

## Identifying the Minimum Knowledge Level of Physicians in Terms of Informed Consent at Istanbul Faculty of Medicine, Istanbul University

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### Abstract

### Original Research Article

**Aim:** Identifying the minimum knowledge level of physicians at Istanbul Faculty of Medicine, Istanbul University in terms of informed consent. **Material and Method:** We used the Physicians' Minimum Knowledge Level of Informed Consent Survey. Face to face interviews were conducted with 350 physicians through March and April, 2014. Results were assessed with Chi-square and Somers' D tests by using SPSS 21.0. Reliability analysis displayed a high internal consistency of the survey (Cronbach alpha=0,665). **Findings:** Seventeen of the participants reported that there was no informed consent form in their department regarding medical practice. The average age of the physicians who had informed consent forms in their department regarding medical practice was  $32.84 \pm 9.73$  (min: 24 max: 65), 58% were male, 52% were single, 56.2% were aged under 30 years, 65.2% work as a medical resident. Of the participants, 97% obtained the informed consent verbally and 59.5% provided a written form. A total of 41.4% of the participants reported that only residents shared information regarding suggested treatment in their clinic, and 30% of the participants allowed the patient more than 20 minutes to comprehend the information. The ratio of physicians who have concerns about malpractice lawsuits despite having informed consent is 57.7%. **Discussion:** Training has been planned for the departments as an outcome of this survey since main concern of physicians was malpractice lawsuits regarding unprotectiveness of informed consent practice. While the practice of obtaining written consent in the surgical branches has become a standard practice, informing of pharmacotherapy is observed more often in nonsurgical departments.

**Keywords:** Informed consent, malpractice, standart practice.

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## INTRODUCTION

In the 70th article of the Law No. 1219 the mode of execution of medicine and medical sciences, entered into force on April 14 1928, which was the first to be held on the informed consent in our country; it is stated that physicians and dentists must obtain consent before any intervention to be done, from the patient or from the patient's parents or guardians in the prescribed conditions, and this consent should be in written form for major surgeries. In the 14th article of Medical Deontology Regulation which was amended in 1960; it is stated that if informing does not effect patients and outcome of their disease negatively, they should be informed clearly about diagnosis and the measures to be taken [1, 2].

It is a legal obligation for the physicians to inform their patients about the diagnosis and treatment they will implement in the context of Article 24 of the

Patients' Rights Regulation, Article 70 of the Law No. 1219, Article 17 of the Constitution and Article 26 of the Turkish Penal Code. Informed consent is a way of protecting the rights of the patient and has much more importance than the form the patient has signed [3]. It is stated in Article 17 of Constitution of the Republic of Turkey "The corporeal integrity of the individual shall not be violated except under medical necessity and in cases prescribed by law; and shall not be subjected to scientific or medical experiments without her/his consent." [4]. In this article whether or not there is a research, taking the consent of the patient is stated to be obligatory before any kind of implementation and treatment [5]. Ignoring to take informed consent is not only unethical, but also causes legal problems to arise. Article 26 of the Turkish Criminal Code no. 5237 states that "No punishment is given to a person acting under the consent of a person relating to a right dispensable by that person" [6]. Although the patient seems to prove whether an informed consent has been obtained, since

the patient is the weaker party in a physician-patient relationship, it is often possible to apply the burden of proof to the physician and the Supreme Court of Appeals has indicated a similar opinion. Therefore obtaining a written informed consent of the patient before the critical medical interventions especially in terms of the results increases the power of proof (7).

## AIM

Identifying the minimum knowledge level of physicians at Istanbul Faculty of Medicine, Istanbul University in terms of informed consent.

## MATERIAL AND METHOD

The study was designed by using a cross-sectional descriptive pattern and a questionnaire was used as data collection tool. In our study “the questionnaire of minimum level of knowledge about informed consent of doctors” was used with the aim of determining the minimum level of knowledge of physicians about the informed consent who worked at Istanbul Faculty of Medicine in Istanbul University. The survey was conducted by researchers through March-April 2014 to 350 physicians by face to face interview. The distributions of all the questions were analysed. Each question was assessed with chi square and Somers’ D tests ( $p < 0,005$ ). As a result of the reliability analysis of the questionnaire, the internal consistency of the scale was found to be high (Cronbach alfa = 0,665). SPSS 21.0 was used for analysis of data.

