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*The meaning of the notion of 'conscious agreement' in the research
among 3rd-year students of the Medical Faculty
and Dentistry Division*

Ever since Poland accessed the European Community structures, the issue of conscious agreement has been gaining an ever-growing interest among doctors, along with the question of providing patients with the information on their health condition and intended diagnostic and therapeutic procedures. The shift from paternal approach towards patient's autonomy has rather been a process that began just after the end of the Second World War, and not merely a single act, which, besides many unquestionable advantages, has also some palpable drawbacks, including, first of all, the capacity of a patient to act to the detriment of their own good and often, as a consequence, patients harm their own health. For a doctor, this situation entails acting against the ancient principle: *Salus aegroti suprema lex esto*. Nevertheless, since the 1950's, lawyers and some groups of ethicists have tended to recognize the patient's right to decide of their own lot as more important than their own health (6). One of the most extensive definitions of conscious agreement was developed in the USA (and also accepted by the EU) and says that the patient has the right to be aware of and participate in all relevant decisions concerning their medical care; they are entitled to receive clear and concise explanation of all aspects of the proposed medical measures, providing for the reasonable alternatives of such measures, the assessment of death risk, serious obstacles resulting from particular treatment alternatives, the description of probable recuperation troubles and possibility of final success. The patient has the right to know the diagnosis details and tests results any time they express such a need, in addition they can have access to their documentation and check results.

A competent patient cannot be put to any medical procedure or examination without prior conscious ('informed') consent. When it comes to procedures which involve death or disability risk, all aspects related to the problem ought to be clarified in a written form and signed by the patient or an authorized person (legal guardian or carer) if the patient is incompetent to make such a decision (2). Conscious agreement means, as expressed by Beauchamp, the combination of three conditions: revealing, understanding and freedom: 1. 'Revealing' refers to giving appropriate information by a doctor in w manner graspable for the patient. 2. 'Understanding' refers to patient's capacity of understanding the received data and the evaluation of the consequences of their decision that may be predicted by the doctor. 3. 'Freedom' refers to the patient's right to make a free choice without being pressed, forced or manipulated (3,4).

The fundamental principle states that the patient must individually consent to even the slightest action taken in relation to their person in the course of the diagnostic process and first of all the treatment of diseases. Doctors are therefore put on an awkward predicament. On the one hand, they have no right to exert any pressure on patient – the agreement is to be fully autonomous, however, simultaneously, they must do their utmost to make patient take the right decision concerning their treatment. To realize such tasks, doctors have very few means at their disposal. The most important of them is the ability to appropriately advise the patient of their actual position (the manner of giving information), to convince them of the friendliness of the medical environment and above all to show a great deal of patience (1). That is why we desired to

examine the attitudes of the students of Medical Faculty of the Medical University of Lublin towards the issue; they will soon decide themselves on the proper observance of medical law, ethics and treatment standards.

MATERIAL AND METHODS

The examination was performed between 1 January, 2003 and 15 June, 2004, in the Department of Ethics of the Medical University of Lublin. The questionnaires were completed by 376 out of 420 students invited to the check. Simultaneously, surveying was carried out among the students attending their last classes on the medical ethics. The questionnaire directed to the students concerned the knowledge of legal solutions, the necessity and expectations related to the process of obtaining conscious agreement from patients before taking any medical measures, as well as the need to provide the appropriate information beforehand. The survey was signed. While designing it, the closed questions of single-choice and multiple-choice were used. The results were analyzed by means of the SPSS pack, version 5.5.

RESULTS

1. The first question: Do you think that informing the patient is necessary before they give their conscious agreement to medical treatment? Almost 83% of students opted for the necessity of informing the patient, so that they would make a conscious decision relating to the performance of medical treatment. and 13% showed preference for the necessity but only in certain conditions. 4.3% of the surveyed had no opinion or they were against the provision of any medical information.

2. The second question: To what extent would you inform the patient of their health condition? More than a half (53.6%) of the respondents would provide the patient with the thorough information about their condition; 22.5% would select the information to be revealed and inform solely about the most important aspects of a disease; 10% decided that only the information necessary for further treatment should be made known.

