



## A COMPARATIVE ANALYSIS OF KNOWLEDGE ABOUT CONSENT IN MEDICAL PRACTICE - AMONG II MBBS STUDENTS IN A MEDICAL COLLEGE IN NORTH TAMILNADU - INDIA - A QUESTIONNAIRE BASED STUDY.

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### ABSTRACT

Knowledge about informed consent is fundamental in day to day practice of medicine.<sup>1,2</sup> Litigations which were once common in developed countries have come to stay in India. In medical practice, consent becomes valid when it involves voluntariness, capacity and knowledge.<sup>3,4</sup> If the doctor fails to provide all the information regarding the disease and treatment, the doctor may be charged for negligence. This study was carried out among II MBBS students at the Department of Forensic Medicine, Government Villupuram Medical College, North Tamilnadu. It was undertaken to assess the depth of knowledge of Students about Consent in Medical Practice and to compare the knowledge before and after classroom learning sessions. Improving the informed consent process is a constant concern of teachers so that budding doctors practice without legal problems.<sup>5</sup> Students' scores improved since they understood the basic concepts better during interactive lectures and small group discussions.

**KEYWORDS :** Informed consent, Litigations, Medical practice.

### INTRODUCTION

Consent is defined as – Two or more persons are said to consent when they agree upon the same thing in the same sense according to Section 13 of the Indian Contract Act.<sup>6</sup> Consent represents the legal and ethical expression of the basic right to have one's autonomy and self – determination (Article 21). The element of Consent is the only principle that forms the base in all health care treatments.<sup>1</sup> Consent in medical practice implies to voluntary permission or authorization by the patient to perform an act on his body either for diagnosis or therapeutic procedure.<sup>7</sup> Consent may be of different types such as – Implied or Expressed consent. Expressed consent may be a) verbal b) written.<sup>8</sup> In India in the recent years there is increase in the awareness of the patients. Since the Medical profession is also brought under the Consumer protection Act the teaching of the rules of Informed consent to the MBBS students has become essential. These students are the future doctors who work with the public in the community. So, a complete knowledge of Consent in all circumstances is mandatory. In the recent UGC curriculum prescribed by the Medical Council of India Consent is included as discussed as a core competency.

### MATERIALS AND METHODS

**Study Design:** It is a cross-sectional Questionnaire based Study among II MBBS Students.

**Setting:** Department of Forensic Medicine, Government Villupuram Medical College, Villupuram, North Tamilnadu.

**Study Period:** 15th March 2018 to 31st November 2018.

**Inclusion criteria:** All II MBBS students who were present in the class on that day.

**Exclusion criteria:** All II MBBS students who were absent for the class.

**Methodology:** Students of II MBBS in GVMC attending Forensic Medicine were involved in the study. Institutional Ethical Committee clearance was obtained. The Questionnaire which consists of 20 questions was administered. In the next session – a Lecture and Small group discussions about "Consent in Medical Practice" were taken. The same Questionnaire was administered again. Test scores of students before and after sessions, were compared and statistically analyzed with appropriate statistical tool like paired "t" test.

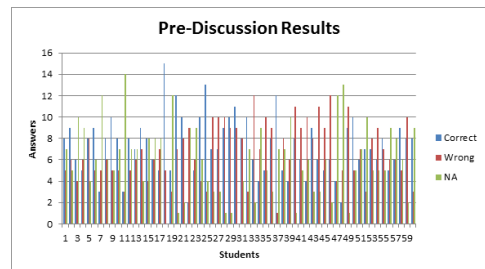
**Ethical consideration** – Ethical committee clearance was obtained.

**Conflict of Interest:** Nil

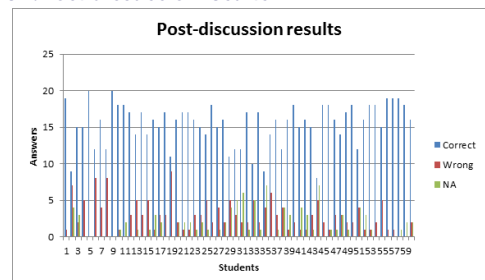
### RESULTS:

There was statistically significant improved performance after discussions, with  $p < 0.001$ . The students experienced improvement after classroom learning sessions. Students' scores improved since they could understand the basic concepts taught to them in the lecture and small group discussion.

