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BRIEF REPORT

Accessibility to informed consent documents in medical scientific societies[☆]



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Abstract

Introduction: Informed consent document (ICD) must be obtained in those cases defined by law. The development of ICD templates by experts in medical scientific societies would ensure the quality of the information procedure.

Method/results: This study tracked (October–December 2014) the website of 152 official scientific societies and identified ICD in just 25.66% of them (39 societies); 56.41% of them (22 societies) offered free access to ICD (462 documents), and the others, restricted public access. Among the 17 societies that offered ICD exclusively for members, access was achieved in 6 of them with a total of 52 ICDs obtained. A 19.04% of the specialties assembled the 94.94% above all the ICD founded.

Discussion: The development and accessibility of ICD built by certain scientific societies is wide in certain specialties; however, despite its enormous potential, in the overall analysis it remains insufficient.

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PALABRAS CLAVE

Autonomía;
Documento de
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informado;
Consentimiento;
Sociedad científica;
Seguridad clínica

Accesibilidad a documentos de consentimiento informado a través de las sociedades científicas**Resumen**

Introducción: El consentimiento informado precisa ser recogido por escrito en los supuestos establecidos por ley. El desarrollo experto de modelos de documentos de consentimiento informado (DCI) por las sociedades científicas ofrecería garantías a pacientes y profesionales sobre la adecuación del procedimiento de información.

Metodología/resultados: El presente estudio localizó, entre octubre y diciembre de 2014, las webs de sociedades científicas oficiales (152), identificando DCI en tan solo un 25,66% de ellas (39 sociedades), entre las cuales un 56,41% (22 sociedades) ofrecían los DCI en acceso libre (462 DCI), y las restantes, mediante acceso restringido. Se logró acceso a 6 de las 17 sociedades que ofrecían DCI exclusivos para socios, identificándose 52 DCI más. Un 19,04% de las especialidades agruparon el 94,94% de los DCI localizados.

Discusión: El desarrollo y la accesibilidad de DCI elaborados por las sociedades científicas es prolijo en determinadas especialidades, considerándose globalmente insuficiente en el conjunto de sociedades científicas, pese a su enorme potencialidad.

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Introduction

The respect for the patient's right to decide is a fundamental legal principal in health care, whose importance is acknowledged by health professionals.¹ This right is exercised through informed consent, the procedure by which the patient, duly informed and competent, freely decides among the clinical options available.²

Both autonomous community³ and national legislation, by way of Law 41/2002, basic regulation on patient autonomy and the rights and obligations in terms of clinical information and documentation,² establish that consent, as a general rule, will be verbal; however, written consent must be provided in certain cases which are generically described as: "surgical intervention, diagnostic procedures and invasive therapies and, in general, the application of procedures that involve risks and discomforts with a well-known and foreseeable negative impact on the patient's health".²

Beyond the misguided myths existing regarding the informed consent document (ICD),⁴ appropriate patient information on the risks and possible alternatives is essential.^{5,6} It has been reported that the practice and the current standards for informed consent are often not useful for the patient and carry unnecessary risks in terms of medical professional responsibility for professionals.^{7,8} While patient information must be personalized, expert development of personalized ICD templates is recommended, increasing the guarantees for patients and professionals. This is being done by commissions designated for this purpose by autonomous communities⁹ or scientific societies,¹⁰ and they have been legally used as a standard of appropriate information.^{11,12} Access to and availability of those ICDs is basic, given that it guarantees patient autonomy and can serve to support professionals.

This study analyses the availability of such ICD templates through the official websites of the Spanish scientific societies.

Methodology

A list of 174 scientific societies was created based on the list of Scientific Societies of Health Professionals of the Ministry of Health, Social Services and Equality¹³ and the List of Spanish Medical Societies of MediRank.¹⁴ Between October and December 2014, we investigated whether the different societies had webpages, if reference was made to the ICDs in these, and if ICDs were available online, recording the access route to them (limited to members or open). Those societies which had a webpage but did not have an ICD on the webpage (whether open or with limited access) were contacted by email to ask whether they had developed an ICD, and if so, the way of accessing this.

