A literature review of informed consent practices in gynaecological surgery, the shortcomings with the current consenting process and the different strategies used to improve outcomes

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Edwards D[1], Fatima A[1], Giridhar B[1], Jones K[2], Walker G[2]

[1]Bond University, [2]Gold Coast University Hospital

Introduction

This literature review is part of an overarching project aiming to evaluate the quality, consistency and impact of informed consent (IC) processes in women undergoing elective gynaecological surgery at GCHHS.

The literature review evaluates three relevant topics;

1. Current standards in informed consent: *Patient and clinician outcomes*

2. Barriers to the informed consent process: *Socio-economic status and education level, non-English speaking populations, the timing between the consent process and the procedure*

3. Strategies to enhance and simplify the current informed consent process: *Multimedia tools, visual aids, pre-printed consent forms, use of nurse practitioners*

Objectives

The literature review was performed to gain insight into current IC practices and their shortcomings in gynaecological surgery, and the assess the efficacy of using an adjunct strategy to improve the current process.

Methodology

Search strategy was developed in consultation with Dr Kristen Jones (Research Supervisor) and the Gold Coast University Hospital librarian.

Searches were conducted using Medline (Ovid), Embase (Elsevier), CINAHL (Ebsco), Scopus (Elsevier), and Web of Science (Clarivate). A relevant inclusion and exclusion criteria was developed.

Relevant literature published between 2000-2021 was obtained from the mentioned databases with 35 articles included following the reviewing process of 452 records.

Results and Discussion

1. Current standards in informed consent: HYPERLINK

Patient outcomes: Patients reported that basic elements of the consenting process were not disclosed, including advantages, disadvantages, risks and complications regarding the procedure. Furthermore, insufficient information was provided to the patient regarding what the surgery entailed as well as the alternative options available[1-3].

Clinician outcomes: Clinicians placed less emphasis on disclosing the benefits of the procedure, post-operative recovery course and explaining the anatomical or functional changes following the surgery[4].

2. Barriers to the informed consent process: HYPERLINK

Those of lower socioeconomic status and non-English speaking backgrounds have a significant impact on the amount and content of information able to be recalled during the IC process[5-7]. A longer time frame from providing IC counselling to the day of surgery also decreases patient knowledge scores[8].

3. Strategies to enhance and simplify the current informed consent process: HYPERLINK

The evidence supports the use of multimedia tools, nurse practitioners, native-speaking physicians, and pre-printed low-literacy consent forms in adjunct to the current IC process[9-11].

Conclusion

The literature highlights an overall lack of patient understanding and information recall. It is evident there is no current consensus regarding best practice methods for obtaining informed consent. However, it can be seen through the literature that many effective strategies exist to augment and support the informed consent process. Not only improving the efficacy and quality of the consent obtained but also assisting specific patient populations in understanding the information disclosed.

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