

## A Review on Informed Consent in Medical and Dental Practice

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## Introduction

## Definition

In medical terms, informed consent implies to “providing sufficient information for a patient to make an informed and rational choice, the information includes the inherent risks and alternatives that a reasonable doctor would provide having regard to the particular circumstances of the patient” (Kakar et al., 2014).

## History

Generally a few realities connect informed consent to hypocrates who escaped to patient’s right. In the new history (18 century) careful advances needed to be embraced after quiet’s consent anyway The Second Great War set off the requirement for informed consent which was equation is in the 1964 Helsinki assertion where the primary contention was morals. in the succeeding long periods of 20th century , loads of extra components and steps has been added to formalize and normalize informed consent, in general wellbeing research, just as the act of medicine (Katz et al., 2003). In the field of dentistry, informed consent acquired acknowledgment during the 1980 and throughout the long term this component has been shrouded in the scholastic educating (Seldin, 2003).

## Types of Consent

**Implied consent:** Where the patient demonstrates understanding to examination by lying within the dental chair and opening the mouth (Mirza, 2012).

**Informed consent:** Requires a full clarification of the nature, reason and dangers of the proposed methods in a dialect that the patient gets it. The patient ought to have the opportunity to consider the information and ask questions to reach at a adjusted judgment of whether to continue with the proposed treatment (Baxley & Miller, 2006).

**Valid consent:** For consent to be valid it must be specific, informed and normally be given by a patient or a parent or a guardian (Dubé-Baril, 2004).

**Written consent:** Most nations in which dental law is an advanced concept require written consent to be taken for major strategies, illustrations being in Implantology, wisdom teeth extraction, sedation etc. Written consent is all the over with a signature of the understanding basic (Sharma et al., 2011).

**Verbal consent:** A verbal consent is where a patient states their consent to a strategy verbally but does not sign any composed frame. Typically satisfactory for schedule treatment such for demonstrative methods and prophylaxis, given that full records are documented (Tahir et al., 2009).

## Age for Consent

In India, According to Section 90 IPC a child less than twelve years of age or insane person cannot give valid consent. Section 88 and Section 90 of the IPC suggest that the age for giving valid consent for any medical procedure is twelve years. Hence a doctor taking consent for medical or surgical treatment from a person aged twelve years or more can be legally said to have taken a valid consent and cannot be held criminally liable on this account. However, Sections 87 IPC mentions eighteen years as the age for giving consent, for acts not intended and not known to be likely to cause death or grievous hurt. These acts are not necessarily for the benefit of the person. Hence Section 87 IPC is not applicable to the medical profession as here (in Section 87 IPC), the acts are NOT done for the person’s benefit (Kohli, 2007).

## Salient Features of Consent Form

The Health Care Consent Act, 1996 Ontario (8) included getting the accompanying striking highlights for informed consent:

- Nature of proposed treatment
- Anticipated advantages
- Material dangers and incidental effects...
- Alternative treatment
- Results of not having the proposed treatment

- Replies to any inquiries the patient has with respect to the proposed treatment
- Cost of the treatment
- Data ought to be given in layman's terms to the patient. For instance, numerous patients may not comprehend the dental term gingivectomy, however they would comprehend assuming somebody would have let them know they were having their unhealthy gum tissue precisely removed (Sharma et al., 2011).

### Special Considerations and Precautions

- Verbal consent even though easy cannot be used for complex treatment and require a written consent from a parent or guardian.
- This course of the exchange ought to be multistage (abstain from pressing excess of data into one gathering with the patient).
- This content stays substantial for a long time except if it is removed by the patient. In addition to that the rights of the patient must be respected if he declines the treatment and wants it submitted at the same time.
- Patient must be given enough time to comprehend the situation and ask questions if they have, so that they may be answered and documented.
- Consent for the other mandatory procedures like sedation, bone grafting should be taken well ahead of times so as not to burden the patient with many decisions.
- Investigations ought to be a perfect representation of the positive discoveries in the clinical and Dental surveys and the clinical assessment of the patient (Sharma et al., 2011).

### Dental Procedures Requiring Informed Consent

Oral cavity is a place where there is equilibrium between tongue, cheek, teeth and other oral structures. Even a slight discrepancy in the treatment may disrupt the balance such as a simple LCF/GIC restoration may risk TMJ problems. Same might happen with the removal of complicated third molar extraction. Thus even though these treatment were done with the best of intentions, may give an unexpected result. So, it is important that these possibilities be explained and presented to the patient in writing as it causes irreversible changes to the body. For the diagnostic procedures like examination and radiograph, as it is expected from the patient, the consent can be skipped, unless they don't want it 'informed refusal' must be taken from the patient (Baxley & Miller, 2006).

### Risks to be discussed with the Patient

A medical service specialist needs to educate patients regarding potential risks, where there is a possibility of serious danger. These serious dangers and risk are often referred to as medical risks in legal matters. Material risks are categorized by those dangers that are generally applicable to the patient (the most well-known and most genuine). Examples: An oral surgeon realizes that a specific level of patients will encounter a certain risk after treatment. So, it would be appropriate to discuss those risks with the patient beforehand. Even though the chances of the patient experiencing those risks are negligible. Informed consent is fundamental whenever there is a huge risk, or the

potential risks are devastating (Quarnstrom, 2006).

