DOI: 10.21088/ijfmp.0974.3383.19226.9

Indian Journal of Forensic Medicine and Pathology
Volume 19, Number 2, April - June 2026

ORIGINAL ARTICLE

Physicians' Perspectives about Consent in Medical Practice: A Questionnaire-Based Study

Sherin Prabu Raja[1], Dipayan Deb Barman[2]

HOW TO CITE THIS ARTICLE:

Sherin Prabu Raja, Dipayan Deb Barman. Physicians' Perspectives about Consent in Medical Practice: A Questionnaire-Based Study. Indian J Forensic Med Pathol. 2026; 19(2): 179-185.

ABSTRACT

Background: Consent is an ethical and legal requirement in medical practice. Informed consent involves obtaining the patient's permission and ensuring the patient's complete understanding of the nature, purpose, risks, and alternatives of a medical procedure. In India, awareness and practice with consent among medical students and professionals vary.

Aim: To assess understanding, attitudes, and practices regarding medical consent among medical students and trainees.

Methodology: A questionnaire-based study was conducted among 181 practitioners and Interns with 11 questions on physicians' perspectives on consent.

Results: Awareness of various types of consent in medical practice was reported by 149 participants (82.32%). Regarding a child over 12 years of age giving valid consent for a simple examination, 36.46% agreed. In cases involving intoxicated individuals, 70.17% believed consent should be obtained from police and examination done with minimal force. About telephonic consent, 60.77% rejected it in the absence of attenders. Most participants (70.17%) supported regular CME sessions on consent and medical ethics. The majority (76.80%) agreed that proper consent and documentation prevent negligence charges.

Conclusion: The study showed that while most participants have a good theoretical understanding of consent in medical practice, their knowledge of specific legal provisions and exceptional circumstances remains incomplete. The majority recognise the importance of written informed consent and documentation in preventing medical negligence, but uncertainty persists regarding consent

AUTHOR'S AFFILIATION:

[1] Postgraduate, Department of Forensic Medicine & Toxicology, SRM Medical College Hospital & Research Centre, Kattankulathur, Chennai, Tamil Nadu, India.

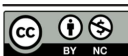
[2] Professor & Head, Department of Forensic Medicine & Toxicology, SRM Medical College & Research Centre, Kattankulathur, Chennai, Tamil Nadu, India.

CORRESPONDING AUTHOR:

Dipayan Deb Barman, Professor & Head, Department of Forensic Medicine & Toxicology, SRM Medical College & Research Centre, Kattankulathur, Chennai, Tamil Nadu, India.

E-mail: dipayandebbarman@gmail.com

➤ **Received:** 20-03-2026 ➤ **Accepted:** 24-05-2026



Creative Commons Non Commercial CC BY-NC: This article is distributed under the terms of the Creative Commons Attribution NonCommercial 4.0 License (http://www.creativecommons.org/licenses/by-nc/4.0/) which permits non-Commercial use, reproduction and distribution of the work without further permission provided the original work is attributed as specified on the Red Flower Publication and Open Access pages (https://www.rfppl.co.in)

from minors, intoxicated individuals, and consent obtained telephonically. We recommended incorporating structured teaching modules on medical ethics, consent, and medico-legal and conducting periodic Continuing Medical Education sessions.

KEYWORDS

• Informed consent • Medical ethics • Bharatiya Nyaya Sanhita • Medico-legal aspects

INTRODUCTION

Consent is a fundamental ethical and legal prerequisite in medical practice, ensuring respect for patient autonomy and safeguarding healthcare providers from allegations of misconduct or negligence.[1] The concept of informed consent extends beyond mere permission, encompassing the patient's comprehension of the nature, purpose, risks, and alternatives of any medical procedure. Multiple studies have revealed significant variability in the understanding and implementation of consent protocols among medical students and practitioners in India.[2,3]

Many studies indicate that while over 80% of undergraduate students were familiar with the term "informed consent," only half demonstrated adequate knowledge of its legal implications.[4–6] Similarly, although students recognised the importance of consent, their practical exposure to medico-legal documentation remained limited.[7,8] Many final-year medical students lacked clarity regarding the legal capacity to consent, particularly in exceptional circumstances such as minors and intoxicated patients.[9,10]

With the introduction of the Bharatiya Nyaya Sanhita (BNS), which replaced sections of the Indian Penal Code (IPC), the medico-legal framework surrounding consent has evolved, requiring medical professionals to stay up to date.[11–13] In this context, evaluating awareness, perceptions, and practices regarding consent among medical students and trainees is essential for identifying educational gaps and ensuring ethical compliance in clinical training.[14–16]

Hence, this study was undertaken to assess awareness, attitudes, and practices regarding medical consent among undergraduate and postgraduate medical students, and to identify areas requiring reinforcement through medico-legal education and CME programs.

MATERIALS AND METHODS

This questionnaire-based cross-sectional study was conducted over a period of six months with the objective to assess the knowledge and perspectives of the medical fraternity on specific aspects of consent. The study population included all medical interns and practitioners who were either working or undergoing training during the study period. The calculated sample size for the study was 180 participants.

