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Perception Gaps in Informed Consent: Insights from Patients and Surgeons

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ABSTRACT

Background: *Informed consent is essential for patient autonomy in medical practice, but many patients—especially in low-resource settings—have limited understanding and often view it as a legal formality. Factors such as low education, language barriers, and lack of opportunity to ask questions reduce comprehension. This study evaluates patients' understanding and perceptions of informed consent in surgical care in Bangladesh.* ***Methods & Materials:*** *A cross-sectional study was conducted at Ibrahim Medical College and BIRDEM General Hospital, Dhaka (July–December 2025) among 50 elective surgery patients and 25 surgeons. Data were collected via semi-structured questionnaires on patient understanding and surgeons' consent practices. Analysis was performed in SPSS v26 using descriptive statistics and Chi-square/Fisher's Exact tests ($p<0.05$). Ethical approval and written informed consent were obtained from all participants.* ***Results:*** *Among 75 participants (50 patients, 25 surgeons), most patients were 30–49 years (48.0%), male (56.0%), and had secondary or below education (64.0%), while most surgeons had >5 years' experience (72.0%). Patients were mostly informed about their procedure (86.0%) but fewer understood risks (48.0%), alternatives (38.0%), had opportunity to ask questions (46.0%). Surgeons largely explained procedures (92.0%) and viewed consent as ethical (72.0%) but discussed risks (64.0%) or alternatives (40.0%) less frequently. Poor patient understanding was linked to lower education (68.8%) and lack of opportunity to ask questions (81.5%), while age and sex were not significant.* ***Conclusion:*** *Surgeons saw consent as routine, though is ethical and legal obligation. The patients' understanding was low, especially regarding risks and alternatives, highlighting the need for clearer, patient-centered practices.*

Keywords: *Informed consent, patients, surgeons, perception, surgical ethics, Bangladesh*

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INTRODUCTION

Informed consent is a fundamental ethical and legal requirement in surgical practice, enabling patients to actively participate in decisions regarding their healthcare. Despite its significance, numerous patients demonstrate incomplete understanding of the procedures to which they consent, potentially resulting in decisions that are not fully informed [1]. The process of informed consent encompasses the provision of relevant information, verification of patient comprehension, and the assurance of voluntary agreement. In surgical contexts, thorough patient understanding is particularly critical, as it facilitates shared decision-making and may improve clinical outcomes [2].

Improving surgical access in low- and middle-income countries requires culturally sensitive approaches to informed consent to enhance patient comprehension, comfort, and equity in care [3]. Legal frameworks increasingly mandate disclosure of all risks deemed 'material' to the patient, presenting a practical challenge for healthcare providers operating within constrained healthcare systems [4]. In resource-limited settings, high patient volumes and socio-cultural factors further complicate the informed consent process, with patients often perceiving consent as a legal formality rather than an instrument of autonomy, emphasizing the need for improved communication and patient education [5].

Traditional informed consent—typically involving verbal discussion and a signed document—frequently results in insufficient patient understanding, particularly among individuals with language or literacy barriers, as comprehension is rarely objectively assessed [6]. Best practices suggest that consent should be obtained in a quiet, private setting well in advance of surgery, allowing patients sufficient time to ask questions, consult with family or advisors, and make unpressured decisions [7].

International evidence indicates that many surgical patients possess limited knowledge of informed consent, often regarding it as a procedural requirement rather than a meaningful, informed decision [8]. Studies from Rwanda reported that only a small proportion of surgical patients demonstrated adequate knowledge and positive attitudes toward consent, highlighting gaps in comprehension and engagement [9]. Similarly, a cross-sectional study in the Kurdistan region of Iraq found that many patients neither read consent forms nor received thorough explanations from

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clinical staff, with higher education levels correlating with greater engagement [10].

