

Doctors, Patients and Informed Consent

Madam, I wish to share my views with the readers of your journal about informed consent for surgical or medical intervention in Pakistan. Working as a consultant in UK and being an examiner for MRCS (Membership of the Royal Colleges of Surgeon) and PLAB, recently, I have come across many Pakistani doctors who come to UK for post graduate training at various levels. This includes doctors who are doing clinical attachments before or after doing their PLAB examination, doctors appearing in MRCS examination and doctors appearing in Part II of PLAB exam. Demonstration of communication skills including taking informed consent of a simulated patient has become a part of the examination process. I have also observed the attitude and practice of surgeons in Pakistan on my frequent visits. Practice of obtaining informed consent has changed in developed countries; however, with the advancement in many other fields in Pakistan there appears to be some stagnation in this area. I feel that this matter has not been taken seriously as yet in Pakistan.

Doctor and patient relationship is characterised by a trust that allows an honest exchange of information and facilitation of patient's autonomy. Informed Consent emphasises on the need of a clear and comprehensive communication between care provider and the patient to improve reliability and accuracy of decision. It allows a patient's right to be an integral part of decision making.

It is the responsibility of the physician who is performing the operation or administering the medical treatment to provide information in a lay man terms about procedure and alternative treatment in detail along with attendant benefits and risks.

Informed Consent provides rights to the patients to ask questions and take a decision to accept or deny a treatment after receiving necessary information related to the procedure and about alternative treatment. It is often difficult for the patient to comprehend the overwhelming vol-

ume of information and reach immediate decision. The patient can thus practice his right of privacy and take time to comb through the literature himself deriving a sensible conclusion. It is emphasised here that patient is at full liberty to refuse a treatment or seek corroboration through a second opinion. This is more important to know in a society where selfishness and corruption is extensively disseminated and mistrust is widely prevailed.

Written consent always is advised as oral consent is difficult to prove. Risk and benefits should be clearly explained and documented on the consent form by a capable person who can explain and answer all the questioned to the patient before it is signed by both physician and patient and should be duly timed and dated.

In practice time is a constraint especially with the literacy rate in Pakistan is under 50%. This makes it difficult for a very busy specialist to spare time for an individual patient or their relatives to go through the process of informed consent in an idealistic way. Information leaflets and the expertise of the trained junior medical and nursing staff can be used to allow specialist to use their time effectively.

Teaching medical students and junior doctors the skills of obtaining informed consent will not only provide preservation of human rights of a patient but will also become a part of medical education and raise the standard of medical practice. It will certainly help doctors who go abroad for their postgraduate training.

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