

## Knowledge, Opinions and Attitude of Surgeons in Saudi Arabia toward Informed Surgical Consent

Ali M Alsaihati<sup>1</sup>, Amer B alotaibi<sup>2</sup>, Ali M Alhawaj<sup>3</sup>, Areej M Alabdulsalam<sup>4</sup>, Nourah A Alajmi<sup>4</sup>, Mohamed T Boukhet<sup>4</sup>, Waleed H Altulayqi<sup>4</sup>, Ali S Alkahtani<sup>4</sup>, Nawaf A Almarek<sup>4</sup>, Zahra A alhussain<sup>5</sup>, Ali S Al-Sultan<sup>5</sup>, Mohammed B al khalaf<sup>5</sup>, Hani A AlAbdullah<sup>5</sup>, Abdulhalim B Hafizallah<sup>6</sup>, Fahad F Almutairi<sup>7</sup>, Bothayna A Alanzan<sup>8</sup>, Mohammed S Alrashed

<sup>1</sup>Qatif Central Hospital, <sup>2</sup>King Abdullah Hospital, <sup>3</sup>Ibn Sina National College For Medical Studies, <sup>4</sup>King Saud University, <sup>5</sup>King Faisal University, <sup>6</sup>Taibah University, <sup>7</sup>MCST, <sup>8</sup>Princess Nora Bint Abdulrahman University, <sup>9</sup>Imam Muhammad Ibn Saud Islamic University<sup>9</sup>

### ABSTRACT

**Background:** Informed consent has become a vital factor for the clinical treatment of modern practice in the medical field, it is participating in legal, ethical and administrative compliance side. However, informed consent is variably applicable and rarely fulfills its theoretical ideal. Disclosure of adequate information is very important before signing informed consent. It is important to make patient enable to take a proper decision with good knowledge about his/her case. Informed consent for the surgical procedure is consent that taken from the patient before surgical operations and invasive procedures after explaining advantages and disadvantages. Getting patient's signature for the consent of operations and the surgical procedure is surgeon's job. The opinion of the surgeon about informed consent is important, as that may affect the performance of surgeon in explaining procedure with its risks and benefits. **Aim:** Assessment of knowledge, opinion, and attitude of surgeons towards informed consents. Find out how to improve the quality of informed consent from surgeons' suggestions. **Method:** This cross-sectional study is questionnaire-based study. Our target was to reach many surgeons in Saudi Arabia with different specialties, different status and from different hospitals. We take our sample using random sampling technique. We selected surgeons from each hospital that our data collector can reach and enter easily. Collection of data was done by interview. Our questionnaire contained four parts in addition to demographic data part. The first part was asking about surgeons' opinions regarding informed surgical consent process. The second part was responsible for inquire about obtaining informed surgical consent. The third part is about the refusal to sign informed surgical consent. Last part is to ask about surgeons' suggestions to improve informed surgical consent. **Result:** Total number of respondents was 140 (Response rate is 93.3%). Around 34% of participants agreed that surgeons don't give adequate information about the surgical procedure. 33.6% insisted to know about their surgery. After asking each surgeon about the importance of informed surgical consent they selected the following answers in descending order; informing patients about advantages, hazards and alternatives (81.4%), Medico-legal importance (79.3%), decision taking about procedure (72.1%), hospital policy (50.7%) and surgical tradition (19.3%). Most of the doctors (85%) complained that sometimes, their patients refused to sign consent. Fear was the most common cause of signing consent refusal according to opinions of 62.9% of surgeons. **Conclusion:** Surgeons in Saudi Arabia have acceptable knowledge about informed surgical consent and how to obtain it. But still there were some opinions of surgeons opposite to what is practiced, and also some of them practiced something not ideal while obtaining informed surgical consents. However, most of the surgeons know the importance of consent and what is important to be disclosed in it. In general, the frequency of consent refusal was low. **Keywords:** Informed Consent, Surgeons, Saudi Arabia, surgical consent.

