Assessment of knowledge and attitude towards informed consent among private dental practitioners in Davangere city - A Cross-sectional survey

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Abstract

Background: Adherence to a code of ethics helps in maintenance of the doctor-patient relationship. Informed consent as a part of ethics is the process by which the treating healthcare provider discloses appropriate information to a competent patient so that the patient may make a voluntary choice to accept or refuse treatment. Informed consent comprises of implied and expressed consent. Aim: To assess the knowledge and attitude towards informed consent among private dental practitioners in Davangere city. Materials and methods: A descriptive cross-sectional survey was conducted among 122 private dental practitioners in Davangere city. An 18 item pre-validated structured close ended questionnaire was administered to the participants. Data was analyzed using chi-square test to assess the categorical data. Statistical significance was set at p ≤ 0.05. Results: Out of 122, the percentage of participants with work experience less than five years was 38%, between six to ten years was 25% and more than ten years was 37%. A total of 60% participants have MDS degree, while the rest 40% are BDS graduates. Among all, private practitioners (70.4%) between the ages of 25-45 years explain about the economic involvement regarding the procedure to patients. MDS practitioners among all participants take consent for non-surgical procedure (32%). They provide a copy of consent form if patients want (40.2%) and 58.4% explain the procedure before starting the treatment. Conclusion: The current study showed unbalanced knowledge among dental practitioners about informed consent. General dental practitioners have less knowledge about informed consent. The attitude towards its use in clinical setting was found to be satisfactory.

Key words: Informed consent, Dental ethics, Knowledge, Attitude, Dental practitioners

Introduction

The term “health” is a positive and dynamic concept. In common parlance, it implies the absence of disease. The World Health Organization has defined health as “a complete physical, mental and social well-being and not merely the absence of disease or infirmity”. In recent years, this statement has been amplified to include the ability to lead a “socially and economically productive life.”1 Good health is important because a man of health can enjoy great happiness during lifetime.

To achieve better health, development of good practitioner-patient relationship has been considered as an essential attribute.2 Adherence to a code of ethics helps in the maintenance of the doctor-patient relationship. The word “ethics” is derived from the Greek word “ethos” meaning custom or character. It is the philosophy of human conduct, a way of stating and evaluating principles by which the problems of behaviour can be solved. Principles of ethics include confidentiality, truthfulness, beneficence, non-maleficence, justice and respect for persons which...
includes autonomy and informed consent. The concept of consent in medicine comes from ethics, and the Hippocratic Oath is one of the ancient forms of medical ethics. Medicine is essentially a moral practice constituted by intrinsic moral convictions in which trust is an indispensable factor. The changing medical practice of the 20th Century has given place to patient autonomy and informed consent. The age old paternalistic approach has been replaced by the patient’s right to self-determination which is recognised and protected by law. Patients are demanding better and more information about their healthcare. Some have taken legal action when they have concluded that their clinician has failed to provide sufficient information about the outcome of selected treatment.

Keeping these scenarios in mind, the Dental Council of India is focusing more in maintaining ethics among dental practitioners. Consent is a voluntary acceptance or agreement of what is planned or done by another person. Not taking consent is considered as deficiency in Medical and Dental Services under the Section 2 of the Consumer Protection Act. Consent is a fundamental and established principle in the Indian Law. Informed consent is the process by which the treating healthcare provider discloses appropriate information to a competent patient, so that the patient may make a voluntary choice to accept or refuse treatment. This disclosure includes disease or condition of patients, necessity and options of the treatments, complications and risk related to that disease and treatment, cost and expected outcomes. In the field of dentistry, informed consent gained recognition in the mid-1980s, and over the years this element has been covered in academic teaching.

Informed consent comprises of implied and expressed consent. Implied consent is often considered by the observing the patient’s attitude and is applicable mostly to the non-invasive procedures such as consultation, examination and diagnosis. On the other hand, expressed consent is a formal type of permission related to more invasive procedures, including the nature of decision for the procedures to be undertaken, reasonable alternatives to proposed interventions, the relevant risks, benefits related to each procedure, understanding of patient about the procedures and acceptance for intervention. In dental practice, verbal consent is one form of expressed consent and it is used adequately for routine dental treatment such as dental filling and extraction, whereas in written consent another form of consent is taken for more extensive treatments such as procedures requiring sedation and analgesia.

The use of informed consent prevents malpractices in dental practice. This also helps the dentist to develop good patient-doctor relationship by discussing the treatment modalities with them and their concerns towards treatment. Literature search shows that no surveys have been done in Davangere city to assess the knowledge and attitude towards informed consent among private dental practitioners. This study is an attempt to assess the knowledge and attitude towards informed consent among private dental practitioners in Davangere city.

