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ORIGINAL RESEARCH

To find out how knowledgeable patients at tertiary care institutions are about giving informed consent and receiving counseling

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Abstract
Aim: The purpose of this study is to find out how knowledgeable patients at tertiary care institutions are about giving informed consent and receiving counseling.
Material and Methods: Two groups made up the whole of the research: the first group consisted of fifty surgical trainees from general surgery, orthopaedics, obstetrics, and ENT, while the second group included fifty patients who had had a variety of surgical procedures. Both groups were exposed to the identical conditions over the same time period of the research. For the purpose of determining whether or not the counselling session addressed all of the essential components of providing informed consent for the surgical treatment, we have developed a systematic questionnaire.
Results: The final analysis took into account each of the 50 residents as well as the 50 patients. The risks and repercussions of the procedure were described in detail by 45 (or 90%) of the resident physicians as one of the most important aspects of the informed consent process. Natural history, the progression of the illness, and the prognosis were discussed by 19 resident physicians (38 percent), but alternative therapies and the name of the procedure were cited by 17 (34 percent) and 15 (30 percent), respectively. The patients themselves gave their permission in 37 (74%) of the instances, while their spouses gave their consent in 13 (26%) of the cases. Verbal permission was selected by 35 surgeons (70%) while written consent was selected by 15 surgeons (30%) as the technique of choice for getting agreement for minor operations and local anesthesia.
Conclusion: By adding patient counseling and intensifying patient selection, it is possible to increase both the overall happiness of patients and the results overall. A template for informed consent that includes all of the necessary information and leaves flexibility for customization needs to be established so that the process of obtaining informed consent may be completed more quickly.
Keywords: Consent; risk; counselling; complication; questionnaire

Introduction

The patient's awareness of their illness state as well as their legal rights establishes a standard for efficient communication between the doctor and the patient [1]. Because informed patients have a greater understanding of their illnesses, treatments, and care, it is imperative that they be required to take an active role in the management of their own health [2]. This makes it very evident that a perspective on patient education is required; the instruction itself need to be geared more particularly at the patient.Patients have higher expectations of their healthcare professionals than ever before, and patient education may assist meet those demands and cut the average length of stay that patients spend in hospitals [2]. Patients' rights may vary significantly from one jurisdiction to another throughout the world, and they often rely on the dominant sociocultural norms [3]. Patients may or may not be aware of the many legislation, charters, and hospital papers pertaining to their rights, despite the fact that these materials are accessible in a variety of contexts. Education of citizens about what they should expect from their governments and their health care providers—about the kind of treatment and respect they were owed [3,4] is necessary in order to ensure that the rights of patients are protected and that patients are given all of the necessary education about their health. This requires education of policy makers and health providers, but it also requires education of citizens. The act of agreeing to do something or allowing another person to do something is what is meant by the term "consent" [5]. In the context of medicine, giving one's permission to have surgery has a broader connotation, one that encompasses its prerequisites and its ramifications. In the beginning, a simple permission might be formal (signing on a form),

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verbal (saying yes), or implicit (nodding head), depending on the circumstances and the level of gravity of the event. The focus gradually changed away from simple consent and toward informed consent throughout the course of time. The voluntary authorisation of the patient or research subject for the diagnostic, investigative, or therapeutic procedure is required as part of the informed consent process [6]. This authorization must be given once the patient or research subject has a complete understanding of the risks involved. It is a process that entails providing the patient with full and truthful information on the illness, condition, or treatment in question in order to make future decision-making easier. It is paperwork that is required by law. However, while documentation is necessary in terms of completing the legal component of the consent procedure, initial good counselling is the prerequisite that is considered to be the most significant ethical need [7]. Respect for the patient's right to autonomy is required in all circumstances, even if it results in the patient's being injured or killed. If a physician fails to get the patient's permission, they may be held accountable for both negligence and violence [8].

