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Research Article

Place of the Third Person in the Informed Consent in Orthopedic and Trauma Surgery of Young Adults at the Yaoundé Emergency Center

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Abstract

Introduction: Consent is defined as the willingness to commit one's person or property or both. A third party means any person who has not been a party to it, or who has not been represented, and therefore a person who is not a member of two persons. A third party may intervene in decision-making when the patient cannot consent or with the patient. The consent given by the patient is qualified as «free», it must not be under physical or moral coercion either by the doctor or by a third party.

Objective: The purpose of our work was to determine the frequency of recourse to a third party by patients with orthopedic or traumatological surgical indication at the Yaoundé Emergency Center in order to assess the impact on the doctor-patient relationship.

Methodology: A cross-sectional and prospective study was conducted at the Yaoundé Emergency Center from November 2020 to June 2021; i.e. a period of 08 months. This included was any person who had had orthopaedic or trauma surgery whose consent had been given by a third party. The maintenance of the selected patients was done in the post-operative period in the hospital ward. The data was collected using a pre-designed data sheet and then analyzed using SPSS version 25.0 software.

Results: The average age of our patients was 29.3 ± 5.9 years with extremes of 16 and 44 years. The majority were married (53.3%) with at least a secondary level of education in 88.5% of cases. The proportion of patients who used a third party was 72.8%. The third parties most in demand were spouses (48.4%) and family members (35.0%). The consent given by these third parties was done simultaneously with the patients. In 14.7% of cases, third parties intervened alone to agree to the intervention.

Conclusion: Patients used third parties in three-quarters of the cases in the consent process. Also, the communication between the Doctor and his patient must be extended, to a certain extent but always under the seal of medical confidentiality, a third person whose approval is as important as that of the patient himself in our context.

Keywords: Consent; Third Party; Surgery; Emergencies; Trauma

Introduction

Consent is defined as the willingness to commit one's person or property or both at the same time [1]. It is therefore the fact of pronouncing in favor of the accomplishment of a project or an act. A third party means any person who has not been a party to it, or who has not been represented to it [2]. She is foreign to a group of two people (doctor - patient). A third party may intervene in decision-making when the patient cannot consent or with the patient. The consent given by the patient is first of all qualified as «free», it must not be under physical or moral coercion either by the doctor or by a third party [3]. In Cameroon, the use of a third party is frequent but poorly evaluated. Also, the authors proposed to conduct a study whose purpose was to evaluate the frequency of use of a third person by young patients received at the Emergency Center of Yaoundé and presenting orthopedic or traumatological surgical indications.

Patients and Methods

We conducted a descriptive cross-sectional study at the Yaoundé Emergency Center (CURY) for eight months (November 2020 to June 2021). Included were all patients aged 18 to 45 years who had surgery for the musculoskeletal system and for whom informed consent had been obtained. The interview with the patients was done in the post-operative period in the hospital room. The data was collected using a pre-designed data sheet and then analyzed using SPSS version 25.0 software. Results were reported as means ± standard deviation, frequencies and percentages.

Results

A total of 383 patients were selected in our study. The mean age was 29.3 ± 5.9 years with extremes of 18 and 45 years. The most represented age group was 30 to 35 years (129; 33.6%).

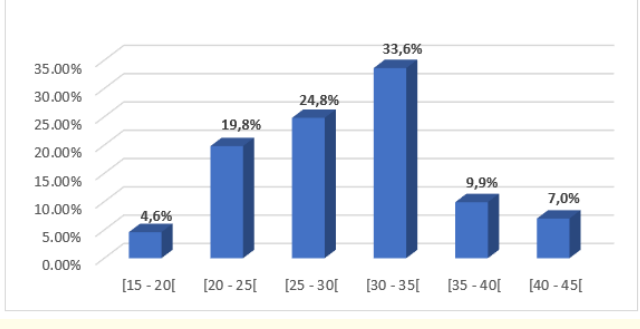

Figure 1: Distribution of patients by age groups.

53.3% of the patients in our series were married, with a high school education level in 49.6% of cases. Internal and external osteosynthesis was performed in 82.5% of cases (Table 1).

Variables	Effectif (n = 383)	%
Occupation		
Employee	273	71,2
Unemployed	60	15,7
Student	50	13,1
Marital status		
As a couple	204	53,3
Bachelor	179	46,7
Level of education		
Secondary	190	49,6
Upper	149	38,9
Primary	38	9,9
Out of school	6	1,6
Type of surgery		
Osteosynthesis	316	82,5
Debridement and plasty	51	13,3
Hip replacement	9	2,3
Limb amputation	7	1,8

Table 1: Socio-demographic and clinical characteristics.

