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ROLE OF INFORMED CONSENT IN CLINICAL DECISION MAKING

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ABSTRACT In recent decades, the clinical procedures surrounding informed consent in healthcare settings have experienced a revolution for the better. However, the method by which doctors get informed consent is still challenging. The causes of this ambiguity are numerous. Part of the doubt stems from the intellectual dullness of key foundational notions. The complexities of therapeutic communication, the importance of autonomy, and the changing nature of the doctor-patient relationship have all contributed to the ongoing uncertainty in many clinical settings. Many patients who face medical dilemmas are unsure of which therapy options to take. The informed consent helps in minimizing uncertainty and empowering patients' in choosing clinical decisions.

KEYWORDS : Autonomy, doctor-patient relationship, value, shared decision-making

INTRODUCTION

In health care, clinicians must include their patients in shared decision making to provide facts, probe for and ensure understanding and voluntariness, and nurture adequate decision making [1]. According to medical ethics, the concept of autonomy is a fundamental principle. The virtue of autonomy is the single most critical value for informed consent [2]. The rationale for developing informed consent is founded on the premise that the professional doctor has authority over the professional-client decision-making process, and that normal contracting standards are insufficient to protect the patient's values and interests.

Control over how clinical work is conducted and evaluated is characterized as professional autonomy. This autonomy is regarded to be important because the professional's services entail the application of specialized knowledge. Patients lack specific clinical expertise and hence are unable to evaluate how medical treatments should be delivered. The medical professionals are obligated to share some of his or her specialized knowledge with the patient, and the patient can participate in the shared decision-making process in evaluating risk, benefits, alternate treatments and voluntarily able to select recommended treatments.

Many healthcare practices fail to execute the informed consent doctrine and fail to protect patient's rights and dignity. This occurs as a result of doctors' skepticism regarding the right to informed consent, patients' indisposition to make decisions, overcrowding in healthcare facilities, and the lack of clear rules for implementing informed consent. Professional reluctance, a lack of expertise, a lack of time, and other challenges may all contribute to the lack of widespread adoption and implementation of shared decision-making and taking up of informed consent in clinical settings. The patient is traditionally viewed as a passive, cooperative person in the doctor-patient relationship. The patient's only responsibility is not only to seek professional assistance and to work together with doctor in clinical decision making, acceptance of recommended treatment and giving informed consent. Several variables have contributed to the conventional doctor-patient power imbalances like dominance, communication obstacles, job pressure, occupational risk awareness, doctors' social status, hospital settings, [3] age, gender, socio-economic status, ethnicity, consultation time, and consultation style [4].

Doctors must make judgments about what their patients should do if they are to respect patient autonomy and act as moral actors. It's still unclear why doctors avoid making value judgments about what patients should do, or what is best for them to do. These value judgments can be difficult to discern because peer groups rarely review the professional work of doctors in private clinical practice's, making it difficult to monitor how professional work is carried out in clinical settings. The most important factor to consider when assessing a doctor's autonomy is whether or not they influence the patient's desired clinical outcomes. The doctrine of informed consent, as implemented in doctor-patient relationships, frequently fails to achieve its primary goal; i.e., to protect the interests, rights, and dignity of patients in doctor-patient relationships in clinical settings. Usually, doctors empower patients to make a clinical decision to willingly accept recommended evidence based clinical treatment.

Informed Consent Promotes Patient Autonomy

The instrument used to control the relationship between doctors and patients is informed consent, which is defined as respect for autonomy. Its foundation is based on the rights and responsibilities that define these interactions. Informed consent's major goal is to promote human rights and dignity, and it's a requirement that encourages patients to participate in healthcare decision-making. Patients' participation in shared clinical decision-making stems from the principle of respect for persons, which states that autonomous individuals' choices must be honored, while those with limited autonomy must be protected. Individuals who are autonomous are self-governing and capable of making responsible decisions for themselves. Autonomous decisions are those that are made with intention, knowledge, and without the use of coercion [5]. Freedman explains informed consent as arising *"From the right which each of us possesses to be treated as a person, and in the duty which all of us have, to have respect for persons, to treat a person as such, and not as an object. For this entails that our capacities for personhood ought to be recognized by all these capacities including the capacity for rational decision and for action consequent upon rational decision"* [6]. Doctors can actively promote autonomy and free choice as values that are vitally important at doctors' offices, clinics, and hospitals to ensure that they are a part of every doctor-patient engagement. The right to self-determination refers to *"the right of individuals to make their own decisions without interference from others"* [7]. The Nuremberg Code specifies four qualities of an appropriate informed consent: it must be informed, competent, voluntary, and understanding. Only genuinely freely informed consent will be considered morally acceptable.

Ethical principles of Biomedical Ethics

In many domains, including law, moral philosophy, social and behavioral sciences, and health professions, and the history of informed consent is critical. The term "*effective consent*" refers to the "*social principles of consent that must be followed in order to gain legally valid consent from patients and subjects prior to therapeutic interventions or research*" [8]. Informed consent is an autonomous authorization that individuals give to authorize medical intervention or participation in clinical research [9]. The principle of respect

for autonomy (self-governance), the principle of nonmaleficence (obligation not to harm others), the principle of beneficence (obligation not to harm others while also contributing to their welfare), and the principle of justice are four ethical principles that are particularly relevant to biomedical ethics (fairness, equality, entitlements). The ideals of respect for autonomy and beneficence are especially relevant to the philosophy of informed consent as it applies to therapeutic settings.

