

Significance of Treatment Consent, Pre Interaction work up and Clinical Documentation During COVID-19 in Dental Clinics

Abhimanyu Sharma¹, Sunil Chaudhary², Ishaan Chawla³, Shrish Gautam⁴, Jyoti Ahlawat⁵

¹Senior Research Associate, Department of Oral and Maxillofacial Surgery, ESIC Dental College and Hospital, New Delhi, ²Associate Professor, Department of Oral Medicine, ESIC Dental College, New Delhi, ³Advocate, Delhi High Court, New Delhi, ⁴LLB Resident, Institute University, Bhopal, ⁵Consultant Endodontist, New Delhi.

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Abstract

Consent from the patient is a very pertinent part of clinical case taking. It is in the patient's right to know about the treating doctor, facilities in the clinic and the treatment procedure that is to be performed. Informed consent between the doctor and the patient should be mutual and explained to the patient in his own language or a language he understands. Consent is a very important aspect of maintaining medico legal records along with treatment notes, radiographs, clinical pictures and prescription record of the medicines prescribed. Medico-legal incidents around the globe have become increasingly common. Informed consent and maintenance of clear records will unequivocally benefit both the doctor and the patient.

The COVID-19 has posed a threat to countries globally and governments and health authorities all over the globe have issued stringent guidelines regarding treatment modalities of varying medical conditions, judicious selection of cases according to priority as well as the added responsibility of the health worker to inform the authorities about any probable or confirmed COVID case. This in turn will help contain the cases within a restricted area. Authors believe that an exclusive COVID-19 consent form is the need of the hour along with routine consent for a prevention of negligence and prevention of medico-legal infringement of laws.

. **Keywords:** COVID-19; Medico-legal; Consent; Negligence; Medical Records.

Introduction

It will be a matter of surprise if there is any health care agency in our nation, which is operational without practising the philosophy of Informed Consent and Proper Documentation of details of Patients and their treatment.

Both Consent forms as well as Case documentation serve multiple purposes, such as, legal protection for both patient and doctor in criminal or malpractice case. Consent is not simply a form, it an assurance that ethical practice is being followed. Also, if consent is not given willingly or is refused, then fraud or deception can be suspected and noted.

Informed consent has been called a "fallacy of law" since it is impossible for a patient to understand the risks and benefits of a procedure from the standpoint of an expert.¹ However, it is an extremely advantageous process, from a therapeutic or communication standpoint, since it helps the patient understand why a procedure is necessary. Understanding will increase patient compliance or consequence.

It is very important for the treating doctor to properly document the management of a patient under his care. Medical record keeping has evolved into a science in itself. These documents in today's times are vital evidence for a doctor to prove that correct advice was given, the consequences of the treatment was in the knowledge of the patient and/ or the treatment was carried out properly in cases of alleged negligence by doctors, which if proven guilty, leads to suspension of medical license.

Therefore, keeping physical or electronic records of the patients not only protects the doctors and their

Corresponding Author: Abhimanyu Sharma, Senior Research Associate Oral and Maxillofacial Surgery ESIC Dental College, Rohini, New Delhi .

E-mail: asmaxfac@gmail.com

reputation but also helps the patient in being more aware of their medical history. Moreover, it will also be of immense help in the scientific evaluation and review of patient management issues.

Medical records form an important part of the management of a patient, a properly obtained consent will go a long way in proving that the procedures were conducted with the concurrence of the patient. A doctor is the primary person who has to oversee this process and is primarily responsible for history, physical examination, treatment plans, operative records, consent forms, medications used, referral papers, discharge records, and medical certificates.

Keeping the aforementioned in view, the purpose of this paper is to explain and analyse the importance of consent and medical records with respect to COVID-19. The term "COVID-19" has become popular in the current scenario as the entire globe is struggling and putting up a fight against the pandemic to the best of their capacity.

COVID-19, as it is popularly known, is basically a contagious viral infection with mild to severe symptoms and clinical conditions such as fever, cough, respiratory distress and possible death. As per the existing knowledge, the virus spreads through droplet infection, which means that if a person infected with this virus sneezes, coughs or touches his face (specifically mouth or nose) and later comes into contact with tangible areas that are accessible by others, he ends up leaving traces of the virus which is when touched by others raises a possibility of spreading the infection.

Reportedly, the infection originated in the Wuhan Province of China, in the last Quarter of 2019 with its international presence being detected in a few countries by mid-January, 2020 post the celebration of Chinese Lunar New Year. By mid-March, almost 180 countries were affected.

