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Informed Consent: Does Practice Match Conviction?

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Abstract

The need to obtain consent is an ethical principle and a legal requirement in health care that must be applied in practice. Dentists must give people the appropriate information about treatment options, risks, and benefits so that they are able to make informed choices before giving their free consent to any dental intervention. The British research reported on here supports the view that dentists generally have positive views about informed consent. But the companion program of observation of dentists in the clinic suggests that they do not have a systematic approach to obtaining consent and that patients are often told what is going to be done rather than asked. Dentists must approach informed consent more systematically, recognizing it as an integral part of treatment planning with the patient as developing the communication skills needed to do it well.

Background: Moral philosophers and legal theorists have written widely about the principle of informed consent in contemporary health care (Faden & Beauchamp, 1986). Before touching someone else, it is morally important to ask for their permission. This respects patients' privacy and their rights as human beings to be in control of what happens to any part of their own body. Consent is important ethically because it respects autonomy and in most countries in the world obtaining consent is also a legal requirement before any clinical intervention.

But informed consent is more than abstract moral or legal theory. The process of obtaining a person's explicit and informed consent to be treated is a clinical task that is an integral part of treatment planning. It is good professional practice that is necessary for all health care (Woodcock, Willings, & Marren, 2004). For dentists and for the people receiving dental care, it is the application of moral and legal principles at the chairside that is important. Dentists and patients together need to spend time negotiating an agreement before any treatment is started. (Doyal & Cannel, 1994). What dentists themselves think about informed consent is therefore very significant, since they are the ones who must put theory into practice.

Before giving their consent competent adults must have appropriate information that they understand so that they are free to decide for themselves whether or not to accept a particular treatment. The knowledge that possible options, attendant risks, and expected benefits have been openly discussed shapes the relationship between the providers and the receivers of health care. In this way, both parties take an equal part in decisions that are

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made, for example, in deciding whether to extract or save a tooth or whether to replace a missing tooth with a denture or a bridge.

There is much discussion about the importance of partnership in health care and of the value of joint decision making. Informed consent is the means by which such a partnership is created. Dentists have specialist knowledge which they have a duty to share. People need to know about their dental care and have a right to be informed. Without information that is reasonably well understood, patients are not in a position to make choices. Thus, Ozar and Sokol (2002) propose a model of dental care which is driven neither by the demands of patients nor by the expertise of dentists, but rather by an interaction between the two that is based on the principles of informed consent.

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A consent that is not informed cannot be considered to have been given freely. Indeed, when presenting for dental care, patients may well feel anxious and relatively powerless in the face of professional expertise and status, and may find themselves subtly manipulated or persuaded into accepting treatment that they neither fully understand nor really want.

Good communication has been identified as being an important factor in preventing misunderstanding between dentists and patients and reducing the risk of complaint or litigation. People typically bring law suits only when they have not been given sufficient information or have been misinformed (Vincent, Young, & Philips, 1994). Dentists who wish to avoid complaints must take time to communicate and give people the information that they want and take steps to ensure their proper consent to be treated has been given. The exchange of information necessary for patients to give and dentists to obtain informed consent depends on good communication and the skills involved in achieving it.

Nine key elements in the process of obtaining consent have been identified (King, Doyal, & Hillier, 2000). It starts with introductions, then moves to sharing of information about the presenting problem. Then comes discussing possible treatment options, including doing nothing, and then explaining any risks and expected benefits, costs, and the time likely to be involved. Then the dentist invites questions from the patient and determines whether the patient has understood. The eighth element is the patient and dentist reaching an agreement, and then finally comes the patient's explicit consent, which may be either written or verbal.

Obtaining a person's consent has often been equated with the patient signing a form. But signing a consent form is at most one of nine elements in the consent process and one that only comes at the end of the process. It cannot take the place of a proper dialogue. Indeed, forms may be daunting to the patient and may even detract from the face-to-face exchange that must be the basis for reaching agreement and obtaining explicit consent. Over-reliance on consent forms runs the risk of masking the real task of communication which must always be at the heart of the consenting process.