## FINDINGS

No informed consent form existed at the departments of 17 of the physicians participating in the survey, thus they were excluded. The average age of the doctors who obtain informed consent for any medical practice (n: 333) is  $32.84 \pm 9.73$  (min: 24 max: 65), 58% are male, 42% are female while 52% are single, 47.1% are married and 0.9% are widowed, the distribution of age groups according to the positions of these physicians is shown in Table I. It was determined that 54.1% (n: 180) of the doctors were internists and 45.9% (n: 153) were surgeons. The distribution of physicians participating in the survey according to their year of work is given in Table II.

Information about the treatment options is displayed in Table III. Information about the post treatment process is given in table IV. It has been determined that internal medicine doctors provide more information about the medication than surgeons. However, it has been determined that in comparison with the internal branches, surgeons consider the procedure of written information about the aim, success rates, risks and benefits, alternatives (if it had) of the treatment offered would not protect them against malpractice charges ( $p < 0,005$ ).

Information about the informed consent is presented in Table V. Although only 58.9% (n:195) of the physicians (n:333) who have informed consent forms about any medical implementation in their department had read the entire consent forms, 82,9% (n:276) of the doctors noted that informed consent form is sufficient, hence 24.3% (n:81) of the participants had commented without reading the entire informed consent form.

Information about informed consent form is stated in the Table VI, and it is shown that 62.5% (n:208) of the doctors who participated in the study were trained about informed consent during or after university graduation, and the training was considered as sufficient by 58.2% (n:121) of the participants. It was determined that 87.7% of the participants still need training on informed consent. 57.7% of doctors did not consider signing an informed consent would protect them from malpractices cases. Their main concern was malpractice charges, and it was determined that they considered the procedure of consent would not protect them from such kind of charges against them. The person who obtains informed consent is in Table VII and the time allocated for the consent is presented in Table VIII.

Methods of informed consent was given in Table IX and it was found that 99.1% (n: 330) of the doctors informed the patient about the treatment content, and 97% of them obtained informed consent verbally, while 59.5% of them obtained it in written form (39.6% obtained only verbal, 2.1% written and 57.4% both verbal and written consent), while 0.9% of the doctors did not obtain any consent at all. It was determined that 0.6% of the physicians who did not obtain consent were internists (1 internal medicine resident, 1 public health resident) and 0.3% from surgical branches (1 pathologist).

Males and physicians with an experience more than 10 years share written information about intervention and/or treatment more than females and physicians with less than 10 years’ experience whereas the difference is significant ( $p < 0.005$ ). It has been determined that all physicians who have more than 10 years of professional experience provide information about the aim, content, prospects, risks and advantages of the treatment. Physicians who had less than 10 years of professional experience stated that they had training on informed consent during or after college education compared to those who had more than 10 years’ experience ( $p < 0,000$ ), while physicians who have more than 10 years of professional experience report that they need a training program about informed consent forms ( $p < 0,005$ ). Physicians with more than 10 years of experience would significantly share information about all options, rehabilitation process following treatment, and home care with the patients, and have read all written informed consent forms and sufficiently aware

of whole content despite previous results regarding training ( $p < 0.05$ ).

Female physicians significantly answer the questions of patients regarding informed consent forms rather than males ( $p < 0,05$ ).

**Table-I: Age group distribution according to the position of physicians in the research group**

Academic degree	Age groups (year)				Total
	<30	30-39	40-49	>50	
Resident	183 % 84.3* % 97.9**	34 % 15.7* % 37.8**	0 % 0* % 0**	0 % 0* % 0**	217 % 100* % 65.2**
Fellow	4 % 6.9* % 2.1**	50 % 86.2* % 55.6**	4 % 6.9* % 16.7**	0 % 0* % 0**	58 % 100* % 17.4**
Academic	0 % 0* % 0**	6 % 10.3* % 6.7**	20 % 34.5* % 83.3**	32 % 84.3* % 100**	58 % 100* % 17.4**
Total	187 % 56.2* % 100**	90 % 27* % 100**	4 % 7.2* % 100**	32 % 9.6* % 100**	333 % 100* % 100**

\*Percentage of lines, \*\*Percentage of column

**Table-II: Distribution of physician in the research group according to their year of work**

years at work	N(Number)	% (rate)
0-5	195	58.6
6-10	58	17.4
11-15	24	7.2
16-20	9	2.7
21-25	13	3.9
Above 25	34	10.2
Total	333	100

