A Study of the Opinions and Behaviors of Physicians with Regard to Informed Consent and Refusing Treatment

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Objective: To examine the opinions and the self-reported behaviors of physicians regarding the issues of informed consent and refusing treatment. Design: This study was performed between July and September 2003, with 51 physicians selected by simple random sampling. The data were collected by using a questionnaire. Setting: A training hospital of medicine faculty. Participants: Fifty-one clinicians working in the branches of internal medicine and surgery. Results: Although the majority (80.4%) of the participants think that information about diagnosis and treatment should always be disclosed to patients, 60.8% reported that they always disclose information about the diagnosis and 49% did the same for information about treatment. A total of 84.3% think that patients' consent should always be obtained before diagnostic and therapeutic procedures, whereas 47% reported that they always obtain consent in their clinical practice. It was also seen that physicians have doubts concerning the comprehension of the information they disclose to their patients. In addition, most (86.3%) of the participants think that a competent patient always has the right to refuse treatment, regardless of the disease and the outcomes. Conclusions: Although opinions favoring the duties implied by informed consent are in the majority, these do not always reflect the behaviors in daily clinical practice, and there may be problems in carrying out the duties implied by the elements of informed consent. Some recommendations that could be beneficial in addressing these problems are presented at the end of the study.

Introduction

The concept of informed consent is of key importance in contemporary medical ethics and obtaining the informed consent of the patient or subject has become an indispensable part of patient-physician encounters and biomedical research involving the use of human subjects. The Hippocratic model of beneficence, where physicians acted upon their own decisions and decided what was best for their patients, remained unchallenged for a long time and exists to this day.[1] It is usually accepted that this era, also named the "Age of the Physician," was dominant until the 1960s.[2] This situation started to change in the second half of the 20th century, because of various factors such as the emergence of the concept of patient rights and the demands to be able to make more informed decisions; the importance of informed consent came to be realized as a result of these changes.[2–4]

With the Statute of Patient Rights of Turkey, which has been in force since August 1, 1998, the contemporary approach to medical ethics has also been adopted in our legal framework. The duty of health care professionals to inform their patients and to obtain their consent has been described in detail in this statute.[5,6] Therefore, obtaining the informed consent of individuals has become both an ethical and legal responsibility for the health care professionals in our country.

The Statute of Patient Rights consists of nine chapters. Chapter 1 includes the objective, constitutional and legal bases, scope, descriptions, and principles of the statute. Chapter 2 explains the rights about fair utilization of health care services, requesting information, choosing and changing the health care facility and the health care professional, and receiving appropriate diagnosis, treatment, and care according to the medical requirements. This chapter also bans interventions for purposes other than medical needs. Chapter 3 is about the right of having information about health status, Chapter 4 is about the protection of privacy, and Chapter 5 is about informed consent. Chapter 5 includes the legal basis of consent, refusing and stopping treatment, consent for nonadult and handicapped patients, and consent for organ and tissue donation, family planning and terminating pregnancy. The remaining chapters are about medical research, other rights (safety, religious practices, respecting moral values, and being accompanied, if necessary), legal responsibilities, and procedures. In the military hospitals, patient rights are regulated with the Statute of Military Hospitals Management, which is parallel to the Statute of Patient Rights and based on the same law. It includes the rights to good continuous health care, receiving treatment that respects the cultural and moral values of the individual, informed consent, and protection of privacy.

A question that may arise is what physicians should do if the patient does not understand Turkish. It is clear that the first step of informed consent is to inform the patient. The 18th code of the Statute of Patient Rights of Turkey addresses this issue by stating, "Information, using an interpreter if necessary, should be given with understandable words, avoiding medical terminology, in a courteous manner."[5] According to this obligation, informing the patient is the responsibility of hospital management and the physician. If the patient does not understand Turkish, then an interpreter should help the patient and health professional. This code also emphasizes the use of clear, simple, understandable language. Otherwise, medical terminology is hard for patients to understand. If the patient is mentally handicapped, unconscious, or not legally adult, then the legal guardian of the patient can give consent (code 24 of the Statute).

