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ORIGINAL ARTICLE

Knowledge and Attitude Toward Informed Consent Among Private Dental Practitioners in Bathinda City, Punjab, India

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Abstract
Objectives: A study was conducted with the purpose to assess the knowledge and attitude towards informed consent among private dental practitioners in Bathinda City, Punjab, India.
Methods: A cross-sectional survey was conducted among all private dental practitioners in Bathinda City. A self-administered structured questionnaire consisting of 14 items was used to assess their knowledge and attitude regarding informed consent. The response format was based on a 3-point Likert scale. One-way analysis of variance, independent sample *t* test, and stepwise multiple linear regression analysis were utilized for statistical analysis. Confidence level and level of significance were set at 95% and 5%, respectively.
Results: The mean scores for knowledge and attitude were 19.37 $\pm$ 31.82 and 9.40 $\pm$ 1.72, respectively. Analysis revealed that qualification and years of experience was statistically significant among both dependent variables ($p \leq 0.05$).
Conclusion: An unbalanced knowledge of informed consent among the current dentists has suggested the need for awareness programs to fill the knowledge gaps and instill positive attitudes.

1. Introduction

Medical ethics investigate ethical issues arising in medicine and healthcare provision by applying the principles of moral philosophy. Medical ethics are often defined as "the disciplined study of morality in medicine" [1]. This morality in medicine concerns not only research activities but also the day-to-day medical practice of the doctors' vis-à-vis their patients. Ancient ethical codes were often compiled in the form of oaths, the most famous being the Oath of Hippocrates [2]. The foundation of medical ethics was laid at the Hippocrates

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School (400−300 BC) and since then the idea has revolutionized through different stages [3].

Contemporary medical ethics and bioethics began after the World War II as a result of contemptible issues in medical research and medical interventions [3,4]. In the developed countries, medical ethics appeared as recognizable academic discipline and became a compulsory part of medical curriculum in 1993 [5].

In current daily practice, medical specialists and the dentists come across common ethical issues. The core issues in medical ethics are the ethics of the doctor−patient relationship, patient's confidentiality, and the need to obtain informed consent, whereas bioethics deals with all-encompassing moral issues in medicine and biomedical sciences [5,6].

Informed consent is an essential tool of standard ethical medical practice. It is the process of sharing information with patients that is essential to their ability to make rational choices among multiple options in their perceived best interest [7]. It is universally recognized as an essential safeguard to ensure the preservation of individual's rights [8].

The basic pillars of the consent include patient autonomy, adequate disclosure of material risks, discussion of alternative treatments and sequelae, and the capacity of the patient to retain information and make a deliberate choice. So, the role of consent to treatment, in ethical terms, is to safeguard patients' autonomy [9,10].

Informed consents, which are routinely provided in all health care environments including dental school clinics, are an important source of information to help patients make informed decisions about their proposed treatments [11,12]. The concept of informed consents is rooted in moral, cultural, and legal principles [13,14]. Informed consents are often perceived as necessary for legal protection against malpractice claims [15].

In order for informed consents to be useful, they must contain sufficient information relating to the treatment or procedure. Furthermore, the information contained in the document must also be clear and understandable to patients. Several professional organizations and government entities have recognized the importance of consents by issuing guidelines for informed consents, and minimum legal requirements also exist at the state level [16,17].

Most likely the current infrastructure in medical and dental colleges is not sufficient to deal with the problems. To design a curriculum on bioethics it is necessary to assess the knowledge and attitudes of the students who are at the initial stages of ethical practice [18].

Furthermore, general observation points to wide differences between medical and dental care offered by private and public hospitals. In view of these observations, this study was conducted to explore the knowledge and attitude about informed consent among dental professionals of Bathinda City, India.

2. Material and methods

2.1. Study design and population

A descriptive cross-sectional study was conducted among dental professionals of Bathinda City, Punjab, India in the month of June 2014. The study population consisted of all the private dental practitioners of Bathinda City.

2.2. Ethical approval

The study protocol was reviewed by the Ethical Committee of the Pacific Dental College and Hospital, Rajasthan, India and was granted ethical clearance.

2.3. Pretesting of questionnaire

A self-administered structured questionnaire was developed and tested among a convenience sample of 10 dentists, who were interviewed to gain feedback on the overall acceptability of the questionnaire in terms of length and language clarity. Based on their feedback, the questionnaire did not require any corrections. Cronbach coefficient was found to be 0.80, which showed an internal reliability of the questionnaire. Mean Content Validity Ratio (CVR) was calculated as 0.87 based on the opinions expressed by a panel of five academicians. Face validity was also assessed and it was observed that 92% of the participants found the questionnaire to be easy.

2.4. Questionnaire

A questionnaire, designed to obtain dental professionals' knowledge and attitudes towards informed consent, consisted of three sections. Section I solicited general demographic and professional background information. Section II integrated 10 questions to collect information about knowledge regarding informed consent. Section III comprised five questions that aimed to assess the attitude towards the use of informed consent. The participant's responses for Sections II and III were recorded using a 3-point Likert scale.

2.5. Methodology

Investigators collected the list of private practicing dentists from local sources (local Indian Dental Association (IDA) branch and telephone directory). Among the total 166 dental practitioners, a pilot study was conducted on 10 dental practitioners. These were later excluded from the main study and the final sample size was arrived at 156. On the predecided days, investigator visited the private clinics, according to area distribution, for getting the questionnaire filled. Questionnaires were distributed among all dentists ($n = 156$) who were requested to fill in the written informed consent form and were asked to rate each item of the questionnaire choosing the most appropriate response. The investigator revisited the clinics after 3 days to collect the filled