The notion of respect for autonomy is sometimes classified as a positive or negative commitment by philosophers. "Autonomous activity should not be subjected to regulating restraints by others," this concept asserts as a negative requirement [10]. Respect for autonomy, as a positive responsibility, necessitates "respectful treatment in sharing facts and supporting independent decision-making [10]. Self-determination abilities such as knowing, determining, thinking, and making independent choices are among the characteristics of an autonomous individual. Consider the autonomous option, which is about genuine self-sufficiency rather than self-governing competence, for the reason of decision making. The principle of beneficence demands moral agents to actively benefit others rather than simply avoid injuring others, as the concept of non-malfeasance does [11].

Because the moral life entails risks or incurs costs in addition to creating any benefits or eliminating any damage, the principle of utility is an essential extension of the principle of positive beneficence. One must examine which behaviors create sufficient benefits to justify their costs in order to be beneficent [12]. The debate over whether patient autonomy should take priority over professional beneficence dedicated to patients remains at the center of biomedical ethics [13].

Competence, Disclosure, and Manipulation

Competence (defined as "the ability to accomplish a task"), autonomous decision-making, and the validity of informed consent are all intertwined in decision-making. This is significant because incompetent people are unable to provide valid informed consent [14]. Disclosure is an obligation of doctors, as it is in any therapeutic therapy because their skill and devotion are to the patient's wellbeing. As a result, courts only accept expert testimony from medical professionals as proof that a patient's right to knowledge has been violated [15]. The goal of disclosure is to ensure that patients are aware of all pertinent information about their medical conditions and thus provide valid permission. Another point of contention is that some patients have extremely limited knowledge bases, making communication about new or unfamiliar procedures challenging, especially when the new material incorporates new concepts or cognitive constructs [16]. The items required for disclosure are: an explanation of the clinical treatment's purpose, a description of the treatment; a description of the risks and potential benefits of the proposed treatment to the patient; a description of alternatives available to the patient if they choose not to take the treatment; a description of confidentiality protections; and information on whom they can contact with questions. Manipulation refers to a variety of techniques for influencing others, including non-coercively manipulating actual available options or non-persuasively changing other people's views of those options [17]. Most bioethicists agree that competent patients' informed permission is morally required, implying that they have thoroughly described the meaning of informed consent.

DISCUSSION

Informed consent requires health care practitioners to provide patients with knowledge so that they can form their own opinions and make decisions about their health care. Informed consent also gives patients the ability to carry out their decisions, as well as the ability or right to refuse medical care. As a result, some consider informed consent to be at the forefront of the patient autonomy movement.

People's illness, or "*wounded humanity*," as some refer to it, is one of the biggest dangers to autonomy, which necessitates informed consent in health care [18]. The transparent Brody model proposes the following features: To begin, clinicians must organize simply "the usual patient-management cognitive process" and communicate it to patients in a language they can comprehend. Second, what is involved in the procedure and when it is complete. Third, doctors avoid over-informing patients on their medical condition or the suggested medical treatment. Instead, they provide a clear explanation of the critical components and difficulties [19].

Another issue with clinical medicine is that doctors and patients are moral strangers who don't always share the same values and ideas and don't always understand each other's moral perspectives [20]. Because patients are effectively strangers in "a strange land," and because they are unaware of "the unique expectations and intentions of (their) caregivers," doctors and patients are unlikely to grasp each other's moral beliefs [21]. When it comes to making vital decisions, patients need a doctor they can trust. If they get very ill, they may be forced to choose between surgical and medical treatment, whether to trust physicians' recommendations or seek a second opinion, and other life-altering decisions. Patients must believe that their doctors are trustworthy, understanding, and honest to trust their recommendations [22].

Clinical medicine now appears to be carried out primarily between doctors and patients, who frequently do not share the same values and have little time to discuss them, putting the therapeutic character of the patient-physician interaction in peril. In a therapeutic context, "the patient or subject enters into a compact or covenant that includes a right to the truth regarding diagnosis, prognosis, procedures, and the like, just as the professional obtains a right to truthful disclosure from patients and subjects" [23]. Clinical medicine now appears to be carried out primarily between doctors and patients, who frequently do not share the same values and have little time to discuss them, putting the therapeutic character of the patient-physician interaction in peril. In a therapeutic context, "the patient or subject enters into a compact or covenant that includes a right to the truth regarding diagnosis, prognosis, procedures, and the like, just as the professional obtains a right to truthful disclosure from patients and subjects" [24].

CONCLUSIONS

Even though professionals claim to adhere to a set of internalized norms that include devotion to a patient's best interests and excellent services, informed consent is vital for all "genuine" professionals, as the treating doctor plays a vital role in empowering patients. Informed consent may reduce the chance of these internalized norms emerging by challenging their professional motives because they will no longer be part of the professional's self-definition. To be self-sufficient, one must be well-informed. To consider a patient's choice of therapy, the patient must be educated on the facts, as well as the worth of the treatment.

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