It is important to note that as this is a rapidly spreading contagious viral infection, those countries that underestimated its consequences faced COVID related mortality in millions and deaths in thousands. It was only after the 11th of March, 2020 when WHO declared COVID-19 as a Pandemic (a disease which has spread across all geographic areas of the world) nations started becoming more vigilant about taking steps to control the spread of infection.

In India, a process called "Lockdown" was introduced from 23rd March 2020 onwards like many other nations doing the same before or after this date. A lockdown means a condition in which

the citizens are requested to stay indoors, all modes of transportation cease to operate, all forms of public gathering for professional purposes (courts, offices, factories etc.) and personal gatherings (Marriage functions, funeral, rallies etc.) are put to hold. Only essential services such as Health Services, Defence, Police and Dairy and Food supplies are allowed to function. The aim behind doing so is to minimise inter personal contact at all levels, in order to reduce cross transmission of the virus leading to overall reduction of number of cases and to save healthcare services from being over burdened by the same.

After lockdown, one of the possible places for cross contamination are healthcare setups, specifically dental clinics, where there is abundant personal contact with the patient is if any treatment is needed.

To illustrate the seriousness of the situation, in case where a patient who is infected by COVID-19 but is yet to develop signs and symptoms happens to visit any healthcare facility may infect the doctor and supporting staff of the clinic by coming in their close proximity. The health care team which might get infected by this will happen to examine and help many other patients which may get contaminated and thus, it raises the possibility of further contamination of family members that may include minors and senior citizens who are more vulnerable and susceptible to catch the disease due to compromised or weak immune status.

In times when almost all services have ceased to be operational at full capacity with limited and only essential activities, health care centres can act as a gate way for cross contamination of this pandemic and arguably the onus of the same would lie with the doctor in-charge of that centre.

As we have already discussed the importance of Consent and Medical records, we would like to further highlight the significance and importance of exclusive COVID-19 form for Health care setups to be practiced before initiating any treatment of the patient with a purpose to withhold the spread of infection.

Elucidation:

In the wake of the prevailing COVID-19 situation and in order to strengthen the containment measures, it is of utmost importance that each and every case (suspects/confirmed) of COVID-19 is isolated and provided appropriate treatment and their contacts are traced at the earliest to break the

chain of transmission.

As per Government of India directives, it shall be mandatory for all hospitals both Government and Private (including private practitioners) to notify suspected COVID-19 affected persons to concerned district surveillance unit. All practitioners shall also get the self-declaration forms, who, within their knowledge, are having travel history of COVID-19 affected countries as per the extant guidelines and are falling under the case definition of COVID-19 (Suspect/Case) In case the person has any such history in the last 14 days and is symptomatic as per case the definition of COVID-19, the person must be isolated in the hospital and will be tested for COVID-19 as per protocol.

Information of all such cases should be given to the State helpline number and also to national helpline 1075 or to intimate by email at ncov2019@gov.in.

The Government has defined COVID-19 case as a patient with acute respiratory illness (fever and at least one sign/ symptom of respiratory disease (e.g., cough, shortness of breath) and a history of travel to of residence in a country/area or territory reporting local transmission as well as A patient with severe acute respiratory infection (fever and at least one sign/symptom of respiratory disease (e.g., cough, shortness breath) requiring hospitalisation and with no other aetiology that fully explains the clinical presentation.

Though with general consensus, directives of governing bodies and regulations of Govt of India, currently almost all dental clinics are either non-functional and dealing with patients on telephonic consultation to prescribe the needful medication through social media such as video calling, WhatsApp messenger or routine call. We would like to propose that for the purpose of records and documentation for future reference and medico-legal consideration, it is better if the Dentist can request for a written description of complaint through text along with best possible photograph from patient before concluding to a provisional diagnosis and prescribing medication.

In case of dental emergencies, the Dentists may have to address the patient clinically and in our understanding, sooner or later, dental clinics around the nation will start functioning as per the pre-COVID-19 routine.

If epidemiologists and experts are to believe this virus is here to stay for a long time thus keeping all the possibilities of spread awake irrespective of Restrictions on Transportations or Services thus

the probability of possible COVID infected patients will remain alive.

Studies have shown that Dentists are among the most vulnerable professionals to get infected. This is because the virus tends to travel with aerosols from Naso-Oro-Pharyngeal Space through coughing, sneezing, spitting, or even breathing in case of high viral load; and almost all the clinical procedures in dentistry involves production of a high amount of aerosols. These aerosols may directly infect the dentist and supporting staff or may contaminate the interiors of dental clinic which ultimately will infect anyone who happens to visit the premises.

