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DATA ASSEMBLED DURING CONVERSANT APPROVAL BEFORE SURGERY

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Abstract:
Objective*: This research work intended to conclude the practice of the informed consent before surgery in tertiary health care center.*
Methodology: *This research work started in September 2018 and lasted up to December 2018.This research work carried out in surgical units of Jinnah Hospital, Lahore. This was a prospective research work based on observations. The patients who were undergoing elective operation interviewed randomly in the complete duration of the research work under normal conditions. We also asked same standard question from every patient after the surgery linked with the data, we provided them before surgery as a part of standard practice of the informed consent. The question about knowledge of patient about the disease, surgery risks, anesthesia type with its impacts, substitute option of treatment, outcome without treatment, the satisfaction of the patient about the provided data and whether signatures were present on the consent forms.*
Results: *A total of 200 patients were the part of this research work in which 121 were males and 79 were females. In sixteen (8.0%) patients, surgeons involved themselves in obtaining consent. We told only 45.0% (n: 90) patients about the purpose and nature of the method and 44.50% (n: 89) patient swere aware about the probable complications of operation. We told one hundred and forty three(71.50%) patients about the anesthesia type needed but 15.0% (n: 30) got awareness about the dangers of anesthesia. We allowed 20.0% (n: 40) patients to ask question while obtaining consent. Amazingly, majority of the patients as 78.0% (n: 156) sowed their satisfaction for data provided to them in the duration of obtaining consent.*
Conclusion: *The recent practice of informed consent is below from the standards of international level as well as their ethical acceptability is not up to the mark. Yet, majority of the patients showed their satisfaction by the data provided to them during the procedure of the informed consent. This research work put emphasis on the adverse quality of knowledge among patients about the procedures of surgery and short data provided.*
Keywords*: Complications, standard Consent, methodology, patient, outcome, anesthesia.*

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INTRODUCTION:

In the routine practice of our hospitals, mostly improper and wrong information is provided to the patients as well as their families. This research work aimed to assess the recent practice of informed consent before surgical intervention associated with the patients who were undergoing for various surgeries in Jinnah Hospital Lahore, Pakistan. The method of sharing information with the patients is informed consent that is very vital to provide them choices with many options according to the interest of patients [1]. Due to high formalization in the field of medicine, the broad agreement of informed consent is now very vital concept in this field especially from last twenty five years [2]. The basic purpose of this procedure before the medical intervention is to support and strengthen the idea of the autonomy of patient. As a part of this procedure, there is opportunity for the patients to show their disagreement and demands for alternate opportunity if it exists [3]. Standard practice of the informed consent is very essential in replying the problems from patient's mind for relieve from anxiety and to prepare them for a better procedure.

METHODOLOGY:

The patient who were undergoing surgery in the surgical department of Jinnah Hospital, Lahore in the duration of this research work from September to December 2018, were the participants of this research work. This was a prospective research work based on observations with the utilization of a well-organized interview technique based on questionnaire. We asked following standard questions from our We asked some standard questions from every patient after the surgery associated with the data provided by them prior to the surgical intervention. Questionnaire contained following questions:-

1. Who took the consent?
2. Patient was aware about his current state?
3. Patient was aware about the nature of the possible surgery type?
4. Expectations for this particular operation?
5. Approximate duration for complete surgical process?
6. The arousal of the complications in any stage?
7. Any other option for treatment?
8. Risks associated with anesthesia?
9. Requirement for the anesthesia kind?
10. The requirement of the blood?
11. Outcome of no treatment?
12. Satisfaction of the patients about the provided data?
13. If patients were free to ask any question?
14. Signature on the consent?

This questionnaire covers almost all the information to know about the patients requirement though it does not cover the provisions of allthe health care facilities still it has its own worthiness.

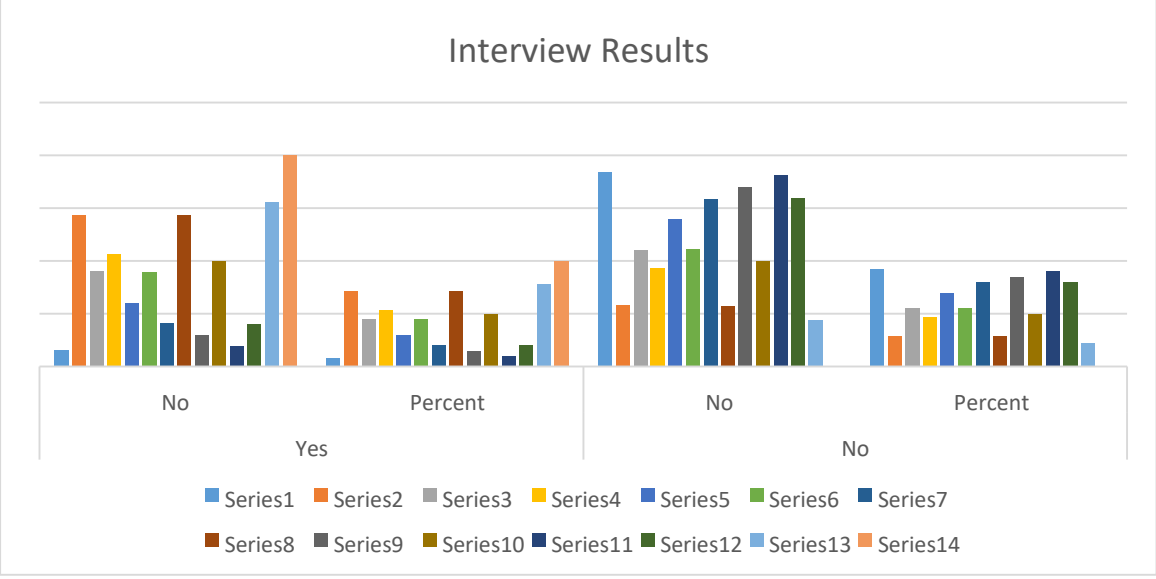
RESULTS:

