Inquiry into the potential value of an information pamphlet on consent to surgery to improve surgeon-patient communication

P Meredith, C Wood

Abstract

Objectives—To find out how patients recently undergoing surgery experienced the consenting process and the response of these patients to a pamphlet on consent to surgery. To test the reaction of health professionals to the pamphlet.

Design—A pilot pamphlet was produced and a questionnaire was sent to patients inquiring about their consenting experience, and how the pamphlet might have helped them through the consent procedure. A pamphlet and a questionnaire were also sent to a random sample of the health professionals serving these patients.

Subjects—Patients and health professionals.

Results—61% of patients returned the questionnaire. Knowledge about the consent procedure was shown to be limited. 49% were unaware that they had the right to insist that the surgeon could only perform the specified operation and nothing more. 83% were unaware that they could add something in writing to the consent form before signing. 28% of health professionals returned the questionnaire, most of whom thought that the pamphlet provided a useful contribution to surgeon-patient communication.

Conclusion—Evidence shows that patients are not well informed about consenting to surgery and further information would provide much needed guidance on understanding their role in the consent procedure. The low response from the health professional study is perhaps an indication that at present this is an issue which is not seen as a priority.

Methods

SELECTION OF PATIENTS

Three hospital sites were chosen, which served inner city, suburban, and rural populations in different geographical locations (one in the south east, one in the north, and one in the south west of England). Surgeons involved in the study organised distribution from within their own hospital. The study began in March 1996 and was completed in August 1996.

The person in the hospital responsible for selection was given a target sample of 100 patients who had recently had surgical treatment and had been discharged within the past month. It was hypothesised that consent would be of differing importance according to the severity of the patient’s condition, therefore the sample aimed to be divided equally between day case patients (50% of these to have...
Introduction to surgical consent
Surgery is performed not simply to save life but to alleviate symptoms. This almost always involves a trade off of benefits against risks or side effects about which only the patient can decide.

The outpatient visit
The purpose of the meeting and the importance of consent at this stage.
A checklist of questions, the answers of which engender valid consent.

The consent form
A form is illustrated in the pamphlet and the sections elaborated and explained with illustrations.
The meaning of the signature and how the patient can use the form for their own needs.
Consenting on behalf of relatives and children.
Informed consent for participation in training or clinical trials.

Box 1 Outline of pamphlet contents
undergone an endoscopy) and inpatients (30% of these to have undergone surgery for removal of a malignancy). Selection was based on discharge and theatre records.

THE PAMPHLET
The pamphlet aimed to prepare the patient by providing examples of common questions about treatment on which informed consent depends. It also examined the components of a typical surgical consent form. Box 1 shows an outline of the pamphlet.

THE PATIENTS’ QUESTIONNAIRE
A patients’ questionnaire was created containing 27 questions to assess the patients’ reaction to the booklet in the light of their recent consenting experience and to seek what were thought to be the strengths and weaknesses of what they had read (box 2). Both tick boxes and space for free text responses were included within the questionnaire.
Patients were posted their questionnaire directly from the hospital together with a pamphlet and an introductory letter explaining the survey. Those who did not return their questionnaire within three weeks were sent a reminder letter. Another reminder and copy of the questionnaire and pamphlet were sent after a further three weeks if there was still no response.

THE HEALTH PROFESSIONALS’ QUESTIONNAIRE
This questionnaire contained only open ended questions. The main theme of the questions was the perceived effect of the pamphlet’s widespread availability on doctor-patient interaction and the efficiency of the consultation process (box 3). Each hospital provided the Royal College of Surgeons of England with a list of all the surgical nursing staff, surgeons, and general practitioners serving the hospital. All surgeons and a random sample of the nurs-

Box 2 A selection of the contents of the patients’ questionnaire
(Q1) How did you feel about the decision which led to your operation?
I felt the surgeon took the time to discuss the options for treatment and involved me fully in the decision.
I felt the decision was made of my behalf which I went along with.
(Q2) What in your opinion is the most important signal a patient can give that they are consenting to an operation?
Agreeing what the surgeon proposes in the first outpatient meeting
Coming into hospital
Signing the consent form
No signal is more important than another
(Q3) How much attention did you give your consent form?
A lot of attention
Some attention
Not much attention
(Q4) How easy did you find your consent form to understand?
Very easy
Quite easy
Not easy
(Q5) How much importance did you attach to signing your consent form?
I felt it was very important
I felt it was quite important
I did not think it was important
I can’t remember
(Q6) Were you aware that you had the right to insist that the surgeon may only perform the operation specified and nothing more?
Yes
No
(Q7) Before reading this pamphlet, did you know that a patient could state in writing on the form what they did not want a surgeon to do during their operation?
Yes
No
(Q8) Before reading this pamphlet, did you know that it may not necessarily be a patient’s consultant (or the surgeon who would carry out the operation)
Yes
No
(Q9) Are there any sections of the pamphlet which could have been easier to understand?
Yes
No
(Q10) What difference, if any, has the pamphlet made to your understanding about consenting to surgery? (open ended)
(Q11) What is the most important point raised by the pamphlet? (open ended)
(Q12) Who do you think would find this pamphlet useful?
All patients
Only some patients with certain conditions
No patients

