



PATIENTS'S DESIRE FOR INFORMATION ABOUT ANESTHESIA:
TURKISH ATTITUDES

Hastaların Anestezi Hakkında Bilmek İstedikleri: Türklerin
Tutumları

¹ İ. Aydın Erden

² Recep Tütüncü

ABSTRACT

Aim: This study was designed to determine preoperative information needs with accompanying anxiety when anesthesia is advised and to assess their attitudes towards informed consent.

Methods: Following Institutional Review Board approval, 200 ASA physical status I and II adult (>16 years-old) patients undergoing general anesthesia for surgery, from September to December 2008 at Etimesgut Military Hospital were enrolled in the study. A questionnaire adopted from previous studies was given to all subjects.

Results: Two hundred patients, undergoing elective surgery, responded to the questionnaire. Most of our patients want to know what their anesthesia involves. Turkish patients prefer to know more about how soon they can anticipate a return to normal life while, less to know about medical care.

Conclusion: In the light of this study doctors must act sensitively, be careful of anxiety and in the end they have to make judgments on behalf of individual patients; and decide to which information is given.

Key words: Anesthesia, patient, information.

¹ Etimesgut Asker Hastanesi,
Anesteziyoloji ve Reanimasyon,
Ankara.

² Etimesgut Asker Hastanesi,
Psikiyatri, Ankara.

ÖZET

Amaç: Bu çalışmanın amacı anestezi alacak hastaların eşlik eden anksiyeteleri ile birlikte preoperatif bilgi isteklerini değerlendirmek ve bilgilendirilmiş onam hakkında tutumlarını değerlendirmektir.

Yöntem: Etimesgut Asker Hastanesinde 2008 yılı Eylül Aralık ayları arası cerrahi amaçlı genel anestezi alacak ASA I-II 200 erişkin hasta (>16 yaş) etik kurul onayını takiben çalışmaya dahil edildi. Daha önceki çalışmalardan uyarlanan anket uygulandı.

Bulgular: Elektif cerrahi geçirecek 200 hasta sorulara cevap verdi. Hastaların çoğu anestezinin neler içerdiğini bilmek istediğini bildirdi. Türk hastaların çoğu ne kadar çabuk normal hayata döneceğini bilmeyi tercih ederken, daha az olarak tıbbi bakım hakkında bilgi istiyordu.

Sonuç: Bu çalışmanın ışığında doktorlar hassas bir şekilde, anksiyeteye dikkat ederek, ve sonuçta hastaya özgü hangi bilgileri vereceğine karar vermelidirler.

Anahtar Kelimeler: Anestezi, hasta, bilgi.

Submitted/Başvuru tarihi:

16.04.2012

Accepted/Kabul tarihi:

10.03.2014

Registration/Kayıt no:

12.04.217

**Corresponding Address /
Yazışma Adresi:**

İ. Aydın ERDEN

Hacettepe Üniversitesi Tıp
Fakültesi, Anesteziyoloji ve
Reanimasyon AD, Sıhhiye,
06100 Ankara.

Tel: (312) 305 12 65

Faks: (312) 310 96 00

E-posta: aydinerden@yahoo.com

Introduction

Informed consent is today considered a key issue in medical practice. Medicine is changing, and the increasing complexity of medical interventions is challenging the doctor's competence in the communication of correct and useful information. Yet there is wide variation in the policy of individual anesthesiologists regarding the perioperative information they provide to patients. The reasons for this variation may include a reluctance to induce anxiety in patients and possible confusion regarding the medicolegal obligations of an anesthesiologist (1).

On the other hand, patient attitudes towards information about anesthesia vary, as does their attitude to a more explicit communication of the risks. The amount of perioperative information that the patient would like to have, however, is unclear. Not all patients desire the same amount of information or autonomy. For example, patients with severe illnesses

tend to relinquish autonomy and more often prefer a more paternalistic approach to their care. Other patients prefer consumerist (patient-controlled), mutual (shared), or default (no one in charge) relationships with their providers (5).