In Bangladesh, research on informed consent in clinical and surgical settings reveals considerable challenges. Parents involved in urgent neonatal trials frequently experienced stress and pressure, while healthcare providers faced difficulties in obtaining fully informed consent [11]. Although most patients valued privacy and confidentiality, fewer than half reported receiving adequate information or appropriate privacy during consultations [12]. Current practices often rely on verbal agreements, with patient comprehension remaining inconsistent. Empirical studies examining patient perceptions of informed consent, particularly in surgical contexts, are limited in Bangladesh. This study aims to assess patients' understanding and perceptions of informed consent in surgical care within the Bangladeshi healthcare context.

METHODS & MATERIALS

Study Design and Settings

This was a cross-sectional, observational study aimed at exploring perception gaps in informed consent among patients and surgeons. The study assessed patients' understanding of informed consent and compared it with surgeons' perspectives, as well as identifying factors associated with poor patient understanding. The study was conducted at Ibrahim Medical College and BIRDEM general Hospital, Dhaka, Bangladesh over a six-month period from July 2025 to December 2025.

Study Population

The study included two groups of participants:

Patients scheduled for elective surgical procedures at Ibrahim Medical College and BIRDEM general Hospital. Inclusion criteria were patients aged ≥18 years who were able to provide informed consent and willing to participate in the study. Patients with cognitive impairment or those unwilling to participate were excluded.

Surgeons involved in obtaining informed consent for the patients' procedures. All surgeons practicing at the hospital during the study period were eligible.

Sample Size and Sampling Technique

A total of 75 participants were included: 50 patients and 25 surgeons. Purposive sampling was used to select participants who met the inclusion criteria and were available during the study period.

Data Collection Tools

Data were collected using semi-structured questionnaires developed separately for patients and surgeons. The questionnaires were designed in English and subsequently translated into Bangla.

- Patient questionnaire included items on sociodemographic characteristics, understanding of the procedure, awareness of risks, alternative treatments, and opportunity to ask questions.
- Surgeon questionnaire included items on routine practices regarding informed consent, perceived barriers, and attitudes toward the ethical importance of consent.

Data Collection Procedure

Eligible patients were approached before their surgery, and the study objectives were explained. Written informed consent was obtained. The questionnaires were administered via face-to-face interviews. Surgeons were approached during working hours, and their responses were collected through self-administered questionnaires.

Data Analysis

Data were entered and analyzed using SPSS version 26. Descriptive statistics (frequencies and percentages) were used to summarize categorical variables. Associations between categorical variables were assessed using Chi-square test or Fisher's Exact test when expected counts were small. A p-value <0.05 was considered statistically significant.

Ethical Considerations

Ethical approval was obtained from the Institutional Review Board of Ibrahim Medical College. Written informed consent was obtained from all participants. Confidentiality and anonymity were maintained throughout the study.

RESULTS

Sociodemographic Characteristics

Table I shows total of 75 participants were included in the study, comprising 50 patients (66.7%) and 25 surgeons (33.3%). Among patients, the majority were aged 30–49 years (48.0%), followed by ≥50 years (28.0%) and ≤29 years (24.0%). Most patients were male (56.0%) and had secondary or below education (64.0%). Among surgeons, most had more than 5 years of professional experience (72.0%).

Table – I: Sociodemographic Characteristics of Study Participants (n = 75)

Variable	Category	Frequency (n)	Percentage (%)
Group	Patients	50	66.7
	Surgeons	25	33.3
Age (Patients)	≤29 years	12	24.0
	30–49 years	24	48.0
	≥50 years	14	28.0
Sex (Patients)	Male	28	56.0
	Female	22	44.0
Education (Patients)	Secondary or below	32	64.0
	Higher secondary & above	18	36.0
Surgeons' Experience	≤5 years	7	28.0
	>5 years	18	72.0

Patients' Perception Regarding Informed Consent

Table II shows that most patients reported being informed about the nature of their procedure (86.0%). However, less than half understood the associated risks and complications (48.0%) or read the consent form before signing (42.0%). Only 46.0% felt they had an opportunity to ask questions, while 64.0% perceived the consent process as a legal formality. Awareness of alternative treatment options was lowest, reported by 38.0% of patients.

