



Original article

Informed consent for chiropractic care: Comparing patients' perceptions to the legal perspective



Melissa Winterbottom ^{a, *}, Heather Boon ^a, Silvano Mior ^b, Marcia Facey ^c

^a Leslie Dan Faculty of Pharmacy, University of Toronto, Canada

^b Canadian Memorial Chiropractic College, Canada

^c Dali Lana School of Public Health, University of Toronto, Canada

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ABSTRACT

Purpose: This study explored chiropractic patients' perceptions of exchanging risk information during informed consent and compared them with the legal perspective of the informed consent process.

Methods: Interviews were conducted with 26 participants, recruited from chiropractic clinics. Transcripts were analysed using a constant comparative method of analysis.

Findings: Participants experienced informed consent as an on-going process where risk information informed their decisions to receive treatment throughout four distinct stages. In the first stage, information acquired prior to arriving at the clinic for treatment shaped perceptions of risk. In stage two, participants assessed the perceived competence of their practitioners. Participants then signed the consent form and discussed the risks with their practitioners. Finally, they communicated with their practitioners during treatment to ensure their pain threshold was not crossed.

Conclusion: These findings suggest that chiropractic patients perceive informed consent as a process involving communication with their practitioners, and that it is possible to educate patients about the risks associated with treatment while satisfying the legal requirements of informed consent.

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1. Background information

The doctrine of informed consent outlines a practitioner's duty to disclose information about a medical treatment to his or her patients prior to providing care. This doctrine applies to all health care practitioners, including chiropractors. The information that must be disclosed includes: the nature of the treatment, potential benefits, associated material risks, and alternative treatment options (Dickens and Cook, 2004). When a practitioner initially agrees to provide treatment to a patient, there is an imbalance of information about the proposed treatment (i.e., the practitioner has more information than the patient); this imbalance may compromise the patient's right to self-determination. Informed consent is intended to allow both parties to enter into dialogue and reach agreement as equals, thereby enhancing autonomous decision making for the patient (Snyder, 2012). According to the Supreme

Court of Canada, practitioners must disclose all material information about a treatment. Material information is defined as information that a reasonable patient would require to make an informed decision about whether or not to receive that treatment (Dickens, 2002). What constitutes a reasonable patient is undefined and determined on a case-by-case basis.

Risk disclosure is one element of informed consent that may be particularly challenging for chiropractors because high quality prospective data about risk are limited due to a lack of surveillance and reporting. The proposed legal requirements for risk disclosure include known effects, material risks, discomforts and side effects, the likelihood of occurrence, the limits of relevant knowledge, and areas where further information is required (Dickens and Cook, 2004). Research from the UK and the US suggests that chiropractors often omit serious risks from the disclosure discussion, potentially compromising patient autonomy when seeking chiropractic care (Langworthy and Cambron, 2007). These findings came from surveys with practitioners; whether or not patients felt that their autonomy was being compromised was not explored.

* Corresponding author. 144 College Street, Toronto, ON M5S 3M2, Canada. Tel.: +1 289 828 4698.

E-mail address: mwinterb@gmail.com (M. Winterbottom).

In addition to the goal of protecting patient autonomy, informed consent is also viewed as serving the purpose of protecting practitioners from litigation. Although both of these objectives are important, it is unclear whether they can both be accomplished using the same approach. In the literature, informed consent is often described as a social process of dialogue between patients and their practitioners (Langworthy and Cambron, 2007; Brenner et al., 2009; Giuseppe & D'Angio, 2010). Historically, it is described as a static event that consists of patients reading and signing a form (Lidz et al., 1988). Although informed consent is no longer defined as a static event, research suggests that it is sometimes still treated that way in practice (Delany, 2007; Langworthy and Cambron, 2007; Brenner et al., 2009). It is possible that these two approaches to informed consent may function to achieve different objectives. For example, informed consent when treated as a process may be more effective at enhancing patient autonomy, while treating informed consent as a static event would likely be perceived as a way to protect practitioners from litigation. Despite the important role of the patient, no research explores whether patients perceive informed consent as a process or a discrete act.

Patients' voices are underrepresented in the literature about informed consent for health care, particularly for chiropractic care. To address this gap, this study explored patients' perceptions of informed consent when seeking chiropractic care at teaching clinics and one private clinic in Ontario. Specific objectives were to describe patients' experiences of exchanging risk information and to explore how those experiences compared to the legal perspective of informed consent.