3. The third question concerned the information that the patient should obtain when initiating diagnostic examination. The respondents' answers were ordered by the diminishing frequency: 1. The possibility of further complications (98%). 2. The need to perform the check (95%). 3. Examination results (94.5%). 4. Appropriate behaviour during and after the examination (91%). 5. The possibility of refusing the examination (88.5%). 6. The examination method (74%). 7. The examination reliability (74%). 8. The examination costs (68%).

4. The fourth question concerned the definition and meaning of conscious agreement. The answers given clearly proved that students perceived the notion of 'patient's giving conscious agreement' from different perspectives. Less than a half (44%) accepted, as a necessary condition, both giving and understanding the message by patients; 1/5 (21%) stated that merely the informing would suffice; as much as 26% would accept it only when in written form and 4% associated it with an oral form. Interesting as it may be, 4 students (1.5%) allowed for the capacity of giving conscious agreement subject to a condition that the patient possessed adequately high IQ.

5. The fifth question: What kind of agreement would you prefer in an out-patient clinic? In our research, not less than 74% students preferred the written consent to medical treatment by the family doctor, and 14% reduced this necessity to the oral agreement only; merely 8% regarded the fact that the patient decided to undergo medical treatment as equal to their agreement to diagnostic procedure and further treatment (conjectured agreement).

6. The sixth question: What is, in your opinion, the most frequent reason of medical activities taken without the patient's consent? As the most frequent reason of taking medical actions the respondents regarded the life risk – 54%; they also mentioned doctor's conviction that they work for the patient's good – 18%; and doctors' conviction as to the legitimacy of their actions – 10.5%. Different answers such as the desire for profits or social pressure were of scarce weight.

DISCUSSION

The issue of the necessity of obtaining the patients' conscious agreement prior to medical treatment has recently grown popular. However, the research is done mostly among patients, with doctors and medical students being repeatedly overlooked. The notion of the conscious agreement has a relatively short history. It was first mentioned at the beginning of the 20th century. Their character was that of doctors' and philosophers' deliberations over medical ethics. The term of agreement entered the legal lexis relatively late, in 1957 during the lawsuit *Salgo vs. Leland Stanford Junior University Board of Trustees* (7). Its extended definition was given by Etchells who referred to Beauchamp when declaring that it is 'an autonomous authorization of a medical intervention expressed by individual patients.' Patients are authorized to take decisions concerning the medical measures to be applied to them and have the right to obtain all data in a way that is graspable and simplifies the decision-making. Obtaining agreement is not but a single event but it is a process that should take place as a result of the proper doctor/patient relationship. Thus, the notion of agreement implies the acceptance of medical procedure; however, it can also pertain to the denial of such actions (3,4).

In our investigation, we attempted to assess the knowledge and opinions of future doctors who had completed the medical ethics course, regarding the necessity of obtaining conscious agreement and informing patients of important facts needed for such an agreement. Nearly 83% of the surveyed students acknowledged the necessity of providing indispensable information during the treatment process, of course, the broadly understood notion of conscious agreement lies hidden in this statement. When considering the subject to issue the consent, it can be of threefold character: personal, surrogate or parallel. When considering the form, two types are distinguished: ordinary and written. Ordinary agreement may be expressed orally or by conjecture (or conclusion). The examination results expressly prove that students attach greater attention to the written form of agreement. There is a need here to clarify what exactly is meant by the so-called conscious agreement or 'informed' agreement while being on treatment in hospital. According to the Art. 19 (Healthcare Centres Act), Sect. 1, pt. 3: the patient has the right to give their consent or refusal to specific medical services after obtaining suitable information. This principle excludes the former 'general treatment consent' which did not allow for the actions and scope of the treatment. The respondents' judgment in this respect fully coincides with the legislator's intention. The scope and content of the information (full, partial, etc.) given by doctors to patients while on treatment is strictly regulated by the act and a doctor cannot take liberty of unreserved decisions in this respect. According to Art. 31, Sect. 1 of the act, it consists in the following issues: patient's health condition, diagnosis, proposed and feasible diagnostic and treatment methods, foreseeable after-effects and their application or negligence, treatment results, prognosis.

