

An audit of patients' views on consent and information in the endoscopy unit

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Abstract

Background and Objectives: There is paucity of literature about the views of patients on endoscopy practices. The present study was undertaken to determine the views of patients on consent and information in the endoscopy suite and to compare patients' views about the environment of an endoscopy unit with the standard guidelines set out by British Society of Gastroenterology. **Materials and Methods:** A total of 103 patients were given an anonymous questionnaire about their views on endoscopy practice. The anonymous questionnaire comprising of seven items was developed. It addressed a range of issues regarding information, consent, and discussion of results. It was distributed by the endoscopy unit's receptionist to consecutive patients attending for either a gastroscopy or lower intestinal procedure. **Results:** The majority of patients (63%) did not want to receive information prior to the procedure. In addition, only a minority (29%) wanted discussions about the test to be in private. Immediately before the procedure, 40% of patients wanted to discuss the test with doctors, 23% with nurses and less than 1% with another patient (Fisher exact test, $P < .0009$). Thirty-five percent of patients appeared not to want to discuss the test at all. A total of 87% of patients wished to sign consent forms immediately prior to the test rather than a day before hand. A total of 51% wanted to do this in the endoscopy room itself and only 45% wanted to sign a consent form in a separate room ($\chi^2 = 1.05$ n.s.). **Conclusions:** These views contrast strongly with the standards advocated by national societies and the accreditation boards for endoscopy units in the UK.

Key words

Consent, endoscopy, information, patients, views

Introduction

Endoscopic procedures offer unprecedented opportunities for the diagnostic and therapeutic interventions. These procedures are safe and have widespread acceptability worldwide. However, the issues of patients' satisfaction with the endoscopists, nurses, and support staff; adequacy

of preprocedure explanation, consent methods employed to control discomfort and anxiety before and during the procedures, privacy, and cleanliness are important determinants of high standards of endoscopy units. The attention to these issues particularly patient satisfaction and patients' tolerance for endoscopy are important in achieving excellence in health care.^[1-5] Therefore, it is important to take into cognisance the patient perspective to improve quality of care and practice standards.

The present study has been conceived to determine the views of patients regarding satisfaction on endoscopy, consent, and information in the endoscopy suite and the environment of an endoscopy unit and to compare patients' views with the standard guidelines set out by British Society of Gastroenterology (BSG).

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Materials and Methods

A total of 103 patients completed the questionnaire. Of them, 66 patients (64%) were over 50 years while 4 patients (4%) did not reveal their age. As far as ethnic origin, 66% were European, 18% Asian, 7% belonged to other communities, and 9% did not respond to this question. Thirty-nine percent of patients came to the unit for an upper gastrointestinal endoscopy and 37% for a lower procedure. A total of 24% did not complete this question.

Results

As far as information about the test, 38 (37%) patients wanted to receive this at least one day before the procedure. However, the majority (65 patients, 63%) did not want to receive information prior to the procedure. In addition, only a minority (29%) wanted discussions about the test to be in private. Immediately before the procedure, 40% of patients wanted to discuss the test with doctors, 23% with nurses, and less than 1% with another patient (Fisher exact test, $P < .0009$). Thirty-six (35%) patients appeared not to want to discuss the test at all. A total of 89 (87%) patients wished to sign consent forms immediately prior to the test rather than a day before hand. A total of 51% wanted to do this in the endoscopy room itself and only 45% wanted to sign a consent form in a separate room ($\chi^2 = 1.05$ n.s.). The majority of patients (90%) wanted to discuss their results immediately after the test compared with less than 1% by telephone on the following day and 3% at the next available clinic.

A significant uniformity of opinion was observed in patients' responses about the number of people who should be present in the endoscopy room during the test. Eighty-one (79%) patients suggested that there should be less than five people in the room during the procedure.

Discussion

These results give us a brief review of the differences between patients' opinions and the guidelines promoted by the BSG in 1999. The majority of patients did not want to receive information a day prior to the test, while the BSG guidelines state that the "patient should be fully informed by the endoscopist ideally at least 24 hours" before the procedure.^[1] It also states in the guidelines that, if in agreement with the proposed procedure, a patient may sign the consent form at home. Cotton and Williams suggested that "the patient is received into an interview room for discussion and consent".^[2]

In 2008, the *BSG Guidance for Obtaining a Valid Consent for Elective Endoscopic Procedures* states:

"The issue of consent given in an endoscopy procedure room often provides cause for debate. Where an elective procedure is involved it would be difficult to defend the practice where a primary consent was involved and the patient had not encountered the endoscopist before".^[3]

Contrary to these opinions, the majority of patients in this study wanted to sign consent forms in the actual endoscopy room rather than in a separate location.

According to BSG guidelines, the person who is providing treatment is responsible for discussion and obtaining consent. However, he or she may delegate these tasks to a person who is qualified and trained in this area. In the same guidelines, it states that

"a patient should be interviewed by a qualified endoscopy nurse who should provide further explanation and the endoscopist should then deal with any last minute questions and should ask for a signature if a consent form has not been signed."^[3]

However, the majority of patients in this study wanted to discuss the test with a doctor and then sign the consent form in the endoscopy room. The role of the signed consent form was recently reviewed in a study from Cork in Ireland where staff felt that it empowered patients.

In contrast, the patients believed its primary purpose was to provide legal protection for the hospital.^[4] An earlier study from Barnsley in the UK demonstrated the need to individualize the consent process and ensure that it is directed at patients needs.^[5]

In an Italian study of the determinants of patient satisfaction with a gastrointestinal endoscopy service, hospital cleanliness, comfortable endoscopy area, adequate explanation of endoscopic diagnosis, training, and caring of medical staff were identified through a multiple logistic regression.^[6] However, issues of cleanliness and privacy were not considered of major importance in a study from Portsmouth, UK.^[7] However, there are few studies that consider the endoscopy environment. Work on distraction therapy using nature scene murals and nature sound recordings during bronchoscopy would suggest that much more attention needs to be given to endoscopy room.^[8] The authors concluded that distraction therapy with nature sights and sounds during bronchoscopy significantly reduces pain and anxiety.

From these results, it is clear that current guidelines do not meet with the majority of patients' wishes. As we move away from a paternalistic approach to medical care into one in which patients and doctors share responsibility, it is critical that there is serious endeavor to discover the views of our clients before developing guidelines. "Professional" patient representatives seldom fulfill this role and there should be a structured attempt to discover the views of "real" patients. Such an approach was advocated at the European Symposium on Ethics in Gastroenterology and Digestive Endoscopy in Kos, Greece in 2006.^[9] Any other approach is naive and shows a lack of understanding of current attitudes to the medical and nursing professions. It is the foundation on which much litigation is based. It would be prudent to modify our strategy while choosing an approach where priority is given

to patients' views. This will raise patients' confidence and will also help endoscopy units maximize procedural efficiency.

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