A typical consent form that is used for surgical procedures needs to contain the basic information of the condition and the natural progression of the disease, the options or alternatives, the name of the procedure, the side effects or complications, any additional procedures, stomas, or staged surgeries, the name of the operating surgeon or the person in charge of the unit, the trial or training, the first time surgery, and the second opinion or referral [9]. [10] Counseling may be defined as a discourse that takes place between a patient and a healthcare professional, such as a doctor or a clinician, with the goal of assisting the patient in making personal choices about their sickness, coping with the symptoms of the illness, or managing the effects of social and emotional stress. It requires the use of strong communication skills that have been honed through experience, as well as the provision of information that is unequivocal, clear, and truthful about the patient's ailment. When the rights of the patient to his or her care were acknowledged, the idea of giving one's informed consent to medical treatment emerged. It became abundantly clear that adequate patient counseling predating consent should be based on understanding of the illness, condition/procedure, implications, dangers, and availability of alternatives. Therefore, competent counseling is not only a necessary for the correct acquisition of informed consent, but it is even more crucial than the simple act of physically signing the permission document. Within the first few days of a patient's stay at a medical college or hospital, it is the responsibility of the junior residents to provide counseling and get informed consent from the patient. The best moment for him to learn is when his mentor is talking to some of his clients one-on-one. They learn to strike a balance between presenting the patient with comprehensive information and cautioning them about the dangers and repercussions of the procedure at the same time by seeing and absorbing the main aspects of the process of getting permission in this manner. When they have completed all of their required training, they will then be able to advise clients on their own. As a result, the purpose of this research was to assess how effective the junior residents were in surgical counseling and in presenting the patient with comprehensive and correct information while he or she was in the training phase. This is a one-of-a-kind research, the likes of which have not been conducted anywhere else in India up to this point.

Material and Methods

Two groups made up the whole of the research: the first group consisted of fifty surgical trainees from general surgery, orthopaedics, obstetrics, and ENT, while the second group included fifty patients who had had a variety of surgical procedures. Both groups were exposed to the identical conditions over the same time period of the research. For the purpose of determining whether or not the counselling session addressed all of the essential components of providing informed consent for the surgical treatment, we have developed a systematic questionnaire.

The patient was asked questions concerning the illness process, the name of the operating surgeon, the name of the operational method, other forms of therapy, risks or consequences of surgery, and problems. The questionnaire also asked about alternative therapies. In addition to that, several of the topics were added based on the evaluation of previous published research [9]. The instrument was verified by three senior-level surgeons and an expert in public health in terms of face validity and consensus validity, respectively.

The perspectives of the resident physicians about the degree to which they have addressed these critical components. In the same manner, the answers from the patients were collected in order to determine the significant gaps in the perception and actual execution of the essential components of informed consent. Patients were questioned on whether or not residents had informed them regarding the progression of their illness, the prognosis, the treatment choices, the dangers, the likelihood of recurrence, the complication rates, the alternatives of seeking a second opinion, and the referral of moving to a higher center. Additionally, an assistant was made available to them in order to aid them in marking the appropriate response.

Everyone who took part in the research project supplied their written informed permission. The outcomes of the research, including both their analysis and their reporting, were done so in a manner that did not compromise their confidentiality. After the survey was completed, the residents were given training that was organized around the significant skill deficiencies that had been found in their repertoire.

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statistics analysis
All categorical variables had their descriptive data displayed as frequency and percentage. SPSS version 22 was used to conduct the analysis on all of the statistical data [12].

Results
The final analysis took into account each of the 50 residents as well as the 50 patients. The risks and repercussions of the procedure were described in detail by 45 (or 90%) of the resident physicians as one of the most important aspects of the informed consent process. Natural history, the progression of the illness, and the prognosis were discussed by 19 resident physicians (38 percent), but alternative therapies and the name of the procedure were cited by 17 (34 percent) and 15 (30 percent), respectively. Only one of the residents brought up the name of the surgeon who performed the operation. No resident disclosed to the patient that the operation was being performed for the sake of research or training or for the first time, whichever of these three categories best fit the situation. Twenty of the surgeons, or forty percent, believed that they had described everything well to their patients. Sixteen of the patients, or thirty-two percent, had a good understanding of the illness process, and forty of the patients, or eighty percent, were persuaded. The patients themselves gave their permission in 37 (74%) of the instances, while their spouses gave their consent in 13 (26%) of the cases. Verbal permission was selected by 35 surgeons (70%) while written consent was selected by 15 surgeons (30%) as the technique of choice for getting agreement for minor operations and local anesthesia. When it came to giving permission for brief GA procedures, 37 participants (or 74% of the total) opted for verbal agreement, whereas 13 participants (or 26%) chose to use formal consent papers. There were 41 patients, and 92 percent of them said that they are aware of the illness process. In the inpatient population, 13 patients (26%) said that their doctor educated them about the scar and open/laparoscopic alternatives, whereas 27 patients (54%) reported that their doctor informed them about the operation and its consequences. In the inpatient group, 46% of respondents reported having knowledge of the surgeons' names. Only two patients, or four percent, have acknowledged having knowledge of alternate therapies. 32 (64%) of them said that they would prefer to travel to higher centers, and 45 (90%) of them were not aware of the recurrence rate.