Students recognized the possibility of complications (98%) and the need to perform the examination (95%) as the most crucial elements of the information given to the patient by a doctor. When analyzing these results, one can presume that the mechanism of conscious (informed) agreement is to diminish, and alternatively reduce, the doctor's responsibility if something 'goes wrong', and also serves to inform the patient that the refusal to undergo examination may culminate in considerable complications throughout the treatment process. Art. 31 of the Medical Profession Act reads that in extreme circumstances, if the prognosis is unfavourable, the doctor may keep a tight rein on the information on patient's health condition and the prognosis if he or she believes that the patient's good should come first. A strong majority of students (73.5%) agree to the legislative solution where a doctor, in definite particularities, will decide what kind of information and when it should be communicated to the patient.

How to interpret the overall survey results? On the one hand, it seems optimistic that the behaviours declared by most students comply with the binding law; on the other hand, it is alarming that just less than a half of them displayed the proper understanding of the key notion of conscious agreement. Most respondents associated conscious agreement only with the patient's decision to undergo treatment, largely appearing in a written form. It seems that this central problem of the doctor/patient relationship requires still more space in the medical curricula and

post-gradual courses, in addition to suitable legal regulations tailored to the everyday medical practice.

CONCLUSIONS

1. A strong majority of the surveyed persons declared the readiness to behave according to the binding law when it comes to the process of obtaining conscious agreement.

2. On a regular basis, the surveyed students of Medical Faculty seem not to be acquainted with the contemporary definition of conscious agreement to medical measures and associated it with the general consent to treatment in a written form.

3. There is a need for further investigation of this issue inside the patient, doctor and medical student environments and the modification of the ethics and medical law syllabuses that should attach more attention to the subject and content of conscious agreement. The obtained results point to the need of an increased interest in patients' rights and discussing such problems during under and post-graduate training.

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SUMMARY

Medical circles as well as ethicists more frequently engage into the issue of the future doctors gaining, during their studies, not only the professional, purely medical expertise, but also developing certain ethical and moral behaviours in addition to applying numerous laws contained in codices and regulations concerning the medical occupation. The determinant of observing the patient's rights is obtaining their conscious agreement before the foreseeable medical measures both therapeutic and diagnostic and preventive. As regards the issue of conscious agreement, the combined concord and work of doctors, lawyers and patients may lead to the development of a coherent system that will, on the one hand, determine certain scope of activities and proper use of the doctor's knowledge, and, on the other, will meet the legal and ethical standards of medical care and protection of patients in Poland – an EU member state. The present work aims to acquaint the reader with the results of the opinion survey of the 3rd year students of Medical Faculty of the Medical University of Lublin concerning the necessity and conditions of obtaining patients' conscious agreement to the required medical treatment. The examination involved the total of 276 the 3rd-year students of Medical Faculty of the Medical University of Lublin.

Znaczenie pojęcia „świadoma zgoda” w badaniu przeprowadzonym wśród studentów III roku Wydziału Lekarskiego i Wydziału Stomatologii

Środowisko medyczne i etycy coraz częściej zajmują się problemem uzyskiwania przez przyszłych lekarzy już w okresie studiów nie tylko wiedzy fachowej – czysto medycznej, ale również odpowiednich zachowań etycznych oraz stosowania w praktyce praw zawartych w licznych kodeksach i ustawach dotyczących wykonywania zawodu lekarza. Wyznacznikiem przestrzegania praw chorego jest sposób uzyskiwania od niego świadomej zgody przed przewidywanymi działaniami medycznymi, zarówno terapeutycznymi, jak diagnostycznymi i profilaktycznymi. W kwestii świadomej zgody wspólne porozumienie i działanie lekarzy, prawników i pacjentów pomoże wypracować spójny system, który z jednej strony będzie wyznaczał prawny zakres działania i należytego wykorzystania wiedzy przez lekarza, a z drugiej będzie spełniał prawno-etyczne standardy należytej ochrony i opieki zdrowotnej pacjentów państwa należącego do Unii Europejskiej. Celem pracy jest przedstawienie wyników badania opinii studentów III roku Wydziału Lekarskiego i Wydziału Stomatologii Akademii Medycznej na temat konieczności, potrzeby oraz warunków uzyskiwania świadomej zgody od pacjentów na planowane działania medyczne.