DATA ANALYSIS
Questionnaire data were analysed with SPSS-win software. χ² Tests were conducted when appropriate, to which all p values relate. All free text replies were categorised according to the
common positive and negative themes emerging from the comments. Quotations aim to be representative of these themes.

Results

THE PATIENT SURVEY

Response rates

A total of 270 questionnaires were posted to patients. Only one hospital did not complete their distribution by the closing date due to other audit activities delaying the start of the selection. This hospital distributed 70 questionnaires. Of the 270 distributed questionnaires, 164 were returned giving a response rate of 61% (55% including non-distributed questionnaires). The final sample distribution by category was 10% day case endoscopy, 13% day case other, 23% inpatient cancer, and 54% inpatient other (Table 1).

The median age range of patients was 55–64 (Table 2). Of the day cases 62% were <55 years of age compared with 43% of the inpatients ($\chi^2=4.01; df=1, p<0.04$). A question sought to identify any respondents whose first language was not English, but there were few cases and no significant conclusions could be drawn.

<table>
<thead>
<tr>
<th>Age range</th>
<th>n (%)</th>
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<tbody>
<tr>
<td>18–24</td>
<td>3 (2)</td>
</tr>
<tr>
<td>25–34</td>
<td>18 (11)</td>
</tr>
<tr>
<td>35–44</td>
<td>29 (19)</td>
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<tr>
<td>45–54</td>
<td>25 (16)</td>
</tr>
<tr>
<td>55–64</td>
<td>33 (21)</td>
</tr>
<tr>
<td>65–74</td>
<td>34 (22)</td>
</tr>
<tr>
<td>75–84</td>
<td>13 (8)</td>
</tr>
<tr>
<td>≥85</td>
<td>2 (1)</td>
</tr>
<tr>
<td>Total</td>
<td>157 (100)</td>
</tr>
</tbody>
</table>

Seven missing cases.

Design and impact of the pamphlet

(Q9, Q10) Understanding of the pamphlet—139/141 (99%) patients reported that in their view nothing in the pamphlet could have been made easier to understand. A free text box provided the opportunity for the respondents to explain if and how the pamphlet had made any difference to their understanding about consent. Forty patients added something in their own words. The following examples are representative of these comments:

"I did not realise that I had as much to say about what happened as I obviously have."

"It has made me aware that I am my own person and can decide what happens to me."

"It has made it more clear to me that I have the right to be properly informed; that I have the right to ask questions."

(Q11) Most important aspect of the pamphlet—Asked what they thought was the most important aspect of their view of the pamphlet, 77/152 (51%) patients thought that their ability to comprehend the form was compromised by the manner in which it was presented for signature. Thus several respondents thought that they had had insufficient time to absorb the contents of the form or felt pressured because a doctor stood waiting for them to sign it immediately before their operation.
important part of the pamphlet, in the light of their experience, the largest proportion of those responding cited the ability to write something themselves. Other mixed comments are indicative of the realisation that the form is designed to serve the patient as much as the hospital:

“I could read what the surgeon writes on the consent form, and could state on the form what I do not want the surgeon to do.”

“I am the most important person rather than the consultant or doctor.”

“The limitations on the surgeons’ rights because of the patients’ rights.”

“Side effects are risks (to be taken into consideration).”

“Being able to understand the consent form.”

“The pamphlet has made me aware of the questions I should have asked even though I was only going for day surgery.”

(Q12) Benefit of the pamphlet—Asked who the patient thought would benefit from the pamphlet, 134/146 (92%) thought that all patients would benefit. Ten (7%) thought that some patients—those undergoing more risky, major surgery—would need such a pamphlet. Only two (1%) thought that the pamphlet was not useful to any patient.

THE HEALTH PROFESSIONALS’ QUESTIONNAIRE
A pamphlet and questionnaire were posted to 404 health professionals, and 115 were returned, giving an overall response rate of 28%. Of 74 surgeons contacted, 26 responded (35%), of 123 surgical nursing staff, 27 responded (22%), and 62 out of 207 general practitioners responded (30%). The results are based on responses from open ended questions relating to the idea of providing such information to patients (box 3).

