

Knowledge, Awareness, and Attitude of Doctors and Patients regarding Informed Consent to Medical Procedures in Papua New Guinea

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Abstract: This study explores how doctors and patients in Papua New Guinea (PNG) perceive informed consent in medical settings. Doctors and patients from National Capital District and Central Province who responded to the survey were the participants of the study. Researchers asked the participants to fill out questionnaires regarding their knowledge about informed consent for each group, namely, the doctors and participants. From those who responded, six randomly selected participants were chosen to join the focus group discussion which aimed to get experiences from the doctors and patients regarding medical procedures. Results show that both doctors and patients lack knowledge of the legalities of informed consent. Based on the experiences of doctors, they do not use consent forms when seeking permission from patients. Patients, on the other hand, do not see consent forms as important and only served as a formality. Customs, culture surrounding PNG were found to have an impact on how patients perceived informed consent.

Key words: Informed consent, surveys, focus group discussion, PNG.

1. Introduction

Medical (or health) care professionals are held to a specific standard of informed consent when treating their patients. Patients, on the other hand, have the right to decide on the medical treatment they will receive based on the doctor's diagnosis. In the process of communication between the patient and doctor in terms of the treatments, the treatment that the patient must undergo should result in an explicit agreement. This is under the assumption that patients understand and agree to the potential consequences of the medical care they will receive.

There are challenges that usually occur when obtaining informed consent in medical settings. In India [1], the physician is held in very high esteem.

This scenario is also common in Japan [2], where

patients rarely ask questions about their treatment or treatment options. The effect of this high level of trust between a patient and physician may pose ethical issues that both parties might not readily know. Ethical issue of consent has generated the most debate globally regarding healthcare needs [3]. The consent procedures seem inadequate as a means for the expression of autonomous choice and the ethical standing can be called into question. Lack of informed consent can reinforce a claim of medical malpractice where the case is otherwise weak. Demonstration of a real conducted informed consent process not only protects the physician from exposure to liability but also increases the patient's autonomy in decision concerning health and encourages compliance with treatment.

The concept of informed consent has not received a great deal of attention in developing countries. In Papua New Guinea (PNG), informed consent is given in a form filled or signed by patients or guardians in operating theatres at the hospitals. This being the case,

Corresponding author: Alfred Minei, PhD candidate, research fields: law and medicine, and patients typically proceed with treatment regimens as recommended by the practitioners without asking about the possible effects of the procedure.

then informed consent is a duty owed to the patient and does not properly support the notion that informed consent is a patient's right. It fails to grasp the true meaning of informed consent. Informed consent is often obtained without the patient's understanding and this may increase the chances of exploitation against inappropriate discriminatory negligent by the healthcare professionals for patients. It is believed that, where beliefs and opinions of individuals are taken into account on informed consent to medical treatment, patients make their decisions which affect their healthcare needs, and or a breach of patient's right by a physician is a malpractice by the healthcare professional [4, 5].

This study investigates the process of informed consent and determines the doctors' and patients' awareness, practices, attitude, understanding and perceptions of the legal nature of informed consent in PNG [6]. In addition, the study describes the reasons about the perceptions on how the study subsets view and practice informed consent.

2. Methodology

2.1 Research Design

The design employed in this study is a mixture of qualitative and quantitative research designs. It is also an exploratory study on how doctors and patients perceive informed consent to medical procedures. Surveys among doctors and patients were done to determine the knowledge, awareness, and attitude towards informed consent to medical procedures. Focus group discussions (FGD) for each group of respondents were conducted to validate and triangulate the quantitative results found in the surveys.

2.2 Participants

The study was conducted in the hospitals and clinics in the National Capital District and Central Province of PNG. There are 19 doctors and 29 patients who participated in the study.

