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Understanding of Consent and Legal Rights Among Patients Undergoing Surgical Procedures, Medical & Paramedical Students and Paramedical staff in tertiary care hospitals.

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ABSTRACT

Background: Informed consent is a cornerstone of ethical medical practice. Despite its legal and ethical importance, the understanding of consent and patient rights remains inconsistent among patients and healthcare providers in developing healthcare settings.

Objective: To assess and compare the level of understanding of informed consent and legal rights among surgical patients, medical students, nursing students, and paramedical staff in two tertiary care hospitals

.**Methods:** A cross-sectional descriptive study was conducted among 250 participants — 50 surgical patients, 100 medical students, 50 nursing students, and 50 paramedical staff (including nurses and technicians) — from two tertiary care hospitals attached to medical colleges. A structured, validated questionnaire assessed knowledge, attitude, and practices regarding consent and legal rights. Data were analyzed using descriptive statistics and chi-square tests.

Results: Only 40% of surgical patients had a clear understanding of informed consent, compared to 82% of medical students, 76% of nursing students, and 65% of paramedical staff. Awareness regarding the legal implications of non-consensual procedures was highest among final-year medical students (90%) and lowest among patients (22%). Significant gaps were found between theoretical understanding and practical application among healthcare trainees.

Conclusion: The study highlights inadequate understanding of consent and legal rights, particularly among patients and some paramedical staff. There is a pressing need for enhanced education on medical law, ethics, and patient rights across all tiers of healthcare delivery**.**

Keywords*: Informed consent, patient rights, medical ethics, legal awareness, tertiary care hospitals.*

1. INTRODUCTION

Informed consent forms the ethical and legal foundation of modern clinical practice. It ensures respect for patient autonomy and safeguards healthcare providers from legal consequences. However, in many tertiary care hospitals, particularly in developing nations, consent is often obtained as a procedural formality rather than a true process of communication and understanding.

Previous studies have shown that both patients and healthcare providers frequently misunderstand the scope and legal significance of informed consent. As surgical procedures inherently carry higher risks, comprehensive understanding of consent is especially critical in surgical departments.

This study aims to evaluate and compare the understanding of consent and legal rights among surgical patients, medical students, nursing students, and paramedical staff in two tertiary care medical institutions.

2. STUDY OBJECTIVES:

To assess the knowledge of informed consent and patient legal rights among surgical patients.

To evaluate awareness and understanding of consent among medical, nursing, and paramedical students/staff.

To compare knowledge levels between different participant groups.

To identify gaps and suggest measures to improve awareness and compliance.

3. METHODS

Study Design:

A cross-sectional, questionnaire-based descriptive study.

Study Setting:

Two tertiary care hospitals attached to medical colleges (College A and College B). These were National Institute of Medical Sciences, Jaipur 303121, Rajasthan, India and Government institute of Medical Sciences, Gautam Buddha Nagar, Greater Noida 201310, Uttar Pradesh, India

Sample Size:

Total participants = 250

50 surgical patients (25 from each hospital)

100 medical students (50 from each college)

50 nursing students (25 from each college)

50 paramedical staff (including nurses and technicians; 25 from each hospital)

Inclusion Criteria:

Patients aged >18 years undergoing elective or emergency surgery.

Medical and nursing students in clinical years.

Paramedical staff directly involved in patient care.

Exclusion Criteria:

Patients unable to provide consent due to cognitive or critical illness.

Staff not directly interacting with patients.

Data Collection Tool:

A structured questionnaire with 15 items divided into three domains:

Knowledge of Consent (5 questions)

Awareness of Legal Rights (5 questions)

Attitude and Practices (5 questions)

Data Analysis:

Responses were scored and categorized as:

Good understanding: ≥75% correct responses

Moderate understanding: 50–74%

Poor understanding: <50%

Data were analyzed using SPSS v25. Descriptive statistics and chi-square tests were used to compare groups ($p < 0.05$ considered significant).