What follows is a report on a British research project that surveyed dentists' views about informed consent and also gathered observational data about dentists' practices, especially in comparison with the nine component stages just described. The question being asked in this research was how close to the ideal do practicing dentists typically come.

Methodology

The following discussion is based on the findings from a study entitled, "Consent in Dental Care," that was carried out in the United Kingdom (King, Doyal, &

Hillier, 2000) and considers specifically the views and practice of dentists regarding informed consent. The views of patients have been considered elsewhere (King, 2001). Three different methods were used to explore how dentists and patients reach treatment decisions. First, observations of dental consultations were made in hospital dental clinics of the British healthcare system during four consulting sessions. (Many hospitals in the British healthcare system have dental clinics that are the primary sources of dental care for many people. These clinics are not necessarily affiliated with dental schools and are not necessarily involved in the training of young dentists.) The observations were recorded immediately following the observation period. Then a postal questionnaire to consider dentists' views on informed consent was answered by a random sample of dental practitioners. 187 dentists took part. Finally, 20 dental clinicians were interviewed concerning their views about obtaining consent for treatment. This in-depth interview lasted for about an hour. The recorded data was categorised using qualitative methods.

Results

Observation on the Clinic

Observation of consultations in the clinic found that dentists did take time to explain dental problems to patients. For example, dentists and patients were often observed looking intently at X-ray pictures on a lit screen as dentists explained to the patient swhat was wrong with their teeth.

However, the treatment options and the risks and benefits were not generally discussed. Dentists most often simply told patients what they planned to do. They did not routinely discuss options, ask patients about their choice of treatment, or specifically involve them in treatment decisions. There was no obvious systematic approach to obtaining a patient's consent, compared for example with the systematic routine followed in taking a patient's medical history, which was a noted feature of the observed consultations.

The Postal Questionnaire

In reply to the postal questionnaire the large majority of responding dental practitioners (96%) had positive views about informed consent. They said that informed consent was very important and an essential part of the consultation, that it increased people's satisfaction with their dental treatment and that it avoided any future misunderstandings or possible litigation. Very few of the responses were negative (4%). The few negative comments that were made expressed the view that the dentist is the expert and therefore knows best, and that consent can simply be assumed when a patient makes an appointment.

General dental practitioners' response to the question, "How would you describe your own views on informed consent?" included, "It is essential," "very necessary," and "It is needed to avoid misunderstanding and possible ethical-legal problems later." Negative responses included, "The patient's presence is consent" and "I think the dentist should make decisions on behalf of the patient."

The Long Interview

In the long interview, dentists identified what they considered to be the practical value of informed consent. The benefits suggested by dentists fell into three categories, the benefits for patients, for dentists, and for the professional relationships that were established between them.

Dentists thought that people benefit from being involved in decision making and that informed consent made them more aware by offering information and choice. If they understand what is going on they are likely to be less anxious. As a result they are more motivated and more satisfied with the treatment they receive. Motivation is important in encouraging people to adopt favourable dental health practices and so enable them to take care of their own dental health. When people take control of their situation, this enhances their dignity. Dentists' comments included: "The principle value

Nine Component Stages in the Process of Obtaining Consent

(After King, Doyal, & Hillier, 2000)

- Making introductions
- Exploring the problem
- Outlining treatment procedures and options
- Explaining risks and benefits
- Explaining cost and time involved
- Inviting questions
- Checking understanding
- Reaching agreement
- Obtaining explicit consent

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is that the patient understands what they are letting themselves in for" and "If people have information they become empowered to change."

Dentists thought that they too benefit from informed consent. It helps to reduce stress for the dentist knowing that the patient has explicitly consented to be treated. People are likely to be more co-operative when they know and have a choice about what is happening to them, making treatment easier for the dentist. Treatment planning is more realistic when patients' views are taken into account. Obtaining informed consent helps to avoid complaints and possible litigation, which can be a source of considerable worry for any practitioner. In the long run, the time taken to obtain consent at the start is likely to save time and money for the dentist as the treatment proceeds more smoothly. As one dentist commented, "I think we need it and are better clinicians for it."

