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Chapter 7

INFORMED CONSENT IN DENTAL PRACTICE: EXPERIENCES OF DUTCH PATIENTS¹

1 Introduction

Most dental patients place great confidence in the professional competence of their dentists and are, in general, very satisfied with dental care (Harteloh & Verweij, 1995; Gale, Carlsson, Eriksson & Jontell, 1984; Liddell & May, 1984; Biro & Hewson, 1976). Communication between dentists and their patients, however, is open to improvement. The number of formal complaints by dental patients about a lack of information seems to increase (Christensen, 1999; Doyal & Cannel, 1995) and studies demonstrate that an important part of complaints of dental patients is attributable to a deficient communication process between dentists and patients (Lipschart-van der Linden, Eijkman & Spruijt, 1997; ter Horst & Boon, 1989).

The Medical Treatment Contract Act, introduced in 1995 in the Netherlands, reflects the significance of good dentist-patient communication, because one of the most important topics established in this act is the doctrine of informed consent. This means that the patient's consent to a dental treatment procedure must be based on information about the nature and purpose of the treatment, alternative treatment options and benefits and risks of the treatment options. Research undertaken to assess knowledge and opinions of Dutch dentists regarding this act, however, indicates that their knowledge about its content is less than optimal. Moreover, they see numerous negative consequences of this legislation for their practice (Schouten, 2000; Eijkman & Goedhart, 1996). Dentists' lack of knowledge and negative opinions about the act can negatively affect the experiences of dental patients with respect to the implementation of

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their rights in dental practice. Therefore, this study aimed to assess which experiences the Dutch population has concerning the implementation of some of their rights by dentists.

2 Material and methods

Subjects in this study were participants of the 'Consumer Panel Health Care'. This panel is a collaboration between the Dutch Consumers' Organization and the Dutch Research Institute for Health Care and can be considered to be a representative sample of the Dutch population. However, people in the age group 25-34, people with only elementary school or lower vocational education and people who are insured by the sick-fund are slightly underrepresented by the panel.

A questionnaire, consisting of eleven items assessing dental patients' experiences with respect to the right of information and the dentist's obligation to ask the patient's consent to a dental treatment procedure, was sent to all 1616 participants of the consumer panel. The items had to be answered on a 4-point scale, ranging from 1 ('no') to 4 ('yes, always').

The scale measuring experiences of dental patients was first processed by calculating the frequencies of the items. Afterwards, principal component analysis was performed to determine if there is a small number of constructs underlying the original scale. Also, the internal consistency of the scale and subscales were determined, using Cronbach's alpha. Finally, differences in scores on the subscales as a function of the various background variables were assessed using Mann-Whitney - and Kruskal-Wallis tests.

3 Results

1274 Of the 1616 subjects (78.8%) returned the questionnaire, of whom 47% men and 53% women. Their mean age was 47.8 year (sd=15.2, range 18-89). A majority of the subjects attended their dentist in the past twelve months (79.9%).

3.1 Psychometric analysis

Principal component analysis of the questionnaire revealed that two factors with an Eigenvalue of at least 1 could be extracted, accounting for 64% of the total variance (using varimax as rotation method). One factor could be interpreted as 'general information'. Factor loadings on this subscale ranged from .60 till .73. The second factor could be interpreted as 'specific legislation-related information'. Factor loadings on this subscale ranged from .63 till .81. The internal consistency of both the total scale and the two subscales was very satisfactory.

Cronbach's alpha for the total scale was .90, for the subscale 'general information' .84, and for the subscale 'specific legislation-related information' .86.

3.2 Patients' experiences

Mean item score on the subscale 'general information' is 3.45 (sd=.61; range 1-4), whereas mean item score on the subscale 'specific legislation-related information' is 2.72 (sd=.94; range 1-4). The difference in mean score is significant ($p=.000$).

As can be seen from table 1 (next page), respondents indicate that their dentist always or most of the time goes into their questions, takes enough time to explain things and gives sufficient information about the treatment. Moreover, respondents feel they have the opportunity to ask questions and that the explanations of their dentists are comprehensible. On the other hand, dentists' information regarding specific legislation-related issues is, according to the respondents, less frequently offered. Most notably, about half of the respondents indicate that their dentist does not or only sometimes asks them for their consent to a treatment, or informs them about the risks of a dental treatment.

Background variables associated with patients' experiences with respect to the implementation of their rights in dental practice were age, sex, education, dental attendance and respondents' judgement about their own health. A significantly more positive experience regarding general information was associated with male gender ($p=.03$), with patients who visited their dentist in the past twelve months ($p=.005$), with older age ($p=.000$) and with patients who have a more positive judgement about their own health ($p=.005$). A significantly more positive experience with specific legislation-related information was associated with older age ($p=.000$) and lower education ($p=.001$).

4 Discussion

The purpose of the Medical Treatment Contract Act is to strengthen the legal position of patients by establishing the mutual duties and rights of both patients and members of the medical profession. One of the key elements of this act is the principle of informed consent, which means that the patient's consent to a treatment must be based on relevant information about several aspects of the proposed treatment. As mentioned earlier, research indicates that Dutch general dental practitioners lack knowledge, communicative skills and positive attitudes concerning this act, possibly resulting in negative experiences of patients with respect to the implementation of their rights in dental practice.

Table 1 Patients' experiences with their rights in dental practice

Item	N	Yes, always/ Mostly (%)	Sometimes/No (%)
General information			
• my dentist goes into all of my questions.	1065	91	9
• my dentist's explanations are comprehensible.	1046	91	9
• I don't find it difficult to ask my dentist for information.	1057	89	11
• in general, my dentist gives me sufficient information about my examinations/treatments.	1059	88	12
• I have the opportunity to ask questions.	1069	87	13
• my dentist takes time to explain things.	1071	87	13
Specific legislation-related information			
• my dentists explains what he is doing during treatment.	1066	71	29
• my dentist informs me about different treatment alternatives.	941	68	32
• my dentist informs me about the risks of a treatment.	824	55	45
• my dentist asks my consent to an examination/treatment.	930	47	53
• my dentist checks if I have understood his information.	927	46	54

The results from this study show that, although patients are satisfied with the general information and explanations from their dentist, this is indeed significantly less the case for information about specific requirements of the Medical Treatment Contract Act. For example, more than half of the respondents indicates that their dentist does not check if they have understood his information, while numerous studies demonstrate that comprehension and recall of physician's information by patients is poor (Uden & van Dam, 1986; O'Connor, 1981). Also, a majority of the respondents state that their dentist does not ask for their consent to the treatment. The autonomy of patients, which ultimately is the key principal underlying this act, can seriously be undermined without proper comprehension or even the possibility to give consent.

Several demographic variables were found to be associated with patients' experiences. Male gender, older age and lower education were all significantly related to more satisfaction with general or specific legislation-related information. These findings are not too surprising, given the fact that numerous studies have shown that older, lower educated male patients have less need for information and are less inclined to ask for information than higher educated and younger female patients (Deber, Kraetschmer & Irvine, 1996; Ende, Kazis, Ash & Moskowitz, 1989; Waitzkin, 1985; Hooper, Comdstock, Goodwin & Goodwin, 1982). Hence, it is likely that those groups of patients are more quickly satisfied with the information they receive than groups of patients with a higher need for information.

In conclusion, dentists appear to inform and educate their patients, but when it comes to the specific requirements of the Medical Treatment Contract Act, such as informing patients about risks and alternative treatment options, information is staying behind. It is therefore essential to further educate dentists with regard to this issue, because the goal of enhanced patient autonomy will only be reached if patients truly have the opportunity to assert their rights in dental practice.

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