### Informed Consent in Case of Children

Children's are defenceless, powerless and at risk of abuse. They depend on the parents to make decisions for them so that they do it in the best interest of them. This includes people of 17 years old or less. Even though they can't consent for themselves; allowing them to play a part of decision making with the parents and the doctor and acknowledging them may increase their understanding, need and satisfaction with the treatment. In case of mentally disabled children, parents/guardians give their consent for children (Campbell, 1974; Adewumi et al., 2001).

### Informed Consent in Medical and Dental Photography

Medical and Dental photographs are one of the main tools that help in conveying teaching and the discussions of the case. It may be shown to a fellow colleagues, mentor or in a scientific journal or a conference. It acts as an addition to patient records. It is not only a necessity but is wise also, as it preserves the right of the patient and gives them protection. Due to the recent technological advances, where the discussion and photos are found at fingertips, it is a most important that the patient gives his or her consent. Even though the scientific journals taken consent, no specific outline is constant (Naidoo, 2009).

### Dental Tourism and Informed Consent

Dental tourism is basically a patient receiving dental treatment and care internationally and getting their consideration. It is a developing phenomenon that raises numerous issues mainly patient dentist relationship. Other issue of this phenomenon incorporates patients Independence over practitioner decision, patient security, continuity of care, inform consent and patient-doctor communication. In particular patient in medical/dental tourism should be educated about the proper planning and post treatment care to guarantee high quality treatment outcome (Conti et al., 2014).

### Personalized Consent Form

Health Care practitioner can make their own consent form adjusted to the requirement of a dental practice and its clients. It is vital that the substance of the structure conforms to the law also the prerequisites for a compost arrangement. Additionally, the structure should not exclusively be intelligible, yet additionally coherent for the patient which implies that it is composed utilising clear and exact terms. The structure which exists basically for legitimate intention is genuinely viable when the patient completely comprehends its substance. For this situation it is suggested that the clinical and Dental well-being experts Council, a common or a government clinical relationship for guidance (Kurt & Türker, 2015).

### Smart Consent

A practitioner is supposed to give detailed knowledge about the advantages, disadvantages and its risk factors, and it often proves difficult to do so thoroughly. Therefore, a search was directed at the University of Texas Health Science Centre at Houston to develop a novel informed consent prototype that

can precisely decipher and impart information to the patient in a standardized and compelling way on their customised diagnosis and treatment plan. This innovation is called as smart consent. This, in future can be used at educational level to show its viability in a randomised controlled study (Valenza et al., 2008).

### What Information is needed for Informed Consent?

It is not adequate that a dentist simply report in the graph that the person “turned out all dangers of treatment and the patient comprehends everything.” Specific dangers should be recorded, and patients should be given the chance to talk about with the dentist and question those issues which they don’t understand. It is enthusiastically suggested that the specialist have a composed informed consent for each and every steps that is acted in their clinic. In spite of the fact that there is no obligatory set arrangement for how an “informed consent” ought to be composed, there are a few key issues that ought to be incorporated. Initial, a portrayal of the method to be performed ought to be recorded. This doesn’t need to be long, yet it needs to be precise and explicit. For example, a restoration of “lower right composite” would be excessively broad. All things considered, it would be ideal to mark it as “MO composite tooth #30,” so that the particular tooth and likewise the surfaces included are recorded. Second, a list of the inherent risk implied in the procedure needs to be recorded. This list doesn’t need to be comprehensive yet should cover those dangers that are realistic to the procedure. For example, death is an incredibly uncommon danger coming about from a composite. However, the dangers of a mechanical pulpal exposure, lacerated tongue or cheek, or postoperative sensitivity are reasonable and needs to be included in a consent form. Clearly, the more risk that is recorded in form, the more secured the dentist will be if there is any issue emerge. Be sure that if list utilizes any scientific terminology, that there is a layman’s clarification alongside it. All things considered, patients should get what they are consenting to, otherwise the consent is invalid. Third, there should be words which impact that the patient verifies that the person comprehends the intrinsic dangers implied in the technique and has had the chance to question such dangers with the dentist. This should be quickly followed by the patient’s signature/date, dentist signature/date and witness signature/date. Ensure that the patient’s name is readably printed somewhere on the consent since certain marks are unintelligible. As a rule, consent need to close to nothing more than one page for most dental procedure assuming that it is coordinated well. For those practitioner who don’t feel comfort to assembling their own consent form ,it is ideal to either counsel a lawyer for this. The latter approach will most likely to be easier and more cost effective since obtaining informed consent on a well written form will benefits both the practitioner and malpractice carrier (Baxley & Miller, 2006).

