

# Testing a Physician Questionnaire on Written Informed Consent.

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## Abstract

**Purpose:** To evaluate physician acceptance and ease of comprehension and interviewer problems in the administration of a questionnaire to physicians on Written Informed Consent (WIC).

**Methods:** Qualitative methods (discussion groups and semistructured interviews with physicians) were used to identify variables to be included in a questionnaire aimed at determining how Madrid physicians view WIC. Qualitative methodology was used given great variability in physician opinions and attitudes about WIC. A pretest of the questionnaire was carried out with 16 physicians in a Madrid hospital, before the definitive study including 361 hospital physicians in Madrid. The hospital for the pretest was selected randomly, as were the three services with direct patient contact. The physicians to be interviewed were selected randomly from a list of staff physicians belonging to each service. Each physician was interviewed orally using the questionnaire. The interview was set up by phone appointment. The questionnaire collects information on physician-patient communication and decision making, how information is transmitted, and factors related with WIC: how it is used and carried out, its origin, effects and strategies for improvement. The questionnaire also includes sociodemographic variables pertaining to the physician and the hospital.

**Results:** The physicians were happy to be interviewed, and the question and answer process flowed smoothly. The length of the interview, 20-25 minutes, was acceptable to 15 of the 16 physicians. One of them stated he did not have time to complete it. The physicians understood the questions very well, although they sometimes found it difficult to choose a single answer, given the variability of their patients and of the WIC process. The answer "others" was rarely chosen. One physician found it hard to answer the questionnaire because he had no patient contact. The interviewers had no problems in the interview process, although they stated they did not understand the meaning of some answers to the closed questions. The most important preliminary results are that 80% of the physicians believe that patient communication is equally or more important than technical ability. All physicians consider that having information increases patient confidence and that patients must be informed of the most frequent risks. 80% believe that the most common patient attitude is to delegate decisions to the physician. 87% of the physicians carry out WIC. There is great variability in the type of WIC, who does it, and the way it is presented to patients. 70% of the physicians believe that the diffusion of sensationalist news in the mass media has strongly influenced the appearance of WIC. 62% maintain that WIC does not affect the physician patient relationship, and 75% believe that it is well accepted by patients.

**Conclusions:** Qualitative methods were used to develop a questionnaire which functions correctly. Physicians accept the questions and can answer them without problem. The main conclusions of the pilot study are that 1) When arranging the interview, the physician should be asked to set aside enough time to complete it; 2) It



should be emphasized that some questions refer to patients seen in "usual clinical practice"; 3) Physicians without direct patient contact should be excluded from the study;

4) The briefing for interviewers should include training on the meaning of each of the study variables.