In Turkey, informed consent characteristically consists of standard, uniform and sometimes excessively detailed lists of the advantages, disadvantages, and technical characteristics of

anesthetic interventions (often as a prewritten form). The description of the anesthesia is usually very technical and not very informative. Patients' satisfaction with this kind of process varies. Many studies in anesthesia have documented how poorly informed patients are about medical procedures and how little they recall of the information received (2-4). At the same time, the patient's quest for communication and information is growing in Turkey, and a transition towards more open communication of diagnosis and prognosis is on-going.

Anxiety is also an important issue found to be higher in patients during the pre-operative stage (6,7). Pre-operative information provision can make a valuable contribution to reducing anxiety in elective anesthesia and surgery, whereas lack of knowledge or excess information about an anticipated procedures may contribute to increased anxiety (6,8). In addition, preoperative fear and anxiety have been linked to refusal of certain types of anesthesia, intra and postoperative pain, and other unfavourable psychophysical reactions (9). It may be unreasonable to expect the patients to understand and decide appropriately when emotion, arousal and cognitive processes are altered (10).

This study was designed to determine preoperative information needs with accompanying anxiety when anesthesia is advised and to assess their attitudes towards informed consent.

Methods

Following Institutional Review Board approval, 200 ASA physical status I and II adult (>16 years-old) patients undergoing general anesthesia for surgery, from September to December 2008 at Etimesgut Military Hospital were enrolled in the study. On the day of preoperative evaluation, following recruitment into the study, demographic data including age, gender, educational level, history of previous surgery and informed consent were obtained from each subject.

Anxiety was measured with Beck Anxiety Inventory and State Trait Anxiety Inventory (STAI) (11). STAI is a widely used self-report instrument that estimates situational and baseline anxiety in adults on the basis of responses to 40 statements. Test-retest correlations for the STAI are reported to be high, ranging from 0.73 to 0.86. Its Turkish reliability and validity was also studied (12). The Beck Anxiety Inventory (BAI), created by Aaron T. Beck, is a 21-question multiple-choice self-report inventory that is used for measuring the severity of an individual's anxiety. (13). Reliability and validity of its Turkish was also made (14).

A questionnaire adopted from previous studies conducted in Australia, Scotland, Canada, and the United States was given to all subjects (15-17). Each questionnaire contained 14 statements regarding specific perioperative details. Available responding choices were "prefer not to know," "would like to know," and "have a right to know." The patient was asked to indicate her or his feeling about receiving this information before the surgery. An index of the overall patient desire for information (PDI) was also calculated for each patient by applying the weights 1, 2, and 3 to the response categories, respectively.

Data were analysed with SPSS software version 11.5 (SPSS Inc, Chicago, IL). Demographic data are summarized as the mean and standard deviation for interval data, and by cross-tabulation for nominal data. Categorical items were analysed by frequency distribution and chi square analysis. Comparisons were considered significant at a p-value of less than 0.05.

Results

Two hundred patients, undergoing elective surgery, responded to the questionnaire. Subjects included 100 men and 100 women with a mean age were 27±11 years, with a mean 1.6±0.5 previous

Table 1: Percentage of Turkish patients preferring not to know, liking to know, having a right to know and comparison with the other nations.

Information category	Turkish preferences (%)			National comparisons (%)			
	Prefer not to know	Like to know	Have a right to know	Turkey	Australia	Canada	Scotland
Alternative methods of anesthesia	20.5	65	14.5	79.5	87	85	61
Premedication drugs	25	66	9	75	84	90	61
Where anesthetised	23	66	11	77	82	87	49
Needles, drips etc. used	32.5	56.5	11	66.5	82	80	45
How long anesthetised	18	72	10	82	90	92	63
Location on recovery	20	70	10	80	90	86	57
Drips/catheters on recovery	23.5	66.5	10	76.5	89	84	65
Pain/pain relief	13	75.5	11.5	87	92	88	77
When allowed to eat and drink	9	82.5	8.5	91	97	93	75
When allowed up	8.5	82.5	9.5	92	97	90	75
All complications	31.5	56.5	12	68.5	92	72	43
Dangerous complications	15.5	73	11.5	84.5	82	66	40
Common complications	21	69	9.5	78.5	92	85	59
Meeting anesthetist pre-operatively	13	77	10	87	100	93	77

Note: Canadian and Scottish data from Longdale and Hutchison (6) and Australian data from Famill (7).

operations. All patients accepted to complete the questionnaire. Subjects demonstrated a very high desire for preoperative information. Frequencies of patients prefer not to know the items ranged between 9%-32,5%.

