COMPLIANCE OF INFORMED CONSENT FORMS FOR SURGICAL AND ANASTHESIA PROCEDURES AT MAX SUPER SPECIALITY HOSPITAL, SAKET, NEW DELHI

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INTRODUCTION

It is an agreement or permission accompanied by full information on the nature, risks, and alternatives of a medical procedure or treatment before the physician or other health care professional begins the procedure or treatment. After receiving this information, the patient either consents to or refuses such a procedure or treatment.

PURPOSES

- The informed consent process enables the physician to comply with the legal requirement to "disclose sufficient facts and information which are necessary to form the basis of an intelligent consent by the patient"
- It improves patient compliance, thus increasing the chance for a better result.
- Patient education regarding risks is perhaps the most powerful risk prevention tool available to physicians.
- Going through the process of informed consent gives the physician the opportunity to document having done so.

OBJECTIVE:

- To obtain the most unattended column/area of the informed consent forms for the anaesthesia and surgical procedures.
- To determine the reasons for the incompletion of surgical and anaesthesia consent forms.
- To give recommendations for further improvement in the processing of informed consent undertaking.
- To investigate the failure to obtain informed consent as an allegation in medical malpractice claims for patients undergoing a surgical and anaesthetic procedure.

RESEARCH METHODOLOGY:

Type of study: Descriptive study

Study population: Hundred ethnically diverse patients enrolling for surgical procedure and procedure requiring anaesthesia at Max Super Speciality Hospital, Saket, Delhi

Study area: Operation theatres and surgical ICU in Max Super Speciality Hospital, Saket, Delhi

Duration of Study: 3 Weeks

Type of Data: Quantitative

Technique: Checklist prepared for compliance informed consent forms

Sample size: 100

Sampling technique: convenient sampling

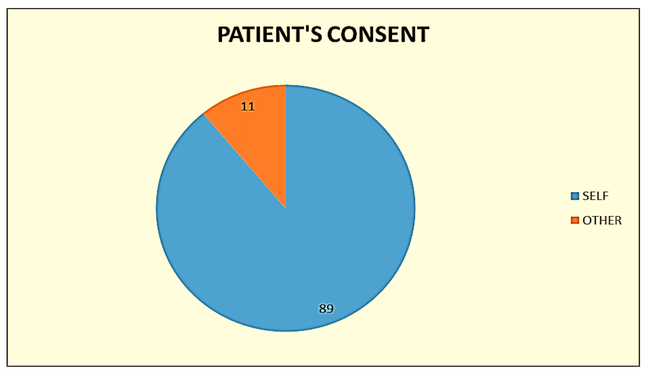
Data collection: Primary and Quantitative (3 weeks)

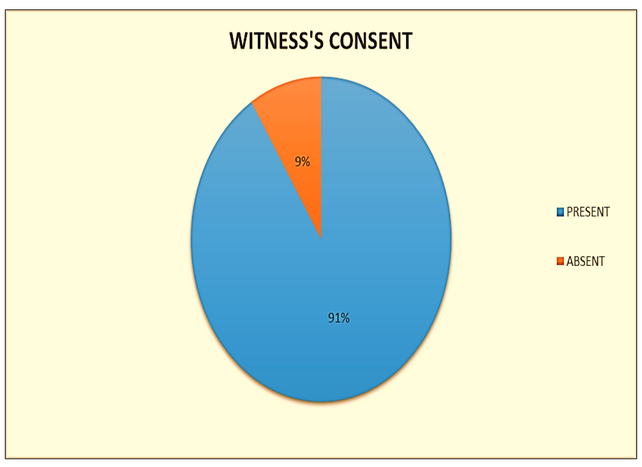
Data entry: Manually

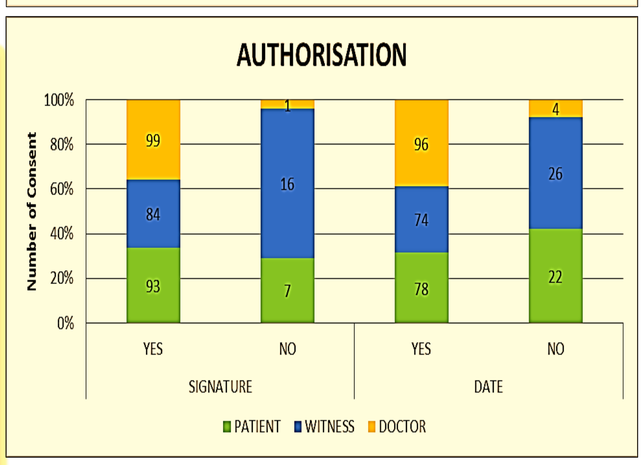
Data Analysis: Using bar charts, pie charts in Microsoft Excel