**Table-III: Information about treatment**

Questions	Yes		No	
	N(Number)	%(Rate)	N(Number)	%(Rate)
Do you give information about the purpose of the treatment and the rate of successful outcome?	317	95.2	16	4.8
Do you give information about the benefits and risks of treatment?	320	96.1	13	3.9
do you inform about alternatives of the treatment if any	296	88.9	37	11.1
Do you give information about the potential results of treatment?	321	96.4	12	3.6
Do you give information about the risks and harm that may arise in case of refusal of treatment?	313	94.0	20	6.0

**Table-IV: Post-treatment information**

Questions	Yes		No	
	N(Number)	%(Rate)	N(Number)	%(Rate)
Do you give information about the rehabilitation period after the treatment?	214	64.3	119	35.7
Do you give information about the medication that will be used for treatment?	264	79.3	69	20.7
Do you give information about the home care service after treatment?	148	44.4	185	55.6
Do you indicate that the patient may give up treatment at any time?	180	54.1	153	45.9

**Table-V: Information about the informed consent**

Questions	Yes		No	
	N(Number)	%(Rate)	N(Number)	%(Rate)
Do you estimate the patient's ability to make decisions while signing the informed consent form?	279	83.8	54	16.2
Do you take care of your patient to sign the informed consent form on free will?	302	90.7	31	9.3
Do you describe the informed consent forms in a language that the patient can understand?	299	89.8	34	10.2
Have you entirely read the informed consent forms that you use at your service?	195	58.6	138	41.4
Do you think you have sufficient knowledge about its content if you read it?	170	87.2	25	12.8
Do you answer the questions of the patient while filling in the informed consent forms?	302	90.7	31	9.3

**Table-VI: Information about the signing of the informed consent form.**

Questions	Yes		No	
	N(Number)	%(Rate)	N(Number)	%(Rate)
Do you think that signing the informed consent forms will protect the doctor from malpractice cases?	141	42.3	192	57.7
Do you think signing informed consent forms will change the course of malpractice cases?	219	65.8	114	34.2
Do you think there is a need for a training program on informed consent forms?	292	87.7	41	12.3
Do you think it is necessary to obtain consent in terms of patient-doctor relation?	320	96.1	13	3.9
Do you approve taking consent in terms of patient-doctor relation?	324	97.3	9	2.7

**Table-VII: The person who obtains informed consent**

The person taking the informed consent from the patient	N (Number)	% (Rate)
The resident who who provides treatment	138	41.4
The resident with the specialist	95	28.5
The specialists	81	24.3
The specialist and the resident together with the professor	5	1.5
Nurse with the resident	5	1.5
Nurse with the specialist and the resident	5	1.5
resident with professor	1	0.3
The specialist, resident, nurse and professor	1	0.3
Nurse with the specialist	1	0.3
Secretary	1	0.3
Total	333	100

**Table-VIII: The time allocated for the consent.**

The time allocated for informed consent	Branches					
	Internal		Surgical		Total	
	N (Number)	%(Rate)	N (Number)	%(Rate)	N (Number)	%(Rate)
1-5 minutes	35	19.4	16	10.5	51	15.3
6-10 minutes	33	18.3	11	7.2	44	13.2
11-20 minutes	13	7.2	15	9.8	28	8.4
Over 20 minutes	35	19.4	65	42.5	100	30
Depends according to the case	30	16.7	17	11.1	47	14.1
As much as the patient needs	34	18.9	29	19	63	18.9
Total	180	100	153	100	333	100

**Table-IX: Methods of obtaining informed consent**

Form of informed consent	N (Number)	% (Rate)
Only verbal	132	39.6
Only written	7	2.1
both verbal and written consent	191	57.4
neither verbal nor written consent	3	0.9
Total	333	100

## DISCUSSION

Informed consent indicates that the information is clearly understood by the patient in a way that does not involve foreign terms and techniques, in accordance with the patient's capacity of understanding, and that the doctor is empowered based on this understanding prior to the concept of shared decision making (SDM) however, patients' role should not be limited to stating their preferences, only for the clinician to decide what to do [8-10].

The main purpose of informed consent is to give information about the procedure and to ensure that the patient understands this information and that it should be supervised, while SDM is best described as a conversation between the clinician and the patient in which they figure out together what to do to address the patient's situation [10,11]. Nevertheless obtaining informed consent is obligatory and in compliance with law for involving human subjects in scientific researches and also medical interventions in Turkey.

