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ПСИХОСОЦИАЛЬНЫЕ АСПЕКТЫ ИНФОРМИРОВАННОГО ДОБРОВОЛЬНОГО СОГЛАСИЯ В СТОМАТОЛОГИЧЕСКОЙ ПРАКТИКЕ

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Аннотация

Причиной психосоциального дискомфорта у большинства врачей-стоматологов становятся не сложности при оказании стоматологической помощи, а произошедшие в социальной среде законодательные изменения — необходимость получения от пациентов и (или) их законных представителей информированного добровольного, осознанного письменного согласия на вторжение в сферу физической и личностной неприкосновенности, а также помощь в объяснении пациенту условий, на которых врач будет производить медицинское вмешательство. Организаторы здравоохранения и медицинские работники чаще всего не готовы к организационным и психологическим изменениям, и необходимо выстроить перекрестное психологическое консультирование работников для преодоления трудностей во взаимодействии с пациентами.

Предметом исследования является информированность врачей о значении информированного добровольного согласия в стоматологической практике.

Актуальность данного исследования обусловлена необходимостью стандартизации процесса получения от пациентов стоматологических учреждений информированного добровольного согласия на медицинское вмешательство.

Целью исследования является разработка концепции организационно-психологических детерминант, определяющих роль ИДС в контексте эффективности взаимодействия врача-стоматолога и пациента, для повышения ответственности пациента за свое здоровье и улучшения правовой защищенности обеих сторон путем интеграции организационного, индивидуального и психологического подходов.

Общенаучная **методология** исследования была определена следующими принципами рассмотрения сложных социальных объектов: системность, детерминизм, единство сознания и деятельности, развитие. Мы опирались на общепсихологическую теорию деятельности, концепцию развития профессионализма и образ профессионального мира. В исследовании использовались методологические и теоретические основы анализа трудовой деятельности, концепция группового обучения, теория планового и поэтапного формирования действий.

Выводы. Проанализирована концепция информированного согласия, его роль в стоматологической практике. Исследованы причины недостаточной информированности медицинских работников и пациентов как источника конфликтных ситуаций и фактора возникновения неудовлетворенности пациентов. Проведена оценка влияния недостаточной информированности пациента на различные аспекты работы стоматологических организаций. Предложены организационные стандартизированные решения проблем при информировании пациента.

Ключевые слова: *информированное добровольное согласие, перекрестное консультирование, организационный стандарт, нормативно-правовое обеспечение, управление поведением*

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PSYCHOSOCIAL ASPECTS OF INFORMED VOLUNTARY CONSENT IN DENTAL PRACTICE

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Annotation

The reason for the psychosocial discomfort in the majority of dentists when providing medical care at the present time is not the difficulties in providing dental care and services, namely the changes that have occurred in terms of obtaining informed voluntary, informed, written consent to the invasion of the sphere of physical and personal integrity, as well as the need for a doctor to help comprehend and explain to the patient the conditions, on which medical intervention will be performed. Healthcare organizers and medical workers are often not ready to carry out organizational and psychological changes themselves, and in order to optimize the processes of digitalization, it is necessary to build psychological cross-counseling of workers to overcome difficulties in interacting with patients.

The subject of the study is the awareness of doctors about the importance of informed voluntary consent in dental practice.

The relevance of this study is due to the need to standardize the process of obtaining informed voluntary consent for medical intervention from patients of dental institutions.

The aim of the study is to develop the concept of organizational and psychological determinants that determine the role of IDS in the context of the effectiveness of interaction between a dentist and a patient.

Methodology. The general scientific methodology of the study was determined by the following principles of consideration of complex social objects: consistency, determinism, unity of consciousness and activity, development.

We relied on the general psychological theory of activity, the concept of the development of professionalism and the image of the professional world. The study used methodological and theoretical foundations of the analysis of labor activity, the concept of group training; the theory of planned and step-by-step formation of actions.

Conclusions. The concept of informed consent and its role in dental practice is analyzed. The reasons of insufficient awareness of medical workers and patients as a source of conflict situations and a factor of dissatisfaction of patients in dental practice are investigated. The impact of insufficient patient awareness on various aspects of the work of dental organizations was assessed. Organizational standardized solutions to problems in informing the patient are proposed.

