



A Study of Outcome of Declaring Sad News with Hand Written and Cell Phone Video Recorded Consent – Our Experience

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Abstract

Background: *It is customary to get hand written (or) printed consent prior to surgery, obtained from the patients and their close relatives. Since, single person signs the consent; the complications are narrated to only few persons. Adverse effects of the disease/ complications and surgery explained to only one person. When there is necessary to declare sad news, all the relatives of the patients gather together and that creates restlessness among the mob as well as to the hospital. Once, we start video recording the consent and outcome of the surgery, to all the relatives, the attenders have psychological feeling that whatever told by the medical personal is documented and it is with the hospital, it creates fear to the attendees to indulge in unwanted activity. Since everybody has got a cell phone, that can be used to record the video consent .it is observed that the understanding and fear of the patients attenders that informed video consent available, make mob prevents abnormal behavior towards to medical people.*

Keywords: *Consent form; hand written consent form; cell phone video consent; surgery.*

Introduction

Obtaining a patient's informed consent involves much more than having a patient sign a consent form. It is a two-way dialogue between doctor and patient with the aim of facilitating their understanding of a procedure's risks, benefits and alternatives in the context of their own life.¹ it is customary to get signature from the patients and his close relatives. It is usually signed by one or

two attenders. But when a complication or sad news declared, a new mob comes to make problem to the hospital.

Despite their importance, current hand-written consent forms potentially suffer from significant disadvantages. Firstly, hand-written forms may be illegible, particularly the carbon copy version designated for the patient's records. Secondly, there may be considerable variability in the

content of the forms as there is no standardization for specific procedures and completion is performed by the junior surgeon or staffs on an ad hoc basis. Thirdly, fields may be completed incorrectly or not completed at all.² finally, we are gradually moving towards video recording consent. To improve the quality of consent form completion and reduce the variability in their contents, we developed video recording with the cell phones, after calling all the relatives of the patients and the informed consent was video recorded in front of the relatives. This video recording consent process helps to identify and respect patients' best interests by giving each individual patient the opportunity to decide autonomously what his/her best options are with regards to the planned surgical procedure. However, in order to aid their decision, surgical patients require accurate information and appropriate guidance with regard to the risks and benefits associated with their surgery.³ this video recording evidence suggestive the outcome and this behalf prevents there getting in to unwanted activities towards the hospitals and authorities.

Materials and Methods

This study was conducted in Karpagam faculty of medical science and research, Coimbatore, Tamil Nadu, India. All the patients were routinely pre-operative hand written consent was obtained. All the patients were taken for hand written as well as cell phone video consent. No change was made after commencement of this cell phone video recording in emergency surgery.

Objective

The main aim of this study was, weather single hand written consent or all available attenders informed cellphone video recorded consent is advantageous. Secondary aim is to set consent from many of the patient's close relatives.

Data collection

All the elective surgical patients as a routine hand written, printed consent form was signed and stitched to the case sheets by the staff of the ward.

In emergency patients, prior to surgery, all the available attenders collected in front of the OT room, and after informing about cell phone video recording, the outcome of the surgery explained. This procedure is recorded.

Patient's relative awareness

Patient's relatives are asked about to procedure explained and their understanding about the procedure is noted.

Post-surgery questionnaires

After surgery over, at the time of discharge patients/ relatives are enquired about the consent and their opinion also taken into account.

Results

There were about 1004 cases been done in our institute over a period of one year, including emergency. All these patients got hand written consent. There were 58 cases of emergency surgery done and video consent was obtained with all available close relatives. 90 % of the elective patients discharged without any problems, 10 % of the patients (with hand written consent) had minor post-operative complication, like sepsis, wound sapping, which made the attenders restless. In 58 emergency patients, including 5 deaths there were, to our surprise, accepted the sad news and there was no unwanted incidences.

Discussion

In general hand written consent involves only one or two patients relatives when complication arrives all the patients visitors gather and question over the complication. In other words, when video recording done with all close relatives, entire people carry out the message to all close relatives, and prepare their mind to face any bad news. This video consent pre-operatively taken helps to prevent / overcome patients – hospital problem.

Conclusion

Our study and observation revels that video consent for surgery is better than hand written consent when declaring sad news.

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