Of those responding, nearly all the surgeons (25/27 (95.5%)) and general practitioners (60/62 (97%)) thought that the idea of a pamphlet was an excellent or good idea. The following statements show some reasons for their support:

Surgeons
“Make communication between surgeon and patient easier and more effective.”

“It should enhance communication.”

“It will encourage patients to think and ask questions which may not otherwise have come up, and knowing this will encourage surgeons to communicate better.”

Nursing staff
“Will provide a basis for doctors to start talking to their patients.”

General practitioners
“It will help patients make a valid decision.”

“It will concentrate the mind on issues that might cause concern.”

“Consultants will be encouraged to improve consent procedures rather than patients coming to general practitioners for further explanations.”

“It may involve more time explaining things to the patient, needing a trial to see if this is the case.”

Some respondents acknowledged that the consent procedure is not always treated with the time and importance it deserved:

Surgeons
“Having read the pamphlet I would probably go through the consent form more fully.”

Nursing staff
“Good idea but only if used together with propertime for patient to ask questions.”

“The pamphlet must not be allowed to be the only form of communication.”

Some respondents, although in support of the idea of providing information, thought that conditional factors should be taken into account:

Surgeons
“It may involve more time explaining things to the patient, needing a trial to see if this is the case.”

Nursing staff
“Good idea but only if used together with proper time for patient to ask questions.”

“The pamphlet must not be allowed to be the only form of communication.”

“Most patients feel very detached from their surgeon; this may make them seem even more removed and be an excuse for the surgeon to take less time with them.”

Table 3 The important signals of consent

<table>
<thead>
<tr>
<th>Response</th>
<th>n (%)</th>
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<tbody>
<tr>
<td>Agreeing to what the surgeon proposes at the outpatient meeting</td>
<td>68 (43)</td>
</tr>
<tr>
<td>Signing the consent form</td>
<td>50 (32)</td>
</tr>
<tr>
<td>Coming into hospital</td>
<td>20 (13)</td>
</tr>
<tr>
<td>No signal is more important than another</td>
<td>18 (11)</td>
</tr>
<tr>
<td>Other</td>
<td>5 (1)</td>
</tr>
<tr>
<td>Total</td>
<td>161 (100)</td>
</tr>
</tbody>
</table>

Three missing cases.
Pamphlet on consent to surgery to improve surgeon-patient communication

Discussion

This study sought to explore how patients experienced consenting to surgery and how the provision of an information pamphlet explaining the consent procedure would help guide and improve the involvement of patients in this process.

Our evidence showed that patients are not well informed about consenting to surgery and that further information would provide much needed guidance on understanding their role in the consent procedure. The low response from the health professionals is perhaps an indication that at present this is an issue which is not seen as a priority.

There were several limitations to this study. One is that the study was retrospective, asking patients who had already had an operation how they may have benefited from such information being made available rather than looking at an active process of consent. Another limitation was that the use of a postal questionnaire is by its nature limited in the amount of in-depth information that can be gained. However, despite this the data do provide a positive indication of the need for more guidance and information on the rights of patients.

Results show that there were gaps in patients’ knowledge of the consent procedure—for example, 49% were unaware that they could specify that the surgeon could only undertake the operation specified. Results also show the benefit that such a pamphlet could have on the communication process, with most patients (92%) thinking that all patients could benefit from such information being made available. Research has shown that whenever patients are given the opportunity to request information, they do so.5-11 This also seems to hold true for information about the consent procedure.

The response from health professionals was disappointingly low, and the opportunity should have been taken to send reminder letters, although it is uncertain how much this may have improved the response rate. The low response can perhaps be seen as an indication of the lack of importance given to the consent procedure by health professionals. It is interesting to note that although only 28% of patients gave the consent form much attention, 52% thought that signing the consent form was very important. This response may be influenced by the often rushed manner that the form is presented to patients with little time or encouragement provided to study the form in detail.

However, the comments received from the health professionals were encouraging and although it cannot be assumed that these comments are representative of all those posted a questionnaire, it does show a level of support for use of a patients’ pamphlet to improve the current communication between doctors and patients.

Many health professionals are aware of the limitations of the consent form, which is seen by many as unproductive and confusing. It was not the objective of this study to consider alternatives to the consent procedure but to look at the current situation for patients undergoing surgery and to create useful guidance information to help with this process.

Patient information literature plays a vital part in informing patients and is an important component of the quality of care provided by the National Health Service. The subject of consent has long been neglected in provision of information and this study shows that such literature can provide a much needed tool to improve communication and understanding between patients and the health professionals that serve them.

We thank the staff of the hospitals organising and taking part in this study, and the Royal College of Surgeons of England for financial support.

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