Taking the process of consent seriously in the dental consultation was seen by dentists as being of mutual benefit to dentist and patient alike. It helps to establish common aims, and responsibility for decisions is shared. This creates trusting, confident and mature professional relationships. Comments about the benefits of informed consent for relationships between dentists and patients included, "I think it improves relationships because you have actually had a discussion over something" and "You have prepared them, taken them through [the procedure], spend a bit of time, and explained things to them."

These findings suggest that dentists have favorable views about informed consent and they identify many benefits not only to patients but for themselves and for good relationships. However, observation in the clinic suggests that these ideals are not routinely applied in practice. There is a gap between what dentists think and what they do. Dentists still dominate the decision making process and patients have relatively little say although they do nominally give their consent.

Discussion

The issue of consent is becoming more important for dentists as more information about its ethical and legal significance becomes available to the public. Dentists must respond to growing public awareness and raised expectations. People now query professional opinion which they would once have accepted without question. The increasing emphasis on consent in people's lives challenges the dental community to develop good relational skills rather than to rely on people's passive acceptance of their expertise as they once did.

The ethical and legal principles of informed consent are validated as they are applied in practice. Even though a person's consent can never be fully informed, since no two people will ever reach a complete mutual understanding, seeking consent which is based on appropriate information and choice is an important ideal for dentists to work towards. An ethos in the dental profession where people's consent is taken seriously respects the rights of others to decide what happens to them. This ethos is a significant departure from the patterns of paternalism so common in health care in the past. Moral reciprocity, where people give to each other equal respect, promotes human worth and well-being. In the end, this is an issue of justice.

In addition, health must include not only physical well-being but also emotional well-being. The attitudes adopted by dentists towards consent are therefore as important as their technical skills in providing good health care for people. If dental treatment is imposed rather than consented to, then the health that dentists wish to promote is put at risk. There is a danger to health if relationships are formed by fear and distrust, because people do not understand and have not properly consented to their treatment. On the other hand, if knowledge is shared and dentists and patients work together to reach an informed consent, then a much healthier relationship is possible between them. The fair sharing of information, each listening to the other, helps to build therapeutic relationships between those who provide and those who receive health care (Novack, 1995).

Unfortunately, too great a concentration on the legal aspects of consent and the design of consent forms has drawn attention away from the clinical task of making sure that patients know what is happening to them in the dental clinic and that they have taken an active part with dentists in the treatment decisions that are being made. This negotiation enables both of them to take ownership of the treatment that is planned and eases the stress on both sides. By sharing responsibility for decisions, dentists enable dental treatment to become a partnership in which dentists and patients both actively participate.

That is, informed consent is far more than a means of protection against complaint or litigation. It offers a moral dynamic within the consultation which builds up a rapport between two people creating mutual confidence and trust. Sharing decision making establishes new and much healthier relationships than the authoritarian attitudes that once characterised much of dentistry. To make this more of a practical reality in the dental clinic, more consideration must be given in dental education to the communication skills that are needed so that dentists' high ideals about the benefits of informed consent are applied in everyday dentistry.

Conclusion

"I did not want to do anything without your consent so that your acts...might be a matter not of compulsion but of your own free will" (From the Letter of Paul to Philemon, Philemon 1:14).

The research summarized here indicates that most dentists do think positively about informed consent as a principle. Dentists are also aware of the many potential benefits to patients, to dentists, and to their relationships in clinical practice. This is especially so in reducing stress and increasing cooperation and satisfaction, as well as avoiding the possibility of misunderstanding or complaint. However, observation of dentists' actual practice in the clinic suggests that dentists do not generally approach obtaining consent in a systematic way and that steps are not always taken to actively involve patients in making treatment decisions. The dental community, in its moral education, good practice, and professional discipline, has a responsibility to ensure that systematically obtaining peoples' informed consent to treatment becomes a more deliberate and routine part of the dental practice. Then patients can be confident that no treatment will be carried out without explanation, choice, and their explicit informed consent. ■

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