


Informed consent in dental care and research for the older adult population

A systematic review

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Informed consent is fundamental to the ethics of clinical care and research involving people. Although it is typically the ethical responsibility and legal duty of health care professionals to obtain valid informed consent from patients and research participants, consent is not always well interpreted or well documented in practice. Previous research results show that 40% to 80% of research

 Supplemental material is available online.

participants who initially were judged to be capable of giving consent did not recall 1 or more required elements of the consent information.^{1,2} Obtaining informed consent is more than the act of a patient signing a document. It encompasses communication between participants and their care providers or research investigators. The overarching goal is to ensure that patients or study participants have full understanding of the clinical and research procedures that will be performed, including the expected risks and benefits and alternatives that are available to them; are given the opportunity to ask questions, discuss their choice, and have time to reflect; and provide a clear indication of their eventual decision.³

In dentistry, informed consent typically is viewed through a legal lens. It sometimes is seen as a challenge to customary practice or is viewed with uncertainty because it may not be clear whether a person can provide valid legal consent for treatment or

ABSTRACT

Background. Ethics in health care and research is based on the fundamental principle of informed consent. However, informed consent in geriatric dentistry is not well documented. Poor health, cognitive decline, and the passive nature of many geriatric patients complicate this issue.

Methods. The authors completed this systematic review according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines. The authors searched the PubMed (MEDLINE), Web of Science, PsycINFO, and Cochrane Library databases. The authors included studies if they involved participants 65 years or older and discussed topics related to informed consent beyond obtaining consent for health care. The authors explored informed consent issues in dentistry and other biomedical care and research.

Results. The authors included 80 full-text articles on the basis of the inclusion criteria. Of these studies, 33 were conducted in the United States, 29 addressed consent issues in patients with cognitive impairment, 29 were conducted in patients with medical conditions, and only 3 involved consent related to dental care or research.

Conclusions. Informed consent is a neglected topic in geriatric dental care and research. Substantial knowledge gaps exist between the understanding and implementation of consent procedures. Additional research in this area could help address contemporary consent issues typically encountered by dental practitioners and to increase active participation from the geriatric population in dental care and research.

Practical Implications. This review is the first attempt, to the authors' knowledge, to identify informed consent issues comprehensively in geriatric dentistry. There is limited information in the informed consent literature covering key concepts applicable to geriatric dentistry. Addressing these gaps could assist dental health care professionals in managing complex ethical issues associated with geriatric dental patients.

Key Words. Ethics; informed consent; competency; dental care; dental care for elderly patients; geriatrics; oral health; dental research.

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participation in a study. Informed consent should include 5 basic elements.

- Capacity implies the physical and cognitive ability to participate fully in the informed consent process. Capacity involves the ability to comprehend the information provided by the dentist, to weigh the treatment options on the basis of one's beliefs and values, and to reach an independent reasonable decision or choice.⁴

- Information should be disclosed to the patient about his or her dental problems and the nature, risks, and benefits of the proposed treatment and other treatment alternatives available to the patient, including nontreatment.⁵

- Comprehension or understanding of the consent process and information provided by the dentist is necessary for valid consent. The dentist must engage the patient actively in conversation, clarify the issues, answer questions, and verify that the patient has understood the information provided.⁴

- Ensuring voluntariness protects the participant's right to make his or her own decisions. A consent decision should not be coerced or manipulated either by the dentist or by family members.⁶ Nevertheless, if the dentist thinks that the course chosen by the patient will do more harm than good to the patient, the dentist should communicate his or her concerns and reasons in an attempt to persuade the patient to reconsider.⁷ If the dentist knowingly fails to do so, it is a violation of the ethical principle of beneficence.

- Final decision or choice is essential to complete the act of giving consent. The decision about whether to give consent may be communicated orally or in writing, though in many contexts written documentation is required.

Obtaining informed consent can be especially challenging when it involves geriatric patients, who constitute a substantial and growing proportion of the population. The US Census Bureau projects that by 2030, more than 20% of the population will be 65 years or older compared with 13% in 2010.⁸ With a growing geriatric population that increasingly will retain their natural teeth, a larger number of older people will be seeking dental care in the upcoming years.

Many older adults have multiple comorbidities, somatic and psychosocial disabilities, and impaired decision-making capacity. Scholars have suggested that many people, possibly as a result of continuing perceptions of what a proper doctor-patient relationship is, prefer not to be involved in difficult decision-making processes regarding health care.^{9,10} Many find it too overwhelming to comprehend diagnostic information and treatment options, to weigh risks and benefits, and to reach a decision independently. They tend to rely on their health care provider or a trusted family member or caregiver to decide on their behalf.

Typically, the topic of informed consent is introduced to predoctoral dental students as theory. However, no

standardized approach to teaching dental ethics has been established, and more education does not necessarily imply better understanding or ability to deal with ethical issues in professional life.¹¹ The topic of informed consent in geriatric populations seeking dental care or participating in dental research has not been documented or studied widely. We aimed to explore systematically important issues that affect the informed consent process applicable to a geriatric population to help inform dental health care professionals providing dental care or conducting oral health research with older adults.

METHODS

We completed this systematic review according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses statement.¹² We developed 3 research questions to guide this systematic review:

- When is an elderly person capable of providing his or her own consent?

- Is the practice of obtaining informed consent in elderly patients for the provision of dental care or treatment different from that for other medical care?

- Is the practice of obtaining informed consent in elderly patients for participation in dental research different from that for other medical research?

Operational definitions. For the purposes of this review, we used the following operational definitions:

- *Frail elderly* are people with multiple comorbidities and functional disabilities at the somatic and psychosocial levels who need help with the activities of daily living.

- *Capacity* is the ability to understand and process the information provided and to reach an independent decision with respect to individual preferences and values.⁴

We classified participants as capable or noncapable on the basis of their ability to provide valid consent.

- *Autonomy* is self-governance, understood as the capacity to make one's own decisions and the opportunity to do so voluntarily (without any outside coercion or manipulation).

- *Comprehension and understanding* is being able to understand, process, or retain the information provided by the care provider or research team.

- *Geriatric assent* involves actively engaging patients 65 years or older in any major decisions made by health care professionals or family members.

Study inclusion criteria. We selected studies if they included an elderly population (65 years or older) and discussed informed consent beyond noting that informed consent was obtained from the patient or participant. In addition, the articles' authors had to discuss the provision of dental care or dental treatment or other medical care (question 2) or dental research or medical or

ABBREVIATION KEY. MacCAT: MacArthur Competence Assessment Tool. MMSE: Mini-Mental State Examination.

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