Educational level of the respondents ranged across the entire spectrum of primary to university. Most of the respondents had high school level education. There was not a statistically significant difference at the answers of the questions in terms of education level. The answers of patients to the questions were also statistically similar according to the previous operation history except the answers given about the procedure of operation and postoperative status (P=0.015 and P=0.002 respectively).

In terms of anxiety scores, the results were as follows: University graduates had significantly lower scores in trait and beck anxiety tests p=0,002 and p=0,048 respectively. There was no significant difference in anxiety scores according to operation history. State anxiety scores were significantly lower in patients who did not like to know information about the premedication drugs (p=0,038), needles, drips etc. used (p=0,019), how long anesthetized (p=0,026), location on recovery (p=0,012), drips/catheters on recovery (p=0,044) and all complications (p=0,034).

Table 1 shows the responses to the questions. The previous report of the Australian, Canadian and Scottish patients provided only the combined total of the 'like to know' and the 'have a right to know' responses.

Discussion

In our study we focused on the patients' attitudes about preoperative information which might also be used in the informed consent. Turkish patients demonstrated a very high desire for perioperative information. Which other factors such as anxiety levels, education and a history of previous surgery may have effects on it.

When the data of this study were compared with previous studies that used the same instrument, the percentages of Turkish patients is higher than that reported for Scottish, while lower than that of Australian and Canadian (Table 1). This difference at desire for information between countries is probably related to cultural issues and the medicolegal climate.

The legal right of a patient to be given information differs widely among the four countries studied. In Australia, the joint report of the Australian, Victorian, and New South Wales Law-Reform Commissions on Informed Consents states that "Information about the possibility of serious harm should normally be given

even if the chance of occurring is slight. Similarly, information should generally be given if the potential harm is relatively slight but the risk of it occurring is great" (16). In Great Britain and Scotland, the law does not require that fully informed consent is obtained in all cases, but it does require material risks to be disclosed and that all patients' questions be answered truthfully (18). Material risks in Great Britain, however, are defined by the physician "in accordance with a practice accepted as proper". In Canada where the doctrine of informed consent is applied, it is generally accepted that irrespective of the frequency and the severity of the risk, all risks accompanying a particular medical procedure should be revealed to the patient in order to obtain informed consent (19). Turkish informed consent characteristically requires that the patient is presented with full information of the material benefits, adverse effects, and risk of the treatment (20). It is impossible to assume, however, a causal relationship between the medicolegal environment and patients' desire for information. To offer correct and suitable information is not always easy for physicians, especially considering that it is often really difficult to guess what patients want to know. An interesting study has proved that there are important differences between what patients and solicitors consider appropriate concerning the right moment to provide information (21). It is the doctor's responsibility to judge what is appropriate in order to satisfy the requirements of informed consent and to ensure the patient's well-being. The optimal amount of information to be communicated to patients must be governed by both legal and clinical considerations.

When comparing the results of the present study to investigations conducted in Australia, Canada, and Scotland, it is important to note that while previous investigations used the same instrument to assess desire for information, it may be that the subject population is different between studies in ways other than nationality. For example, there may have been sociodemographic differences among the subjects of the three studies, and sociodemographic status may affect the desire for information.

Other explanation to the difference between the results of countries may be the age. Previous investigations have found that younger patients have a higher desire for information than do older patients (15,16). Turkish patients mean age was younger than other countries. However, this finding may not be valid in our study, because we did not find any correlation between the desire for information and age of the subjects.