### INTRODUCTION

In our practice in surgery and the medical field in general, the term informed consent means hall discussion between patients and physicians about suggested nature of medical treatment, consequences of treatment, advantages, harms, risks, and alternatives<sup>(1)</sup>. It has become a vital factor for the clinical treatment of modern practice in medical fields; it is participating in different things in different context: legally, it prevents unwanted procedure and protects patients from assault. Ethically, it protects the patient from freelance decision making and supports patient-defined goals. The process of informed consent should involve an

ongoing and dynamic exchange of information between the patient and his or her healthcare provider. However, informed consent is variably applicable and rarely fulfills its theoretical idea<sup>(2)</sup>. Disclosure of adequate information is very important before signing informed consent. It is important to make patient enable to take a proper decision with good knowledge about his/her case. However, use of non-scientific term and language that can be understood by the patient are significant, and information must be accurate, sufficient and relevant<sup>(3)</sup>. Clinical practice has been shifted over past few decades to the modern way that gives

patients the right to make his/her own decision in cooperation with physician and get complete transparency and autonomy. Patient has the right to accept or refuse the way of treatment that explained by the physician <sup>(4)</sup>. Information that given to the patient while taking consent is important to build trust and confidence between patient and physician <sup>(5)</sup>. Informed consent for the surgical procedure is consent that taken from the patient before surgical operations and invasive procedures after explaining advantages and disadvantages <sup>(6)</sup>. Each patient has the right to make his/her own decision about what surgeon will do on his/her body during operation or procedure and this is an ethical principle that has been expressed in many global ethical codes and national health status <sup>(7)</sup>. Getting patient's signature for the consent of operations and the surgical procedure is surgeon's job. The opinion of the surgeon about informed consent is important, as it may affect performance of surgeon in explaining procedure with its risks and benefits. In Saudi Arabia, it is important to assess knowledge, opinion, and attitude of surgeons towards informed consents and ask them about their suggestions to improve the quality of informed consent and this is the main goal of this study.

## METHODS

This cross-sectional study is questionnaire-based study. Our target was to contact many surgeons in Saudi Arabia with different specialties, different status and from different hospitals. We take our sample using random sampling technique. We selected surgeons from each hospital that our data collector can reach and enter easily. Collection of data was done by interview method as we tried our best to explain our study goal to each surgeon we met. Collection of data was done almost in one-month period from 3rd of July to 1st of August 2017 AD. Our questionnaire is containing four parts in addition to demographic data part. The content of demographic was as follow age, gender, nationality, type of institution, status, specialty, and the location of practice and years of experience. Remaining parts of the questionnaire were the same as what we adapted from the same study that has been done in Nigeria after some additions and modifications <sup>(8)</sup>. The first part was asking about surgeons' opinions regarding informed surgical consent process, as we ask patient many questions regarding this subject and gave participants multi choice to choose: agree, strongly agree, disagree or strongly disagree. The second part was responsible for inquire about obtaining informed surgical consent, as we asked about very important reasons of obtaining informed

surgical consent, what is important to consent process and what is important to be disclosed in informed surgical consent. The third part is about the refusal to sign informed surgical consent, in this part we tried to evaluate the frequency of refusal, reasons of refusal according to surgeons' opinion, opinions of surgeons about patient right to refuse and response of surgeons towards patient's refusal. Last part was to ask for surgeons' suggestions to improve informed surgical consent. Ethical considerations: All surgeons participated in this study were voluntarily participated by their own desire after explaining all details of study and goals. All personal data that have been collected were secret. The study was approved by the Ethics Board of King Faisal University. Data analysis: Data entry was done using Microsoft Excel 2016 computer application, while in data analysis we used IBM SPSS Statistics 24 computer application.