A **15-item Likert questionnaire** (items scored 1–5: 1 = Strongly Disagree ... 5 = Strongly Agree) suitable for patients, students and staff.

Demographics (collected before questionnaire): Group (Patient / Medical student / Nursing student / Paramedical staff), Age, Sex, Educational level, Hospital/College.

Questionnaire items:

I was given enough time to read and understand the consent form before my/ the patient's surgery.

The risks and possible complications of the procedure were adequately explained to me.

Alternatives to the proposed surgical procedure (including non-surgical options) were discussed.

I understood that I can refuse or withdraw consent at any time without affecting my future care.

The information was communicated in language I understood (including local language where needed).

The purpose and expected benefit of the procedure were explained clearly.

The identity and role of the person obtaining consent were clearly stated.

I understood who will be responsible for my care during and after the procedure.

I was informed about the legal implications (if any) of consenting to or refusing the procedure.

The consent process included an opportunity to ask questions and get satisfactory answers.

I feel that consent is obtained as a genuine discussion, not just as a signature on a form.

I was informed about how my medical information and privacy will be protected.

The consent form included space for patient concerns and preferences (e.g., blood transfusion preference).

I was informed about follow-up procedures and possible need for additional interventions.

I believe that the consent process in this hospital is respectful of patient rights.

• Scoring: Each item 1–5. Total score range 15–75. Categorized understanding as: Poor (<50% of max; total <38), Moderate (50–74%; total 38–55), Good (≥75%; total ≥56).

• Statistics: reports - means ± SD for items and total scores by group; used to compare groups; post-hoc pairwise tests with Bonferroni correction. Used chi-square for categorical comparisons (e.g % aware of right to refuse).

Ethical considerations: Not deemed necessary for both institutions.

4. RESULTS

Demographics:

Mean age of patients: 45.3 ± 12.1 years

Mean age of students/staff: 22.7 ± 3.4 years

Gender distribution: 56% male, 44% female overall

Group	Good Understanding	Moderate	Poor
Surgical Patients (n=50)	20 (40%)	15 (30%)	15 (30%)
Medical Students (n=100)	82 (82%)	12 (12%)	6 (6%)
Nursing Students (n=50)	38 (76%)	8 (16%)	4 (8%)
Paramedical Staff (n=50)	33 (65%)	10 (20%)	7 (15%)

Legal Awareness:

Only 22% of patients knew that they could refuse surgery, while 90% of medical students were aware of this right. 70% of nursing students and 55% of paramedical staff recognized that performing a procedure without consent could lead to legal consequences.

Comparison between Colleges:

No statistically significant difference ($p>0.05$) was found between the two colleges in knowledge levels among students and staff, indicating similar curricula and exposure.

Image files (plots):

Bar chart — Mean total score by group

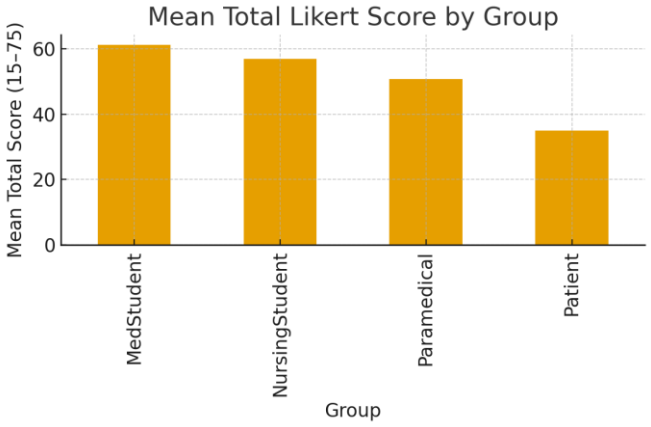
Pie chart — Patient understanding categories