Keywords: *informed voluntary consent, cross-consulting, organizational standard, regulatory support, behavior management*

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Introduction

The current legislation provides for mandatory licensing requirements for each medical organization, which includes informed voluntary consent and not only for medical intervention. For the absence of informed voluntary consent, executed and signed by the patient, personally or with an electronic digital signature, the dental organization faces a fine of up to 200 thousand rubles (Parts 3, 4 of Article 14.1 of the Administrative Code) [7]. Unfortunately, the current law equated medical care with entrepreneurial activity, doctors were called «... manufacturers, performers, importers, sellers, owners of aggregators of information about goods (services) when selling goods (performing works, rendering services)...», and patients became consumers, with all the ensuing consequences [8]. The criterion for the quality of the activity of an individual dentist was health as «a state of physical, mental and social well-being of a person in which there are no diseases, as well as disorders of the functions of organs and body systems» [9], which, as we understand, is unattainable at the present stage by the efforts of only one doctor and is often used by both patients and supervisors bodies, as the basis for the definition of «poor quality of services».

At the same time, judicial practice shows a sharp increase in the treatment of patients to judicial and supervisory authorities for the protection of their rights [10]. Moreover, the basis for applying for «poor quality of medical care» is only the words of the patient, not supported by any evidence and «unbearable moral suffering», which do not have a clear psychological assessment for the current time. As the analysis of appeals in our organization shows, only 4.2 percent of complaints are really related to the quality of medical care. No one takes into account the suffering of a medical worker who performs his work efficiently, the damage to the business reputation of the organization and the image of the medical profession.

The only legal basis for protecting medical organizations from a «consumer» attitude to their work is medical documentation, an integral part of which is informed voluntary consent (hereinafter IDS). For competent management of medical records by dentists, according to a number of researchers, it is necessary to carry out a moderate reorganization in dental organizations at least once a year and a radical one — every four or five years [11–14].

Materials and methods of research

The following empirical methods were used in the study: the study of regulatory documentation, observation, unstructured and structured individual interviews, questionnaires, expert evaluation of medical records, content analysis, methods of statistical data processing.

The study involved 70 practicing dentists and 249 patients. The study was conducted on the basis of the GAU SB «SP No. 12». Of these, 61% are women and 39% are men, aged 15 to 89 years, the work experience of doctors is from 6 months to 45 years.

To achieve this goal, we analyzed the literature and forensic medical examinations on civil claims against medical institutions in the country and our own materials on citizens' appeals and court cases since 2012 [15–17]. The analysis shows an increase in citizens' appeals to judicial authorities, federal and regional consumer protection authorities with requests for compensation for moral damage caused by «improper» medical care.

A study was conducted using the author's methodology of analysis of the dental service – «cross-consulting as an approach to reorganization», which includes three levels: analytical, evaluative and developmental.

At the first – analytical level, a study of 1,452 medical records was conducted, a survey of 70 doctors and 249 patients was conducted using specially designed questionnaires on the attitude to IDS and the completeness of informing patients about medical interventions, as a result of which control parameters were determined. Socially and psychologically significant problem situations and methods of overcoming these problems related to the implementation of organizational activities are highlighted.

At the second – evaluation level, an expert assessment of the importance, complexity, and time spent on each of the certain control parameters of the elements that stand in the way of organizational and psychological changes in the dental clinic and ways to overcome them was carried out.

At the third – developing level, we have optimized the characteristics and control parameters of some forms of IDS. Organizational standards for the management of medical documentation by dentists are proposed to eliminate errors when filling it out at all stages.

Result and discussion

Dental care is a psychosocial process that includes, first of all, establishing contact with the patient. It must be remembered that the modern patient, based on the concept of bioethics, should be an equal partner in receiving medical care, consciously make decisions about the amount of medical care and, most importantly, be responsible for the decisions taken to preserve their health. A doctor is not a wizard or a fairy who can heal from all ailments with the touch of a magic wand. A dentist is a specialist whose main purpose of the type of professional activity is the prevention, diagnosis and treatment of diseases of the teeth, oral cavity and maxillofacial region [18]. And the patient is a subject of law who is obliged, in accordance with 323 FZ Article 27: «to take care of maintaining their health and those who are being treated are obliged to comply with the treatment regime, including those defined for the period of their temporary disability, and the rules of patient behavior

in medical organizations.» Unfortunately, both patients seeking medical services and supervisory authorities safely forget about these responsibilities.