Results

Of the 174 scientific societies, a total of 22 (12.64%) were excluded from the study as not having an official webpage. In the webpages of the remaining 152 (87.36%) societies, only 39 explicitly contain an ICD (25.66%), 22 of them through an open access section and the other 17 with restricted or authorized access. In the specific section of the 22 webpages with open access, a total of 462 ICDs were located. Contact was made with the 17 societies that requested authorized request, and we obtained a response in only 35.29% of cases (n=6). Among these we located another 52 ICDs, which, added to the 462 ICDs registered in open access, made a total of 514 registered ICDs. 113 scientific societies that did not contain ICDs in their webpage were contacted by email, obtaining responses from 53 of them (46.9%); all confirmed that they had not developed ICDs. No response was obtained from the remaining 60. The results are shown in [Table 1](#). The table, for better understanding, groups the different societies together by each speciality, indicating in another column the number of societies which, within this group of

Table 1 Accessibility to informed consent documents from scientific societies grouped by medical speciality.

Medical speciality-specific area	Societies in the speciality	Societies with web	ICD availability on the web, type of access ^a (number of ICDs available)	Percentage of ICD (out of a total of 514 ICD)
Allergology	3	3	1 Open (1) 2 NO-confirmed	0.19
Anatomic pathology	1	1	1 NO-confirmed	
Anaesthesia and resuscitation	1	1	1 NO-no response	
Angiology	1	1	1 Authorized-no response	
Primary care	4	4	3 NO-no response 1 NO-confirmed	
Biochemistry and molecular pathology	2	1	1 NO-confirmed	
Care quality	1	1	1 NO-confirmed	
Cardiology	3	3	1 Open (8) 2 NO-no response	1.56
Surgery	10	7	2 Authorized (17 + 8 = 25) 1 Authorized-no response 1 NO-confirmed 3 NO-no response	4.86
Maxillofacial surgery	1	1	1 Authorized (16)	3.11
Plastic surgery	6	6	1 Authorized (3) 1 Authorized-no response 4 NO-confirmed	0.58
Thoracic surgery	2	2	1 Open (52) 1 NO-no response	10.12
Vascular surgery	1	1	1 Authorized-no response	
Dietetics and nutrition	5	4	2 NO-confirmed 2 No response	
Digestive	2	2	2 NO-no response	
Scientific documentation and information	1	1	1 NO-confirmed	
Pain	1	1	1 Open (39)	7.59
Drug dependency	2	1	1 NO-no response	
Medical education	1	0		
Electromedicine	2	1	1 NO-no response	
Endocrinology	4	3	2 NO-confirmed 1 NO-no response	
Infectious disease. AIDS	2	1	1 NO-confirmed	
Pharmacy	3	3	1 NO-confirmed 2 NO-no response	
Clinical pharmacology	1	1	1 NO-confirmed	
Physiology	2	1	1 NO-no response	
Genetics	2	1	1 NO-no response	
Geriatrics	1	1	1 NO-confirmed	
Gynaecology and obstetrics	3	3	2 Open (24 + 5 = 29) 1 NO-confirmed	5.64
Haematology	2	2	1 Open (1) 1 NO-no response	0.19
Medical hydrology	1	0		
Health informatics	1	1	1 NO-no response	
Aerospace medicine	1	1	1 NO-no response	
Sports medicine	1	0		
Aesthetic medicine	1	1	1 Authorized-no response	
Forensic and legal medicine and health law	4	3	1 NO-confirmed 2 NO-no response	
Imaging medicine	6	6	1 Free (4) 1 NO-confirmed 4 NO-no response	0.78%

Table 1 (Continued)

