

CONSENT FOR SURGERY – WHEN SHOULD IT BE TAKEN?

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Introduction

The quality and the quantity of the information required in the consent process prior to surgery are well documented. The time at which the consent should be taken is another important issue that had not been evaluated properly.

Method

The study was conducted at the general surgical wards of the National Hospital of Sri Lanka for a period of 1 week starting from 01-05-2008. A sample of doctors (n = 50), nurses (n = 50) and patients (n = 50) were selected randomly. Half of the patients were selected at the first visit to the surgical clinic and the other half consisted of post operative patients.

Results

Majority of Doctors 31(62%) mentioned that the information regarding surgery should be given at OPD clinic when deciding the operation. Another 14 (28%) were of the view that the information giving should be done at a preoperative clinic 1-2 weeks prior to the scheduled date for surgery. 24(48%) stated that the consent should be obtained when the patient is admitted for the surgery. 38(76%) nurses believed that the information on surgery should be given at the first OPD clinic visit and 10 (20%) stated this should be done once the patient is admitted. 44(88%) believed that the consent should be taken after the admission. 12(48%) preoperative patients believed that the information should be given after admission and 16(64%) mentioned that the consent should be taken after admission. Majority(72%) of post operative patients believed that the information should be given prior to admission and the consent taken after the admission (88%).

Conclusions

The idea that the information regarding the surgery should be given before admission was significantly high among the doctors and nurses when compared with the view of patients (p =0.0033). Both the health staff and patients were of the view that the consent should be obtained when the patient is admitted for the surgery.