## RESULTS

In this study, a total number of respondents was 140 out of 150 surgeons who made interviews (Response rate was 93.3%). Mean age of our respondents was 34 years. Demographic data have been mentioned in Table 1 as follow; Male were 107 (76.4%) and female were 33(23.6%). Saudi surgeons were 121(86.4%) and non-Saudis were 19(13.6%). Mean years of experience was 7.76 years, the minimum was one year and the maximum was 35 years. There were 66 surgeons (47.1) have experienced less than 5 years, 43(30.7%) have 5 – 10 years of experience and 31(22.1%) have more. Consultants were 27(19.3%), specialists were 34(24.3%), Senior and junior residents were 28(20%) and 51(36.4%) respectively. Employees of Ministry of health were most of our participants, they were 96 persons (68.6%), surgeons from private hospitals were 8(5.7%), there were 17 surgeons (12.1%) from military hospitals and 19 (13.6%) from university hospitals. Our respondents are surgeons from different surgical specialties, in which 71(51.7%) were general surgeons, 16(11.4%) were in Obstetrics and Gynecology department, 12(8.6%) were in ENT department, 3(2.1%) were in Ophthalmology department, 6(4.3%) were in Neurosurgery department, 17(12.1%) were in Orthopedic department, 9(6.4%) were in Urology department, 5(3.6%) were in cardiothoracic surgery department and one (0.7%) was plastic surgeon. Practices of surgeons who participated in this study were from a different region in Saudi Arabia, 33 (23.6%) in the eastern region, 64(45.7%) in the central region, 41(29.3%) in the western region, 2(1.4%) in the southern region.

**Table 1; Demographic Data**

Age	Mean: 34	
		Frequency (%)
<b>Gender</b>	Male	107(76.4)
	Female	33(23.6)
<b>Nationality</b>	Saudi	121(86.4)
	Non-Saudi	19(13.6)
<b>Years of experience</b> Mean: 7.76 minimum: 1 maximum: 35	Less than 5 years	66(47.1)
	5 – 10 years	43(30.7)
	More than 10 years	31(22.1)
<b>Status</b>	Consultant	27(19.3)
	Specialist	34(24.3)
	Senior Resident	28(20)
	Junior Resident	51(36.4)
<b>Institution</b>	Ministry of Health	96(68.6)
	Private hospital	8(5.7)
	Military Hospital	17(12.1)
	University Hospital	19(13.6)
<b>Specialty</b>	General Surgery	71(50.7)
	Obs/Gyn*	16(11.4)
	ENT	12(8.6)
	Ophthalmology	3(2.1)
	Neurosurgery	6(4.3)
	Orthopedic	17(12.1)
	Urology	9(6.4)
	Cardiothoracic surgery	5(3.6)
	Plastic Surgery	1(0.7)
	<b>Location of Practice</b>	Eastern Region
Western Region		64(45.7)
Central Region		41(29.3)
Northern Region		0(0)
Southern Region		2(1.4)
<b>Total</b>		140(100)

\* Obstetrics and Gynaecology

By proceeding to ask surgeons about their opinions regarding informed surgical consent, there were around 72 surgeons (51.4%) don't think that surgeons always give adequate details about patient's case before starting treatment. Around 34% of participants agreed that surgeons don't give adequate information about surgical procedure during consent process and more than 12% strongly agreed. There were 29.3% and 17.1% agreed and strongly agreed respectively that Informed consent was performed as a medicolegal ritual, not an ethical obligation.

More than 29% agree that informed consent is not actually contributory decision-making process in addition to 13.6% who strongly agreed. There were 35% agreed and 11.4% strongly agreed that informed consent is most often a perfunctory single-

moment preoperative routine. Around 28.5% agree that informed consent is nothing more than signing the paper and 7.9% strongly agreed. Only 26.4% agreed and 8.6% strongly agreed that informed consent is strange to Saudi psyche.

There were 33.6% agreed that insist on consent is to be insensitive to Saudi culture and 3.6% strongly agrees. Almost half (50.7%) of participants considering the importance of signing consent is same as consent process in addition to 31.4% who were strongly agreed. There were 42.9% and 14.3% of participants agreed and strongly agree respectively that informed consent cannot be applicable for all procedures.

