



Filling in Informed Consent in the C-Section Operations Section of Subang Regional General Hospital



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Abstract

This study aims to analyze the percentage of complete informed consent, especially in the cesarean section, and describe the results obtained. The research method uses a qualitative descriptive method. Data collection techniques using observation, interviews, and literature study. The population in this study was the medical record file on the patient's informed consent sheet for cesarean section in January and February 2022 at the Subang Regional General Hospital, with a sample of 55 patients, and the number of informants interviewed as many as 2 people. The results showed that the completeness of informed consent for cesarean section at Subang Hospital was still not following the minimum service standards for informed consent quality according to the Ministry of Health which had to be filled out as much as 100%.

Keywords

*c-section operations;
Subang Hospital;
health;
informed consent,*

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Contents

Abstract	1511
1 Introduction	1512
2 Materials and Methods	1513
3 Results and Discussions	1514

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4	Conclusion	1517
	Acknowledgments.....	1517
	References	1518
	Biography of Authors	1519

1 Introduction

Health is a basic need that is very important for every human being, so health is one of the things that must be maintained and considered. With a healthy life, every human being can carry out their daily activities well. (Sandika, 2018). Therefore, the government seeks to realize a good and quality health service by building health facilities in the form of hospitals.

Hospital is a health service institution that can provide optimal health services to the community by being able to receive inpatient services, as well as outpatient and emergency services following the Minister of Health Regulation No. 44 of 2009. The task of the hospital is to provide useful services to the community by prioritizing the healing and recovery of patients, and accelerating the improvement of health status for the people of Indonesia.

Administering health in hospitals is inseparable from the role of medical records and every hospital is obliged to organize medical records, according to Hatta et al. (2010). That the Medical Record is in the form of a file containing documentation, namely records that include patient identity, examination data, treatment prescriptions, as well as patient actions and other service actions that have been given to patients with low no. 269/2008. The completeness and accuracy of the contents of the medical record are very useful both for patient care and treatment, as legal evidence for hospitals and doctors, and for medical and administrative research purposes (Agustin et al., 2020; Farlinda et al., 2017).

Medical records can be used as a means of health information for patients so that the actions given by doctors can be recorded in the medical record file as the patient's or family's consent based on information or also called *informed consent*. *Informed consent* is a file containing approval for medical action given by the patient or closest family after receiving a complete explanation of the medical action to be taken by the patient low no. 290/2008 (Maisaroh & Irfan, 2020). Before performing a medical procedure, the patient will receive information about what action will be given. However, sometimes the information provided is unclear and difficult to understand by the patient or family, so the decisions given are inaccurate and can harm the health services they receive, such as malpractice and medication errors (Istikomah et al., 2020; Setijaningsih & Prasetya, 2020).

The purpose of *informed consent* is to protect patients from illegal doctor's actions and actions that are not medically necessary without the patient's knowledge and can provide legal protection to doctors from any medical actions that have risks to avoid patient demands (Hutauruk, 2018). Completeness of *informed consent* greatly affects the quality of home services Sick. Therefore, *informed consent* must be filled out clearly and completely by the patient and his family and related health workers.

Completeness of *informed consent* is very important for the implementation of health services because through *informed consent* an agreement or agreement can be formed in the health sector, with the agreement can be a determining factor and can foster a sense of security and comfort for doctors or health workers to carry out their duties as service providers Health. If the *Informed Consent* is incomplete, it will have an impact on the safety of health care providers, especially if there is a possibility of a dispute between the patient and the doctor or hospital in the future, and the information contained in the medical record will be inaccurate, inaccurate and cannot be used as a tool evidence of the claim if something happens that harms the patient (Paterick et al., 2008; Fitzgerald et al., 2002; Joffe et al., 2001).

For every operation in a hospital, *informed consent must be made*, one of which is a *cesarean section*. *Cesarean section* is the process of giving birth to a fetus by giving an incision in the uterine wall through the front wall of the abdomen (Husni, 2015). Filling in *informed consent* for the operation of the *cesarean section* must be filled in completely, if it is not filled out completely it will have an impact if there is a misunderstanding between the patient and the doctor or hospital, so it cannot be used as evidence because it is not accurate. Even if the *informed consent* has not been filled, the *cesarean section* cannot be performed (Forti-Buratti et al., 2017; Islam et al., 2022; Wang & Zhang, 2009).