The goal of this study was to gather information on the thoughts and behaviors of physicians regarding the issues of disclosing information, obtaining consent, and refusing treat-

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TABLE I

SOCIODEMOGRAPHIC PROPERTIES OF THE PARTICIPANTS

	n	%
Age group (years)		
≤30	7	13.7
31–40	16	31.4
41–50	16	31.4
51–60	12	23.5
Academic title		
Professor	15	29.4
Associated professor	18	35.3
Assistant professor	8	15.7
Specialist	3	5.9
Being trained to become a specialist	7	13.7
Years spent as a specialist		
Not a specialist	7	13.7
1–10	20	39.2
11–20	15	29.4
>20	9	17.7
Department		
Internal medicine	26	51.0
Surgery	25	49.0
Total	51	100.0

TABLE II

ANSWERS GIVEN FOR THE QUESTION, "DO YOU THINK THAT INFORMATION ON DIAGNOSIS AND TREATMENT SHOULD BE GIVEN TO PATIENTS IN A WAY THEY CAN UNDERSTAND?"

Answer	*n*	%
Always	41	80.4
Generally	10	19.6
Total	51	100.0

TABLE III

ANSWERS GIVEN FOR THE QUESTION, "DO YOU DISCLOSE INFORMATION TO YOUR PATIENTS ABOUT THEIR DIAGNOSIS?"

Answer	*n*	%
Always	31	60.7
Generally	19	37.3
Sometimes	1	2.0
Total	51	100.0

ment. The physicians are the members of a training hospital of medicine faculty. We thought that, with the help of the data obtained, a general picture about the present situation could be formed and recommendations could be made toward solutions for potential problems in the physician-patient relationship.

Methods

This sectional study was performed with 51 physicians in a training hospital of medicine faculty between July and September 2003. This hospital gives third-echelon medical care to military personnel and their dependents. Military personnel are officers, noncommissioned officers, civil servants, and enlisted soldiers. The dependents are spouses and children of the personnel except for the enlisted soldiers. The participants were physicians from medical and surgical branches who were specialists or were being trained to become specialists, and they were selected by using simple random sampling. The data were collected by using a questionnaire that included descriptive information about the participants (age, academic title, and length of time working as a specialist) in addition to 36 multiple-choice questions and 5 open-ended questions. Thirteen of the multiple-choice questions were grouped under the heading of "informed consent," and the data collected from these 13 questions were used for this study. Participants' opinions and their self-reported behaviors in their clinical practice were investigated with different questions. The distributions of the opinions over the self-reported behaviors of the participants were observed, and χ^2 or Fisher tests were used to investigate the relationships between them. The relationships between the answers and the demographic features were also investigated by using these tests. Analyses were performed by using the SPSS software package (SPSS, Chicago, Illinois).

Results

Sociodemographic data for the physicians participating in the study ($N = 51$) are given in Table I. Because all participants were male subjects working as military physicians, the gender of the participants was not included in the table.

Physicians' opinions on disclosing information to patients about their diagnosis and treatment are shown in Table II. Physicians' self-reported behaviors with regard to giving information to their patients about their diagnosis are presented in Table III. To compare the opinions of the participants and their self-reported behaviors with regard to disclosure, the distribution of the answers in Table II over the answers in Table III was examined. A statistically significant relationship was found ($p = 0.004$) between them (Table IV).

Table V shows the physicians' opinions on the patients' com-

TABLE IV

DISTRIBUTION OF PHYSICIANS' OPINIONS ABOUT DISCLOSING INFORMATION TO PATIENTS OVER THEIR SELF-REPORTED BEHAVIOR IN DAILY CLINICAL PRACTICE

Do You Think That Information on Diagnosis and Treatment Should be Given to Patients in a Way They Can Understand?	Do You Disclose Information to Your Patients about Their Diagnosis?							
	Always		Generally		Sometimes		Total	
	n	%	*n*	%	*n*	%	*n*	%[a]
Always	29	70.7	12	29.3			41	100
Generally	2	20.0	7	70.0	1	10.0	10	100

$N = 51$, $\chi^2 = 11.084$, $p = 0.004$.