About 53% of the doctors are male and 80% are

married. The youngest and oldest doctors are 27 and 56 years old, respectively. They are usually 42 years old, on the average. In terms of working experience, they have been practicing for an average of 17 years, with 6 and 34 years as the shortest and longest working experience. The number of female patients they encounter in a week varies from 20 to 21. They have served female patients in numbers as low as five and as high as 80 in a week.

Forty eight percent of the patients are female. Majority (58.6%) of them are married. About 75% of them are at least high school graduate. Their age deviates from 38 years old by 14 years. The youngest and oldest are 25 and 68 years old respectively.

2.3 Instruments and Materials

Two sets of survey questionnaires and interview guides were created to determine the knowledge, awareness, and attitude of doctors and patients towards informed consent. Some items in the survey questionnaires were adapted from the studies of Chima [7], Rajesh et al. [8], Ashraf et al. [9], and Parmar et al. [10].

The questionnaire given to doctors focused on how they deal with patients seeking medical treatment, their knowledge of how informed consent is given as well as the legal aspects of informed consent. On the other hand, the questionnaire given to patients is focused on their knowledge and legal aspects of informed consent, information they want to know before signing the consent form, perception on who is to decide in terms of medical treatment and some factors affecting their capacity in signing consent forms were included.

The interview exploratory guides were used in the focus group discussion. The questions focused on reasons of doctors pertaining to how they view and practice informed consent. On the other hand, the questions for the patients focused on their experiences when seeking medical treatment and hindrances they encounter when making decisions about the medical

procedure they need to undergo.

2.4 Data Collection

Before the conduct of the survey, pre-testing of questionnaires was done with five doctors, medical and law students, and patients at the university clinic. All items were checked for consistency of answer of the participants and added additional responses to one question. No major revisions were made in the questionnaires.

In the actual survey, consent was asked for and granted by hospitals/clinics in the National Capital District and Central Province. The participants who were willing to answer the self-administered questionnaire were considered participants of this study. About 35 survey questionnaires for each group were distributed in these hospitals and clinics.

After the conduct of the survey, a focus group discussion was conducted for each group of participants. Random samples of respondents were selected from those who participated in the survey in each group. Those randomly selected respondents were invited to join the focus group discussion. The session for doctors and patients lasted for 90 and 130 minutes, respectively. The focus group discussion was audio-taped and digitally recorded to aid in transcription.

2.5 Data Analysis

To determine the knowledge, and awareness of doctors and patients about informed consent and its legal aspects, frequencies and percentage were generated.

To determine the knowledge of patients and doctors on the legal aspects of informed consent, frequencies and percentages were computed for each statement.

To describe the practices of doctors in obtaining informed consent and patients' experience in getting medical treatment, responses of the doctors and

patients from the focus group discussions were transcribed and summarized. From these responses, themes were constructed.

To compare the perception of doctors and patients towards informed consent, proportions of doctors and patients who agreed on each statement were compared. The responses from the focus group discussion were integrated in the comparison.

3. Results and Discussion

3.1 Knowledge and Practice of Doctors on Getting Consents from Patients

Majority of doctors (78.95%) said that informed consent should be applied to all procedures to be done with the patient while 10.53% of them answered that informed consent should only be applied to critical cases (Table 1).

In terms of the content of the consent form, more than 80% agreed that patient's education, recording of the consent, and patient's and doctor's signatures should be on the form. Only about 39% of the doctors cared to include their evaluation of competence in the form. In terms of age of patients who can give valid informed consent, it can be observed that there are varying responses given by the doctors. Most of them (42.11%) said patients aged above 17 are the ones who can give valid consent. One doctor proposed it to be above 18 and include the patient's education in the criteria. In terms of who is to give the informed consent, all doctors agreed that it should come from the patient. However, there were notes coming from the doctors that for minors, parents should be involved in this decision. Also, they added that if the patient cannot provide consent because of unconsciousness or not in the right state of mind, husband, father, or relatives can decide for them.

In terms of what time to get the consent, more than 90% of them answered: in the ward or clinic. Some doctors answered in the operating room especially if these are emergency cases. Some suggested it be

given at the admission counter for straightforward cases.