When conducting the study at the first stage, we conducted a survey of both dentists and patients on their attitude to IDS. The questionnaire contained three identical questions for everyone who took part in the study and allowed us to assess the attitude of medical workers (N-70) and patients (N-249) to the need to fill out IDS. The survey of doctors showed that 87% of respondents understand the need to fill in IDS, but nevertheless 13% of respondents consider filling in IDS insignificant (Fig. 1).

Only 39% of patients have a positive attitude to the need to fill out medical documentation, most of the respondents consider this an optional and not understandable procedure that lengthens the path to medical care – 52%. There is also a rather aggressive behavior among a number of visitors to dental organizations to the need to fill out medical documentation by the patient himself – 9% (Fig. 2).

To determine the control parameters and socio-psychological significant problem situations on the part of patients (N–249), we conducted a survey on 6 parameters. Only one parameter can be selected. The majority of respondents noted that they sign the IDS without reading it, as it should be – 63 people, 58 people asked questions about treatment and received detailed answers, 49 people would like to ask questions about treatment, but due to insufficient communication with the doctor could not do it. 18 people did not receive comprehensive information about the medical service provided and 22 people refused to sign the IDC, believing that it violates their rights. The results of the study are presented in Fig. 3.

A survey was conducted of medical workers on six parameters of work with IDS. Questions for dentists have been transformed in accordance with the work performed. The doctor chose two parameters for the answer. 49 responses of doctors show us that doctors are not satisfied with the quality of IDS, because the form in which this document exists does not give a complete picture of the possibilities for medical care and possible complications. The same doctors, when conducting psychological counseling, note that the form and content of IDS in the same direction of dentistry sometimes radically differs in different dental organizations, the essential conditions and consequences arising during dental services are hushed up, there is no responsibility of the patient for following the doctor's recommendations and compliance with the requirements of the operation of dental products (fillings, orthopedic and orthodontic constructions), which leads to psychological problems and professional burnout.

31 doctors' responses showed us the problem of familiarizing medical workers themselves with the con-

Fig. 1. The attitude of doctors to filling out IDS
Рис. 1. Отношение врачей к заполнению ИДС

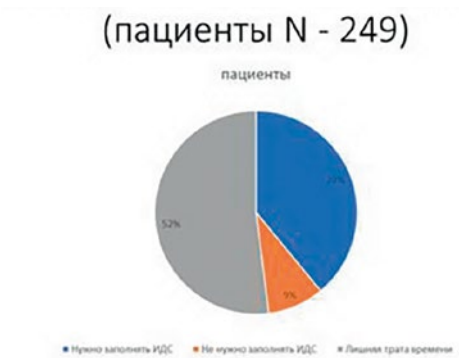

Fig. 2. Patients' attitude to filling out IDS
Рис. 2. Отношение пациентов к заполнению ИДС

Fig. 3. Control parameters of patients' attitude to IDS
Рис. 3. Контрольные параметры отношения пациентов к ИДС

tent of IDS. When consulting doctors individually, it was found out that this is primarily due to a weak corporate culture, in some cases, legal nihilism of medical workers, insufficient control of medical records by health care organizers.

18 responses about the impossibility of an answer on the merits of the IDS, fell on young professionals. Individual counseling shows that university education gives our graduates sufficient knowledge and a professional vector of competencies, but does not pay enough attention to

the psychological features of interaction with the patient, his legal representatives, people of influence and colleagues, which affects the effectiveness of communication.

17 answers about the inability to convey to the patient the essence of the IDC for medical intervention and 10 answers did not understand what the IDC was about, was ashamed to ask is typical for young professionals and is associated, as the consultation showed, with the above problems.

15 answers testifying to the complete mutual understanding of the doctor and the patient are typical, as shown by psychological research, for doctors with more than 8 years of experience, with developed communicative abilities, able to defend personal boundaries, not afraid to say no and having a high income. The results are shown in Fig. 4.