[a] All numbers below the percentage signs refer to the percentages of the rows.

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TABLE V

ANSWERS GIVEN FOR THE QUESTION, "DO YOU THINK YOUR PATIENTS UNDERSTAND COMPLETELY THE INFORMATION YOU DISCLOSE ABOUT THEIR DIAGNOSIS?"

Answer	*n*	%
Always	4	7.8
Generally	37	72.5
Sometimes	10	19.7
Total	51	100.0

TABLE VI

ANSWERS GIVEN FOR THE QUESTION, "DO YOU DISCLOSE INFORMATION TO YOUR PATIENTS ABOUT THEIR TREATMENTS?"

Answer	*n*	%
Always	25	49.0
Generally	26	51.0
Total	51	100.0

prehension of information about their diagnosis. The self-reported behaviors of the physicians concerning the disclosure of information about treatment are summarized in Table VI. When the distribution of the answers in Table II over the answers in Table VI was examined, a statistically significant relationship was found ($p = 0.011$) (Table VII). Physicians' opinions with regard to the patients' comprehension of information about their treatments are summarized in Table VIII.

Physicians' opinions about obtaining the informed consent of the individual before a diagnostic or therapeutic procedure are given in Table IX. Physicians' self-reported behaviors about obtaining informed consent in their own clinical practice are given in Table X. The distribution of the answers in Table IX over the answers in Table X was examined (Table XI). One physician (who reported that he sometimes obtained consent) was disregarded for the sake of an accurate statistical analysis, and Fisher's test was used to investigate the association between the answers given for the two questions. However, no statistically significant relationship was found.

Participants were also asked to report their own behavior about obtaining written consent (Table XII). It is interesting to note that 15.6% of the participants did not answer this question. Some of those participants added notes of their own (e.g., "I am not a surgeon") on the form, suggesting that the question was considered to be focusing on surgical procedures only. It was also observed that all of the participants who did not answer the question worked in branches of internal medicine, which was also the case for the physician who reported that he never obtained written consent.

TABLE VIII

ANSWERS GIVEN FOR THE QUESTION, "DO YOU THINK YOUR PATIENTS UNDERSTAND COMPLETELY THE INFORMATION YOU DISCLOSE ABOUT THEIR TREATMENTS?"

Answer	*n*	%
Always	2	3.9
Generally	34	66.7
Sometimes	15	29.4
Total	51	100.0

TABLE IX

ANSWERS GIVEN FOR THE QUESTION, "DO YOU THINK A PATIENT'S INFORMED CONSENT SHOULD BE OBTAINED BEFORE DIAGNOSTIC OR THERAPEUTIC PROCEDURES?"

Answer	*n*	%
Always	43	84.3
Generally	8	15.7
Total	51	100.0

TABLE X

ANSWERS GIVEN FOR THE QUESTION, "DO YOU INFORM YOUR PATIENTS AND OBTAIN THEIR CONSENT BEFORE ANY DIAGNOSTIC OR THERAPEUTIC PROCEDURE?"

Answer	*n*	%
Always	24	47.0
Generally	26	51.0
Sometimes	1	2.0
Total	51	100.0

The distribution of the participants' choices given in Table XII with regard to their academic departments is shown in Table XIII. At first, the difference between the members of internal medicine and surgery departments were found to be statistically significant ($p = 0.01$). However, the difference was not significant when the participants who did not answer were disregarded in the analysis.

Physicians' opinions about a competent patient's right to refuse treatment are given in Table XIV. It was seen that almost all physicians encountered a situation in which the treatment they offered was refused by the patient (Table XV). One physi-

TABLE VII

DISTRIBUTION OF PARTICIPANTS' OPINIONS OVER THEIR FREQUENCY OF DISCLOSING INFORMATION TO THEIR PATIENTS ABOUT THEIR TREATMENTS

Do You Think That Information on Diagnosis and Treatment Should Be Given to Patients in a Way They Can Understand?	Do You Disclose Information to Your Patients about Their Treatments?					
	Always		Generally		Total	
	n	%	*n*	%	*n*	%[a]
Always	24	58.5	17	41.5	41	100
Generally	1	10.0	9	90.9	10	100

$N = 51$, $p = 0.011$; Fisher's test was used to calculate the p value.