In our study, 58% of the doctors were male, and similar studies display a range between 49% and 64.2% [12-14]. In the study of Turla and his colleagues 53.9% of doctors were under 30 years of age while in our study it was 56.2%. In the study of Turla and his colleagues, 48.2% of the doctors were found to work in the internal branches, 44.3% were in the surgical branches and 7.5% were in the basic medical sciences [13]. In the study of Ögenler and his colleagues' 51.7% of the doctors were internists, 48.3% were surgeons and in our study 54.1% were internists and 45.9% were surgeons [15]. In the study of Turla *et al* 80.6% of the participants were residents, and 19.4% were lecturers, whereas in the study of Chima *et al.* 30.4% were specialists / residents, 28% were intern doctors, and 26.2% were registration personnel [12,13]. In our study, 65.2% were residents, 17.4% were specialists and 17.4% were lecturers.

In the study carried out with the patients applying to Hacettepe University Emergency Department in 1996, while it was reported that consent was received from the 70% of the patients only before surgery [16], it was detected that in the study performed by Turla *et al* in 2003, 64.7% of the doctors obtained informed consent before all professional practices [13], and in the study performed by Teke *et al*, 60.6% of the doctors received informed consent before medical procedure and 31% of the doctors made the patients fill the form prepared by the institution where the doctor

worked [17]. In the survey conducted by Yıldırım *et al.* it was determined that 89.2% of the participants obtained any kind of consent before medical procedure [18]. It has been found that 99.1% of the participants obtained informed consent in our study. In accordance with Turkish Criminal Law, law no. 5237 entering in force on 1 June 2005, upon additional terms such as "conscious negligence" and "eventual intent", it has been observed that penalty rates have increased. In recent years, doctors have steered away from paternalism which was a misconductive behaviour, and lead to higher rates of penalties, however they now inform and then let patients have their own decisions on operations and treatments and obtain written consent forms but this behaviour creates a feeling of abandonment on behalf of the patients which leads them to complain against unsatisfactory process of informed consent, and it does not help to build a trustful relationship [6].

In a study carried out in our country, it has been indicated that 97.2% of the patients want to know all of the facts regarding their diseases and treatments [19].

In a survey conducted by Turla *et al* with patients before surgery, 89.9% of the patients stated that they were informed about why they needed to have an operation but 74.2% of them stated that explanation was not satisfactory enough. In the light of this situation, it is striking that informed consent process is not carried out properly in practice [20].

Informed consent is an important way of communication, but it is not sufficient unless the decision is shared. It has been stated that it is necessary that the doctor who will implement the medical intervention should obtain informed consent but in case of the fact that this duty is performed by another doctor, the doctor that will carry out the medical intervention should make sure that the process is carried out properly [21]. Eventually SDM includes an essential step such as informed consent; however it is a more comprehensive process and needs more time and effort on behalf of all health professionals to get involved in this process.

Even an informed consent with adequate quality is not obtained due to working conditions of doctors [22,23]. However, for informed consent, it is required not just to solve work load problem but also doctors should have fund of knowledge on this subject.

The importance of fund of knowledge is emphasized in several studies [22, 24, 25].

In different studies both from our country and many centers from several countries, it is stated that the informed consent is obtained by a first-year resident, nurse and or a medical secretary [22,23].

Health professionals should provide information regarding treatment options prior to medical practice while obtaining an informed consent from the patient or his/her legal representative, advantages and disadvantages of these treatment options should be told on the basis that the patient can understand, and there should be sufficient time and space for the patient and the physician to discuss all of these options and decide together for beneficence of that individual patient. If there is no urgent situation, the patient should be provided to think on free will and be able to get a second opinion from other physicians if necessary [21].

In the study of Siddiqui and his colleagues, it was stated that while informed consent was obtained, more than half (58.7%) of the patients were provided information about the alternative therapies and surgery risks [26,27]. In the study of Turla [20] and his colleagues, it was stated that 67% of the patients were informed about alternative treatment but operation and the Kalala [28] study did not focus on alternative treatment alternatives, and that Kaçar's [29] study did not inform 95.6% of the patients about the risks of treatment to be applied. In the study of Dawes [30] and his colleagues 38% of the patients who planned to undergo surgery at the ENT Clinic wanted to have information about all complications, while 44% stated that they only wanted to have information about complications that were important. In the study of Türk [31] and friends; it was detected that 94% of the patients had information about the complications after reading the informed consent form and that 75% were informed about the alternative treatment methods.

