Parental permission, information, and consent

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Abstract

One hundred and fifty parents of emergency paediatric admissions were interviewed; 60 of 106 (57%) blood samples were taken and 107 of 120 (89%) treatment regimens were instituted without their permission. Furthermore, the reasons for over half the blood tests and 31% of the drug treatments were not explained.

Consent for investigation and treatment is an important part of the doctor-patient relationship. In surgical practice written consent is obtained for operations, but in medical practice the arrangement is less clear cut. In this survey we aimed to explore this from a patient's point of view by interviewing the parents of child patients. For the purpose of the survey the concept of consent was divided into two components—permission for an investigation to be performed or drug treatment to be started and information about why the test or treatment was being undertaken.

Methods

In a paediatric hospital 150 parents of children who had been admitted through the accident and emergency department were interviewed by questionnaire (Appendix). The survey took place during a four month period and interviews were carried out by one investigator (JMEF) between one and seven days after admission while the child was still an inpatient. To be entered into the survey parents had to be English speakers and to have been with their child when he or she was admitted. Most of the parents were interviewed between 0900 and 1700, and most were mothers. The investigations (generally referred to as tests) discussed were only those that the parents had witnessed on the day of admission, whereas drugs referred to any drug given during the hospital stay.

Results

A total of 150 parents were interviewed; 142 had

children who had had investigations, and 120 had children who had been given drugs.

Sixty of 106 parents (57%) whose children had had blood tests were not asked for permission before the tests. Of these, 10 thought that they should have been asked. Figures for urine tests and radiographs were 65 out of 104 parents and 47 out of 81 not asked, respectively, of whom nine who had urine tests, and eight who had radiographs, considered they should have been asked (table 1). For blood tests, urine tests, and radiographs 59 out of 106, 65 out of 104, and 30 out of 81, respectively, were not told what the test was for. Only nine of the 142 parents thought they should not have been told what the test was for.

One hundred and seven of 120 parents (89%) whose children had received drugs had not been asked for permission. Of these, 29 thought they should have been asked (table 2). Fifty two had not been told what at least one of the drugs was for, and 45 of these felt that they should have been informed (table 3). Of 240 drug treatments started parents knew what the drug was for in 166 instances.

Of 142 parents, 111 considered that permission for tests was implied by their child being an inpatient. Of 120, 104 considered that the same was true for drug treatment.

Discussion

The doctor-patient (or doctor-parent) relationship is based to a considerable extent on trust, itself the product of empathy and mutual understanding. In this survey, most parents thought either that they had given permission for tests to be done or treatment to be started and that they should be asked for permission, or that they had not given their permission but felt that such permission need not be sought. Both of these indicate that there is a trusting relationship and that the doctor is judging the parents' expectations appropriately. The degree of trust is further illustrated by the 111 of 142 parents who thought that permission for testing and the 104 of 120 who thought that permission for

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Table 1 Responses to questions about permission to carry out tests

Do you think that you should have been asked for permission before tests were done on your child?	Were you asked for permission before tests were done on your child?						Total		
	Yes			No					
	Blood test	Urine analysis	Radiograph	Blood test	Urine analysis	Radiograph	Blood test	Urine analysis	Radiograph
Yes	31	23	22	10	9	8	41	32	30
No	15	16	12	50	56	39	65	72	51
Total	46	39	34	60	65	47	106	104	81

Table 2 Responses to questions about permission to start drug treatment

Do you think you should have been asked for permission before drug treatment was started on your child	Was permission given for all drugs that the child received?		
	Yes	No	Total
Yes	5	29	34
No	8	78	86
Total	13	107	120

Table 3 Responses to questions about the reason for starting drug treatment

Do you think you should have been told what drug treatments were for?	Were parents told what the drugs given to the child were for?		
	Yes	No	Total
Yes	64	45	109
No	4	7	11
Total	68	52	120

starting drug treatment was implied by the fact that the child was an inpatient. Even in this climate of trust, however, doctors should take account of the fact that testing without consent is an assault.¹ This is complicated when dealing with children. In adult practice, the offering of an arm for a blood test—for example—can be taken as implied consent. The child, however, may be unable to understand such concepts, and will depend instead on its parent to give consent.