The results of Turkish and other countries patients indicate that the top scores go to the time to eating and drinking and mobility suggests that patients are most concerned about a clear timetable to recovery. We believe that the anesthesiologist should specifically address patients' concerns and inform them about the return to their normal life.

In contrast to the belief that patients don't want to hear about dangerous complications about anesthesia, Turkish and Australian patients want. While, Canadian and Scottish patients didn't give a high priority to being informed about dangerous complications. Doctors of Canadian and Scottish patients said that their patients are reluctant to hear about more serious complications (15). In some respects this is a hypothetical question as they probably had no such experience and probably patients might have difficulty comprehending dangerous complications. Perhaps we should infer from this response that these people want to know more about the potential problems of their surgery than they thought they were told.

Meeting the anesthetist before operation receives the highest score in every country while, it's in the third place for the Turkish patients. Probably, Turkish patients thought that the information they take from the surgeon is enough and surgeon is also

responsible from the anesthesia. We thought that, many of our patients do not know the importance of anesthesiologist's role in their procedure and their main worry is about the surgical procedure. There seems to exist a need to educate the patients and general public about the role of anesthesiologist. Future efforts directed at improving our communication with patients and increasing our exposure in the community via newspaper reports and lectures may achieve higher levels of patients to learn the role of anesthesiologist. However, in other countries, patients see this as a chance to obtain important information or merely as an opportunity to assess the person to whom they are entrusting themselves (15).

At all of the groups having information about needles etc. placed at a low priority. Probably, Turkish patients might be similar to needles from previous blood sample collections for some routine tests. Also, patients who had previous operation history needed less information about needles.

In terms of anxiety levels, we found that university graduates were less anxious than the others. In the literature, strong relationship is reported between degree of understanding and educational level (22). So the patients with higher education can gather preoperative information from different sources, and can use coping mechanisms more effectively. In this respect, physicians should give more information to patients with only primary education. Physicians should be conscious of the difficulties that these patients have in understanding the information provided, or the fact that these patients ask for more information (23).

Patients without previous operation want to learn significantly more information especially about the procedure of operation and postoperative status. It is seen that operation history reduces the questions preoperatively but interestingly it has no effect on anxiety levels. There was no significant difference in anxiety scores according to operation history. It is also stated in another study that previous surgery did not affect preoperative anxiety(23).

In the literature it is suggested that those who are dispositionally more anxious require more information, have more worries or need more opportunity to discuss issues (24). In our study, we had similar findings that the patients with higher anxiety like to know more about details of premedication, equipment and injectors that will be used, length of anesthesia, drip or bladder catheter on waking and all possible complications due to surgery and anesthesia. Therefore giving pre-operative information to patients may be useful which has been also heavily debated in the literature. It is well recognized that information helps some people cope better with their anxieties (7). It can reduce their anxiety and enable them to comply better with the post treatment constraints and to recognize and act appropriately due to any complications (23). Patients that have been provided with information pre-operatively have been shown to experience less nausea and vomiting, have fewer post-operative complications, require less pain medication and have shorter hospital stays (7).

There is a limitation that our study is from only one centre. So our results may not reflect the whole country but may give an idea about Turkish population.

In conclusion, most of our patients want to know what their anesthesia involves. Turkish patients prefer to know more about how soon they can anticipate a return to normal life while, less to know about medical care. In the light of this study doctors must act sensitively, be careful of anxiety and in the end they have to make judgments on behalf of individual patients; and decide to which information is given.

