IMPORTANCE OF INFORMED CONSENT IN DENTISTRY

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Abstract
The aim of this article is to provide fundamental information regarding consent when providing dental care. The change in attitude of patients with emphasis on being involved and informed of every aspect of care is not only apparent in adults but also when providing care for children and young adults. It is important for the dentist to be well informed of the fundamental process of consent, which exists under the law affecting both adults and minors in order to provide care within the legal framework.  

Introduction
Patients' informed consent is a legal regulation and a moral principle. It represents patients' rights to take part in the clinical decisions concerning their treatment. In order to practice in a professionally responsible manner, dentists must assist patients to make well-informed decisions about treatment procedures. The importance of obtaining informed consent in dentistry is increasingly recognized for moral and legal arguments which are explored. Morally, patients have the right to self-determination and respect for it underpins the relationship of trust deemed so important for clinical success.  

How it is done
Dentists have a duty to explain clearly about the pros and cons of a treatment. That does not mean that he must engage in an explanation equal to the depth of three hours of dental continuing education! It does mean, however, that a dentist must inform, in layman's terms, the condition or disease present and the treatments available to the patient, whether or not the practitioner performs all of the treatments discussed. For example, a general dentist must discuss the option of implants as well as bridges and partial dentures, even if that dentist does not place or restore implants, if he plans to
remove a tooth or two on the lower right quadrant. The patient must understand not only the importance of replacing the extracted teeth but all of the available options to do so as well.

There are three essential components to valid consent:

- **Competence**: It means that the patient has sufficient ability to understand the nature of the treatment and the consequences of receiving or declining that treatment.

- **Voluntariness**: It means that the patient has fully agreed to have the treatment and there has been no coercion or undue influence to accept or decline the treatment.

- **Information and knowledge**: It means that sufficient comprehensible information is disclosed to the patient regarding the nature and consequences of the proposed and alternative treatments.

All these three elements are interdependent but must be present for consent to be ethically and legally valid.

**Types of Informed Consent**

Informed Consent is of three types:

1. **Implied Consent**: Implied consent refers to when a patient passively cooperates in a process without discussion or formal consent. The principles of good communication apply in these circumstances and health professionals need to provide the patient with enough information to understand the procedure and why it is being done. Implied consent does not need to be documented in the clinical record.

2. **Verbal Consent**: A verbal Consent is where a patient states their consent to a procedure verbally but does not sign any written form. This is adequate for routine treatment such for diagnostic procedures and prophylaxis, provided that full records are documented.

3. **Written Consent**: A written consent is necessary in case of extensive intervention involving risks where anesthesia or sedation is used, restorative procedures, any invasive or surgical procedures, administering of medications with known high risks etc.

**When the Patient disagrees**

As is often the case in the dental office, patients arrive in pain and simply want the pain to stop no matter what the consequences. In such cases, it is best to alleviate the pain with local anesthetic to allow a less clouded judgment and normal thought process to emerge. In the eyes of the law, a person cannot consent to anything if his or her judgment is impaired in any way. This was often meant to include drugs and alcohol, which remove the ability to make sound decisions, yet pain should also be included in this category since it too often impairs the ability to think in a rational manner. Patients have the ultimate say when it comes to treatment, but it is the practitioner’s duty to make sure all options for treatment are explored. In this case, a signed refusal protects the doctor by documenting the conditions found and the treatment options presented. This is called an **Informed Refusal**. A competent patient has a right to refuse medical treatment for any reason. It has been established that it does not matter if the decision is not what others would consider to be reasonable, nor does it matter if it leads to fatality as a result of the decision.

**What exactly is needed in the Informed Consent?**

It is not sufficient that a dentist simply document in the chart that he or she “went over all risks of treatment and the patient understands.” Specific risks must be written down, and patients must be given the opportunity to discuss with the doctor and question those issues which they do not understand. It should consist of a well formed questionnaire including but not limiting to:
• The proposed treatment plan (indicating to what extent it depends upon established versus relatively new or controversial procedures) and its cost.
• Likely prognosis, outcomes and benefits.
• Possible complications, side-effects and material risks inherent in the treatment.
• Possible alternative treatments and cost options.
• Likely consequences of no treatment.
• Any other aspects requested by the patient.5

This should be immediately followed by the patient’s signature/date, doctor’s signature/date and witness’s signature/date. Make sure that the patient’s name is legibly printed somewhere on the form since some signatures are illegible. In most cases, a consent form need be little more than one page for most dental procedures if it is organized well.

When is Consent not required?
• In case of an emergency the treatment is a necessity and there is no written advance directive by the patient to the contrary.
• Treatments authorised by statute are medical treatments/interventions identified in law, including compulsory drug screening and certain procedures relating to mental health patients.
• Any medical treatment/intervention to be carried out or ceased as a result of a direction/order of the court. Valid informed consent by the patient is not required.

Consent for Children or minors

Obtaining consent for children is a difficult task. The primary responsibility for providing care and consent for the child or young person should lay with his/her parents. Patients under the age of majority or adults with diminished mental capacity should have treatment consent obtained from a parent or legal guardian. The adult accompanying the pediatric patient may not be a legal guardian allowed by law to consent to medical procedures. Examples of this include a grandparent, stepparent, noncustodial parent or friend of the family. 6

Where a child requires treatment without a parent or legal guardian present:
• Telephone consent may be obtained.
• Where the child or minor is assessed as competent they may provide consent.
• Where a responsible adult (i.e. teacher, Grandparent) is with the child, evidence of parental consent to treatment must be sighted or parental consent obtained.

When problem arise with the child and parents with different opinions then, according to law a person with parental responsibility can always override decisions made by children. In case of an emergency, the health practitioner has a right to treat the patient without the consent.

Consent to Disclose/Release of Information

During the general consent to treatment process patients need to be made aware that their health information will be shared with the treating team within the hospital / health care facility and also to their General Practitioner (GP) as part of that treating team. And health information may also be released to third parties to ensure the provision of appropriate and continuing care. This should only occur with the specific consent of the patient without which there are
chances of the practitioner being sued for releasing the information.

Conclusion

However, in dentistry, just as in medicine, unforeseen mishaps occur despite our best efforts. Therefore, it is just as important for dentists to obtain informed consent prior to every invasive and/or irreversible procedure. At first glance, most patients appear friendly and most dental procedures appear routine, but once a procedure goes wrong, an unhappy patient with a skilful attorney can become a dentist’s worst nightmare. A signed, written informed consent may be the only evidence that the mishap that occurred was a foreseeable risk acknowledged by the dentist and accepted by the patient. Although obtaining informed consent may at first seem awkward, cumbersome, and time-consuming, it may very well save a practitioner countless hours in the courtroom and thousands of rupees in legal fees should some mishap occur.

References

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