This survey also shows the limited extent to which information about drugs or tests is given by some doctors. Thus—for example—over half the parents did not know the reason for the blood test that had been done on their child. This could be the result of failure to remember an explanation that had been given, but is more likely to reflect a lack of information given by the doctor. A similar lack of parental knowledge was found about drug treatment. Though a few did not wish to know what their children's drugs were for, most parents (91%) did, and yet 31% of drug treatments had not been explained. The degree to which informed consent to treatment should be obtained has been carefully considered by Dukes and Swartz.² Their medicolegal review of published reports states: 'There must be a sufficient explanation of the risk/benefit balance with the emphasis on risks which are either severe or frequent or both', and 'the patient must understand before he can consent'. Informed consent ranges from full disclosure for medical or surgical procedures (as is now usually practiced in the USA) to a more informal approach for minor routine treatments with everyday remedies. In general, the greater the risks, the more explicit the consent should be. The results of our survey suggest that informality in consent is being taken to an extreme in that many parents were unaware of the reason for which drugs were being given to their children, and were probably ignorant of important information such as side effects or other potential risks. This ignorance about drug treatment might adversely affect compliance.³

Parents clearly have a high degree of trust in doctors, but this survey suggests that the relationship between them is often less than ideal. Freidson created the models of 'guidance/cooperation' (guidance by the doctor of the

cooperating patient) and 'mutual participation' (representing the optimal relationship between the two parties),⁴ yet the more authoritarian mode of 'activity/passivity' (active doctor and passive patient) that most doctors claim does not occur except in emergencies is still being widely practiced in general medical care. Increasing the amount of information given to patients (or parents) and involving them more fully in decision making about their (or their children's) sickness and health should aid movement towards the optimal relationship.

- 1 Medical Defence Union. *AIDS medico-legal advice*. Cambridge: Medical Defence Union, 1988.
- 2 Dukes MNG, Swartz B. *Responsibility for drug-induced injury*. Amsterdam: WHO, 1988:83-151.
- 3 Rylance GW. The prescribing process. In: Rylance GW, ed. *Drugs for children*. Copenhagen: WHO regional office for Europe, 1987:11-9.
- 4 Freidson E. *The profession of medicine*. Chicago: University of Chicago Press, 1988.

Appendix

Patient:

Name

Age

Sex

Diagnosis

Length of stay in hospital

Parents:

Occupation of major breadwinner

Parent interviewed mother/father

Tests:

1(A) Were you asked for permission before tests were done on your child?

Blood test	Yes	No	Not applicable
Urine test	Yes	No	Not applicable
Radiograph (specify simple one—for example, chest)	Yes	No	Not applicable

(B) Do you think that you should have been asked for permission before tests were done on your child?

Blood	Yes	No
Urine	Yes	No
Radiograph	Yes	No

2 Do you think that permission for a test to be done on your child is implied by the fact that he or she is in hospital?

Yes No

3(A) Were you told what the tests done on your child were for?

Blood	Yes	No	Not applicable
Urine	Yes	No	Not applicable
Radiograph	Yes	No	Not applicable

(B) Do you think you should have been told what tests were for?

Yes No

Drugs:

Which drugs have been given to your child during this admission?

1(A) Were you asked for permission before drug treatment was given to your child?

Yes No

(B) Do you think that you should have been asked for permission before drug treatment was given to your child?

Yes No

2 Do you feel that permission for drug treatment to be given to your child is implied by the fact that he or she is in hospital?

Yes No

3(A) Were you told what the drugs given to your child were for?

Yes No

(B) Do you think you should have been told what drug treatments were for?