
14	When you were a patient, was IC taken from you	58 (38.2)	94 (61.8)

IC: Informed consent

DISCUSSION

In this cross-sectional study carried out in private DPs of NCR, a self-administered questionnaire was distributed to investigate the practices of dental professionals in matters relating to IC was explored.

The present study showed that 59.9% considered IC is necessary for their practice which is comparatively lesser than the study conducted by Kotrashetti *et al.* in Belgaum² which shows 100% and other study conducted by Avranova and Yaneva in Bulgaria¹ which shows 97.5%.

The questionnaire contained questions on specialized procedures routinely performed at the dentists' clinics. It is important for a dentist to convey that all treatments can have risks as well as side effects. The dentist should explain all the possible outcomes of the treatment, before starting of the procedure to a patient. Some of them are mildly inconvenient; others can cause inconvenience in routine life, and others are serious.

In the current study, 25.6% participants preferred to take IC during specific clinical procedures which are comparatively more than the study conducted by Avranova and Yaneva in Bulgaria.¹

In the present study, 25% Dentists will take IC in all cases that are lesser than the study conducted in Bulgaria,¹ which shows 87.5% respondents obtained IC in all types of treatment.

In the present study, 33.5% dentist obtained IC during surgical intervention and 19% obtained IC during endodontic treatment which is lesser than the study conducted in Lahore⁸ (38.7% during surgical intervention and 44.3% during endodontic treatment) and comparatively more than the study conducted in Bulgaria¹ (12.5% during surgical intervention and 6.5% during endodontic treatment), respectively.

Only 7.9% considered necessary obtaining IC during prosthetic treatment that is in accordance with the study conducted in Bulgaria¹ (8.75%) and comparatively more than the study conducted in Lahore⁸ (4%).

About 23% considered that it is necessary obtaining IC during orthodontic treatment, whereas the study conducted in Bulgaria¹ only 10% responded, which shows increased number of responses in the present study.

The above response shows the importance of IC was not uniformly practice for all treatment procedures and some procedures were considered eligible for obtaining IC.

In the current study, 36.8% participants obtained IC in oral and written form in all or some cases from their patients, which is comparatively more than the study conducted in Bulgaria¹ (16.25%) and Lahore⁸ (20%).

In this study, 19.1% obtained written IC of their patients that are comparatively lesser than the study conducted in Bulgaria¹ (37.5%), Lahore⁸ (59.2%), and Belgaum² (64%).

In the present study, 44.1% participants obtained oral form of IC which are in accordance with study conducted in Bulgaria¹ (46.25%) and comparatively more than the study conducted in Lahore⁸ (12.8%).

Only 15.1% took written consent in the present study that shows a low percentage of responses because written consent provides information of the details and costs of their proposed treatment to the patients. The importance of obtaining written consent was also described in of the study conducted in Spain,⁹ which found that in 78% cases of dental malpractice during treatment, there was no written consent.⁹

It was therefore encouraging to see that nearly 52% respondents in the current study obtained consent from a child's parent (or guardian). In the present study lower number of respondents obtained IC from child's parent, than the study conducted in Bulgaria¹ (90%).

In the present study, 60.5% participants replied that IC were not taught to them during graduation, this shows that the participants do not have the proper knowledge

of ethics in dentistry. It is thus recommended to read the guidelines of Ethics in Dentistry given by DCI.

In the present study, 67.1% of the participants had already been for dental treatment before whereas 32.9% had never been for dental treatment before. About 38.2% answered that when they were patients, IC was taken from them, and surprisingly 61.8% replied that when they were patients, IC was not taken from them. It shows that dentists are lacking in maintaining ethics in dentistry.

The Supreme Court judgment emphasized the need for specificity of consent. There can be a common consent for diagnostic and operative procedures where they contemplate. In the present study, most of the respondents are full-time private DPs, and it seems that they are still lacking in taking IC. Patients' IC is a part of patients' general rights and is based on legal regulations.

However, in recent years, patients' increasing awareness of their rights have resulted in more formal complaints being filed against dentists for treatment without consent.¹⁰ Thus to increase the practice of taking IC, it is to recommend that the modules of IC will be included in the courses of all healthcare personnel.

CONCLUSION

Informed consent played a major role in the daily practice of the majority, but many were not using written consent as a routine procedure.¹¹ They have lesser knowledge regarding obtaining IC and its importance as given by Consumer Protection Act and Guidelines of Ethics in Dentistry by DCI. Emphasis should be given on undergraduate and post-graduate curriculum about IC for the dental students. It is also essential for dentists to protect themselves from civil litigation and even criminal proceedings for any malpractice. It is believed that IC is moral rather than legal. Dentists could incorporate IC into their regular dental practice for all cases. The practice of IC increases patient autonomy, trust and confidence in health professionals, and reduces the risk of any malpractice in dental care.

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