[a] Numbers given under the percentage signs refer to the percentage of the rows.

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TABLE XI

DISTRIBUTION OF THE ANSWERS GIVEN IN TABLE IX OVER THE ANSWERS PRESENTED IN TABLE X

Do You Think That Information on Diagnosis and Treatment Should be Given to Patients in a Way They Can Understand?	Do You Inform Your Patients and Obtain Their Consent before Any Diagnostic or Therapeutic Procedure?							
	Always		Generally		Sometimes		Total	
	n	%	*n*	%	*n*	%	*n*	%[a]
Always	22	51.2	21	48.8			43	100
Generally	2	25.0	5	62.5	1	12.5	8	100

$N = 51$, $p = 0.42$; the participant whose answer was "sometimes" was disregarded, and the p value was calculated using Fisher's test.
[a] Numbers given under the percentage signs refer to the percentage of the rows.

TABLE XII

ANSWERS GIVEN FOR THE QUESTION, "DO YOU OBTAIN YOUR PATIENT'S WRITTEN CONSENT BEFORE A MAJOR INTERVENTION OR SURGICAL TREATMENT?"

Answer	*n*	%
Always	31	60.8
Generally	7	13.7
Sometimes	2	3.9
Rarely	2	2.0
Never	1	2.0
No answer	8	15.6
Total	51	100.0

cian did not answer the question. Physicians' self-reported behaviors with regard to their efforts to persuade their patients are given in Table XVI.

The last question focused on the frequency of taking an alternative route (suggesting another treatment or not performing the treatment that was refused) when the physicians encountered a treatment refusal. Participants' answers are given in Table XVII.

Discussion

The findings summarized in Tables II, III, IV, VI, and VII, when evaluated together, suggest that the duty to inform patients about their treatments and diagnosis is widely accepted in principle, and this is reflected in practice to a certain extent. Being aware of the duty to inform and accepting it in principle seem important for adopting the necessary behaviors implied by this duty. However, it is also seen that opinions do not always correspond to the behaviors in clinical practice.

Ensuring the comprehension of the given information is essential for obtaining informed consent. For this reason, it is important to note that a remarkable difference exists between the proportions of participants who think that the information given is always understood and those who reported that they always inform their patients (Tables V and VIII). This situation suggests that physicians have doubts about the patients' comprehension of the disclosed information. Such doubts may also explain why some participants are not behaving in accordance with their opinions in clinical practice. There are other findings in the literature supporting these doubts with regard to the comprehension of information. In a study performed by Ersoy et al.[7] in 1991 with 118 patients undergoing surgery, only a small proportion (29.7%) of the patients reported that they understood the information disclosed to them. In a study reported by Ataç and Filizkaya[8] in 1997, almost one-half (49.8%) of the patients reported that they were given information in a way they could understand.

As observed in the previous findings, there are also differences between the opinions and the self-reported behaviors of the participants for obtaining informed consent (Tables IX and X). These findings suggest that there may be problems with regard to obtaining informed consent in practice. There are findings in other studies performed in Turkey that reveal such problems. In a study by Uçar et al.[9] that was performed by using a questionnaire published on an Intranet (military network), 38% of the 1,206 participants stated that they were given the opportunity to participate in decisions involving their diagnosis and treatment, whereas 22% said this opportunity had never been provided.