Table 1: basic details given to patients from surgeon side

	Given		**Not given**	
	Number	**Percentage**	**Number**	**Percentage**
Natural history , disease process and prognosis	19	38	31	62
Training purposes	0	0	50	100
Name of the surgery	15	30	35	70
Name of the operating surgeon	1	2	49	98
Risk and consequences	45	90	5	10

Table 2: questioner responses from surgeon side

Surgeon responses	**Yes**		**No**	
	Number	**Percentage**	**Number**	**Percentage**
Do you think you have explained fully	20	40	30	60
Patients understood the disease process	16	32	34	68
Is the patients convinced	40	80	10	20
Who usually gives consent				
Patients	37	74	-	-
Spouse	13	26	-	-
Does the patients acknowledge complication when they occurred	7	14	43	86
Does the patients know if you are operating for the first time	0	0	50	100
Does the patients know who is operating	4	8	46	92
obtaining consent for				

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minor procedures/ local anaesthesia				
verbal	35	70	-	-
written	15	30	-	-
consent for short GA procedures			-	
verbal	37	74	-	-
written	13	26	-	-

Table 3: Patient knowledge level

	Number	Percentage
Do you know the disease process	41	92
Doctor informed them about the surgery & its complications	27	54
doctor informed them about scar and open/laparoscopic options	13	26
Do you know the names of the surgeons	23	46
Do you know alternative treatments	2	4
would like to go to higher centres	32	64
Do you Know recurrence	5	10

Discussion

The provision of competent patient counseling leads to the achievement of optimal results in medical operations, whether surgical or non-surgical. Before providing counseling to a patient, one must have a thorough understanding of the condition in question and its progression. Counseling is an art that helps patients establish appropriate expectations, examine expected risks, optimize post-operative compliance to prevent problems, and get continuous care for their condition. Counseling is also helpful in providing ongoing support for the patient's condition. The process of making decisions together should also include counseling as an important component. Consent is an essential part of counselling. The elements of valid informed consent can be summarized as follows:

Explanation and purpose of each standard procedure and those procedures that are experimental should be identified as such.

- Describing any attendant discomfort and risk that can be expected.
- Describing benefits that can reasonably be expected.
- Informing about any appropriate alternative procedures that can be advantageous to the patient.
- There should be a provision regarding his/her consent withdrawal or to discontinue treatment or participation in the project or activity at any time without prejudice to the subject.

The explanation of the course of the disease is the most delicate and difficult of all the components in IC form. This is because a medical professional would prefer to treat a disease before it becomes complicated and untreatable, and determining exactly who will develop a particular complication and require urgent treatment is unpredictable. Therefore, when physicians are outlining the progression of a condition, they might warn patients about a particularly terrible or fatal outcome of the sickness and recommend a therapeutic option to prevent or avoid it. It requires a significant amount of creative energy on the part of the patient to understand the idea being made. Patients are more anxious about their disease, billing, arranging donors, and several referrals to other departments which they feel are of high priority. As a result, both residents in medical hospitals and colleges, as well as patients, do not consider or give time to counselling and consent because they are overburdened with their work, such as case presentations and dissertations.

In this particular research endeavor, each and every one of the fifty (100%) surgeons who were employed in the surgical units filled out and submitted the questionnaires. Ibingira CB OJ et al. discovered a response rate of 52%, which was lower than what was obtained in the present investigation [12]. A response rate of 63% was discovered by Henley L. et al. [13], which is quite comparable to the current research. As a result of this, it is possible to emphasize that junior residents at a university teaching hospital in India are cooperative when it comes to responding to surveys.

An experienced surgeon will have a comprehensive understanding of the condition as well as the ability to anticipate surgical surprises. An experienced surgeon will also be able to recognize which aspects are most

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important to emphasize when counseling patients. To accompany and watch during such sessions is a recommended and beneficial activity. This information was gained by observing a large number of patients over a period of many years and by continuously modifying treatment procedures to account for changes in medical practice.