Prior to participation, informed consent was obtained from all respondents. The purpose of the study was clearly explained, and confidentiality of responses was assured. Participation was entirely voluntary, and no monetary incentives were provided.

Data were collected using a structured, pre-validated questionnaire consisting of 15 questions by the principal investigator. The questionnaire was designed to evaluate various aspects of consent. The collected responses were cleaned using Microsoft Excel. The cleaned data were analysed using SPSS, and the results were presented as proportions and percentages.

RESULTS

A total of 181 participants were included in the study, of whom 101 (55.8%) were females and 80 (44.2%) were males. The majority of respondents were in the 21–23 years age group (70.17%), followed by 18.23% below 21 years and 11.60% above 23 years. The mean age of participants was 21.7 years (Table 1).

Table 1: Demographic profile of Study participants

Gender	Frequency	Percent
Female	101	55.80%
Male	80	44.20%
Age group		
<21 years	33	18.23%
21-23 years	127	70.17%
>23 years	21	11.60%

Regarding awareness of the various types of consent in medical practice, 149 participants (82.32%) responded "Yes," while 21 (11.6%) were uncertain and 11 (6.08%) were unaware. When asked whether a child above 12 years of age with a sound mind can give valid consent for a simple general or physical examination, 66 participants (36.46%) agreed, 47 (25.97%) disagreed, and 68 (37.57%) responded that it depends on the circumstance. In scenarios involving refusal of consent by intoxicated individuals, 127 participants (70.17%) stated that consent should be obtained from police and examination carried out with minimal force, whereas 40 (22.10%) opposed examination without consent, and 14 (7.73%) believed forceful examination was permissible (Table 2).

Table 2: Question-wise responses of study participants

	Frequency	Percent
1. Do you know the various types of consent in medical practice?		
Maybe / Depending on Circumstances	21	11.60%
No	11	6.08%
Yes	149	82.32%
2. Are you satisfied with your knowledge about consent in medical practice?		
Maybe / Depending on Circumstances	65	35.91%
No	29	16.02%
Yes	87	48.07%
3. Are you taking Written Informed consent before any examination or procedure?		
Maybe / depending on circumstances	72	39.78%
No	13	7.18%
Yes	96	53.04%
4. Do you think Informed consent and documentation can prevent a charge of negligence?		
Maybe / depending on circumstances	32	17.68%
No	10	5.52%
Yes	139	76.80%
5. Who is the best person to obtain consent from the patient?		
Any hospital staff	13	7.18%
Doctor	159	87.85%
Nurse	9	4.97%
6. Which is the best type of consent in medical practice?		
Implied consent	2	1.10%
Informed verbal	3	1.66%
Informed Verbal consent	14	7.73%
Informed written consent	162	89.50%
7. Do you think treatment can be started for a patient without consent in an emergency lifesaving situation?		
Maybe / depending on circumstances	62	34.25%
No	12	6.63%
Yes	107	59.12%
8. Do you know the sections of Bharatiya Nyaya Sanhita(BNS) applicable to consent, its Medico-legal importance and laws in relation to consent?		
Maybe / depending on circumstances	45	24.86%
No	64	35.36%
Yes	72	39.78%
9. Is it only a person above 18 years of age with a sound mind who can give valid consent for general physical examination and procedures?		
Maybe / depending on circumstances	46	25.41%
No	20	11.05%
Yes	115	63.54%
10. Do you think a child above 12 years of age with a sound mind can give valid consent for a simple, general & physical examination?		
Maybe / depending on circumstances	68	37.57%
No	47	25.97%
Yes	66	36.46%

	Frequency	Percent
11. In case of refusal of consent by the person who is under the influence of alcohol/drugs.		
Can examine the person forcefully without consent	14	7.73%
Do not examine him/her without consent	40	22.10%
Get consent from the police and examine with minimal force	127	70.17%
12. Can the patient get the consent over the phone when the attenders are not physically present?		
No	110	60.77%
Yes	71	39.23%
13. Do you feel CME in Medical Ethics, Consent in medical practice, Medical Negligence and laws related to medical practice shall be conducted at regular intervals?		
Maybe / depending on circumstances	41	22.65%
No	13	7.18%
Yes	127	70.17%

Concerning telephonic consent, 110 participants (60.77%) felt that consent cannot be obtained over the phone when attenders are not physically present, while 71 (39.23%) supported the practice. A majority of respondents (127, 70.17%) agreed that CME sessions on medical ethics, consent, medical negligence, and related laws should be conducted regularly, while 41 (22.65%) were uncertain and 13 (7.18%) disagreed (Table 2, Figure 1).