Any person may carry many morbidities at a point of time. for example a patient who is diabetic, can also be a heart patient, a patient of hypertension or cataract at the same time; likewise any patient who is visiting a dental clinic for any emergency procedure now or for an elective procedure once health services become fully operational, may happen to be a patient of COVID-19, a person with only initial symptoms of COVID-19 or may share proximity or relation with any demographic which can be a possible source of Virus which may raise a suspicion or maybe an asymptomatic carrier or the virus.

The team of authors after going through literature and discussion from the point of both medical and legal aspects suggests that it is crucial to introduce an exclusive COVID-19 Information cum Consent form in clinical practice where the ultimate onus lies on the clinician to keep detailed information. Dental clinics are vulnerable spots for transmission of the pandemic infection as they act as a bridge between an already infected patient and another patient who knowingly or unknowingly may get infected.

Routine consent form usually mentions the diagnosis, treatment plan, complications if any, along with treatment charges. This comes into picture once the consultation has been done by the doctor and the patient decides to go ahead with the needful treatment.

In our opinion, a COVID-19 Information and Consent form should be introduced in the clinic which should be given to the patient before starting of any sort of clinical interaction in person, even if it involves discussion of complaint on dental chair or entering the operatory.

The purpose of this form will be to look for any COVID-19 related sign or symptom which may or may not be present at the moment but can possibly occur in the future. It also checks if the patient

can be a possible carrier and at the same time to assure him that the doctors and their supporting staff are taking all due care and precautions while treating each and every patient and thus cannot be held liable later if an allegedly non-infected patient claims to have caught the infection from the dental clinic. Through this consent form, the patient will be legally bound to share all information, true to the best of his knowledge and hiding or misrepresenting any fact or intentionally giving false information can be an act of tort.

Depending upon the response, the dentist may decide to opt for a COVID-19 confirmation test prior to any dental treatment, or to keep the patient under observation for a couple of days for development of any sign or symptom of COVID-19 or may choose to inform the aforementioned authorities if deemed necessary.

Another significance of this Information cum consent form would be in case of detection of any COVID-19 positive case who happens to visit the clinic or turn out to be a patient infected with COVID19 within 14 days from visiting the dental clinic. The clinician may get himself and the supporting staff tested for the same. The clinician should also contact all other patients who visited the clinic around that time and request them to self-quarantine and check for any symptoms and visit a physician, if necessary. The dentist may also have to reproduce the entire data and details of patients being treated during that time frame to government officials to enable them to act, restrict and deal with possible cases.

The Authors are emphasising on noting and duly checking any Govt approved ID in the consent form as the possibility of people forging the form and details cannot be ruled out directly.

Having thorough details of all the patients will be great help to the Govt Officials and police to track down the source and act accordingly.

Discussion

India is a nation with population over 1.2 billion. We have people with all sorts of mind set and nature, and we believe that by introduction of this form we may not be able to directly control the disease but definitely stop the notorious and anti social mindset and would be playing our role in the prevention and restriction of spreading the disease by maintaining record of all patients addressed or treated on agreement of giving consent to this form.

It is essential for all dental clinics to strictly

restrict to only emergency procedures, that too with use of proper PPE kit, sanitisation of clinic premises and autoclaving of all instruments.

We also advise all dental clinics to introduce a few norms such as one patient at a time, appropriate time gap between two patients, appointment so as to change the PPE and sanitisation of clinic premises, guidelines outside the clinic door so as to minimise hand to surface contact, etc.

Clinics should provide sanitisers and single use pens to be used for signature of consent to prevent patient to patient indirect surface contact. An Infrared thermometer and pulse oximeter would be a much appreciated step. Apart from this, an important task would be strict and proper disposal of bio medical waste and keeping record of the same. In case of any incidence of COVID-19 case detected in any one who works in the clinic or has been to the clinic, the doctor should inform the bio medical waste disposal vendor. As per the guidelines of Medical Council of India, all medical records should be maintained for a period of three years.

Conclusion

As a first line of protection against COVID-19 infection, pre-operative screening can be carried out relatively safely in the waiting areas of dental offices, thus filtering out the potential of cross infection to dental staff and other patients as well as their families from suspected or undiagnosed COVID-19 patients or carriers. Additionally, obtaining such detailed informed consent form exclusively for COVID-19 guidelines related information also addresses the medico legal aspects of dental interventions to safeguard the dental clinicians against misconduct or misrepresentation of information from the patients and the government health care system's concern in potentially identifying or isolating COVID-19 susceptible cluster areas in a population.

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