*Literature review**Hospital*

Hospital is a health service institution that can provide complete health services by providing inpatient, outpatient, and emergency services low no. 44, 2009.

Medical records

Medical Record is a file containing records and documentation which includes patient identity, examination, treatment, and other actions and services that have been provided to patients Minister of Health Regulation, No. 269/2008 concerning Medical Records. Medical records aim to support the achievement of an administrative order to improve health services in hospitals (Novita, 2016). Without the support of a good and correct medical record management system, the orderly administration of the hospital will not be as successful as expected. Because orderly administration is one of the determinants of health services in hospitals

Informed consent

Informed consent is a file containing approval for medical actions that are allowed by the patient or the patient's closest family, after receiving a complete explanation from the medical personnel regarding the medical follow-up to be carried out on the patient, Minister of Health Regulation, No.290/2008 concerning Approval of Medical Action. Informed consent must be filled out clearly and completely by the patient and his family and related health workers. If the Informed Consent is incomplete, the information contained in the medical record will be inaccurate, and inaccurate and cannot be used as legal evidence (Wang & Luo, 2005; Haines et al., 2006).

Section cesarean

Cesarean section is the process of giving birth to a fetus by giving an incision in the uterine wall through the front wall of the abdomen (Sofian, 2012).

2 Materials and Methods

The research method can be done by collecting various data and information that can support the research that will be carried out by the author. The research method will be able to provide an overview of the design to be taken, which may include the population, the sample to be taken, and so on.

The research method used is a descriptive method using a quantitative approach. The descriptive method was used to describe the completeness of *informed consent of cesarean section* patients at Subang Regional General Hospital (Moleong, 2017). Quantitative research was carried out by calculating the percentage of complete *informed consent*, using observation techniques on the patient *informed consent form in the cesarean section*, then conducting interviews with the head of medical records and the head of the *ob-gyn polyclinic* at the Subang Regional General Hospital to deepen the research. The population in this study were all medical records of *cesarean section patients* at the Subang Regional General Hospital in January and February 2022, totaling 122 medical record files and taking samples using random sampling techniques and taking samples using the solving formula.

Formula:

$$n = \frac{N}{1 + Ne^2} = \frac{122}{1 + 122 \times 0,1^2}$$

$$\frac{122}{2,22}$$

$$= 55$$

Information:

n: Number of Samples

N: Total Population

e : Error Tolerance Limit (10%) = 0.1

The data collection technique used is observation and interviews, in which the researcher conducts direct research on the medical record files of *cesarean section patients* by analyzing the completeness of the *informed consent sheet*, and Interviews were conducted with 2 respondents, namely the head of the Medical Record and the Head of the Obgyn Polytechnic of the Subang Regional General Hospital.

3 Results and Discussions

Table 1

Percentage of Filling in Patient Identity Completeness for *Cesarean Section Operations* at Subang Regional General Hospital January – February 2022 (n=55)

No	Data	Completeness			
		Yes		No	
		N	%	N	%
1	Patient's name	55	100%	0	0%
2	No. Medical Records _ _	3	5.5%	52	94.5%
3	TTL (Place of Birth Date)	38	69.1%	17	30.9%
4	Gender	18	32.7%	37	67.3%
5	Address	28	50.9%	27	49.1%
Average		51.6%		48.4%	

Source: Research Observation Results at Subang Hospital

Based on the table above, it can be seen that the results of the percentage of filling in the completeness of the patient's *informed consent for cesarean section surgery* in January – February 2022 at the Subang Regional General Hospital (Saifudin & Ardani, 2017). The highest percentage of incomplete filling was found in item No. RM as many as 52 sheets with a percentage of 94.5 %.

