



RESEARCH REPORT

Consent in osteopathy: A cross sectional survey of patients' information and process preferences

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Survey

Abstract *Background:* Consent is an ethical and legal requirement for any therapeutic process. It is the responsibility of healthcare practitioners to respect patients' rights of autonomy and to receive their consent. The United Kingdom law currently states that all relevant risks, which a reasonable patient would want to know, must be told to them. Consequently the General Osteopathic Council's (GOsC) "Code of Practice" includes specific expectations in this area. As a result risk disclosure and informed consent has become of increasing importance within osteopathy, particular in today's increasingly litigious society. Osteopathy is a patient centred approach to healthcare; as such research to determine patients' expectations and preferences is needed.

Objective: To explore and describe patients' preferences of consent procedures in a sample of UK osteopathic patients.

Methods: A cross sectional survey using a new questionnaire was performed incorporating paper and web-based versions of the instruments. 500 copies were made available, ($n = 200$) to patients attending the British School of Osteopathy (BSO) clinic, and ($n = 300$) for patients attending 30 randomly sampled osteopaths in practice. Quantitative data were analysed descriptively to assess patient preferences; non-parametric analyses were performed to test for preference difference between patients using demographic characteristics.

Results: 124 completed questionnaires were returned from the BSO sample representing a 41% response rate. None were received from patients attending practices outside of the BSO clinic.

The majority (98%) of patient respondents thought that having information about rare yet potentially severe risks of treatment was important. Patients' preferred to have this information presented during the initial consultation (72%); communication method favoured was verbal (90%). 99% would like the opportunity to ask

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questions about risks, and all respondents (100%) consider being informed about their current diagnosis as important.

Conclusion: Patients endorse the importance of information exchange as part of the consent process. Verbal communication is very important and is the favoured method for both receiving information and giving consent. Further research is required to test the validity of these results in practice samples.

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Introduction

Consent is an ethical and legal requirement for any therapeutic process from examination to intervention.^{1–5} It is the responsibility of healthcare practitioners to respect patient's rights of autonomy and to receive their consent.^{6–9} In today's increasingly litigious society "informed consent" is required to protect the interests of both the patient and practitioner.^{10,11} Healthcare,^{12–14} legal,^{15–17} and bioethics^{18–20} professionals are pondering this process of gaining informed consent and are finding it challenging,²⁰ particularly in relation to establishing what information to give, when to give it and how to present it to patients; in a way that informs them without causing undue stress and anxiety.^{2,21,22}

Prior to 2004 the UK legal test for revealing risk to patients was set by *Bolam v Friern*,²³ which established that the medical professional would not be found negligent, if they acted in accordance with a responsible body of medical opinion. However after *Chester v Afshar*²⁴ the law states that all relevant risk(s), which a reasonable patient would want to know, must be told to them. The General Osteopathic Council's (GOsC) "Code Of Practice"³ was published and included a clause (clause 20), which emphasised the importance of risk disclosure and informed consent.

Within osteopathy risk disclosure and informed consent has become of increasing importance.^{3,25–27} The GOsC state that consent is an ongoing process and it must be both "specific" and "informed". The specific aspect refers to the fact that osteopaths should receive their patients' consent prior to examination and treatment. The informed portion relates to the patient having realistic expectations, awareness of the general inherent and serious risks of treatment, and an adequate understanding of both their condition and treatment options to make an informed decision about their care.

There is some weak evidence suggesting that osteopaths are implementing their consent procedures in an inconsistent manner.²⁵ A great deal has been written about the need to gain informed

consent,^{1–25} but no studies have involved osteopathic patients' preferences. Osteopathy is a patient centred approach to healthcare^{28–30}; as such research to determine patients' expectations and preferences is needed. The aim of the study was to determine patients' preferences concerning consent issues in order to inform and enhance the debate about current informed consent practice.

Method

Sample

A convenience sample was used of patients attending the British School of Osteopathy's clinic (750–1000 per week), and patients attending 30 osteopaths in practice within the UK; from October 2010 to December 2010.

Design

A cross sectional survey was developed focusing on three main areas relating to consent processes:

1. **What** information patients think is important
2. **When** patients would like this information presented
3. **How** this information would be best presented

The use of a pre-existing questionnaire was not possible as no related instrument was identified after an extensive literature search. Resulting in a new questionnaire being developed drawing on best practice guidance.^{31–35}

The various categories (what, when and how) each had their own question style. The questions used a 6-point Likert type scale, participants rated the relative importance of a statement from "very important" to "very unimportant" i.e. "Being informed about my current diagnosis is...". This format has advantages over dichotomies as it gathers information on the degree of importance; also it may not suffer the same degree of question wording bias that can influence the agree–disagree scales.³⁶

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