2. Methods

2.1. Design

A qualitative descriptive study (Sandelowski, 2000) was used to answer the research question: how do chiropractic patients' perceptions of exchanging risk information during informed consent compare with the legal requirements of informed consent for chiropractors? Participant recruitment, data collection, and data analysis occurred in an iterative manner, such that emerging themes and concepts influenced the direction of inquiry. Approval was obtained from the research ethics boards at the X and the Chiropractic College.

2.2. Participants

A purposive sampling strategy (Patton, 2005) was used to recruit participants who were receiving chiropractic care from regulated chiropractors or chiropractic students at one private clinic and three teaching clinics, respectively, in Ontario, Canada. Clinics were chosen to represent a range of chiropractic patients from different geographical areas likely to have different demographic characteristics. Receptionists at participating clinics distributed a letter of invitation and study information to patients. Those who were interested contacted the researcher by email or telephone to determine if they were eligible to participate. Patients were eligible if they were over the age of 18, and received their first treatment within three weeks of being interviewed. It was assumed that new patients would be more likely to remember the consent forms and accompanying discussion that took place before the first treatment. Patients who were health care workers or studying to become health care professionals were excluded from the study due to their specialized knowledge of informed consent. Participants received a \$25 gift card in recognition of their time.

2.3. Data collection

Data were collected through interviews conducted by one researcher (MW) over the telephone and in-person. A semi-structured interview guide was used to help the interviewer focus on the research objectives while remaining open to the participants' stories (Table 1). The interview guide was developed based on the research objectives and related concepts in the literature; it was adapted throughout data collection in response to codes, categories, and themes that were identified during analysis. Interviews were audio recorded and transcribed by a professional transcriber. Transcripts were checked for accuracy and labelled with pseudonyms chosen by the participants to protect their confidentiality. Initial interviews were conducted with patients from teaching clinics; when thematic saturation was achieved, some interviews were conducted at a private clinic for comparison.

2.4. Data analysis

A constant comparative method (Corbin and Strauss, 1990) was used to analyse the transcripts, searching for concepts that were relevant to participants' perceptions of informed consent and risk information. In the initial stages, the data were explored for recurring concepts and ideas that were relevant to the research question and objectives. These ideas and concepts were given descriptive labels or codes. Codes were derived directly from the text; definitions were developed and recorded for all codes to refer to when analysing subsequent transcripts. Two independent coders (MW and HB) met weekly to compare and discuss codes until consensus was reached. A coding framework was developed by comparing and contrasting codes and grouping similar codes together to create categories. Hypotheses were then developed about relationships between categories. Codes, categories, themes, and relationships between them were tested against the data from

Table 1
Interview guide.

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1. What brought you into the chiropractor's office on your first day of treatment?
 - How long were you feeling that way?
 - How was it interfering with your life?
 - Was this the first chiropractor that you saw?
 2. What else have you tried for your (back pain/neck pain etc.)?
 - If yes: Are you still taking that/seeing them/doing that?
 - If no: Did you consider trying other options than the chiropractor?
 - How did you decide that the chiropractor was the best option?
 3. Before you had your first visit what were you expecting it to be like?
 - Did you have any concerns about seeing the chiropractor?
 4. What happened at your first visit with the chiropractor?
 - What did you talk about with them?
 - How did this compare with what you were expecting?
 5. What did you and the chiropractor talk about during your first visit?
 - Did they explain how the treatment was going to help you?
 - Did they discuss any down sides of the treatment?
 - Did you ask any questions/what were they/how were they answered?
 6. Were you asked to sign any forms at this visit?
 - Did you have an opportunity to read the forms?
 - Do you remember anything that was on them?
 - Did anyone talk to you about them/Who?/What was discussed?
 - Where were you given them/where did you sign them?
 - What do you think the purpose of these forms was?
 7. How could your chiropractor have better prepared you?
 - Was there anything that happened that you weren't expecting?
 - After talking to your chiropractor did you feel like you knew what you were getting into?
 8. What advice would you give to someone else who was thinking of going to see a chiropractor?
 9. Is there anything you would like to talk about that we haven't discussed yet?
 10. Is there anything that you would like to ask me?
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