### Possible Consequences of Not Obtaining Consent for Treatment

Two region of the law are important: trespass to individual and carelessness. Assuming that intrusive treatment is given without patient agreeing to the overall idea of the strategy,

then, at that point, an expert might be sued for the misdeed of battery, and harms guaranteed for trespass to individual - except if the inability to acquire consent is defended by need: for instance, in an emergency. Nonetheless, the job of the law of trespass in the space of ‘informed consent’ is restricted. Agree to a methodology isn’t normally discredited by being gotten without revelation of related dangers and conceivable elective medicines. The most relevant approval for inability to unveil this kind of data lies in the misdeed of carelessness. It is normal that a specialist’s overall obligation to act sensibly incorporates an obligation to give sufficient data, especially according to dangers or perils. Assuming that something turns out badly then the professional might be presented to risk for harms in carelessness. A careless demonstration is typically found or affirmed to have happened in the actual system. Notwithstanding, an inability to give data about the system and related dangers may likewise add up to carelessness. For activity in carelessness on the last option score to succeed, two focuses should be set up:

- That inability to reveal the data was outlandish; and
- That this disappointment was a reason for damage to the patient. The proportion of sensibility comparable to data giving is likened to the norm of care needed corresponding to analysis and treatment, viz. that of a ‘standard cautious and able specialist of the class to which the professional has a place’. To fulfil the subsequent component (causation), the patient should set up both that he/she would not have consented to the treatment had appropriate divulgence been made and that injury was experienced because of the treatment.
- At present it is difficult for the offended party/patient to build up any, not to mention these things, particularly causation. Activities in carelessness are frequently fruitless. The simple truth of treatment without consent won’t be viewed as compensable injury. In any case, this might go through change as the law in clinical carelessness develops further, especially in the space of:
- Deciding the weight that will be agreed proof got from standard practice; and

Evaluating whether hazard was material, that is, regardless of whether it would have affected a sensible individual in the place of the patient in choosing whether to acknowledge the strategy being referred to (Sharma et al., 2011).

### Conclusion

Informed consent is very important step before proceeding with any procedure in dental as well as a medical field. It’s very crucial so that the patient understand each and every step to be done and its importance. Hence it is every individual’s right to know it and agree upon it. it’s also useful for the practitioner to avoid any medico-legal issue and save practitioner from frequent visits to courtroom and large sum of money in legal fees in case of any mishap. Health Care practitioner should keep themselves updated regarding changing laws by consulting the concerned organization.

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## References

1. Adewumi, A., Hector, M. P., & King, J. M. (2001). Children and informed consent: a study of children's perceptions and involvement in consent to dental treatment. *British Dental Journal*, 191(5), 256-259.
2. Baxley, F., & Miller, M. (2006). Parental misperceptions about children and firearms. *Archives of Pediatrics & Adolescent Medicine*, 160(5), 542-547.
3. Campbell, A. G. M. (1974). Infants, children, and informed consent. *Br Med J*, 3(5926), 334-338.
4. Conti, A., Paganelli, C., Delbon, P., & Laffranchi, L. (2014). What about the dentist-patient relationship in dental tourism?. *Journal of Medical Ethics*, 40(3), 209-210.
5. Dubé-Baril, C. (2004). The personalized consent form: an optional, but useful tool!. *Journal-Canadian Dental Association*, 70(2), 89-93.
6. Kakar, H., Gambhir, R. S., Singh, S., Kaur, A., & Nanda, T. (2014). Informed consent: Corner stone in ethical medical and dental practice. *Journal of Family Medicine and Primary Care*, 3(1), 68-71.
7. Katz, R. V., Kegeles, S. S., Green, B. L., Kressin, N. R., James, S. A., & Claudio, C. (2003). The Tuskegee Legacy Project: history, preliminary scientific findings, and unanticipated societal benefits. *Dental Clinics*, 47(1), 1-19.
8. Kohli, A. (2007). Medical consent in India-Ethical and legal issues. *Anil Aggrawal's Internet Journal of Forensic Medicine and Toxicology*, 8(2), 1-19.
9. Kurt, E., & Türker, T. (2015). The evaluation of dentists' views about informed consent who works in university hospital. *Cumhuriyet Dental Journal*, 18(1), 56-70.
10. Mirza, A. M. (2012). Importance of informed consent in dentistry. *International Dental Journal of Students Research*, 1, 13-16.
11. Naidoo, S. (2009). Informed consent for photography in dental practice: communication. *South African Dental Journal*, 64(9), 404-406.
12. Quarnstrom, F. (2006). Risk versus cost?. *The Journal of the American Dental Association*, 137(3), 288.
13. Seldin, L. W. (2003). Informed consent. The patient's rights. *Dentistry Today*, 22(12), 86-89.
14. Sharma, A., Chhabra, A., Sharma, A., & Bopiah, C. (2011). Patient consent in dentistry: are we legally safe. *J Oral Health Comm Dent.*, 5(2), 68-72.
15. Tahir, S., Ghafoor, F., Nusarat, S., & Khan, A. (2009). Perception of consent among dental professionals. *Journal of Medical Ethics and History of Medicine*, 2.
16. Valenza, J. A., Spence, J. M., Taylor, D., & Walji, M. F. (2008, November). Smart Consent: a computerized informed consent for dental patients. In AMIA... Annual Symposium proceedings. AMIA Symposium (pp. 1161-1161).

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