In a survey conducted by Çullu [32] with the patients who were done surgery in surgery service, it was determined that before the surgical procedure 55.2% of the patients were not informed about the problems that they experienced after the surgical procedure.

In the study of Makay and his colleagues'; it was understood that no one of the first year surgical assistant could fully convey the risks, benefits and alternative treatment methods of surgery to be applied to the patient. It was reported that 24% of the assistants had sufficient knowledge to transfer the risks, benefits and alternative treatment methods of the operation and only 58% of the assistants were found at a level to answer any question asked by patient, for this reason it

was understood that taking informed consent was not appropriate for, especially, first year assistant [33].

In our study, it was stated that 97.4% of physicians received verbal, 59.5% received written consent (only 39.6% were verbal, 2.1% were only written, 57.4% received verbal and written consent, 0.9% didn't receive any consent (0.6% 1 internal assistant, 1 public health assistant) 0.3% surgical branch ( pathologist). In the study of Turla [13] and his colleagues in 2003, it was detected that 35.8% received verbal consent, 33.7% had no standardized practices, 1.1% did not receive any consent which indicates an improvement of informed consent practice in 11 years on behalf of physicians however the patients are not satisfied with only informed consent but wish to share more information and their decision with the physician [32, 33]. In a survey conducted by Yıldırım and his colleagues, it was stated that 37.7% of physicians who received informed consent received written and verbal consent, 27.7% used prominent form prepared by the institution they were working with and the proportion of the physicians who received verbal consent were 16.2%, the proportion of them who received consent with the forms they prepared were 3.8% [18]. In the study of Ertem and *et al.* it was stated that 37% of the patients received information about the informed consent from the doctors verbally, 27% received from the nurse verbally and 76.1% received from the by the nurse in written form [27]. In the study performed by Chima *et al.*, it was understood that 6.7% were verbal, 50.9% were written, and 34.5% were both verbal and written, in a survey conducted by Turla *et al.*, it was understood that 35.8% were verbal [12,13]. Considering the fact that, there are 11 years duration between our study and Turla and his colleagues' study ,it is considered that the rate of taking informed consent has increased due to legal and ethical obligations however not near to be satisfactory. In a survey applied to the patients in general surgical department conducted by Çullu [32], it was determined that 81% of the informed patients were informed by the physician, 96.6% did not find the interview duration satisfactory, and the information given to the 50.3% was not suitable for the patients' needs.

Informed consent should be completed at least one day before medical implementation [21]. In our study, it was determined that %30 of the doctors spared more than 20 minutes for the patient while filling in the informed consent form in order for them to evaluate the information. After telling the patient informed consent form, it was determined that 18.9% of the doctors let the patients to have as much time as they wanted to evaluate the consent form and consult the other doctors. And 14.1% allocated different durations according to the case. In the study of Turla and his colleagues, 84.3% of the doctors spent 10 minutes or less. In the study of Jukic and his colleagues', it was determined that 60% of physicians participating in the study gave

10 minutes to the patient for evaluation of the consent form, 22% of physicians spared 15 minutes, 15% of physicians had only 5 minutes and 3% of physicians gave more than 30 minutes [13,14]. In the study of Jaward and his colleagues', it was stated that, informed consent was obtained from the 56% of the patients on the day before operation, 42.6% of the patients while they were entering the hospital, 6% of the patients on the morning of the operation and 9% of the patients while leaving from operation [34]. In the study of Ertem and his colleagues', it was stated that the informed consent form was given to the 46.7% of the patients one day before the operation, 34.8% of the patients two days ago and 18.5% of them three days and more before the operation [27]. In the study of Türk and his colleagues', it was determined that 9 of the 10 patients had been given enough time to fill in the consent form, 75% had read consent form 1-2 days or more before the operation and 25% read and signed it just before the operation [31].

