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Comparative analysis of informed consent for spine surgery in patients in Ethiopia and Poland and the importance of verbal contact with patients based on the medical mission "Polish Medical Team Helping Hand"

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Abstract

The authors present a comparative analysis of the issue of legal consents for surgical procedures between Ethiopia and Poland. The analysis is based on the procedures performed as part of the Polish medical mission "Polish Medical Team Helping Hand". As part of this project, the authors performed ten surgical procedures for percutaneous spine stabilization in soldiers injured during the war with gunshots of the spine and after falling from a height. All soldiers signed informed written consent to the procedure. However, the authors noticed a significant role of additional oral/ verbal (not written) information in discussing the details of the procedure, which in Polish hospitals must be in writing for formal and legal reasons. The authors conclude that while the written consent for surgical treatment is key and necessary both in Poland and in Ethiopia, in the case of medical procedures performed in Ethiopia, oral communication between the doctor and patients and oral explanations are more binding even regardless of the language barrier.

Keywords: informed consent, spine surgery, Ethiopian neurosurgery

Introduction

The "Polish Medical Team Helping Hand" (Figure 1) medical mission took place on 14- 19.02.2022. During those days, a team of doctors and nurses in Poland performed 10 surgical procedures to stabilize the spine after injuries. All procedures were performed in Armed Forces Comprehensive Specialized Hospital in Addis Ababa in Ethiopia.



Figure 1. Medical mission logo „Polish Medical Team Helping Hand"

In 9 cases they were bullet injuries of the spine, and in one case, a fall from a height. The operated patients were 18 - 24 years old Ethiopian soldiers injured as a result of military

operations (domestic war). As a result of spine injuries, significant instability was found. The instability resulted from the destruction of the anatomical structures of the: facet joints, pedicles, lamina. The injuries were chronic, the mean time between the incident and the neurosurgical procedure was 2.54 months. In one case, the spinal injury resulted from a fall from a height - it was a 24-year-old commando after a parachute jump. In the case of injuries, in no case was it necessary to remove the projectile, as these injuries were shot through, both in the entrance and exit wound (scar). All patients after spinal gunshots had severe neurological symptoms resulting from irreversible damage to the nervous structures. They were in a wheelchair or on crutches and were people with a high degree of motor disability. All patients were conscious, aware and had the possibility to make decisions about themselves. All patients signed an informed consent for surgery and possible blood transfusion. Neurosurgical procedures involved stabilization of the percutaneous, minimally invasive spine surgery (MISS) using percutaneous systems. These systems enable the operation of even extensive stabilization operations with less tissue trauma and in a shorter time, and it was their introduction to Ethiopia that was the goal of our medical mission. These systems were not used in Ethiopia. Theoretically known by medical personnel, and completely new to the operated patients (soldiers injured during the domestic war). All operated patients spoke Amharic, and the command of English was below the level of full communication. The author put attention to the language barrier between Polish staff and patients, despite the fact that direct contact between Polish staff and patients was maintained, it was necessary to translate and mediate doctors from Ethiopia. The technical details of performing MISS procedures were explained to patients (soldiers) during interviews conducted by Polish neurosurgeons in English and with translations of Ethiopian neurosurgeons (Figure 2). The authors note that the patients awaiting surgery did not show any demanding attitude. The patients trusted the doctors from Poland, being aware of the limited communication and the fact that the method they will be treated in is completely pioneering and unknown in Ethiopia. In the authors' opinion, in comparison with Polish doctor-patients reports, Ethiopian relations are based more on verbal communication.



Figure 2. Ethiopian patient, Polish neurosurgeon (ZS) and Ethiopian neurosurgeon (SMM). A: before surgery, B: after surgery

Legal basis

In the legal system of the Republic of Poland, there are 3 normative legal acts regulating the issue of informed consent to medical procedures: The Act on the Medical Profession (pol. *Ustawa o Zawodzie Lekarza*), The Code of Medical Ethics (pol. *Kodeks Etyki Lekarskiej*), and Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine [1]: Convention on Human Rights and Biomedicine known as European Bioethical Convention. The third legal act is a document of the European Union (EU), so apart from Poland, it is binding and requires obtaining consents for medical procedures in all EU countries. Informed consent to all medical procedures is mandatory also in Ethiopia [1]. It was found that pursuant to Art. 52 of the Ethiopian Council of Ministers Regulation No. 299/2013 (amh. ስነ ጥበብ. የኢትዮጵያ የሚኒስትሮች ምክር ቤት ደንብ ቁጥር 299/2013 52) , medical services cannot be used without the patient's informed consent. informed consent of the patient ” [2]. In this respect, the legal requirements in Poland, Ethiopia and other countries of the world are the same.

Discussion

The authors reviewed the available literature on the subject of informed written consent and its limitations, based on international and Ethiopian literature. According to International Trauma Anaesthesia and Critical Care Society (ITACCS), informed consent form merely as a legal document could be due to the limited number of people who

are educated enough to read and understand the information that could be presented in the form [3]. Therefore, in our analysis, we emphasize the importance of verbal communication, especially in the case of less educated patients who do not know the method of treatment (in the authors' opinion, Ethiopian soldiers qualify for such a group of patients) [3].

Siddiqui et al. (2010) confirmed that when it comes to the clarity of explanations in the informed consent process, 29.6% of respondents said they were not clear, while the rest said they were clear or partially clear [4]. Which is consistent with our observations, because during the "Polish Medical Team Helping Hand" explanations in writing were not fully clear to the operated patients, due to the fact that MIS was a completely innovative method in Ethiopia. Therefore, it was supplemented with verbal contact [4]. In contrast, in a study in Pakistan, 54.7% of patients said the explanations were unclear. One-third of the respondents did not feel they were well informed about the explanations they were given about the medical procedure [5]. This may be due to insufficient ability to ask questions, fear of explanations, language barrier or the use of technical / medical words by doctors. In our case, however, the language barrier was compensated by the enormous degree of trust and mutual empathy between Polish medical staff and Ethiopian patients [5].

Chane et al. (2020) assessed the written consent for patients based on their experiences in St. Paul's Hospital Millennium Medical College (SPHMMC) [2]. He emphasized that the quality of informed consent is poor in the surgical ward of SPHMMC. According to Chance et al. (2020) the hospital administration (surgical department) should develop a protocol on the amount of information disclosed to patients before surgery and train all medical personnel [2].

Conclusions

1. Written and informed consent to surgery is essential and necessary regardless of the state. It is a global requirement and only true for formal and legal reasons. It is absolutely valid both in Europe, Africa and other parts of the globe.
2. Depending on local customs in the communication between the physician and the patient and the claiming attitude accepted in the social consciousness, the role of oral consent or oral explanations of the physician towards the patient may play a different role. In the case of Polish customs (where the level of entitlement seems to be important), all information about a medical procedure must be expressed in writing, in the case of cultures and

societies, with a greater level of trust and empathy for doctors, oral explanations seem to be binding even regardless of the language barrier.

Abbreviations

- EU - European Union
- MISS - minimally invasive spine surgery
- SPHMMC - St. Paul's Hospital Millennium Medical College

Declarations

- Availability of data and materials: All relevant data are within the paper.
- Competing Interests: The authors declare that they have no conflict of interest.

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