

Original Article

MAINTENANCE OF CONSENT PAPER IN DAILY DENTAL PRACTICES

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ABSTRACT

Background: To assess maintenance of consent paper in daily dental practices.

Methods: It was a cross-sectional study. To assess maintenance of consent paper in daily dental practice at the chambers of the dentist. Data were collected through face to face interview. Dental chambers were selected by simple random sampling technique and respondents were selected purposively in Mymensingh sadar. 50 chambers and 70 dental surgeons were interviewed. Study period was January to March, 2019.

Results: In respect of distribution of the chamber owners by sex, female owners comprised 16% and 84% was male owners. By educational background of chamber owners, 40% owners had no B.D.S degree. It was found that 16% dental chambers had two dental surgeons and 84% dental chambers had one dental surgeon. Of all, 92.90% dental surgeons had knowledge about consent paper. The study showed that 80% dental surgeon sometimes, 7.1% dental surgeon always maintained consent paper in daily practice. Among the dental surgeons, 44.3% sometimes faced problem for taking consent paper in daily practice. Among all, 71.4% maintained verbal consent, 7.1% written and 21.4% maintained implied consent. Of all, 94.3% dental surgeons maintained written consent paper only for costly treatment and specialized cases while 18.6% thought that it was not important and 40% thought that time consuming and 34.3% thought that patients were not interested. It was also found that 42% ancillary of the dental chambers had diploma degree and 58% had no degree.

Conclusion: It is a general legal and ethical principle that one must get valid consent because it is the patients' rights before starting treatment or physical investigation.

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Keywords: Consent paper, Dental chamber, Implied consent, Verbal consent, Written consent.

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INTRODUCTION

Consent occurs when one person voluntarily agrees to the proposal or desires of another.¹It is the legal issue that protects every patient's right not to be touched or in any way treated without the patient's authorization. The issue assumes that it is a right of mentally competent adults and of sound mind to determine what should be done with their body and the surgeon who performs operation without patient's consent commits assault for which the surgeon is liable in damages.² Before providing care or treatment to a patient, the dentist must obtain the individual's free and informed

consent. This requirement is based on two principles: personal inviolability and free will.

Types of consent include implied consent, expressed consent. Expressed consent is again two types – a. verbal consent and another is b. written consent. Consent as understood in specific contexts may differ from its everyday meaning.³

Implied consent is a form of consent which is not expressly granted by a person, but rather inferred from a person's actions and the facts and circumstances of a particular situation (or in some cases, by a person's

silence or inaction). Rowe described implied consent as: ‘by being in the chair at the dental surgery with mouths open a patient implies that they are there for dental treatment’ and continued ‘in the past a dentist would undertake treatment as he or she saw fit, which the patient would accept without argument’⁴. Expressed consent is clearly and unmistakably stated, rather than implied. It may be given in writing, by speech (orally), or non-verbally.

MATERIALS AND METHODS

A cross-sectional study was conducted to assess maintenance of consent paper in dental practice at dentist chambers in Mymensingh sadar. Data were collected through face to face interview. Study period was 13th January to 14th March, 2019. 50 chambers were visited and 70 dental surgeons were interviewed. Verbal Consent was taken from the respondents. Dental chambers were selected by simple random sampling technique and respondents were selected purposively. A semi-structural questionnaire was developing in English. Data were presented by simple frequency table.

When Consent is not Valid ^{5,6}-

1. Given by a person under 18 years of age.
2. Given by a person of unsound mind.
3. Given under fear, fraud or misrepresentation of facts.
4. Person who is ignorant of the implications of the consent.
5. Procedure for illegal surgical procedure.
6. Patient who is unaware of harmful consequences of treatment

RESULTS

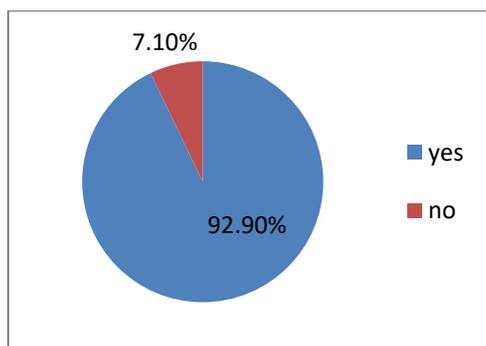
Distribution of the Chamber owner according to sex summarized in (table-1) and female owner is 16% and 84% is male owners. Educational background of chamber owner is alarming. 40% owner has no B.D.S degree. 16% dental chambers have two dental surgeons and 84% dental chambers has one dental surgeon.