It is stated in the references that patients should be given at least 24 hours before the medical procedure in order to be able to make a reasonable and rational assessment of the information except in emergencies; however the doctors who examine 20 patients daily in a study conducted by Chima and his colleagues, 53% had 5-10 minutes, 23.8% less than 5 minutes, 19.6% had 10-20 minutes, 3.6% had 20-30 minutes time, 39.3% had time insufficiency, and also complained that they need more time to explain for patients with language barriers and educational deficiencies, and the number of patients was high [12]. In our study, it was determined that 58.2% of doctors did not completely read the informed consent forms in their departments, 87.2% of the physicians who had read fully considered them as sufficient. It was found that 62.5% of physicians in Chima and his colleagues' study indicated that the informed consent forms in their department were sufficient [12]. In the study conducted by Incesu [35], 42.9% of the patients said that the doctor explained about the contents of the consent, but the patient signed the consent without reading it, 34.3% of the patients read the consent forms and signed it after being convinced, in both cases the doctor informed 77.1% of the patients; in the study of Jukic *et al.* 64% of them who provided information were doctors, 19% were nurses, 12% were other personnel and 5% of the patients did not know who informed them [14]. In the study of Leclercq *et al.* the information was given by the specialist physician and the specialist nurse [36]. In our study, it was determined that 41.4% of the treatment recommended to the patients was given only by the resident, 28.5% by the specialist and the resident together, and 24.3% by the specialist doctor only; in Karaman Ozlu and colleagues' study it was determined that 54.5% of the patients in the surgery service were informed about the informed consent and 59.7% of the explanations were made by the nurse, 35.7% by the doctor and 4.6% by the secretary [37]. It was observed

that 68.93% of the patients were informed about the operation in the preoperative period and 59.15% were made by the doctor about the operation [38]. In our study, 90.7% of physicians responded to patients' questions; In Jukic's study, 60% were reported to be short and descriptive, 29% detailed, and 14% just as necessary for the patient to make a decision [14]. In the study of Jawaid and his colleagues' it was reported that 3.1% of surgical patients were told about alternative surgical options; however this rate in our study is 94.1% of physicians in the surgical field which is a significant difference and could be considered as an influence of recent legal amendments. In the study of Jawaid and colleagues', 4.3% of the surgical patients were informed about the results when they were not treated; however this rate in our study is 94.8% of physicians in the surgical field [34]. In our study, 90.7% of doctors responded to the questions of the patients while filling in the informed consent forms; in the study of Akkad his colleagues', 98% of the patients in elective surgery and 93% of the emergency surgeons had the opportunity to ask about the operation [39]. In our study, it was identified that 97.0% of the physicians received verbal, 59.5% received written consent, 39.6% received only verbal, 2.1% received only written, 57.4% received both verbal and written consent, 0.9% [0.6% (1 internal medicine resident, 1 public health assistant) 0.3% 1 surgical branch (pathologist)] received didn't receive any consent. It was understood that; in the study of Turla and his colleagues' conducted in 2003, 35.8% of the consent were verbal; in Chima his colleagues' study only 6.7% of the consent were verbal, 50.9% were written and 34.5% were taken both verbally and in written [12,13]. There is a significant improvement in comparison with the results of informed consent survey of Turla and her colleagues in the past 11 years due to legal and ethical obligations which might lead to contentment however a satisfactory informed consent practice is only one of the essential steps for SDM, and there should be more work to design appropriate tools for SDM as well as sufficient time allocated by health professionals to work as a team.

In our study, it was determined that 42.3% of the physicians thought that signing the informed consent forms would protect the doctor from malpractice cases, and it is consistent with other studies.

In our work, it has been determined that there are deficiencies in the practices and knowledge levels of physicians related to informed consent. Obtaining informed consent is the first condition that any kind of medical intervention is in compliance with the Turkish legislation, as well as being a condition for the social responsibility of the physician to the patient. It must also be known that fulfilling this requirement, the informed consent form signed by the patient himself or by his or her legal guardian, does not legally protect the doctors against lawsuits. The informed consent form

must be stated to the patient himself or to the patient's guardian as explained in detail above. Obtaining informed consent is an indication that one of the legal responsibilities has been fulfilled however does not mean a trustful and satisfactory relationship and shared decision making alone. Many studies have reported that there has been an increase in malpractice cases against doctors in recent years, however with SDM implementation lawsuit numbers has dropped significantly [9]. For this reason, we think that the main concerns of the physicians are malpractice cases and training programs for SDM and development of appropriate tools would support both physicians' concerns regarding lawsuits and patients' needs to be able to decide on their treatment together with their physicians taking into account the fact that the participants related to the informed consent are in need of training.

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