**Research Question**
What is the knowledge and attitude towards informed consent among private dental practitioners in Davangere city?

**Methodology**
This is a descriptive, cross-sectional questionnaire survey. The list of total number of private dental practitioners was collected from the District Hospital Office, Davangere. The data was then collected from private dental practitioners at their respective dental clinics. All the private dental practitioners (122) in Davangere city who consented to participate formed the study sample. Ethical approval was obtained from the Institutional Review Board of Bapuji Dental College and Hospital, Davangere.

**Description of research instrument**
A pre-validated questionnaire was taken from studies done in different areas of the country. Questionnaire consists of three sections. The first section is meant for collecting demographic characters. Second section consists of ten questions to assess the knowledge and the third section comprises of five questions to assess the attitude of private dental practitioners towards the use of informed consent. To rate the students’ response to knowledge related questions (ten questions), one point will be assigned to each correct answer. An
additional one point will be assigned to each of the correct answers for attitude related questions (eight questions). It took 15–20 minutes to complete the survey.

**Statistical analyses**

The data was compiled systematically in Microsoft Excel spreadsheet and subjected to statistical analyses using Statistical Package for Social Sciences (SPSS) version 20 software. Descriptive statistics was expressed in terms of percentages. Data was analyzed using chi-square test to assess the categorical data. Statistical significance was set at \( p \leq 0.05 \).

**Results**

This cross-sectional survey was conducted on 122 private dental professionals in Davangere city (Table 1 and 2) showing the demographic details in the form of percentage of responses regarding knowledge and attitude towards informed consent.

**Table 1: Frequency of responses regarding knowledge**

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Yes (%)</th>
<th>No (%)</th>
<th>Not sure (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you know what an informed consent is?</td>
<td>118(96.7)</td>
<td>2(1.6)</td>
<td>2(1.6)</td>
</tr>
<tr>
<td>2. Do you know what verbal consent is?</td>
<td>115(94.3)</td>
<td>3(2.5)</td>
<td>4(3.3)</td>
</tr>
<tr>
<td>3. Do you know what written consent is?</td>
<td>121(99.2)</td>
<td>1(0.8)</td>
<td>0</td>
</tr>
<tr>
<td>4. Should signature be taken even if it is verbal consent?</td>
<td>75(61.5)</td>
<td>28(23)</td>
<td>18(15.1)</td>
</tr>
<tr>
<td>5. Should the patient consent be taken before treatment?</td>
<td>120(98.4)</td>
<td>2(1.6)</td>
<td>0</td>
</tr>
<tr>
<td>6. Should the patient consent be taken after treatment?</td>
<td>39(32)</td>
<td>70(57.4)</td>
<td>10(8.2)</td>
</tr>
<tr>
<td>7. Do you know that consent should be obtained for disabled/child patient?</td>
<td>113(92.6)</td>
<td>4(3.3)</td>
<td>2(1.6)</td>
</tr>
<tr>
<td>8. Does patient’s consent help with the treatment?</td>
<td>109(89.3)</td>
<td>7(5.7)</td>
<td>5(4.1)</td>
</tr>
<tr>
<td>9. Are you aware that one copy of the informed consent form should be given to the patient if asked for?</td>
<td>105(86.1)</td>
<td>6(4.9)</td>
<td>9(7.4)</td>
</tr>
<tr>
<td>10. Are you aware of the Consumer Protection Act?</td>
<td>118(96.7)</td>
<td>2(1.6)</td>
<td>1(0.8)</td>
</tr>
</tbody>
</table>

Among all the participants, 61.5% of participants are males and rest 38.5% are female (Graph 1).
Majority of private dental practitioners who are qualified as MDS (60%) are aware that one copy of the informed consent form should be given to the patient if asked for. Similarly, 40% general dentists agreed with the same (Graph 2). The percentage of participants with a work experience of less than five years is 38%, between six to ten years is 25% and more than ten years is 37% (Graph 3).

Private dental practitioners (25.4%) with a clinical experience of more than ten years did not agree that the patients consent can be taken after treatment while practitioners (18.8%) with the work experience of less than five years agreed.