72.8% of the patients in our series (286) were assisted by a third party. The remaining 97 patients (27.1%) had given their consent in the absence of a third party.

The third parties most in demand were mainly spouses (48.4%) and family members (father, mother, brother, sister) in 35.0% of cases. In 6.1% of cases, consent was given by people outside the patient's family circle (Figure 2).

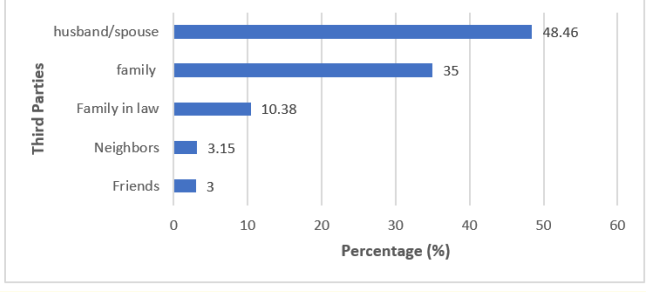

Figure 2: Breakdown by nature of third party.

In the majority of cases (85.3%), consent for the procedure was given by both patients and third parties. In 14.7% of cases, third parties alone agreed to the intervention.

The type of consent most found was written and oral in 86.1% of cases, written in 10.8% and oral in 3.1% of cases.

Discussion

The purpose of our study was to evaluate the frequency of recourse to a third person by young patients received at the Yaoundé Emergency Center and presenting orthopedic or traumatological surgical indications.

Socio-demographic profile

The average age of our patients (29.3 ± 5.9) years and the most represented age group was between 30 and 35 years. The most common type of surgery was osteosynthesis (82.5%). This predominance of osteosynthesis is easily explained by the fact that the study was conducted in a Center where trauma activity is much more important than orthopedic activity. As for the average age, it differs in the literature depending on the type of surgery [4,5].

Recourse to the third party

Three-quarters (72.8%) of our study population had used a third party, with spouses mainly the most represented with 48.4% followed by family members (35.0%), in-laws (10.3%). The presence of another person at the patient's side during this pre-operative stress phase demonstrates two essential things: the importance of the stake of a companion for the majority of patients and the difficulty of bearing sole responsibility for a decision even when it seems obvious. The presence of a third person would therefore also be a moral and even social guarantee in cultures where the opinion of the family is very important. Especially when authors report that the concordance between the information given by the surgeon and that retained by the patient varies from 15 to 50% [6].

In a university hospital in France, 52% of patients to undergo an intervention were assisted by a third person who was in 51% of cases the spouse, 18% the cohabiting partner, 25% a parent (ascendants, descendants and collaterals) and 6% a friend (6%) [7].

In the majority of cases in our series, consent was given by both parties (85.3%). However, 14.7% of third parties agreed to the intervention on their own. This is provided for by the Cameroon Code of Ethics which encourages the recourse of a third party in its article 27, which states that «a serious prognosis may legitimately be concealed from the patient. A fatal prognosis can only be revealed to him with the utmost caution; it must generally be to his family unless the patient has previously had this revelation or designated the third parties to whom it must be made» [8]. Also, in emergency situations where patients were declared incompetent to make shared medical decisions, physicians could perform an emergency intervention without prior consent or use a third party (accompanying the patient). This practice is shared by some authors [9]. However, there is a real risk that the oral information on which consent is based is not well understood and justifies the development of written information sheets to be given to the patient and/or the third party [4] or even informative videos [10].

In our study, we found that the consent given by the spouse was given fairly quickly after consultation, reflecting the agreement and trust that there was in the couple. However, some authors report that consent was significantly delayed when given by spouse, in-laws and parents [11]. This delay could be highly detrimental to patients in life-saving emergencies especially as their clinical condition does not allow them to give consent. This has led in several countries, including France and the United States, that the emergency situation becomes an exception to the requirement to obtain the free and informed consent of the prospective subject, without even defining the emergency situation [3,12].

Conclusion

Consent is a prerequisite for any surgical procedure. The urgency of traumatic injuries makes it necessary to collect them as soon as possible. The use of a third party may be necessary in these situations. Also, the doctor's communication should include, while respecting medical confidentiality, this third person whose presence and support are reassuring for patients in the operative process.

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