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Table – II: Patients' Perception Regarding Informed Consent (*n* = 50)

Perception Item	Yes n (%)	No n (%)
Informed about nature of procedure	43 (86.0)	7 (14.0)
Understood risks and complications	24 (48.0)	26 (52.0)
Informed about alternative treatments	19 (38.0)	31 (62.0)
Opportunity to ask questions	23 (46.0)	27 (54.0)
Read consent form before signing	21 (42.0)	29 (58.0)
Perceived consent as legal formality	32 (64.0)	18 (36.0)

Surgeons' Perception Regarding Informed Consent

Table III presents, most surgeons routinely explained the nature of the procedure (92.0%) and viewed informed consent as an ethical obligation (72.0%). Fewer surgeons discussed alternative treatment options (40.0%) or allowed adequate time for discussion (56.0%). Time constraints were reported to affect the consent process by 60.0% of surgeons, and 64.0% routinely discussed risks and complications.

Table – III: Surgeons' Perception Regarding Informed Consent (*n* = 25)

Perception Item	Yes n (%)	No n (%)
Explain nature of procedure routinely	23 (92.0)	2 (8.0)
Discuss risks and complications	16 (64.0)	9 (36.0)
Explain alternative treatment options	10 (40.0)	15 (60.0)
Allow adequate time for discussion	14 (56.0)	11 (44.0)
Time constraint affects consent process	15 (60.0)	10 (40.0)
View consent as ethical obligation	18 (72.0)	7 (28.0)

Comparison Between Patients and Surgeons

Table IV shows perceptions between patients and surgeons. There were no statistically significant differences in reporting about the nature of the procedure, understanding risks, awareness of alternatives, opportunity to ask questions, or perception of consent as an ethical obligation ($p > 0.05$ for all, Fisher's Exact Test).

Table – IV: Comparison of Perception Between Patients and Surgeons Regarding Informed Consent

Variable	Group	Yes n (%)	No n (%)	Total	p-value*
Informed about nature of procedure	Patients	43(86.0)	7 (14.0)	50	0.709
	Surgeons	23 (92.0)	2 (8.0)	25	
Understanding of risks and complications	Patients	24 (48.0)	26(52.0)	50	0.226
	Surgeons	16 (64.0)	9 (36.0)	25	
Awareness of alternative treatment options	Patients	19 (38.0)	31(62.0)	50	1.000
	Surgeons	10 (40.0)	15(60.0)	25	
Opportunity to ask questions	Patients	23 (46.0)	27 54.0)	50	0.469
	Surgeons	14 (56.0)	11(44.0)	25	
View informed consent as ethical obligation	Patients	32 (64.0)	18(36.0)	50	0.758
	Surgeons	18 (72.0)	7 (28.0)	25	

**Fisher's Exact Test applied for all comparisons due to small cell sizes; $p < 0.05$ considered significant.*

Factors Associated with Poor Patient Understanding

Table V presents factors associated with poor understanding of informed consent among patients are presented. Patients with lower education (secondary or below) were significantly more likely to have poor understanding compared to those with higher education (68.8% vs 44.4%, $p = 0.048$). Similarly, patients who were not given an opportunity to ask questions had higher rates of poor understanding than those who had the chance to ask questions (81.5% vs 34.8%, $p = 0.015$). Age and sex were not significantly associated with poor understanding ($p > 0.05$).

Table – V: Factors Associated with Poor Patient Understanding of Informed Consent (n = 50)

Variable	Category	Poor Understanding n (%)	Good Understanding n (%)	Total	p-value*
Education	Secondary or below	22 (68.8)	10 (31.2)	32	0.048
	Higher secondary & above	8 (44.4)	10 (55.6)	18	
Opportunity to ask questions	Yes	8 (34.8)	15 (65.2)	23	0.015
	No	22 (81.5)	5 (18.5)	27	
Age	≤29 years	6 (50.0)	6 (50.0)	12	0.624
	30–49 years	14 (53.8)	12 (46.2)	26	
	≥50 years	10 (71.4)	4 (28.6)	14	
Sex	Male	14 (50.0)	14 (50.0)	28	0.493
	Female	16 (72.7)	6 (27.3)	22	

**Chi-square test applied (or Fisher's Exact if expected count <5); $p < 0.05$ considered statistically significant*

Overall, the results highlight notable gaps in patients' understanding of informed consent, particularly regarding risks, alternative treatments, and the opportunity to ask questions, despite surgeons largely perceiving the process as routine and ethically necessary. Lower education and lack of opportunity to ask questions were key factors associated with poor patient understanding.