According to this research, twenty of the surgeons (or forty percent) believed that they had adequately described the illness process to their patients, sixteen of the patients (or thirty-two percent) did, and forty of the patients (or eighty percent) were persuaded. This demonstrates that there is little faith placed on the resident juniors' ability to provide counseling in their clients. Previous research has shown that increasing a patient's awareness of and comprehension of their illness as well as the many treatment choices that are accessible to them may lead to an increase in the patient's level of treatment adherence [14], [15]. The patient's psyche, mental health, tolerance power, and overall quality of life will all improve as a result of this [16].

According to the findings of this research, 4% of patients said that residents offered them a selection of alternative treatment options. This demonstrates that the resident physicians need to monitor their seniors when they are chatting with patients before taking on the duty themselves, since 45 patients, or 90% of the total, disputed that residents talked about a certain issue. Explaining an excessive amount of information in a short period of time as well as educating on the post-operative problems is another difficult duty. The surgeon does not anticipate this and the families are unprepared for it, unless this potential issue is addressed with them prior to moving through with the surgery. In the context of an emergency, issues are to be anticipated owing to the nature of the situation; but, in the processes of elective care and day care, it is necessary to have a great deal of stability and seriousness in picking the words to communicate the information through. Any problem that has not been addressed before is assumed to be the responsibility of the doctor, which results in a great deal of controversy on both the legal and ethical fronts.

Recently, there has been a rise in the number of instances of dispute that occur inside the medical system between physicians and patients or their attendants. The most significant contributor to the rise in the number of lawsuits filed against doctors as well as mass level protests led by doctors is the breakdown in communication that occurs between patients and their physicians [17]. These kinds of occurrences may be brought down to a lower rate if medical professionals are more attentive to the patients and their families and if they take the time to explain the treatment in great detail to patients [18].

Within the scope of this investigation, we discovered that thirteen (or 26%) of the surrogate decision-makers (spouses or members of the family) provided their informed permission. When confronted with pressure from the outside, these surrogate decision-makers may occasionally make decisions that are as unclear to them as those made by attorneys [19]. It is necessary to constantly remind those who are delegated decision-making responsibilities of the appropriate decision-making hierarchy [19]. Before making a choice, the surrogate should preferably relay the patients' precise preferences that were discussed in earlier sessions. This should take precedence over the surrogate's personal preferences [19]. If a patient's preferences are not known, the surrogates should be encouraged to make the choice by putting themselves in the patient's shoes and thinking about what they would like. In the event that nothing works, the surrogate has to make a choice on the medical treatment with the assistance of a medical team. There must be some degree of variety in order to accommodate the specific requirements of particular patients. The patient is helped in the proper path and any unreasonable expectations about the operation are dispelled during the process of consenting to the treatment. During the process of obtaining informed consent, the surgeon's responsibility is to build a connection with the patient by giving enough patient education [21].

When defending the autonomy of human beings, which might potentially have an effect on the IC process, culture should be taken into consideration. Culture is multifaceted and encompasses the values, beliefs, and practices of many national, ethnic, religious, regional, and generational factors that impact the complexity of intergenerational communication (IC). [22] In order to support the establishment and implementation of informed consent processes with cultural values, physicians and researchers need to increase their cultural competency by enhancing their interpersonal skills, as well as their awareness and respect of cultural differences. [23]

As a result of this research, one of the most important issues that has arisen is the need for a greater knowledge of the gap that exists between good doctor and patient communication. This understanding will assist provide critical information for the training of younger physicians. [20]. Patients have the right to demand respect and empathy from their physicians. It is important for doctors to constantly be properly dressed and have proper manners, and they should also be conscious of their own emotions as well as the emotions of their patients. To corroborate the conclusions of the current study, it is advised that more research be conducted in this field.

Conclusion

By adding patient counseling and intensifying patient selection, it is possible to increase both the overall happiness of patients and the results overall. During surgical procedures, teaching hospitals in India still do not have a system in place to get patients' necessary written informed permission or to record patient information.

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The professionals who work in health care should educate themselves on the many facets of informed consent and the significance of the concept, and they should also be trained in the various forms of patient counseling. A template for informed consent that includes all of the necessary information and leaves flexibility for customization needs to be established so that the process of obtaining informed consent may be completed more quickly.

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