We think the findings in Tables XII and XIII could be implying that, for some physicians, obtaining written consent is considered to be a procedure related to surgical interventions only. In the Statute of Patient Rights, it is stated that the consent for medical interventions can be either verbal or written.[5]

The right to refuse treatment is a well-known concept that is also included in the Turkish legislation. It could be suggested that the answers in Table XIV indicate the study group's awareness of this concept. However, we see that the right to refuse treatment has been defined within certain limits in the aforementioned Statute. The last part of the 24th article reads, "Withdrawing consent means refusal of treatment. Withdrawing consent after the intervention has started is possible on condition that there are no medical hazards involved." In the following 25th article, titled "Refusing and Stopping Treatment," it is stated, "Except in situations mandated by the law and on condition that the responsibility of the possible negative consequences belongs to the patient, the patient has the right to refuse a treatment that is currently being performed or being planned to be performed, or to demand that it be stopped."[5]

Physicians' answers also show that almost all of them encountered situations in which the treatment they offered was refused, albeit with varying frequencies (Table XV). The answers for the next question suggest that most of them, again with varying frequencies, try to persuade their patients (Table XV). It is accepted that a physician's effort to persuade a patient can have a place in the patient-physician dialogue, and it is ethically justifiable as long as it is not replaced by other factors, such as coercion and manipulation.[3] Our findings suggest that, for most

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TABLE XIII

DISTRIBUTION OF THE ANSWERS GIVEN IN TABLE XII IN REGARD TO ACADEMIC DEPARTMENTS

Do You Obtain Your Patient's Written Consent before a Major Intervention or Surgical Treatment?	Internal Medicine		Surgery		Total	
	n	%	*n*	%	*n*	%[a]
Always	13	41.9	18	58.1	31	100
Generally	2	28.6	5	71.4	7	100
Sometimes			2	100.0	2	100
Rarely	2	100.0			2	100
Never	1	100.0			1	100
No answer	8	100.0			8	100

$N = 51$, $p = 0.01$; when the participants who did not answer were disregarded, the relationship was not statistically significant.
[a] Numbers given under the percentage signs refer to the percentages of the rows.

TABLE XIV

ANSWERS GIVEN FOR THE QUESTION, "DO YOU THINK A COMPETENT PATIENT WHO CAN COMPLETELY UNDERSTAND THE CONSEQUENCES OF HIS OR HER DECISION HAS THE RIGHT TO REFUSE TREATMENT REGARDLESS OF THE DISEASE AND ITS OUTCOMES?"

Answer	*n*	%
Always	44	86.3
Generally	6	11.7
Sometimes	1	2.0
Total		

TABLE XV

ANSWERS GIVEN FOR THE QUESTION, "DO YOU ENCOUNTER SITUATIONS WHERE YOUR PATIENT REFUSES THE TREATMENT YOU HAVE RECOMMENDED?"

Answer	*n*	%
Generally	1	2.0
Sometimes	29	56.8
Rarely	20	39.2
No answer	1	2.0
Total	51	100.0

TABLE XVI

ANSWERS GIVEN FOR THE QUESTION, "DO YOU TRY TO PERSUADE YOUR PATIENT WHEN HE OR SHE REFUSES THE TREATMENT YOU HAVE RECOMMENDED?"

Answer	*n*	%
Always	16	31.4
Generally	16	31.4
Sometimes	10	19.6
Rarely	4	7.8
Never	5	9.8
Total	51	100.0

of the participants in our study, persuasive efforts had a certain place in their interaction with their patients. The answers for the last question also support the finding that treatment refusal is not a rare event for the participants, and offering an alternative treatment modality or not performing the treatment that has been refused are among the choices they make (Table XVI).

TABLE XVII

ANSWERS GIVEN FOR THE QUESTION, "WHEN THE TREATMENT YOU HAVE OFFERED IS REFUSED, ARE THERE SITUATIONS WHERE YOU OFFER AN ALTERNATIVE TREATMENT OR WHERE YOU DO NOT PERFORM THE TREATMENT YOU HAVE RECOMMENDED?"

Answer	*n*	%
Often	7	13.7
Sometimes	19	37.3
Rarely	13	25.5
Never	11	21.5
No answer	1	2.0
Total	51	100.0

Conclusions

The majority of the physicians taking part in our study think that patients should be informed about their diagnosis and treatment. However, when the self-reported behaviors are also considered, it can be concluded that the opinions do not always reflect the situation in daily clinical practice.