References

1. Paci E, Barneschi MG, Miccinesi G, Falchi S, Metrangolo L, Novelli GP. Informed consent and patient participation in the medical encounter: a list of questions for an informed choice about the type of anaesthesia. *European J Anaesth* 1999; 16: 160-5.
2. Shevde K, Panagopoulos G. A survey of 800 patients' knowledge, attitudes, and concerns regarding anesthesia. *Anesth Analg* 1991; 73: 190-8.
3. Swinhoe CF, Groves ER. Patients' knowledge of anaesthetic practice and the role of anaesthetists. *Anaesthesia* 1994; 49: 165-6.
4. Hume MA, Kennedy B, Asbury AJ. Patient knowledge of anaesthesia and peri-operative care. *Anaesthesia* 1994; 49: 715-8.
5. Herman J. The use of patients' preferences in family practice. *J Fam Pract* 1985; 20: 153-6.
6. Palmer JA. Decreasing anxiety through patient education. *Plast Surg Nurs*. 2007; 27(4) 215-20.
7. Scott A. Managing anxiety in ICU patients: the role of pre-operative information provision. *Nurs Crit Care*. 2004; 9(2):72-9.
8. Kiss CG, Richter-Mueksch S, Stifter E, Diendorfer-Radner G, Velikay-Parel M, Radner W. Informed consent and decision making by cataract patients. *ArchOphthalmol*. 2004;122(1): 94-8.
9. Krupp W, Spanehl O, Laubach W, Seifert V. Informed consent in neurosurgery:patients' recall of preoperative discussion. *Acta Neurochir*. 2000; 142(3): 233-8.
10. Shafer A, Fish MP, Gregg KM, Seavello J, Kosek P. Preoperative anxiety and fear: a comparison of assessments by patients and anesthesia and surgery residents. *Anesth Analg*. 1996; 83(6): 1285-91.
11. Spielberger CD, Gorsuch RL, Luchens RE. *Manual for the State-Trait Anxiety Inventory*. Palo Alto, CA: Consulting Psychologists Press; 1970.
12. Le compte A, Öner N. Durumluk ve Sürekli Kaygı Envanterinin Türkçeye Adaptasyon ve Standardizasyonu ile İlgili Bir Çalışma. 9. Milli Psikiyatri ve Nörolojik Bilimler Kongresi Çalışmaları, 457-62.
13. Beck AT, Epstein N, Brown G, Steer RA. An inventory for measuring clinical anxiety: psychometric properties. *J Consult Clin Psychol*. 1988; 56(6): 893-7.
14. Ulusoy M, Şahin N, Erkmen H. Turkish Version of The Beck Anxiety Inventory: Psychometric Properties. *J Cogn Psychot, Int Q*. 1998;12: 163-72.
15. Lonsdale M, Hutchison GL: Patients' desire for information about anaesthesia: Scottish and Canadian attitudes. *Anaesthesia* 1991; 46: 410-2.
16. Farnill D, Inglis S: Patients' desire for information about anaesthesia: Australian attitudes. *Anaesthesia* 1994;49: 162-4.
17. Kain ZN, Wang SM, Caramico LA, Hofstadter M, Mayes LC. Parental perioperative information desire and informed consent: a two-phase study. *Anesth Analg* 1997; 84: 299-306.
18. Barlow P. Informed consent. *BMJ* 1993; 306(6882): 928-9.
19. Chafe SM: Legal obligation of physicians to disclose information to patients. *Can Med Assoc J* 1991; 144: 681-5.
20. Güzeldemir ME. Hasta bilgilendirmenin önemi. *Sendrom Tıp Dergisi*. 2005; 1-28.
21. Mayberry MK, Mayberry JF. Towards better informed consent in endoscopy: a study of information and consent processes in gastroscopy and flexible sigmoidoscopy. *Eur J Gastroenterol Hepatol* 2001; 13:1467-76.
22. Vila JJ, Jimenez FJ, inarrairaegui m, Prieto C, Nantes O, Borda F. Informed consent document in gastrointestinal endoscopy: understanding and acceptance by patients. *Rev Esp Enferm Dig*. 2006; 98(2): 101-11.
23. Dawes PJ, Davison P. Informed consent: what do patients want to know? *J R Soc Med*. 1994; 87(3): 149-52.
24. KIELTY LA. An investigation into the information received by patients undergoing a gastroscopy in a large teaching hospital in Ireland. *Gastroenterol Nurs*. 2008; 31(3): 212-22.