Table 2

Percentage of filling in the completeness of the giver of consent (recipients of information) for *cesarean section patients* at the Subang Regional General Hospital January-February 2022 (n=55)

No	Data	Completeness			
		Yes		No	
		N	%	N	%
1	Name	55	100%	0	0%
2	Age	55	100%	0	0%
3	Gender	22	40%	33	60%
4	Address	55	100%	0	0%
Average		85%		15%	

Source: Research Observation Results at Subang Regional General Hospital

Based on the table above, it can be seen the results of the percentage of completeness filling *informed consent of cesarean section patients* in January-February 2022 at the Subang Regional General Hospital, (Imas, Masturoh, S. M., (2018). The highest percentage results in filling out the completeness of the consent giver

(recipient of information) were found in the name, age, and address items as many as 55 sheets with a percentage of 100%, and the highest percentage of incomplete filling was found in the gender as many as 33 sheets with a percentage of 60%.

Table 3

Percentage of filling in the completeness of important reports for *cesarean section patients* at Subang Regional General Hospital January-February 2022 (n=55)

No	Data	Completeness			
		Yes		No	
		N	%	N	%
1	Dr. Action	54	98.2%	1	1.8%
2	Name of Informer	51	92.7%	4	7.3%
3	Information Recipient Name	52	95%	3	5.5%
4	Position	51	92.7%	4	7.3%
5	Relation with Patients	47	85.5%	8	14.5%
6	Working Diagnosis	55	100%	0	0%
7	Differential Diagnosis	47	85.5%	8	14.5%
8	Actions Done _	49	89.1%	6	10.9%
9	Action Indication	19	34.5%	36	65.5%
10	Procedures	4	7.3%	51	92.7%
11	Action Risk	3	5.5%	52	94.5%
12	Complications	3	5.5%	52	94.5%
13	Prognosis	3	5.5%	52	94.5%
14	Alternatives and Risks	2	3.6%	53	96.4%
	Average		57.2%		42.8%

Source: Research Observation Results at Subang Regional General Hospital

Based on the table above, it can be seen that the results of the percentage of filling in the completeness of *informed consent for cesarean section patients* in January-February 2022 at the Subang Regional General Hospital (Isnaeni, 2018). The highest percentage of incomplete filling was found in Alternatives and Risks as many as 53 sheets with a percentage of 96.4 %.

Table 4

Percentage of filling in the completeness of authentication for *cesarean section patients* at Subang Regional General Hospital January-February 2022 (n=55)

No	Data	Completeness			
		Yes		No	
		N	%	N	%
1	Signature n Doctor T you The Recipient of the	35	63.6%	20	36.4%
2	Information	55	100%	0	0%
3	Date	52	94.5%	3	5.5%
4	Hour	19	34.5%	36	65.5%
5	Witness 1 's hand _	55	100%	0	0%
6	Witness 2 hands _ _	42	76.4%	13	23.6%
7	Signature of Approval _ _	55	100%	0	0%
	Average		81.3%		18.7%

Source: Research Observation Results at Subang Regional General Hospital

Based on the table above, it can be seen that the results of the percentage of filling in the complete *informed consent of cesarean section patients* in January – February 2022 at the Subang Regional General Hospital, the

highest percentage results in filling out Authentication were found on the items Signature of the Information Recipient, (Rahmadiliyani, 2018). Sign of Witness 1 and Signatures of the Approval as many as 55 sheets with a percentage of 100% and the highest percentage of incomplete filling was found in the Hours as many as 36 sheets with a percentage of 65.5%.

Interview result

Interviews in this study were conducted in January 2022, and the interview technique used was guided free interviews. (Sarosa, 2012). The aim was to find out the opinions of the two respondents/informants, namely the medical record and the head of the ob-gyn poly ob-gym Subang Regional General Hospital regarding filling out the completeness of *informed consent* at the Subang Regional General Hospital.

Based on the results of interviews with the two respondents/informants that the provision of information and filling out *informed consent* at the Subang Regional General Hospital is good enough, but sometimes the explanations given are not clear and difficult to understand so that the patient and the patient's family do not understand the information (Inscription, 2017). Then the factors that cause incomplete *informed consent* are sometimes doctors are busy and doctors do not complete the submitted *informed consent form*, so the *informed consent form* is incomplete, sometimes doctors even only fill out the form at the top and sign. Finally, the nurse or midwife completes the orders of the DPJP. As for the rules regarding filling out the *informed consent* itself, there are no direct specifics yet. Efforts to minimize incomplete *informed consent* have been carried out quite well (McMullan, 2006; Basner et al., 2014).