In addition, it is seen that participants have doubts concerning the comprehension of the information they disclose. This could be attributable to several reasons, and the way information is presented is one of them. Improving patient-physician communication is of key importance for ensuring a health service acting in accord with the requirements of contemporary medical ethics. In the Statute of Patient Rights, which has been in force since August 1, 1998, disclosing information to patients in a way that facilitates their understanding has been described as a legal obligation; it is important to note that this obligation is primarily defined as a duty for health care professionals. For this reason, emphasizing this duty as both an ethical and legal obligation can be effective in helping comprehensive disclosure become a regular component of routine clinical practice, and possible problems related to informed consent can thus be prevented. Written and audiovisual material can also be used to improve the comprehensibility of the information disclosed; these methods may be especially beneficial with the cooperative efforts of the relevant departments. However, we think that popularizing a patient-physician dialogue that encourages questions and that is based on respect for autonomy should be the main focus of all efforts.

There are also differences between the opinions and the self-reported behaviors of the participants with regard to obtaining consent. The majority of the physicians think that the patient's

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consent should always be sought, but the proportion of those who report that they always obtain consent is <50%. Being a concept primarily derived from the principle of respect for autonomy, which could be considered one of the hallmarks of contemporary medical ethics, the importance of obtaining consent cannot be overstressed. Furthermore, the inviolability of one's bodily integrity is a fundamental right under legal protection. For this reason, it is essential that ensuring the willingness of patients and seeking their consent become a regular part of clinical practice.

Our results indicate that almost all physicians taking part in our study encountered situations in which the suggested treatment was refused by the patient. In addition, we think that the majority of physicians stating an opinion that favors the right to refuse treatment is a remarkable finding. It is also seen that persuasion, one of the choices that can be resorted to in cases of treatment refusal, is used by an important proportion of the study group. However, health care professionals should be aware of the limits that separate this process from coercion and manipulation. In addition, it is important to be aware that patients should be informed about alternative treatment modalities (if there are any) and the possible consequences of refusing treatment, so that the refusal can be informed. There is no doubt that the patient-physician relationship can be greatly improved with the help of health care professionals who strive to act sensitively about their ethical and legal obligations related to informed consent. Finally, further research is recommended for better understanding of the opinions and behaviors of physicians and the ability to generalize the results to all physicians in the military.

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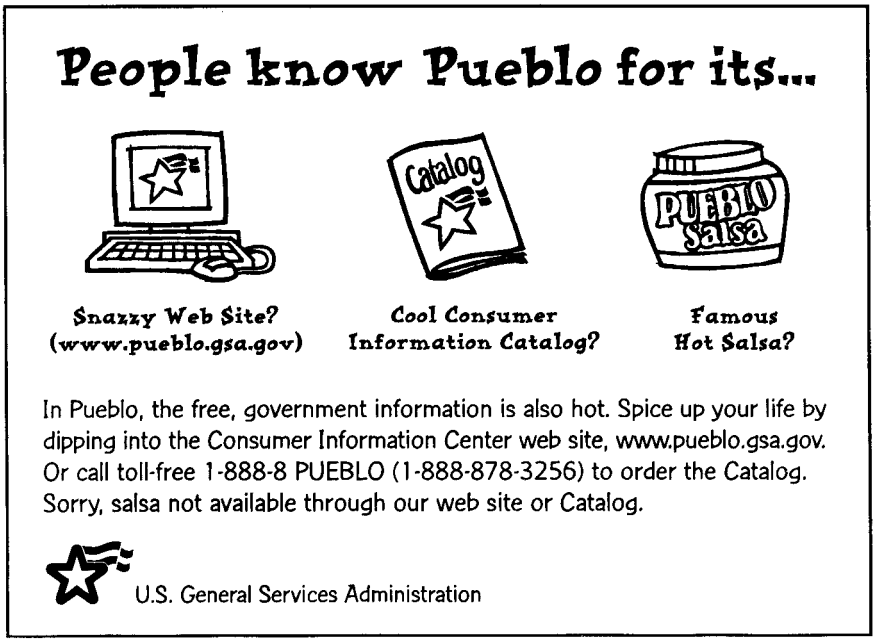

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