Only 6.4 disagree that informed consent guarantees voluntary decision for patient and authorization to proceed and 3.6% strongly disagree [Table 2].

**Table 2: Surgeons' opinion toward informed consent process %\***

	1	2	3	4
Surgeons don't give adequate information about surgical procedure during consent process	18.6	35	34.3	<b>12.1</b>
Informed consent is performed as medicolegal ritual, not an ethical obligation	15.7	37.9	29.3	<b>17.1</b>
Informed consent is not actually contributory decision-making process	18.6	39.3	28.6	<b>13.6</b>
Informed consent is most often a perfunctory single-moment preoperative routine	16.4	37.1	35	<b>11.4</b>
Informed consent is nothing more than signing a paper	35.7	27.9	28.6	<b>7.9</b>
Informed consent is strange to the Saudi psyche	17.7	47.1	26.4	<b>8.6</b>
To insist on consent is to be insensitive to Saudi culture	25.7	37.1	33.6	<b>3.6</b>
Importance of signing consent is same as consent process	5	12.9	50.7	<b>31.4</b>
Informed consent cannot be applicable for all surgical procedures	10.7	32.1	42.9	<b>14.3</b>
Informed consent guarantees voluntary decision for patient and authorization to proceed	3.6	6.4	51.4	<b>38.6</b>

**Keys: 1. Strongly Disagree; 2. Disagree; 3. Agree; 4. Strongly Agree**

After asking each surgeon about the importance of informed surgical consent they selected the following answers in descending order; Informing patients about advantages, hazards and alternatives (81.4%), Medico-legal importance (79.3%), decision taking about procedure (72.1%), hospital policy (50.7%) and surgical tradition (19.3%). Even though, when we asked participants what they consider very important in informed surgical consent they selected the following answers in descending order; Ability to recognize relevant information and appreciate outcomes of decisions (75%), making an optional decision to perform procedure (56.4%) and Signing consent document paper (47.9%). Regarding to information that should be disclosed to patients while obtaining consents,

surgeons' answers are mentioned in descending order as follow; most of the surgeons believe on the importance of disclosing all treatment choices in addition to surgery (85%), hazard associated with selected surgical operation(76.4%), advantages of selected surgical operation(68.6%), all other surgical procedures that is available(66.4%), explain diagnosis in detail(62.1%) , frequency of incidence of main operative risks(61.4%), special methods to inhibit or minimize risks(57.9%), name of surgeon who will perform selected surgical operation(55.7%), all details regarding anesthesia and immediate postoperative period(55%) and specific operative details(30.7%) [Table 3].

**Table 3: Information disclosed by surgeons during informed consent process**

	%
All treatment choices in addition to surgery	85
Hazard associated with selected surgical operation	76
Advantages of selected surgical operation	69
All other surgical procedures that is available	66
Explain diagnosis in detail	62
Frequency of incidence of main operative risks	61
Special methods to inhabit or minimize risks	58
Name of surgeon who will perform selected surgical operation	56
All details regarding anaesthesia and immediate postoperative period	55
Specific operative details	31

According to refusal of signing consent, when we asked surgeons about frequency of signing consent refusal; most of participants (85%) said they

refuse sometimes, only 11.4% said they never refuse, while 2.1% said that their patients usually refuse and 1.4% said they always refuse. Opinions

of surgeons about main reason of signing consent refusal were asked and surgeons answered as follow; they need opinion from another hospital (10.7%), fear (62.9%) and poor communication and explanation (26.4%). There were around 30 surgeons (21.4%) believe that patient don't have the right to refuse to sign consent. When we asked surgeons about their response when their patients refused to sign consent they selected answers as follow; 45% most likely they would abide by

patient's wish, 38% most likely will talk patient into consenting, few percent (22.9%) most likely would encourage intervention from colleagues or administrators, very few (20.7%) most likely would refer to hospital ethics committee, most of participants (66.4%) least likely would threaten the patient, some of surgeons (10.7%) most likely would withdraw from treating the patient and some of them (24.3%) most likely would discharge against medical advice [Table 4].