Table 1 Knowledge on informed consent of doctor respondents.

Knowledge	Percentage of doctors
When is informed consent applied?	
All procedures	78.95
Elective ones	10.53
Critical cases only	10.53
Content of consent form	
Evaluation of competence	38.89
Patient education	84.21
Recording of consent	84.21
Patient's signature	89.47
Doctors' signature	89.47
Witness	11.12
Stamp/date	11.12
Age of those who can give valid informed consent	
All ages	36.84
Patients aged above 17	42.11
Depending on clinical judgement of maturity	10.53
Above 18 and depends on level of education	5.26
Special consideration on people with disability	5.26
Which time to obtain informed consent?	
At the admission counter	38.89
In the ward/clinic	94.44
In the operation room	44.44
The night before the procedure	77.78

3.2 Knowledge and Practices of Patients towards Informed Consent

Patients were asked about their knowledge on giving consent to doctors on medical procedure and the possible factors that can hinder them in giving such consent. Their responses are presented in Table 2. About 86% of the patients are aware of what an informed consent is and about 93% of them believe that informed consent is important before doing a medical procedure. Despite this great proportion of all answers coming from the patient respondents in terms of knowledge about informed consent, it cannot be denied that there are still patients who are not aware of what an informed consent is and its importance in medical treatment.

Among the factors that might hinder patients in

signing a consent form, family and being unable to understand the procedure are the top reasons. About 40% of the patients also considered their spouses, religious views, and language barrier as factors that they consider when signing the forms. These are also the experience taken from the focus group discussion interviews, as patients expressed... "I like to be seen by a doctor. I prefer a female doctor because I am a female and... If a male doctor; I want my husband or family members to accompany me to talk to the doctor... My culture/custom required me to do and say certain things, respect for my husband is paramount important. Follow the custom that... no man is to see a woman..."

"The treatment cost is important. My husband and family must know because they will assist me..."

Practices of patients when they seek medical

treatment are presented in Table 3. It can be observed that more than about 66% of the patients chose to go to doctors when they are sick, followed by traditional

healers where 34% of them usually go when sick. In

Table 2 Knowledge of patients about informed consent to medical procedures.

Do you know what an informed consent to medical procedure is?	Percentage of patients
Yes	86.21
No	13.79
Do you think informed consent is important before doing a medical procedure?	
Yes	93.1
No	6.9
Who/What can hinder you from signing a consent form?	
Spouse	41.38
Family	58.62
Religious views	44.83
Traditional beliefs/customs	37.93
Language barrier	41.38
Do not understand	51.72

Table 3 Practices of patients when seeking medical care.

When sick, who do you usually seek for medication/check-up?	Percentage of patients
Doctors	65.52
Traditional Healers	34.48
Who can sign consent form/decide for medical procedure when too sick?	
Family	42.86
Healer/Doctor	21.43
Next of kin	7.14
No one	7.14
Spouse	14.29
Strategies adopted if the procedure was not understood	
I ask again	92.86
Nothing	3.57
Others	3.57

terms of understanding what the doctors have said in terms of diagnosis, 93% are able to ask the doctor to repeat what the procedure is all about. But still there are a few who chose not to say anything and leave the hospital/clinic without knowing what the procedure is all about.

Patients were also asked who can represent them when they are too sick to decide for themselves. They usually choose parents or immediate family members (42%) to decide for the medical procedure and even sign the consent form. Interestingly, there are patients who leave their fate in the hands of the doctor even in signing for them in the consent form. There are few

patients (7%) who opt not to put their fate in the hands of anyone else aside from themselves.

In terms of the things they want to know before signing a consent form, more than 90% of them agree to check the duration of stay in the hospital after the procedure, and number of hours that will be spent in conducting the procedure. Majority of them want to know all things related to the procedure before conducting it (Table 4). There are a few (10.34%) who do not want to know the cost before signing the consent form.

