Short Communication

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Role of Video Consent in Plastic Surgery

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Abstract

Written Consent forms are lengthy and they tend to obscure important clinical details, and are written in a way to serve the interests and safeguard institutions and sponsors. The main challenge of writing an informed consent is to include all the details of the procedure and put it in such a way that the patient understands it thoroughly. In this article, we describe the use of audio-visual recordings to overcome the above said disadvantages and the challenges faced during the recording and solutions to the same.

Keywords: Consent; Video-consent; Adequacy of consent.

Introduction

Informed consent is a voluntary agreement by the patient for a surgical procedure. Though written consent is a standard practice in plastic surgery, it has various drawbacks, like ability of the patient to read for himself. Technological advances are introduced to avoid and overcome such drawbacks. Various departments have been using the video consent prior to surgery, but has not been reported of being used in Plastic Surgery. In this article, we describe the use of video consents in the Department of Plastic surgery and Telemedicine Division, JIPMER, and their advances and disadvantages over written Informed consent.

Methodology

This is a prospective observational study conducted in the Department of Plastic surgery and Telemedicine Division, JIPMER. In addition to written informed consent, video consent was taken by the surgeon from 5 patients, explaining to them verbally about the surgery, 1 day prior to the date of surgery. The patient was allowed to ask for any doubts that needed to be clarified.

The consent was taken using video camera and was stored in a secure data bank. The specifications of the video camera used are as follows:

- Image Sensor: 1/3.2-inch 5 M CMOS Sensor × 2
- Storage Media – Internal – 128 MB Flash Memory
- External – SD card (Up to SDHC 32 GB)
- Sensitivity – Auto
- Lens – F 3.2, f = 5.1 mm
- Movie – File Format H264 (AVI)
- Resolution 2D Movie: WVGA 648 × 480 60 fps, 720p 30/60 fps, 1080 p 30 fps
- Still Image: File Format: JPEG
- Zoom 2D : 10 ×
- LCD monitor: 3.2 Inch color LCD (320 × 480 pixels)

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- Focus Range : 1.2 m to infinity
- Exposure : Programmed AE
- LED Light - Effective Range < 1 m
- Mode On/Off
- White Balance: Auto/Sunny/Tungsten/ Fluorescent
- EV Compensation: - 2.0 EV to + 2.0 EV
- Shutter Speed: Video – 1/15 to 1/2000 second
    - Still – 2 to 1/4000 second
- Interface AV-out – NTSC/PAL/HDMI
    - MSDC: USB 2.0 High speed
- Power Supply – Li-ion battery NP120
- Dimensions – Approx 43 (W) × 68 (H) × 135 (D) mm
- Weight: Approx 232 m (excluding batteries and memory card), (Fig. 1).

The same video consent was applicable if patient surgery was postponed. A feedback form Fig. 2 was taken from the patients, and was found to be informative and satisfactory. No statistical analysis was done.

Discussion

Consent (Latin: Consentirez, meaning agree, give assent or the will to oppose) means voluntary agreement, compliance, or permission. Informed consent is a mechanism by which individual autonomy is exercised. It comprises of disclosure of information, competency, understanding, voluntariness and decision making.[1] In medical practice usually informed consent is documented by means of a written, signed, and dated form and a patient information sheet, which is signed by the patient and the doctor taking the consent. The

Fig. 1: Doctor taking informed video consent

Feedback Form

Name:	**Age:**	**Gender:**	**Hosp. No:**
Diagnosis			
Procedure			
Surgeon taking the consent			
1. Was video consent (with interaction) better than written consent			Yes/No
2. Were all your doubts clarified better by video consent or written consent			Yes/No
3. Did you get a better understanding of the surgical procedure			Yes/No

Fig. 2: Feedback form

essential principles of a consent are to provide all the details about the surgery, to ensure that the patient has understood every detail about the surgery and its complications, and thereby documentation of the patient's willingness for surgery.[2,3] It might hold good for literate patients, but for patients who are illiterate it is difficult for them to comprehend the contents of the consent.

Audiovisual recording of consent can bypass the above said disadvantage. Digital technology has transformed how people communicate, learn, and work; information is increasingly acquired and communicated online or through mobile devices.[5]

The advantages of the video consent is that it simplifies the consenting process, in that, it is reliable, transparent, and confirming and ascertaining that the patient has understood the procedure and is giving consent for the surgery wholeheartedly.

The main disadvantages of video consent are culture dilemma, unwillingness of patient to disclose his identity and willingness to discuss his ailment in the camera, interpretation of the body language and facial expression of the doctor by the patient and *vice versa*, language barrier, cost-effectiveness, and a high-risk of tampering with the records and painstaking effort to safeguard the digital records.[4]

Conclusion

Though Audiovisual recording of consents can be very useful and be saved for future references, the ability to ascertain whether the patient gave consent wholeheartedly or not is very difficult. AV recordings once made becomes an irreversible process and mistakes made by the investigator would be difficult to be corrected and can be misused. But in the current scenario, Video consents can overcome the disadvantages of informed written consent. Further research is required to validate the same.

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