We started the second stage of the study with an expert assessment of 1,452 medical records of a dental patient. The medical cards that were examined were divided as follows: 1197 cards of independent dental clinics, 255 cards of dental departments of medical organizations of non-dental profile. The assessment was carried out according to twelve parameters, but for this study, we chose three: compliance of filling in sections

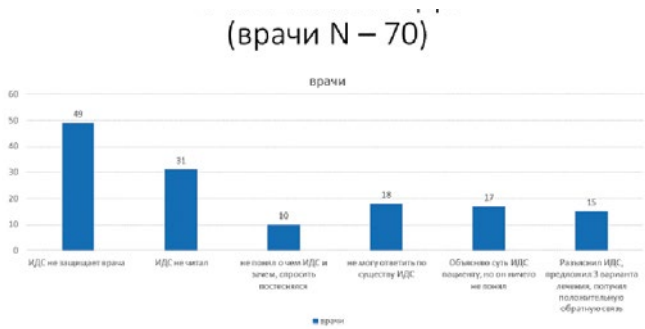

Fig. 4. Control parameters of the attitude to the IDS of doctors
Рис. 4. Контрольные параметры отношения к ИДС врачей

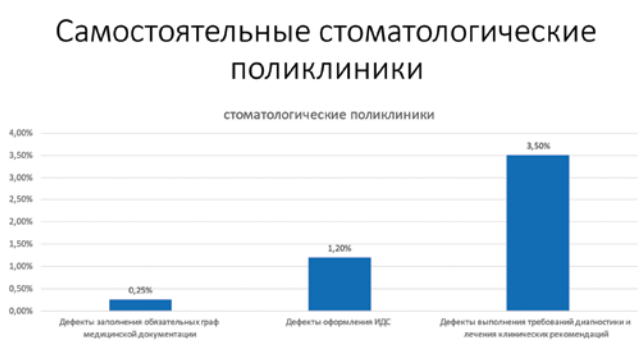

Fig. 5. Defects in maintaining medical records in independent medical organizations
Рис. 5. Дефекты ведения медицинской документации в самостоятельных медицинских организациях

of medical documentation with the requirements of the order of the Ministry of Health of the Russian Federation 203n [19], completeness of registration of IDS, compliance of the disease record with clinical recommendations. Separately assessed the quality of the compilation of IDS and compliance of the sections of IDS with the requirements of legislation, orders of the Ministry of Health of the Russian Federation [9, 20–25].

In independent dental clinics, approaches to maintaining medical records are similar. The basis is the medical card of the dental patient form 043-u, approved in 1980 by the Ministry of Health of the USSR by Order No. 1030. In 1988, a decree was issued canceling all the provisions of Order No. 1030, but no new acts establishing a single form of registration of dental documentation have appeared since then. Despite this, both the Ministry of Health and Social Development of the Russian Federation and the supervisory authorities continue to regularly refer to the provisions of Order No. 1030. So in 2009, a letter was published in which dentists were recommended to use the forms of form 043/y to record their activities. However, most dentists use it, making some changes to the documentation. The current legislation obliges to keep only the medical card Registration form No. 043-1/y approved by the order of the Ministry of Health of the Russian Federation dated December 15, 2014 No. 834n.

Nevertheless, 38% of the 255 cards of dental units in medical organizations of non-dental profile are not kept in the form 043 -y, sometimes on sheets, without complying with the requirements for filling out medical documentation established by the order of the Ministry of Health of the Russian Federation 203 n.

In specialized dental clinics, the forms of IDS are similar, approaches to the structure and content of this document coincide and, basically, comply with the requirements of current legislation. Nevertheless, in 12% of cases, there are extremely concise IDS that do not contain any information that allows the patient to make an informed choice of the amount of medical care. In 3% of cases, the patient was asked to sign one IDC for medical care at the initial request for all types of dental care. The proposed IDC was of a formal nature and did not give the patient any information about the service provided, possible outcomes, and, moreover, about alternative methods of treatment.

Based on the above, we have allowed ourselves to divide the analysis of medical records of a dental patient of independent dental clinics and dental units of non-dental medical organizations.