The selection of 200 patients carried out arbitrarily in which 121 were male patients and 79 were female patients. They all underwent interview after the surgery. From majority of patients 92.0% (n: 184), surgeon did not take the consent who will be actually performing the whole method, junior doctor took this consent. We informed 71.50% (n: 143) patients about their current medical state whereas 45.0% (n: 90) patients got information about the nature of the possible surgical intervention. We briefed the 44.50% (n: 89) patients about the possible danger and complications of the surgery whereas we explained the alternate option of treatment to 21.50% (n: 41) patients. Majority of the patients were showed their awareness about the anesthesia type but 15.0% (n: 30) persons were aware about the dangers and complications of that proposed anesthesia type.

Only 20.0% (n: 40) patients told that they asked questions in the duration that procedure of the consent. Amazingly, most of the patients 78.0% (n: 156) patients showed their satisfaction from the provided data. We took the signature from every patient on the consent (Table-1).

Table-I: Results of questions asked during the interview (n = 200)

Yes		No	
No	Percent	No	Percent
16.0	8.0	184.0	92.0
143.0	71.5	58.0	28.5
90.0	45.0	110.0	55.0
107.0	53.5	93.0	46.5
60.0	30.0	140.0	70.0
89.0	44.5	111.0	55.5
41.0	20.5	159.0	79.5
143.0	71.5	57.0	28.5
30.0	15.0	170.0	85.0
100.0	50.0	100.0	50.0
19.0	9.5	181.0	90.5
40.0	20.0	160.0	80.0
156.0	78.0	44.0	22.0
200.0	100.0	0.0	0.0



DISCUSSION:

Successful surgical intervention totally depends upon the trust relation between physician and patient. IC (Informed Consent) is a procedure in which a patient shows high agreement within fully conscious sate after debate of signs, substitute, possible side effects and

related complications [4,5]. The permission of the patient is the necessary for surgery otherwise it is not possible [6]. Ethical validity of this consent totally depends not only the words in written form but also on the interaction quality between doctor and patient. The keeping of the records and getting signatures is just single part of the whole procedure. For the validity of the consent, patients should be well aware about the dangers and advantages which need two way data transfer in a well-organized manner [7-9].

We observed that majority of the patients were not aware about the nature of surgery as well as advantages of applied procedure. Kay R [10] stated that 46.0% patients obtained the detail about the possible side effects as well as complications as result of surgery before elective abdominal method. McKeague M [11] in his research work, emphasized that more particular data as planed operation kind, its complications and alternatives, is necessary to be in mind of the senior physician who is undertaking the whole process. In this current research work, majority of the junior physicians were the main key holder for the process of informed consent. It is necessary for the senior doctors to take the consent from all the patients because most of the team members are not have much knowledge about the processes to satisfy the patient completely [12]. In current research work, 44.50% patients obtained the data about the possible risks of the surgical intervention and 15.0% were aware about the risks of the proposed anesthesia kind. In one other research work, it was in report that 69.30% patients received no data about the risks of surgical intervention and 75.0% patients received no awareness about the dangers of anesthesia [13]. We provided a chance to ask question to only twenty percent patients while taking the informed consent. A current research work conducted in Scotland displayed that most of the patients (67.0%) were present with no question at the time of informed consent [14]. Procacciante F observed that more data a patient has about his disease and risks of surgery, more information will be his need when he will be present with less information, he will show full faith in physicians [15]. We observed the same trend in this current research work where there was very short information in the informed consent but the majority of the patients 78.0% showed their satisfaction with the obtained information. In this research work, we conducted the organized interviews in the duration after surgery, it was best way to represent the belief of the patients which will go with them.

CONCLUSION:

With the enhancement of the ethical issues the quality of this phenomenon can reach to the improvement.
It is the moral duty of the health care providers to respect the right of the patient to get the awareness.The findings of this research work proposes that the recent practice of the informed consent in that big institute is not up to the mark, it is much below than standard.

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