In terms of the decision-making process about the medical procedure patients would undergo, 82.76% of

the patient respondents wanted to know every information of the procedure and will decide for themselves (Table 5). However, there are instances wherein majority of the patient respondents (58.62%)

Table 4 Perceptions of patient’s willingness to know before signing consent form.

	Percentage of patients		
	Disagree	Not sure	Agree
Cost of procedure	10.34	13.79	75.86
Reason of procedure	0.00	10.34	89.66
Time taken by the procedure	0.00	6.90	93.10
Complications of procedure	6.90	6.90	86.21
Precautions needed to be taken before and after procedure	6.90	3.45	89.66
Limitations of quality of life after procedure	3.45	13.79	82.76
Success rate of procedure	3.45	10.34	86.21
Duration of stay at hospital after procedure	3.45	0.00	96.55
Alternative way of suggested procedure	6.90	3.45	89.66
Steps of procedure	3.45	6.90	89.66

Table 5 Perceptions of patient’s decision making for procedure.

	Percentage of Patients		
	Disagree	Not sure	Agree
I trust and abide of the decision taken by doctor on behalf of me without any information for procedure	48.28	24.14	27.59
I want to know every information of procedure but doctor will decide finally	34.48	6.90	58.62
I want to know every information of procedure and will decide myself	6.90	10.34	82.76

wanted to know every information but let the doctors decide for them. Surprisingly, there are patients (27.59%) who do not want any information about the procedure and trust the doctor with their life.

3.3 Knowledge of Doctors and Patients about the Legal Aspects of Informed Consent

Several questions were asked to test the knowledge of doctors and patients on the legal side of informed consent (Fig. 1). Majority of the doctors and patients agree to all statements concerning information about informed consent. Even for statements that say signing a consent form eliminates a patient’s right to compensation, informed consent is a protective shield for doctors/healers, and consent form is just a formality. Based on these responses, it can be observed that both parties have little knowledge of the importance of having a consent form. Although, there is a higher percentage of patients who think this way interestingly, both parties thought that informed consent is a protective shield for the doctors.

The results from the survey responses resonated with outcomes of the focus group discussion, as Doctor “A” said: “I am not aware of a law or laws which provide for the protection of both patients and healthcare professionals. I am aware of the medical doctor’s code of practice which I rely on... when I am performing my work”. Consent forms were not really being used in the workplace of the doctors as several doctor respondents confirmed.

“I am aware of consent form. I see and had used at Port Moresby General Hospital. However I have not seen or used the form lately” as said by Doctor “B”.

“I would like to see a uniform consent form to be used throughout so the doctors should develop a habit of” responded Doctor “A”.

“Most consents are taken verbally and written on the patient records, including mine as well, on the patient’s records.” added Doctor “B”.

On the side of the patients, they generally think that once they chose to enter the hospital/clinic that is already a sign of consent. They usually use waiver

forms for critical cases however not for all medical procedure.