According to the results of the study, it was revealed that independent dental clinics supervised by the Chief freelance Dentist Specialist of the Ministry of Health of the Sverdlovsk region and included in the regional public organization “Association of Dentists of the Sverdlovsk Region” showed uniformity in organi-

zational approaches to maintaining medical records and a good result on compliance of filling in sections of medical documentation with the requirements of the order of the Ministry of Health of the Russian Federation 203n, completeness of registration of IDS, compliance of the record in the medical documentation of the disease with clinical recommendations. Defects in filling in mandatory medical records were only 0.25%, because almost all dental clinics use standardized templates for maintaining medical records. Defects in the design of IDS amounted to 1.2%, which is due to the great work of health care organizers in dental organizations. Defects in meeting the requirements of diagnosis and treatment of clinical recommendations amounted to 3.5%, due to the human factor. The results of the study are presented in Figure 5.

Dental units in non-dental medical institutions are somewhat out of the picture and need an additional organizational standard for maintaining and filling out sections of medical documentation to the requirements of the order of the Ministry of Health of the Russian Federation 203n, completeness of registration of IDS, compliance of the entry in the medical documentation for the disease with clinical recommendations. By defects in filling in mandatory graphs, we understood non–compliance with mandatory requirements for maintaining medical records and the use of medical documentation of a non–dental profile, the percentage of filling defects was 9.2. We considered the patient's consent to the treatment of a particular tooth disease, nosology diseases, the percentage of ID defects was 14.6. Under defects in meeting the requirements of diagnosis and treatment, non–fulfillment of medical services provided for by clinical recommendations on nosology with a multiplicity of 1, the percentage of defects was 19.9. The results of the study are presented in Figure 6.

We did not evaluate IDS according to the degree of filling in information for the patient within the framework of this study. There are a large number of various publications on the compilation of "correct" IDS, both from medical professionals and persons with a legal education. But, as practice shows, all these teachings are broken down by the imperfection of medical law, the lack of a unified position of the medical community on the structure and content of the IDS. As our practical experience shows, it is best to protect the doctor and the medical organization, complete information about the medical care provided and the patient's awareness of his responsibility for maintaining his health.

At the third stage, the developmental level, we have optimized the characteristics and control parameters of the forms of IDS in orthodontics. IDS are given in accordance with the requirements of the rule of law, marketing, stylistic and psychological features of the patient's perception of the text.

Fig. 6. Defects in the management of medical documentation in dental units as part of medical organizations of dental profile

Рис. 6. Дефекты ведения медицинской документации в стоматологических подразделениях в составе медицинских организаций стоматологического профиля

Organizational standards for the management of medical documentation by dentists are proposed to eliminate errors when filling it out at all stages, including the electronic form.

Conclusions

Based on the results of our research, the following conclusions can be drawn:

1. The analysis of scientific literature, judicial practice, publications in the mass media shows the high importance of the presence of IDS as a mechanism for effective communicative interaction between a doctor and a patient. IDS should not only be complete and understandable for the patient, but also form the patient's responsibility for maintaining their health. All this is possible only when forming a single album of IDS in the areas of dental care, approved by the professional community. The requirements of the current legislation force us to move away from the laconic forms of IDS, lead to the expansion and increase in the volume of informed consent. All forms of IDS should be available for review to the patient before visiting and starting treatment, the doctor's task is not to read IDS to the patient or watch him read a typewritten text, but to answer questions about the essence of the service provided and possible treatment outcomes in this clinical situation. The doctor is not Cassandra, but a specialist who provides medical care and services within the framework of evidence-based medicine.

2. The conducted cross-consultation of dentists and patients shows serious differences between the perception of the process of special information on the part of doctors by patients. Patients, under the influence of society, have unrealistic ideas about possible outcomes in the provision of medical care. And they tend to put all the responsibility for treatment on the doctor and (or) the medical organization, taking a childish, consumer position. The work with the patient by the medical community should be based on the principles of compliance and equal responsibility of the medical worker and the person receiving medical care.

3. Defects in the design of medical documentation are associated with organizational miscalculations and personal characteristics of each person, and a doctor is primarily a person. As the experience of independent dental clinics has shown, defects in the design and maintenance of medical documentation are leveled by a standardized approach to the formation of a medical record and the fulfillment of diagnostic and treatment requirements provided for by clinical recommendations when transferring the card to electronic form.

4. Non-compliance by patients with the doctor's recommendations on the treatment and use of dental products at various stages of medical care in most cases lead to various types of economic losses, as well as cause complaints and conflicts.

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