Consent to medical treatment is considered essential in a doctor-patient relationship. However, cases of breaches abound. Informed consent involves the elements of information, comprehension and volition. The information provided must be sufficient, understandable and there must be no coercion or undue influence in its procurement. The purpose of this study was to investigate the extent to which informed consent is applied in clinical practice in Kenya. Aga Khan University Hospital (private) and Kenyatta National Hospital (public) were purposively selected for the study. The study sample consisted of 401 inpatients and 46 doctors drawn from the Surgical, Paediatric and Obstetrics and Gynecology departments. Data was collected using a pre-tested interview schedule for patients and a semi-structured questionnaire for doctors. The independent variables in the study were age, sex, marital status, occupation, income, languages spoken and education level. The dependent variables were information, comprehension and volition. The Statistical Package for Social Sciences (SPSS) was used to treat data. Data was presented using graphs, pie charts, frequency tables and percentages. The Pearson Chi Square test was used to test for relationships between variables. The findings of the study showed that the information provided to patients was not sufficient to procure informed consent since it focused mainly on diagnosis (82.8%). There was a disparity in the responses of information provided on risks (patients 23.1%, doctors 76.1%) and benefits (patients 31.1%, doctors 91.3%). The Pearson Chi Square test was used to test for relationships between variables. The findings of the study showed that the information provided to patients was not sufficient to procure informed consent since it focussed mainly on diagnosis (82.7%). There was a disparity in the responses of information provided on risks (patients 23.1%, doctors 76.1%) and benefits (patients 31.1%, doctors 91.3%). The Pearson chi square test showed a significant association between marital status and whether any information was provided or not ($x^2=8.569$, df =1, $p=0.003$). The oral method (words) was predominantly (80%) used to provide information to patients. Although a majority (84.2%) of patients said they understood the information provided only 58.7% of the doctors' concurred. The use of technical language was identified as a major barrier (patients 21%, doctors 33%) to comprehension. The Pearson chi square test showed a significant association between marital status and whether one asked questions on medical treatment or not ($x^2=14.633$, df = 1, $p=0.0001$). Although most (92%) patients provide consent voluntarily, 55.4% of the patients did not know they had an option to accept or decline treatment. The Pearson Chi square test showed a significant association between volition and marital status ($x^2=7.702$, df =1, $p=0.006$). The Pearson Chi square test also showed a significant association between department and type of consent given ($x^2=81.9$, df =2, $p=0.000$). Written consent was more likely to be provided in the surgical department where invasive procedures are carried out. The study concludes that information provided to patients prior to obtaining consent is insufficient, findings on comprehension are inconclusive and patients provide consent without coercion or undue influence. The results of this study lead to the inexorable conclusion that although consent is obtained in clinical practice in the two hospitals under study, it is not informed and comprehensible. The study recommends training of medical doctors on the art of communication in order to enhance the doctor-patient relationship. It also recommends that the Ministry of helath enhance public education and awareness on medical rights and develop National guidelines for the process of obtaining informed consent.

Supervisors:
Prof. Moni Wekesa
Dr. Andre Yitambe