Table 1: Condition of dental chambers and its owners (n=50)

Distribution of the Chamber owner according to sex		
Attributes	Frequency	Percent
Male	42	84
Female	8	16
Total	50	100
Educational background of the chamber owner		
Non B.D.S	20	40
B.D.S and above	30	60
Total	50	100
How many doctors work in a chamber		
One	42	84
Two	8	16
Total	50	100
Degree of the ancillary on chamber		
Non	29	58
Diploma	21	42
Total	50	100

92.90% dental surgeon has knowledge about consent paper (Fig: 1).

Fig: 1 Knowledge about consent



80% dental surgeon sometimes, 7.1% dental surgeon always maintain consent paper in daily practice (**table-2**). 44.3% dental surgeon sometimes faced problem for lacking consent paper in daily practice. 71.4% dental surgeon maintains verbal consent, 7.1% written and 21.4% maintain implied consent. 94.3% dental surgeon maintains written consent paper only for

costly treatment and specialized cases. 18.6% dental surgeon thought that it's not important and 40% thought that time consuming and 34.3% thought that Patients are not interested.

Table 2: Maintenance of consent in daily dental practices (n=70).

Consents Maintain in daily dental practice		
Attributes	Frequency	Percent
Yes	5	7.1
No	9	12.9
Sometimes	56	80
Total	70	100
Problem for lacking consent paper in daily practice		
No	29	41.4
Yes	6	8.6
Sometimes	31	44.3
Missing	4	5.7
Total	70	100
Type of consent normally maintained		
Verbal	50	71.4
Written	5	7.1
Implied	15	21.4
Total	70	100
Types of cases maintained for written consent		
Costly treatment and Specialized cases	66	94.3
All cases	4	5.7
Total	70	100
Reasons for not using consent in daily practice		
Not important	13	18.6
Time consuming	28	40
Patients are not interested	24	34.3
Missing	5	7.1
Total	70	100

DISCUSSION

Distribution of the Chamber owner according to sex, female owner is 16% and 84% is male owners. Educational background of chamber owner is alarming. 40% owner has no B.D.S degree. 16% dental chambers have two dental surgeons and 84% dental chambers has one dental surgeon. 92.90% dental surgeon has knowledge about consent paper another study showed that

94.3% dental professionals have knowledge about consent paper⁷. 80% dental surgeon sometimes, 7.1% dental surgeon always maintains consent paper in daily practice. Another result also showed that 80% of dental surgeon obtained it in practice⁸, which result is more similar of this paper. 44.3% dental surgeon sometimes faced problem for lacking consent paper in daily practice another research paper of The Corbin v. Dupont⁹ case is a good example of this. 71.4% dental surgeon maintains verbal consent, 7.1% written and 21 other hands one study showed that

11.2% obtained oral form of Informed Consent from their patients provide oral and written form in all cases¹⁰. 4% maintain implied consent. 94.3% dental surgeon maintains written consent paper only for costly treatment and specialized cases. 18.6% dental surgeon thought that it's not important and 40% thought that time consuming and 34.3% thought that Patients are not interested. 42% ancillary of the dental chambers has diploma degree and 58% has none of any degree they have.

Subject to the small sample size, then study findings may not represent the true picture of the country. Before providing care or treatment to a patient, the dentist must obtain the individual's free and informed consent. This requirement is based on two principles: personal inviolability and free will¹¹. It is self-evident, therefore, that every practitioner, therapist, and hygienist needs not only a thorough understanding of the principles of consent, but also an awareness of how to apply these principles in the wide variety of circumstances that can arise in the practice of dentistry¹².

CONCLUSION

The study recommends awareness programs and workshops for developing knowledge of both patient and doctor about importance of consent. The study also suggests execution of relevant laws in the country.

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