Medical speciality-specific area	Societies in the speciality	Societies with web	ICD availability on the web, type of access ^a (number of ICDs available)	Percentage of ICD (out of a total of 514 ICD)
Intensive medicine	1	1	1 NO-confirmed	
Internal medicine	1	1	1 Open (16)	3.11
Marine medicine	1	1	1 NO-confirmed	
Nuclear medicine	1	1	1 Open (4)	0.78
Palliative medicine	1	1	1 NO-confirmed	
Preventive medicine and public health	4	4	3 NO-confirmed 1 NO-no response	
Occupational medicine	1	1	1 NO-no response	
Alternative medicine	4	3	1 NO-confirmed 2 NO-no response	
Microbiology and parasitology	1	1	1 NO-confirmed	
Nephrology	1	1	1 NO-confirmed	
Pulmonology	2	2	1 Open (53) 1 Authorized-no response	10.31
Neurosurgery	1	1	1 Authorized-no response	
Neurology	3	3	1 NO-confirmed 2 NO-no response	
Ophthalmology	6	6	1 Open (4) 1 NO-confirmed 4 NO-no response	0.78
Oncology	5	5	1 Open (1) 1 Authorized-no response 3 NO-confirmed	0.19
Otorhinolaryngology	2	1	1 Authorized-no response	
Paediatrics	21	20	2 Open (13 + 1 = 14) 1 Authorized-no response 7 NO-confirmed 10 NO-no response	2.72
Psychiatry, psychology	13	10	3 NO-confirmed 7 NO-no response	
Hospital radio-physics	1	1	1 NO-confirmed	
Radiology	3	3	1 Open (125) 1 Authorized-no response 1 NO-confirmed	24.32
Rehabilitation	1	1	1 NO-no response	
Human reproduction	2	2	2 Open (14 + 5 = 19)	3.70
Rheumatology	2	2	1 Open (17) 1 NO-confirmed	3.31
Environmental health	1	1	1 NO-confirmed	
Traumatology and orthopaedics	7	7	3 Open (53 + 1 + 21 = 75) 1 Authorized (8) 2 NO-confirmed 1 NO-no response	14.59 1.56
Emergency	2	1	1 NO-no response	
Urology	1	1	1 Authorized-no response	
Total	174	152	(514)	100

^a Open (ICD available with open access); Authorized (ICD available with restricted access); Authorized-no response (ICD presumably available with restricted access, unsuccessful attempt to contact by email); NO-confirmed (no availability of ICD confirmed); NO-no response (no ICD on line, unsuccessful attempt to contact by email).

specialities, have an official webpage. Finally, in another column, the type of access to ICDs registered for each of the groups of different specialities is shown, indicating in parentheses, in the event that the ICD was located, regardless of the type of access, the number of ICDs located.

Discussion

Accessibility to ICDs by professionals is key. This study appropriately reflects, in our opinion, the accessibility that professionals from different specialities have to ICDs

through the websites of their scientific societies, given that the available ICDs were located through 71.8% of the websites that had a dedicated space for these. No other studies have been found that analyze the ICDs available through scientific societies.

Although most of the scientific societies identified have an official webpage (87.35%), of those only 25.66% devote a space on their website to ICDs and therefore, it can be understood that the majority of the scientific societies have not specifically worked on the patient information process within their speciality nor have they prioritized the dissemination of the work in that respect. This is a striking result when the vast majority of specialities provide for the completion of procedures for written consent.

Furthermore, the mean of ICDs by speciality among those did have them was 18.35. 19.04% (12) of the 63 specialities identified registered 94.94% (488) of the 514 ICDs located: up to 24.32% of the total of ICDs in the specialities of Radiology (125), followed by Traumatology and Orthopaedics (83), Pulmonology (53), Thoracic Surgery (52), Pain Treatment (39), Gynaecology and Obstetrics (29), Surgery (25), Human Reproduction (19), Rheumatology (17), Maxillofacial Surgery (16), Internal Medicine (16) and Paediatrics (14). This may reflect the multiplicity of procedures that fall under these specialities requiring written consent and/or special sensitivity in these scientific societies towards patient autonomy and legal safety with regard to professionals (among them are specialities with a greater number of claims for presumed medical professional liability in our environment).¹⁵ This second option may be fundamental if we consider the existence of specialities that involve procedures requiring written consent and in which we confirmed the lack of development of an ICD by the corresponding scientific societies.

On the other hand, and maybe as a limitation to this study, there are specialities in which not all interventions require the development of an ICD.

Lastly, 56.41% of societies with ICDs and 89.88% of the ICDs located are provided with open access, which exemplifies the function of information dissemination of these documents and of the societies that create them.

Although patient information is a fundamental part of health care, there are currently few scientific societies that make efforts to establish standards in the information process in the area of their speciality and to optimize their dissemination through official websites. On the other hand, those that do so, create a considerable amount of ICDs as a sample of the potential of this work.

We consider that the development of ICD templates by the scientific societies would establish a framework of better guarantees for professionals and patients for the benefit of patient rights and the legal safety of professionals.

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Conflict of interest

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