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Physicians' Perspectives on Written Informed Consent: Public vs. Private

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Abstract

Introduction: According to the Consensus Conference on Written Informed Consent (WIC) organised by the Spanish Ministry of Health and Consumer Affairs in 1993, the policy objectives of implementing WIC are to assure quality health care, to inform patients and their relatives, and to help patients participate in the clinical decisions affecting them. WIC Implementation requires a cultural change to incorporate specific mechanisms for patient information and participation throughout the health care process.

Objective: To describe how hospital physicians in the province of Madrid perceive the WIC process, comparing the perspectives of physicians from public and private hospitals.

Methodology: We carried out a cross-sectional survey of public and private physicians practising in the province of Madrid. Based on a previous qualitative phase, a standardised questionnaire was developed to collect the variables identified as relevant in physicians' perception of WIC. The questionnaire was validated in a pilot study. The survey was conducted by personal interview in a representative sample of 360 physicians. The response rate was 85.3%. The variables measured included sociodemographic and professional profile, variables related with the physician's concept of WIC, its function and effectiveness, how WIC is used in practice, factors affecting the emergence of WIC, its impact on the doctor-patient relationship, and proposals to improve informed decision making.

Results: A significantly ($p<0.05$) larger proportion of public hospital physicians use WIC than do those from private hospitals (92% vs. 80%, respectively; OR=3, CI 95% 1.5-6.4). Private hospital physicians are more inclined to consider that patients willingly accept WIC (OR=2; CI 1.3-4.5). Public hospital physicians are more likely to believe that the purpose of WIC is to protect the patient (OR=2; CI 1.2-3.2). Private hospital physicians more often state that in their practice WIC is usually carried out by the doctor responsible for the patient (OR=3; CI 1.5-4.8). They are also more likely to consider this as the ideal form of WIC administration (OR=4; CI 1.3-12.3). In public hospitals WIC is more commonly carried out by the physician who performs the particular intervention or another doctor in the same department, than by the doctor in charge of the patient (OR=3, CI 1.7-6.1). No significant differences were detected regarding the concept of WIC (87.4% defined it as information about potencial adverse effects); its effectiveness (62% considered WIC ineffective to protect practitioners and 61% thought it useful to support interaction with patients); the way it should be presented to patients (65% of practitioners present WIC in a burocratic/legal way); the importance of factors related with the emergence of WIC (75.4% considered it to be imposed by health authorities); the impact on the doctor-patient interaction (53.3% said WIC has no effect); or the type of measures proposed to improve WIC (give a central role to physicians 81.1% in WIC's redesign).

Conclusions: Public hospital physicians handle WIC differently than physicians in private institutions. These differences highlight different cultures of service, which are conditioned by the different type of institution in which they practice. These differences should be taken into account in developing measures to improve informed decision making.

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