**Table 3**: Distribution of participants regarding explanation about economic involvement to the patient

<table>
<thead>
<tr>
<th>Age</th>
<th>Participants' response</th>
<th>χ²</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>Some times</td>
<td>Always</td>
<td></td>
</tr>
<tr>
<td>Below 25</td>
<td>1(0.8)</td>
<td>4(3.3)</td>
<td>2(1.6)</td>
</tr>
<tr>
<td>25-45</td>
<td>3(2.5)</td>
<td>6(4.9)</td>
<td>4(3.5)</td>
</tr>
<tr>
<td>&gt;46</td>
<td>0</td>
<td>0</td>
<td>14(11.5)</td>
</tr>
</tbody>
</table>

χ² - Chi square value; p – probability value; * - significant result

**Table 4**: Distribution of participants regarding explanation about economic involvement to the patient

<table>
<thead>
<tr>
<th>Qualification</th>
<th>Participants' response</th>
<th>χ²</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>Some times</td>
<td>Always</td>
<td></td>
</tr>
<tr>
<td>BDS</td>
<td>12(9.8)</td>
<td>29(23)</td>
<td>9(7.4)</td>
</tr>
<tr>
<td>MDS</td>
<td>6(4.9)</td>
<td>39(32)</td>
<td>28(23)</td>
</tr>
</tbody>
</table>

χ² - Chi square value; p – probability value; * - significant result

Among all, the private practitioners (70.4%) between the ages 25-45 years explain about the economic involvement regarding the procedure to patients (Table 3). MDS practitioners among all participants take consent for non-surgical procedure (32%) (Table 4). They provide a copy of consent form if patients want (40.2%) and 58.4% explain the procedure before starting the treatment (Table 5). Out of all, the participants with a work experience of less than five years (43%) agreed that they take consent for surgical procedure followed by participants with work experience of more than ten years (27%).

**Discussion**

This cross-sectional survey was conducted among 122 private dental professionals in Davangere city, Karnataka, to assess the knowledge and attitude toward informed consent. This is the first study conducted to assess the same among private dental professionals of Davangere city.

In this present study, knowledge and attitude showed significant association with qualification, work experience and age of dental professionals. Majority of significant responses were obtained from practitioners with work experience of more than ten years and with post graduate degree. This might be due to more clinical exposure and independency among practitioners. Institutions may also play an important role in providing knowledge and experience towards ethics to the perusing dentist. A total of 100% response was obtained from the dental practitioners.

Out of all, 96% dental professionals acknowledged that what an informed consent is an important part of Dentistry. These results are in accordance with a
study done by Gupta et al.10 which found that 97.4% of participants considered informed consent as a crucial part of dentistry.

Regarding the types of informed consent, 94.3% professionals know about verbal consent and 99.2% have knowledge about written consent. This might be due to the fact that patients are nowadays more knowledgeable and aware about their rights, and this makes dentist more concerned and alert about the patient and their treatment. Regarding the knowledge towards consent, males have shown better response in comparison with the females.

Regarding the treatment for children and disabled patients, 92.6% of practitioners have knowledge about obtaining consent from the concerned, and only 7.2% are not aware of this type of consent. Majority of dental professionals (68%) believe that patient’s consent can help in the treatment, it can also help communicate the patient’s views and decision during treatment planning and thereby improve doctor-patient relationship.

Regarding dental procedures, 93.4% of dental professionals explain the procedure before starting the treatment, which might help in better cooperation and positive attitude in patients towards the dentist and the treatment. Similar result was seen in the study done by Pradhana et al.7 where 51% of dental professionals agreed to the same. Out of all, 91% of dental professionals always explain about the risks and complications related to the dental problem and treatment that could help in better acceptance by the patient. Similar results were found in the study done by Kottresheti et al. in which 84% of dental professionals explain about the complications and failure of the treatment.

Around 83% of dental professionals explain about the economic involvement regarding the procedure to patient. But, in contrast with the present study, in the study done by Pradhana et al.,7 62% dental professionals do not explain about charges to the patient. Considering India, economic diversity can be seen anywhere which can affect or deviate treatment plan towards alternative. It is very important to maintain transparency related to finance in front of patients.

The Consumer Protection Act (CPA) is meant to protect the rights and interests of consumers, those who hire or avail services from others. Majority of dental professionals (96.7%) who are aware of CPA included practitioners who are male with MDS degree and a work experience of less than five years. Awareness towards CPA showed that they are well equipped to deal with litigations that may arise in their dental practice. Study done by Khare et al.4 also showed 84% awareness towards CPA. Study done by Gupta et al.10 showed 53% practitioners who are not sure about the CPA awareness.

As this study is based on the questionnaire which was distributed to the dental professionals for self-reporting, this subjectivity may lead to over or underestimation of the knowledge and attitude of dental professionals.

**Conclusion**

The current study showed unbalanced knowledge among dental practitioners about informed. General dental practitioners have less knowledge about informed consent. The attitude towards its use in clinical setting was found very towards satisfaction. Practitioners with master’s degree and more work experience have better knowledge and attitude towards consent.

**Recommendations**

Continued dental education programs should be conducted for dental students as well as dentists who all are practicing to keep them updated.

Training for ethics related issues, medico-legal rules and policies and Consumer Protection Act should be given importance.

This study can help researchers in future for further researches to find more significant association between knowledge and attitude towards informed consent among dental professionals.

**Acknowledgement**

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Reference