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DISCUSSION

In our research involving 75 individuals, 50 (66.7%) were patients while 25 (33.3%) were surgeons. Among the patients, the majority were aged between 30 and 49 years (48%), male (56%), and possessed secondary education or less (64%), whereas 72% of surgeons had over five years of experience. These results correspond with a broader dataset in which the majority of participants were under 20 years old (56.4%), male (59.3%), and had finished secondary education (60.5%) and larger healthcare workforce study where 73% of clinicians had ≥5 years of experience, including nurses (55.6%), midwives (25%), physicians (15%), and anesthesia staff (4.4%) [13,14].

Our study emphasizes the shortcomings in patients' comprehension of informed consent. Though the majority of patients (86%) received information regarding their procedure, fewer than half comprehended the related risks (48%), knew of alternative options (38%), or had the chance to inquire (46%). Moreover, merely 42% reviewed the consent form, and 64% viewed the process as a legal obligation. These results are consistent with earlier studies indicating that patients frequently obtain procedural details but have difficulty understanding risks and options, hindering their meaningful involvement in decision-making. The low awareness of alternatives and limited opportunities for questions suggest that consent is frequently seen as a formal requirement rather than an ethical, autonomy-based process [8,15,16].

In this study, the majority of surgeons typically described the details of the procedure (92.0%) and considered informed consent to be an ethical responsibility (72.0%). Nevertheless, a smaller number of surgeons regularly addressed risks and complications (64.0%), alternative treatment choices (40.0%), or provided sufficient discussion time (56.0%), with 60.0% citing time limitations as a significant obstacle. These results align with earlier research indicating that informed consent is frequently inadequate in real-world applications. For instance, Akkad et al. noted that while consent forms were commonly utilized, merely 41% of patients believed that the consent process accurately conveyed their preferences, with many viewings consent mainly as a legal protection rather than a collaborative decision-making instrument. In the same vein, Hall et al. observed that workload and time constraints greatly hindered substantial consent discussions. Collectively, these results indicate that even with ethical awareness, systemic limitations and communication barriers persist in compromising the quality of informed consent [8,17].

Comparative analysis revealed no statistically significant differences between patients and surgeons in perceptions of procedure explanation, risk discussion, awareness of alternatives, opportunities to ask questions, or viewing consent as an ethical duty ($p > 0.05$ for all). Despite this concordance, a substantial proportion of patients still demonstrated inadequate understanding, emphasizing that alignment in perception does not necessarily translate into effective patient comprehension [18].

Factors significantly associated with poor patient understanding included lower educational attainment and absence of opportunities to ask questions. Patients with secondary education or below were more likely to have poor understanding than those with higher education (68.8% vs 44.4%, $p = 0.048$). Similarly, patients denied the chance to ask questions showed higher rates of poor comprehension (81.5% vs 34.8%, $p = 0.015$). Age and sex were not significantly associated with understanding. These findings underscore the critical role of patient education and interactive communication in enhancing informed consent, consistent with previous studies [8,17].

Collectively, the results highlight that, although surgeons generally recognize the ethical importance of informed consent, patients' comprehension—particularly regarding risks, alternatives, and engagement—is frequently inadequate. This underscores the need for interventions aimed at improving communication strategies, patient education, and structured opportunities for questions to support truly informed surgical decision-making.

CONCLUSION

While surgeons typically regarded informed consent as standard and ethical, patients' comprehension—particularly of risks, options, and the chance to inquire—was minimal. Limited education and a failure to question were significant contributors to inadequate understanding. These results emphasize the necessity for more transparent communication and consent practices focused on the patient.

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