Discussion

Based on the results of the analysis, it was found that there was still incompleteness in filling out *informed consent* at the Subang Regional General Hospital. On average, filling in the completeness of the patient's identity was 51.6 % and 48.4% was not filled out completely (Indradi, 2017). On average, the completeness of the approval giver (recipient of information) is 85% and 15% is incomplete. On average, the completeness of important reports was 57.2 % and 42.8% were not filled out completely.

The results of filling out the completeness of filling out the *informed consent* above can also be caused by the lack of attention from doctors and nurses, doctors do not provide and convey information to patients about the actions to be taken either regarding procedures or the risks caused, (Bukovsk, 2017). So that patients do not fully know what will happen occurred after the operation. It is not compatible with Law No.29, 2004 the *informed consent* sheet must at least be filled in, namely the diagnosis and procedures for medical action, the purpose of medical action, alternatives and risks, risks and complications that may occur, and the prognosis of the action to be taken (Tolmacheva et al., 2021).

The average number of filled-out authentication items was 81.3 % and 18.7% were not filled out. So from the results of the research above, it is still not in accordance (Alfiansyah, 2020). That the minimum service standard for filling out complete *informed consent* must be 100% complete. Filling out the completeness of *informed consent* is very important because if the medical action taken causes harm to the patient and causes the hospital or doctor to face criminal and civil charges in the future, informed consent can be used as legal evidence in court.

The provision and explanation of medical action information *and informed consent* submitted to patients must use clear and easily understood language by the patient and the patient's family (Al Faruq, 2015). Based on the results of observations or interviews with respondents/informants at the Subang Regional General Hospital, the provision and explanation of medical actions and *informed consent* have been carried out quite well. According to the head of the ob-gyn polyclinic, before taking medical action, the previous doctor will provide information, when the doctor's explanation is not understood and the doctor gives an order to the head of the body polyclinic or midwife, they will explain again about the information on the medical action to be taken. Until now, filling out the complete *informed consent* at the Subang Regional General Hospital has been done quite well.

4 Conclusion

- 1) *Informed consent* is a file containing approval in medical actions that are allowed by the patient or the patient's closest family, after receiving a complete explanation from the doctor or other medical personnel, regarding the medical action to be taken for the patient concerned. The purpose of *informed consent* is to protect patients from illegal doctor's actions and actions that are not medically necessary without the patient's knowledge and can provide legal protection to doctors from any medical actions that have risks to avoid patient demands.
- 2) From the research that has been done, the author can conclude that the results of the analysis of the research on the analysis of filling out the completeness of *informed consent* in the *cesarean section operation* At the Subang Regional General Hospital, it was found that the average filling in the completeness of the patient's identity was 51.6% and 48.4% was not filled out completely. On average, the completeness of the approval giver, and recipient of the information is 85% and 15% is incomplete. On average, the completeness of important reports was 57.2 % and 42.8% were not filled out completely.
- 3) These results can be caused by the lack of attention from doctors and nurses, doctors do not provide and convey information to patients about the actions to be taken either regarding the procedures or the risks caused so that patients do not fully know what will happen after the operation.
- 4) The average number of filled-out authentication items was 81.3 % and 18.7% were not filled out. So from the results of the research above, it is still not following that the minimum service standard for filling out complete *informed consent* must be filled out as much as 100%. Factors that cause incomplete filling of *informed consent* Doctors are busy, which sometimes makes doctors forget to complete the *informed consent form* that is submitted, so that the *informed consent form* is incomplete, sometimes doctors even only fill out the form at the top and sign. Until now, filling out the complete *informed consent* at the Subang Regional General Hospital has been done quite well

Suggestion

- 1) The hospital should make a policy so that the informed consent is filled out completely.
- 2) The medical record officer must immediately convey incomplete informed consent to the relevant parties if found.
- 3) Doctors or nurses must immediately fill out an informed consent form to prevent negligence in filling out informed consent.

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