the illness to patients was also captured in the focus

The practice of doctors on giving information on

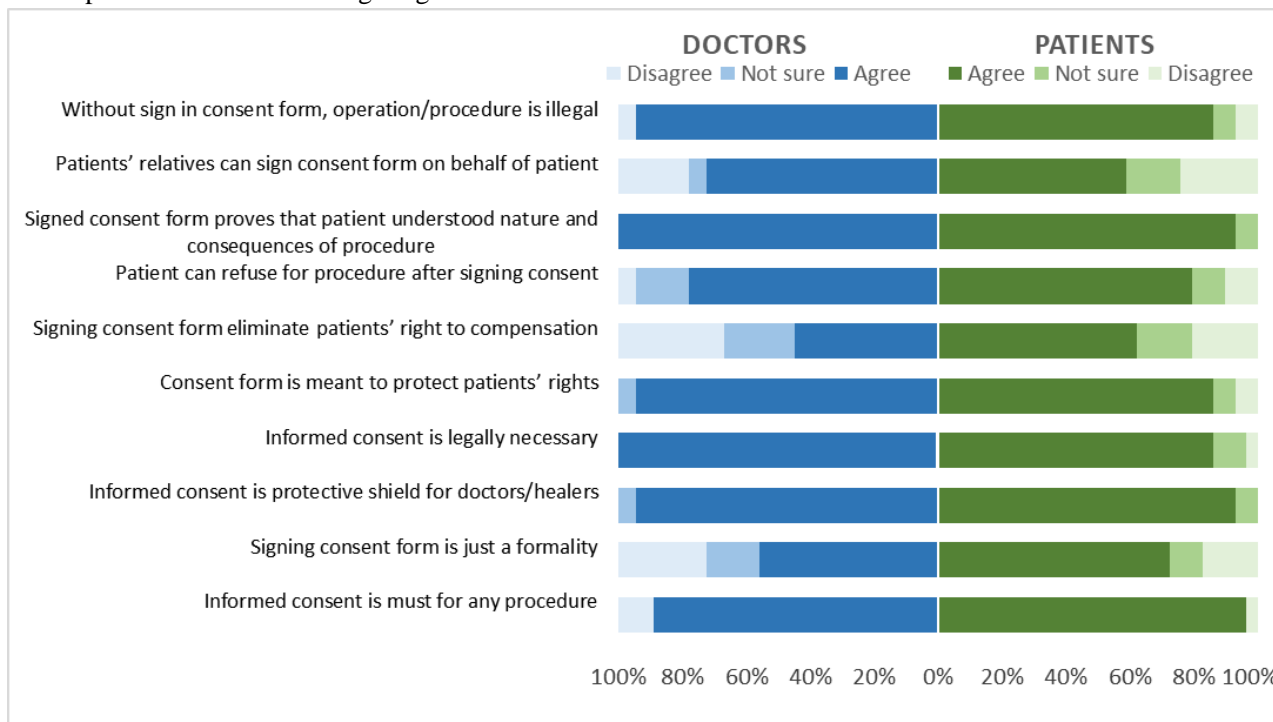


Fig. 1 Comparison of the distribution of doctors and patients on their responses about legal aspects of informed consent.

group discussion. It seemed patients wanted their records to be given to them, as one patient said:

“I have the right to know what is wrong with me. I want my records to be given to me as well. I have my rights...” On the side of the doctors, they feel there is a gap in the relationship between them and their patients, as one doctor shared, “Some patients do not feel comfortable to see a doctor. I asked a few patients why? I am told that they feel that the doctor knows it best for their treatment or procedure. The patient has to follow. I told the patient not to think that way...”.

4. Conclusion

Informed consent process flows between physician and patient, however, when this does not occur, serious legal and ethical consequences may result. This study aims to describe how informed consent to medical procedure is being perceived by patients and doctors in PNG. Culture plays a key role in the understanding of how consent should be given. The

restrictions given by religion, family, spouses, and custom are some of those aspects that both doctors and patients perceive to hinder medical treatment.

Another factor is the lack of knowledge of patients in terms of their rights when seeking treatment. They feel inferior when seeking medical treatment from the doctor. Both in the survey and focus group discussion, patients have perceived consent forms are for doctor’s rights only and that they do not see the consent forms as important.

At the doctors’ end, they seemed to lack knowledge on the legalities of informed consent. They do not know if there is (are) any law(s) directly concerning how informed consent should be asked for or what general guidelines they can use or employ in their practice. They admitted that they felt lack of connection with the patients. It seems they feel that it is just a habit of diagnosis, giving medicines, procedures and then leave.

Results found in PNG are no different to India and

Japan. Lack of information on the rights among patients may pose them danger. This is also true for doctors, they should be aware on how to handle patients of differing cultures and beliefs. But most of all, there is a need for a policy on how informed consent should be asked for and given. This will guide patients and doctors in their functions to help each other build their communication, and advance the interests of both patient and the doctor.

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