

Computerized Interactive Informed Consent

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INTRODUCTION:

The process of preoperative consent taking comprises not only the related legal aspects but can be simple, informative, and empathic. In this way, it can facilitate patients' decision making. This is more meaningful especially when the surgical option is discretionary.

This study evaluated the hypothesis that compared to standard printed consent, electronic interactive one helps patients offered a surgical option for a common diagnosis of hand surgery understand their values, the surgery's pros and cons, and feel less decisional conflict. Additionally, other factors in this regard were assessed to recognize determining elements.

METHODS:

Ninety-four adult patients presented to 3 hand surgeons requested surgery due to one of six common diagnoses of hand surgery including carpal tunnel release, cubital tunnel release, trigger finger release, plate and screw fixation of a distal radius fracture, removal of a benign lump including a ganglion cyst, and Dupuytren contracture release. After making decisions for surgery through randomization 53 and 41 patients completed an electronic interactive consent and a standard written consent, respectively. Anxiety and depression were assessed with Patient-Reported Outcomes Measurement Information System computer adaptive test, and symptoms' related unhelpful thought with Negative Pain Thoughts Questionnaire. After consent taking, patients rated how much the process had been informative, comfortable, and satisfactory. Furthermore, they filled the decisional conflict scale and Jefferson Scale of Patient's Perceptions of Physician Empathy.

RESULTS: Accounting for potential confounding in multivariable analysis demonstrated that, when considering type of the consent, if patients preferred to be treated surgically, they reported the informed consent more informative (P-value: 0.04) and comfortable (P-value: 0.038); the perceived empathy was greater in the presence of more unhelpful thoughts about symptoms, regardless of the type of consent (P-value: 0.005). In bivariate analysis, higher decisional conflict was associated with the more unhelpful thoughts about symptoms (P-value: 0.003); less satisfactory and comfortable consent were associated with the change in decision toward nonsurgical options (P-value: <0.05).

DISCUSSION AND CONCLUSION: In terms of the patient's feelings and decision-making process, unhelpful thoughts about symptoms and preferences to be treated surgically are more determining than the type of consent taking process i.e., electronically interactive or standard.