Suggestions of surgeons to improve informed surgical consent process is mentioned as follow;

between surgeons and their patients are some of the suggestion to improve consent process.

**Table 4: Surgeons' response towards patient who refuse to sign informed surgical consent**  
%\*

	1	2	3	4
Abide by patient's wish	5	15	35	45
Talk patient into consenting	9.3	17.1	35	38
Encourage intervention from colleagues or administrators	17.1	35.7	24.3	22.9
Refer to hospital ethics committee	30	30.7	18.6	20.7
Threaten the patient	66.4	11.4	11.4	10.7
Withdraw from treating the patient	38.6	30.7	20	10.7
Discharge against medical advice	15	19.3	41.4	24.3

Keys: 1. Least Likely – 4. Most Likely

most of surgeons (59.3%) suggest that surgeons should improve communications between them and their patients, more than 19% suggest educating of surgeons how to improve consent process, involve patients in management plan (9.3%), increase research activity in this subject (7.9%) and some of them suggest taking consent process seriously (4.3%).

**DISCUSSION**

We applied this study among surgeons in Saudi Arabia instead of patients. Because we believe that once surgeons believe on informed surgical consent and know how to communicate well with the patient while taking consent, this will lead to the fulfillment of goals that are expected from consent. Our main aim is to improve the consent process to reach ideal surgical operation. We found that a large number of surgeons don't give full details about the procedure before taking consent. This study shows that there are is a little bit careless in consent process among surgeons, some of them consider it as only pre-operative routine or just signing the paper. Some of the surgeons believed that consent process is strange to Saudi psych. Most of the surgeons against applying consent among all surgical procedure. Fears from surgery and poor communication are the common reason of signing consent refusal. Educating surgeons and improve communication

Usually, consent contained two parts; information and consent itself. Information will disclose all details about the case and its treatment with alternatives. Regarding consent part, it is important to reach patient's elective decision and allowance to proceed in treatment. These two components required surgeon's time, knowledge of case and operation process, the ability of the surgeon to communicate well with the patient and need the patient to have an interest contribute to decision making process. Ideal consent process couldn't be real because of many reasons like the effect of time and loss of supervision or regulations in some hospital. Absolutely, surgeons should spend as possible of his time to explain and give more information to the patient about his/her case and operative details before proceeding to the operation and this is very important according to many previous studies<sup>(8)</sup>.

According to this study, the percentage of refusal is not so high. But, poor communication between patient and surgeons is the second common reason of refusal (26.4%) according to surgeons' opinion and that should be modified to reduce refusal percentage and terminate fear which is the first reason of refusal (62.9%). Last reason of refusal (10.7%) is requesting an opinion from another hospital, and this point must be studied and

administrator of hospitals to let patient trust their hospitals should study how

One of the suggestions from surgeons to improve consent process is to educate surgeons (19%), and this is compatible with the previous study. in which 78% of Saudi surgeons think all doctors should receive training on informed consent and 83% of surgeons from the United Kingdom agree also <sup>(9)</sup>.

## CONCLUSION

Surgeons in Saudi Arabia have acceptable knowledge about informed surgical consent and how to obtain it. But still there are some opinions of surgeons opposite to what is practiced, and also some of them practiced something not ideal while obtaining informed surgical consents. Some of the surgeons don't provide adequate information before obtaining consent, some of them don't take it seriously enough and some of them don't believe that consent usually provide its goals. However, most of the surgeons know the importance of consent and what is important to be disclosed in it.

In general, the frequency of consent refusal is low. But, it is important to take care and study common reasons of refusal that have been mentioned by surgeons; fear, communication problem and requesting an opinion from another hospital.

Finally, we have to study and apply possible all suggestions that mentioned by surgeons to improve informed surgical consent; surgeons should improve communications between them and their patients, educate surgeons how to improve consent process, involve patients in the management plan, increase

research activities in this subject and take consent process seriously.

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