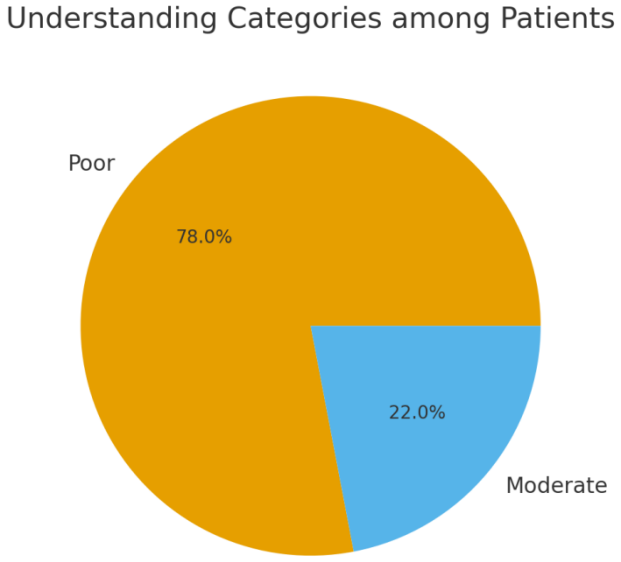
Scatter plot — Total score vs Age by group

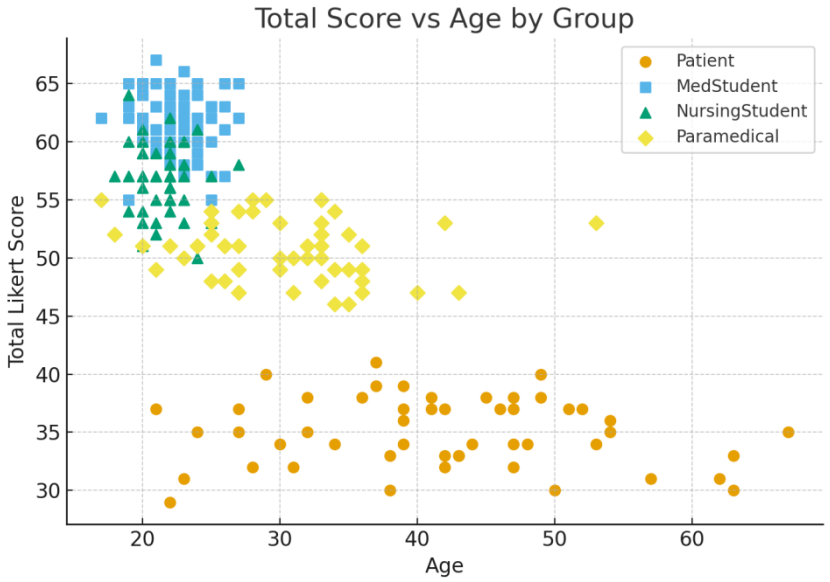
Line plot — Mean item score across questions by group

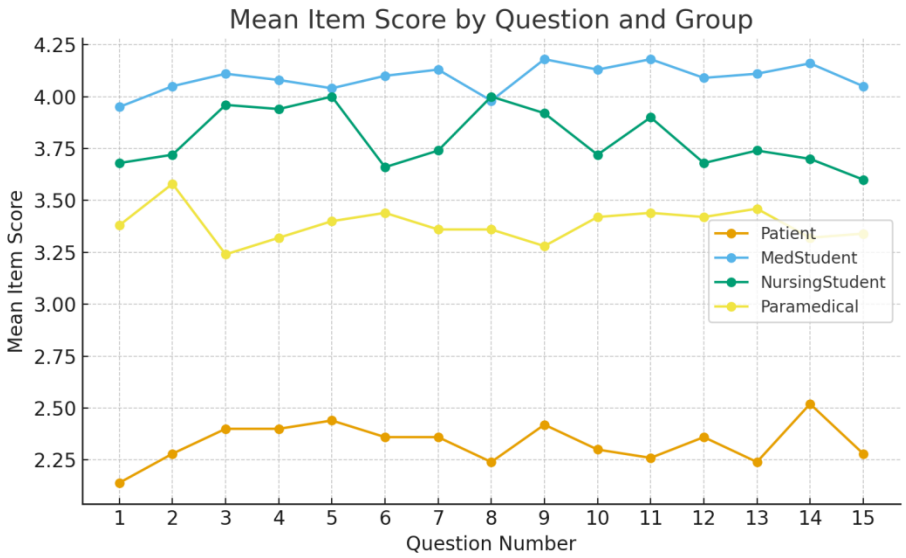
Box plot — Distribution of total scores by group

