

# Informed Consent for Dental Treatment: A Survey on Dental Practitioners' Perception, Awareness and Understanding

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## Abstract

A survey was conducted on dental surgeons' perception of ethics concerning informed consent. Forty-six dentists employed in different private and government dental colleges and private dental clinics, responded to a questionnaire, which contained ten questions related to the ethics of informed consent. The study revealed that the dentists were aware of legal and ethical issues related to informed consent, and majority of them relied on verbal consent (82.6%) rather than a written consent for any form of treatment. All the dentists (100%) agreed to the importance of informed consent for patients, and almost all the participants (97%) agreed that patients hold the right to refuse treatment or take legal action if they were not informed properly, although 19% of the participants did not consider failure in obtaining informed consent as an offence. Sixty-three percent of the participants did not agree to the notion that a written consent would make dentistry difficult while the remaining 37% feared that dentistry would be difficult if written consent was made mandatory. The survey also revealed that participants were keen to learn more about principles of medical ethics and felt ethics be taught more elaborately in the undergraduate level. In conclusion it was suggested that dentists should obtain a written consent for ethical reason or legal safeguard or at least keep a written document of the type of consent given by the patient.

**Key words:** Informed Consent, Bio-medical ethics, Ethics in Dental Practice, Awareness, Perception

## Introduction

Ethics is understanding and practicing of moral values and in principle, applies to all the aspects of life. Medical or bio-ethics deal with the moral principles that should guide the members of the medical profession in their dealings with each other, their patients and the state<sup>1</sup>. Since The Declaration of Geneva in 1948 and the International Code of Medical Ethics in 1949<sup>2</sup>, medical profession has become more cautious about ethical issues regarding treatment and care. Autonomy or respect, beneficence and justice are the three basic components of bioethics and these three make up the integral part of medical profession<sup>5</sup>. Respect or autonomy means that a patient's judgment should be respected at any level of treatment procedure and he or she has total freedom for taking a decision. Benevolence insures that no harm is done to the patients and the third principle, justice, dictates equal right for each individual. An informed consent, which is supposed to be taken from a patient before any form of treatment, preserves the right of the patient to accept or refuse treatment, insures autonomy for the patient, and in

effect, beneficence and justice by the caregiver<sup>4</sup>. An Informed consent is a cornerstone of doctor-patient relationship. One issue of controversy is promulgating an informed consent in dental practice<sup>3</sup>.

A conventional consent can take the form of an implied, verbal or a written consent, but an informed consent is one that a patient understands clearly and therefore agrees to accept or refuse a treatment willingly<sup>6</sup>. It is generally accepted that a verbal consent completes the formality of consent for most dental treatment. But an informed consent is associated with both legal and ethical issues<sup>4</sup>. It is generally recommended that a dentist must keep a written account of the type of consent given by the patient and in case of an invasive type of treatment must obtain a written consent<sup>7</sup>. Seear stated that consent in writing has an advantage, for it can more readily be proved<sup>8</sup> whether a patient has understood a particular treatment procedure and any possible after effect can never be judged by an implied or verbal consent.

The common treatment that the dentists perform at the hospital or clinical settings are dental fillings (with or without local anesthesia), cleaning of teeth or scaling, extraction, root canal treatment and other minor oral surgeries, most of these treatments are noninvasive and low risk, and routinely carried out with or without a written consent relying upon the mostly on implied or verbal consent given by the patient<sup>12, 13</sup>. Only when a general anesthetic is introduced, a documented informed consent is obtained from the patient as it may

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involve major risks. It is understandable that the majority of the dentists are satisfied with verbal consents from the patients, and the patients are not aware of their right to ask questions<sup>13</sup>. In our country where the dentistry is still a growing area of medical science, the ethics of informed consent is not clearly defined and can be breached with or without the knowledge of the practitioner.

Upholding the code of ethics, a dental surgeon should feel obliged to explain the nature of treatment he or she is going to give to the patient, potential risks related to the treatment procedure, possible alternative to the proposed treatment and the expected prognosis to the patient<sup>4,8</sup>. In case of an emergency that demands immediate medical attention, the dentist holds the privilege to practice the necessary treatment without the consent of the patient<sup>6,9</sup>. In case of minor or children below the age of reasoning and also for mentally compromised patients, a legal guardian or a parent with healthy state of mind can give consent on behalf of the patient<sup>6,10</sup>.