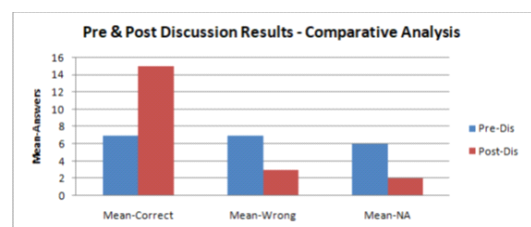
**Figure 1: Pre-Discussion results**



**Figure 2: Post-discussion results**



**Figure 3: Pre & Post Discussion results – Comparative Analysis**



**Table 1 – Results of paired t test for correct answers**

Paired t test			Correlation-> 0.03411467	
	Group 1	Group 2	Mean diff.	-8.18333333
Mean	7.28333333	15.4666667	SE	0.49144757
SD	2.64953892	2.82522935	t value	-16.651488
N	60	60	df	59
			two-tailed p	5.7256E-24

**Interpretation:** There is strong evidence ( $t = -16.65, p = 5.7E-24$ ) that the teaching intervention improves correct answers. In this data set, it improved correct marks, on average, by approximately 8 points which is the mean difference. Hence we can reject the NULL Hypothesis  $H_0$  and accept  $H_1$  and conclude that the teaching intervention has made a significant change on the subject.

**Table 2 – Results of paired t test for wrong answers**

Paired t test			Correlation-> -0.08681595	
	Group 1	Group 2	Mean diff.	3.98333333
Mean	6.81666667	2.83333333	SE	0.44878472
SD	2.60697673	2.08437827	t value	8.87582217
N	60	60	df	59
			two-tailed p	1.8408E-12

**Interpretation:** There is strong evidence ( $t = 8.88, p = 1.84E-12$ ) that the teaching intervention reduces wrong answers. In this data set, it reduced wrong answers on average, by approximately 4 points which is the mean difference. Hence we can reject the NULL Hypothesis  $H_0$  and accept  $H_1$  and conclude that the teaching intervention has made a significant change on the subject.

**Table 3 – Results of paired t test for not applicable answers**

Paired t test			Correlation-> -0.11605682	
	Group 1	Group 2	Mean diff.	4.23333333
Mean	5.91666667	1.68333333	SE	0.52095451
SD	3.38637182	1.83646369	t value	8.12610945
N	60	60	df	59
			two-tailed p	3.3496E-11

**Interpretation:** There is strong evidence ( $t = 8.13, p = 3.35E-11$ ) that the teaching intervention reduces choice of “not applicable” answers. In this data set, it reduced “NA” answers on average, by approximately 4.2 points which is the mean difference. Hence we can reject the NULL Hypothesis  $H_0$  and accept  $H_1$  and conclude that the teaching intervention has made a significant change on the subject.

**DISCUSSION:**

Though the II MBBS students have some basic knowledge of informed consent, it is deficient in certain principles such as competence to give consent and consent in special situations like emergency, in a child and in an insane person.

According to a study by AlMahmoud, Tahra et al that was done in United Arab Emirates University among final year clinical clerks, similar to our study there was heightened perception among final year medical students of the need for greater attention to be paid to informed consent education.<sup>9</sup>

In our study we have concluded that a teaching intervention such as, Small group discussions made a significant change on the subject. Similarly in a study by Mehta KH et al conducted among anesthesia residents in Ahmedabad, Gujarat, India they have observed that the knowledge and communication skills required for obtaining Informed consent was improved significantly after role play.<sup>10</sup>

In a study by Sarah R. Vossoughi et al among third and fourth year medical students in the University of Vermont, College of Medicine, Burlington, most respondents indicated that they have already received some kind of Informed consent training, only 60% felt that the training was adequate for Informed consent for transfusions and procedures.<sup>11</sup>

Teachers need to understand the deficient areas of Informed consent taking and concentrate on them.

Students should be taught clearly about the basics of informed consent to enable them to work with ease in the community without litigations.

**CONCLUSION:**

The students of II MBBS have some knowledge about Consent. But it is deficient in certain areas such as competence to give consent, and consent in special situations like in emergency, in a child, in an insane person.

These students understand about the basics and principles of Consent in Medical Practice only in the IIMBBS when they are in the Department of Forensic Medicine and Toxicology. These students develop the skill when they are residents.

The litigations against doctors are on the rise and further now since the doctors are brought under the Consumer protection Act the teaching of the rules of Informed consent to the MBBS students has become mandatory.

Teachers need to understand the deficient areas of Informed consent taking and concentrate on them.

Students should be taught clearly about the basics of informed consent to enable them to work with ease in the community.

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