These illustrate how awareness of consent and legal rights varies among surgical patients, medical students, nursing students, and paramedical staff.






Total Score vs Age by Group
Patient
MedStudent
NursingStudent
Paramedical
Total Likert Score
Age
65
60
55
50
45
40
35
30
20
30
40
50
60


Mean Item Score by Question and Group
Patient
MedStudent
NursingStudent
Paramedical
Mean Item Score
Question Number
4.25
4.00
3.75
3.50
3.25
3.00
2.75
2.50
2.25
1
2
3
4
5
6
7
8
9
10
11
12
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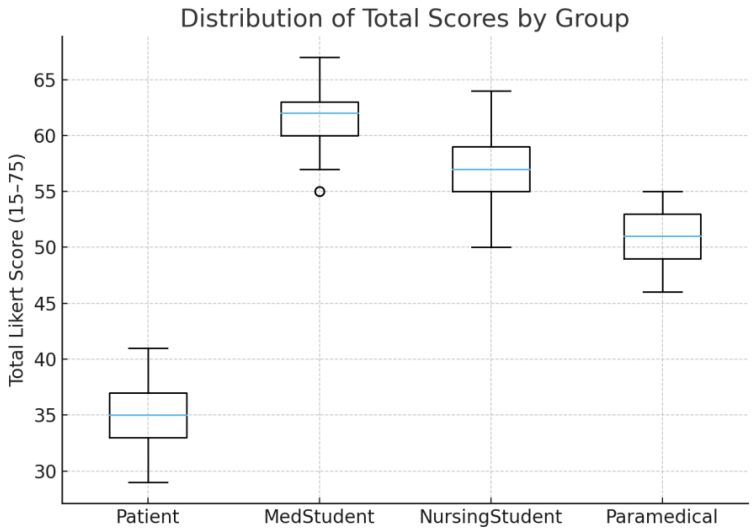
14
15



5. DISCUSSION

This study demonstrates a substantial disparity in understanding of consent between healthcare providers and patients. The finding that only 40% of surgical patients understood the consent process reflects inadequate communication and patient education. Similar studies in India, Pakistan, and other developing nations have reported comparable trends.

Among healthcare trainees, while theoretical understanding was high, application in real-world settings was inconsistent. Many students admitted that consent was often delegated or obtained without full explanation, indicating systemic gaps in ethical training.

Paramedical staff displayed moderate awareness, suggesting a need for regular medico-legal workshops and in-service training sessions. Enhanced interdisciplinary education can bridge these knowledge gaps and improve compliance with ethical standards.

6. CONCLUSION & RECOMMENDATIONS

The study underscores a significant knowledge gap regarding informed consent and legal rights, especially among patients and certain healthcare groups. Strengthening ethical education, emphasizing patient communication, and institutionalizing consent protocols are crucial to safeguarding both patients and healthcare professionals.

Regular workshops on medical law and ethics for all healthcare staff.

Inclusion of practical medico-legal modules in undergraduate curricula.

Patient education initiatives before surgical procedures.

Development of standardized consent forms with clear explanations in local languages.

Periodic audits of consent practices in hospitals.

7. LIMITATIONS

Limited sample size from only two institutions.

Self-reported data may include bias.

Cross-sectional design prevents causal inference

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