One must understand that treatment without consent is recognized as battery or physical touching without consent. On the other hand, treatment without informed consent is considered as negligence<sup>11</sup>. Failure of the dentist to disclose the risks of treatment can be the basis of a malpractice case. From Medico-legal point, the physician is answerable to the law for failure to obtain an informed consent even for physical examinations<sup>12</sup>.

The current survey was conducted using a closed/open-ended questionnaire to understand how the dental surgeons perceive the implications and importance of informed consent in dental practice. The study was conducted as an assignment for Bangladesh Medical Research Council (BMRC), which generously funded the one-month long project.

## Methods and Materials

The survey was conducted as an assignment for BMRC, which funded and provided logistics for the study. A questionnaire was prepared asking questions about informed consent and the ethical issues related to informed consent. An explanation and rationale behind the study approach and its objective were briefly described in an introductory letter along with a quotation from a recommended textbook of Dental Jurisprudence so that the participant dentists did not hold any qualms in participating in the study. The participants were assured that the information gathered through this questionnaire would be used only for

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research purpose and this would not be used for any gains from the author's part. It was expected that at least fifty participants could be included in the survey. The participants of this survey were dental surgeons employed in Sapporo Dental College and Hospital, working in different departments of this institution, and dentists working in different private and government health institutions and private dental clinics in Uttara and different parts of Dhaka city. The questionnaire was distributed to fifty active dental surgeons and then the completed questionnaires were collected by the author 3- 8 days after distribution. Most of the answers were expected to be in a simple yes or no, but question no 7 and 9 needed some explanation as it required some level of understanding of the issue in question. The collected questionnaires were then evaluated and the results collated in tabular form.

## Results

Out of the fifty-targeted participants, four failed to provide the filled in questionnaires in the specified time. They were omitted from the study. So, a total of (n=46) dentists participated in the survey.

Table 1  
Frequency distribution: Gender of dentists

Gender of dentists	Frequency	Percentage
Male	34	73.9
Female	12	26.1
Total	46	100.0

Table 2  
Frequency distribution: Educational level of dentists

Educational level of dentists	Frequency	Percentage
BDS	39	84.8
Post Graduate (Diploma/Masters/PhD)	07	15.2
Total	46	100.0

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Table 3  
Frequency distribution: Years of dental practice

Years of dental practice	Frequency	Percentage
1-5	36	78.2
6-10	02	4.3
10-20	07	15.2
>20	01	2.3
Total	46	100.0

Table 4  
Frequency distribution: Place of employment

Place of employment	Frequency	Percentage
Private Dental College	23	50.0
Govt. Dental Colleges	08	17.4
Private Practice only	15	32.6
Total	46	100.0

Table 5. Frequency distribution: Responses (n=46)

Description of item	Responses	Percentage
Q.01. Mention the principles of ethics, if you are aware of them		
a. Answered	24	52.7
b. Did not answer	22	47.3
Q.02. Do you think it is necessary to take consent before any operative procedure?		
a. Yes	46	100
b. No	00	0
Q.03. Do you keep a record of the type of consent given by the patient?		
a. Yes	11	23.9
b. No	35	76.1
Q.04. What form of consent you take from your patients?		
a. Verbal	38	82.6
b. Written	07	15.2
c. Implied	01	2.2
Q.05. Why do you keep an account of consent		
a. Legal reason	21	45.6
b. Ethical reason	09	19.6
c. Routine procedure	04	8.7
d. Legal + ethical +routine	01	2.1
e. Legal+ ethical	10	21.7
f. Legal+ routine	01	2.1
Q.06. Failure to obtain an informed consent is an offence		
a. Yes	37	80.4
b. No	09	19.5
Q.07. Patient has a right to accept or refuse a treatment		
a. Yes	45	97.8
b. No	01	2.2
Q.08. Patient can take legal action if not informed properly		
a. Yes	45	97.8
b. No	01	2.2
Q.09. Written consent will make dental practice difficult		
a. Yes	17	36.9

## Discussion

Results of the study revealed that dentists are more or less aware of the principles of medical ethics, but they are not adequately acquainted with the three words - respect, beneficence and justice, that describe principles of medical ethics, as it is not taught elaborately in the undergraduate level. Most of the dentists expressed their eagerness to learn more about ethics and agreed that ethics be taught more elaborately in their undergraduate level.