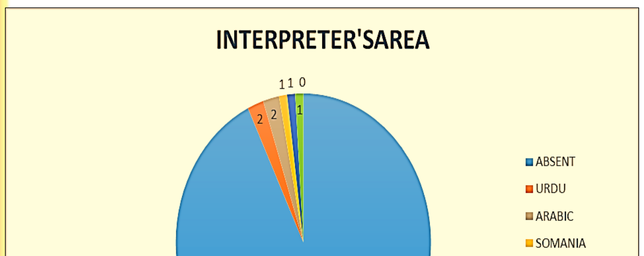
DATA ANALYSIS

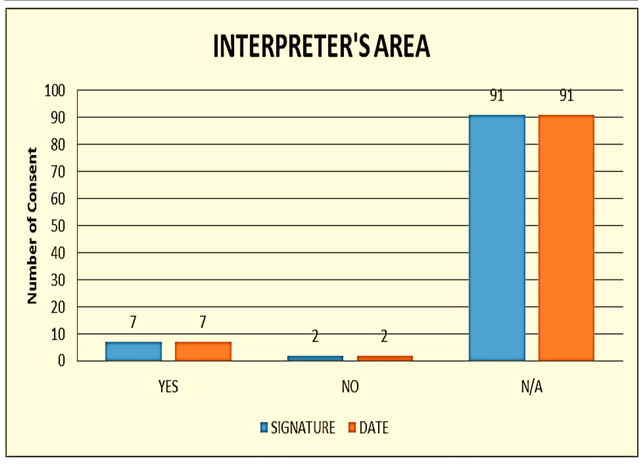
For surgical consent forms-



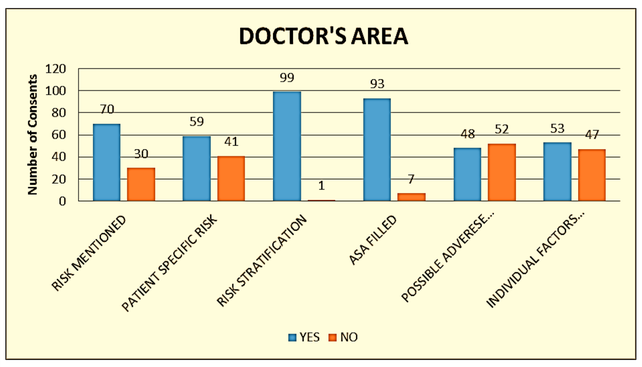


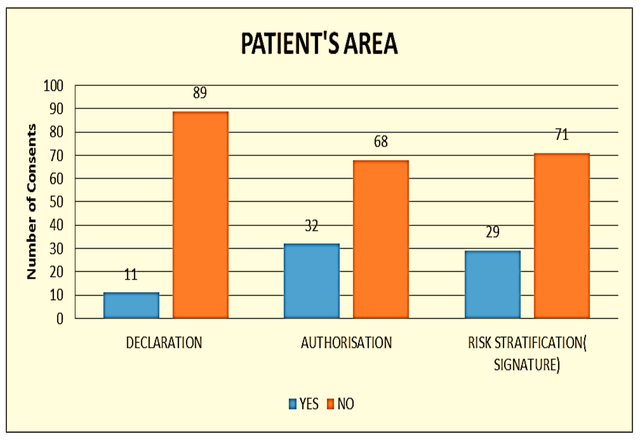


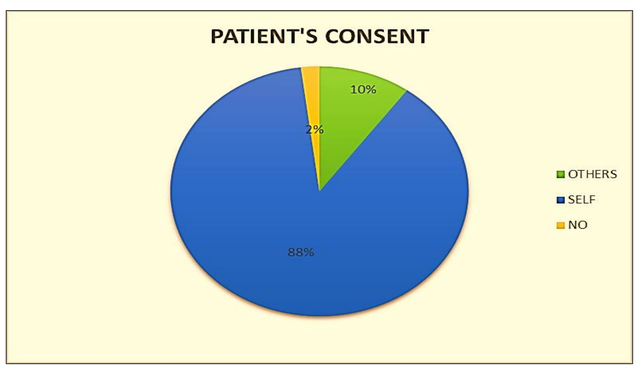


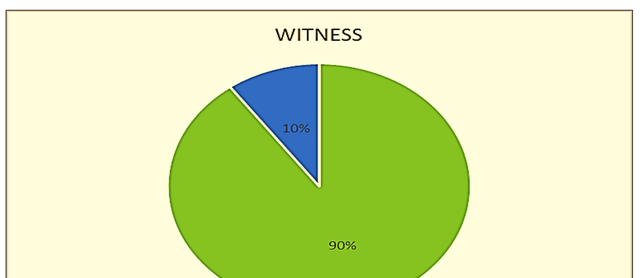


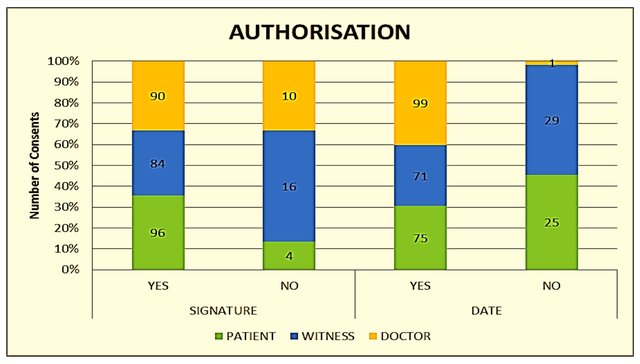
For anaesthesia consent forms-

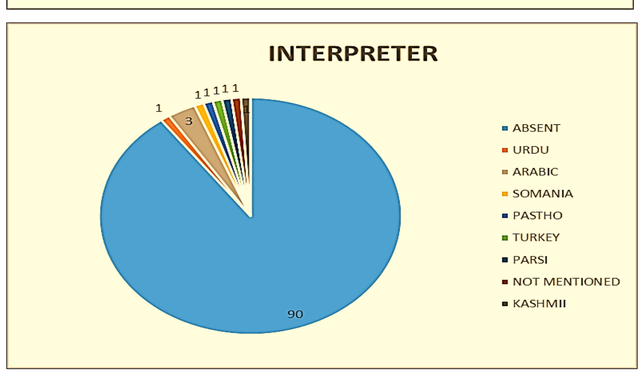


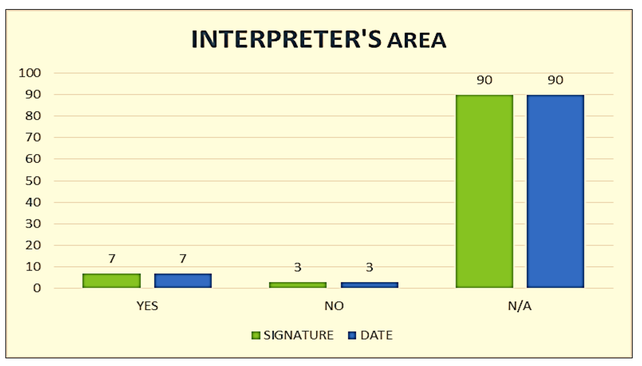












Touch points in achieveing 100% compliance:

- Basic details of patient missing.
- Subject signature and person obtaining consent are on different dates.
- Diagnosis and procedures in surgical consent forms are written in abbreviated forms. Future referral in these cases seems to be difficult.
- Before the surgery when patient kept in pre-operative area, procedure of countersigning the consent by the surgeon is adhered except in few cases.
- Sometimes due to time restrictions, obtaining an accurate signature may not be of priority.
- Medical jargons
- Name of the doctor authorizing the consent is minimally readable.
- In case of anesthesia consent forms, ASA stratification are marked but patient are not informed about the criteria for this stratification.
- In only 39% cases, risk stratification is counter signed by patient.
- Obtaining an accurate signature may not be of priority.
- Obtaining consent is majorly performed by doctors except in few cases, where procedure is done by junior resident and consultants.

RECOMMENDATION:

- Informed consent should be taken by a consultant or registrar able to perform the procedure and deemed competent in obtaining informed consent.
- All consent forms should be completed legibly in block capital letters.
- The risks and benefits of alternatives, risks and benefits of not receiving treatments or undergoing procedures need to be mentioned in consent forms.

OPTION	GOOD FEATURE	BAD FEATURE

- Patient decision should be included.
  - ✓ *I want to make the decision with the physician .*
  - ✓ *I want extensive information; the physician can give an opinion, but the decision is mine.*
  - ✓ *I want my physician to decide for me.*
- Make use of decision aids, interactive media, graphical tools and other aids to enhance shared decision making and effectively asses and present risks during shared decision making.
- Use tools such as the teach-back method to determine whether patients understand the risks, benefits, and alternatives to treatment.
- Provision of multiple language forms should be provided as per patients need. Single language forms will make forms more descriptive as well as lesser in page.
- Need for regular workshop
- Sufficient time to subject to think over information provided by practitioner as patient have authority to withdraw his consent anytime.