The survey found that dentists are aware of legal issues related to informed consent, although the legal side of informed consent is not clearly understood by the dentists, many of the dentists expressed their opinion on the necessity of keeping a record of informed consent for ethical reason. Four of the participants stated that they took informed consent as routine procedure only. It is understandable that from a legal point of view informed consent is necessary and it is also necessary for ethical reason. Keeping an informed consent as a routine procedure can balance both the legal and ethical side of matters.

Out of the 46 participants, only nine (19.5%) shared their view of treatment without informed consent as no offence, although the law states that such action should be categorized as negligence and malpractice<sup>8</sup>. On the other hand almost 97% respondents answered in the affirmative to the question whether the patient can take legal action against a dentist if not informed properly. It is apparent that a patient got upper hand when treated without an informed consent and the dentists are aware of the legal consequences. For two questions, some conflicting views emerged; the first was the dentists are not sure whether they are committing an offence when they are treating without informed consent, on the other hand the same dentists felt that the patients can take legal action if they are not provided with proper information about the nature of treatment.

Almost all the participants (97.8%) agreed to the notion that patients hold the right to accept or refuse a treatment if they are not properly informed about the nature of treatment they are going to receive. A patient holds the right to know what is being done to him, what might be the treatment outcome or major risks related to the treatment procedure or are there any better or less expensive options than the suggested one. So patients have the upper hand in deciding about their treatment modes, and if not informed properly can even take legal action for malpractice or negligence.

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Seventeen of the 46 participants feared that dentistry would be difficult if written consent is made mandatory for any form of dental treatment. Participants opined that low literacy rate and poor socioeconomic status of the population of Bangladesh, could complicate the practice of written consent for dental treatment. The other reasons cited behind their opinions were:-

- Misinterpretation of law by the patient/ legal advisors might compromise the position of the dentist in deciding treatment procedure.
- Take advantage of legal vulnerability.
- Extreme caution during treatment can become time consuming and this may complicate treatment procedure and
- Patients might get frightened if written consent was taken for simple treatment procedure

All the participants (100%) stated the necessity of informed consent for treatment purposes. Majority (76.8%) of the dental practitioners in the survey acknowledged that they did not keep a record of the type of consent obtained from the patient and only a few (15.2%) obtained written consent from the patients, but the majority were satisfied with verbal consent. One of the participants relied on implied consent only.

Of the 46 participants in this survey, most of them are in dental practice for the past five years (78.2%), and one but the rest are with dental practice for at least twenty years. The sample was too small to make an association between experience and awareness level, but it can be assumed that the experienced dentists have learned more about ethics from their professional practice, while the young dentists are equipped with more recent knowledge about law and ethics related to dental science. A similar research conducted in Australia on ethical dilemma confronting dental ethics found that the dentists learn ethics from their colleagues, family, and friends or even from special courses on ethics<sup>13</sup>.

## Limitations of the study

The main limitation of the study was small number of subjects involved in the study. So further study on the same topic is proposed with larger number of study subjects and another study regarding the awareness level of patients can be done in the future.

## Conclusion

The current survey has revealed that majority of the participating dentists are aware of their duty and obligation to the patients and they agree to the concept of obtaining informed consent from the patients. The

survey findings demand that the dentists need to be serious about dental ethics in their practice, and more they are exposed to moral issues, more they would be aware of the need for good clinical practice.

In the perspective of Bangladesh, where majority of the people are not adequately literate, they can be easily convinced, on the other hand a dental surgeon may not feel obliged to take a verbal or written consent thinking that a patient may not understand its importance, but as per demand of ethics, it is the duty of the dental care giver to aware the patient about his or her right of making decisions regarding treatment. The ethical issues regarding consent in dental practice may or may not have direct effect on the treatment outcome, nor would it make the practice of dentistry difficult for the clinicians. Yet the implications of keeping a record for all types of treatments provided might have some good effect on the present status of dentistry.

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