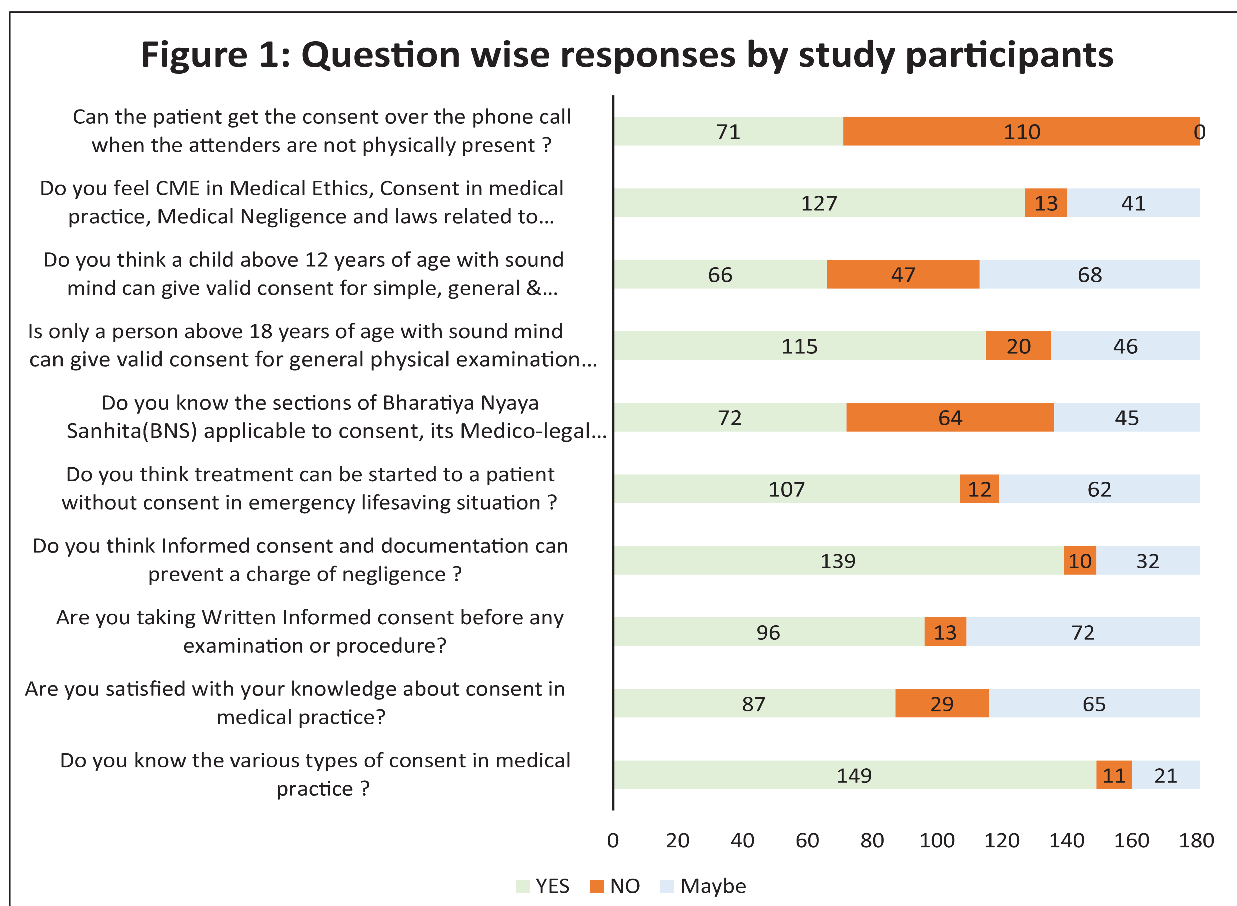


Figure 1: Question wise responses by study participants

When asked about satisfaction with their knowledge of consent in medical practice, 87 participants (48.07%) reported being satisfied, 65 (35.91%) were uncertain, and 29 (16.02%) were not satisfied. Regarding actual practice, 96 (53.04%) stated they routinely obtain written informed consent before examinations or procedures, 72 (39.78%) did so depending on the situation, and 13 (7.18%) did not. A large proportion (139, 76.80%) agreed that

informed consent and documentation can prevent charges of negligence (Table 2, Figure 1).

When identifying who is best suited to obtain consent, 159 respondents (87.85%) selected the doctor, followed by 13 (7.18%) who felt any hospital staff could do so and 9 (4.97%) who chose the nurse (Table 2, Figure 3). The majority (162, 89.50%) considered written informed consent as the best form of consent, while 14 (7.73%) preferred verbal informed consent, and few (1.10%) mentioned implied consent (Table 2, Figure 2).

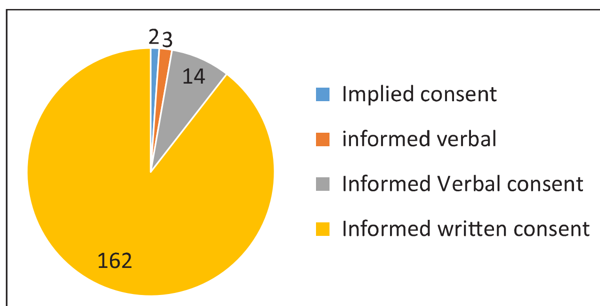


Figure 2: Which is the best type of consent in medical practice?

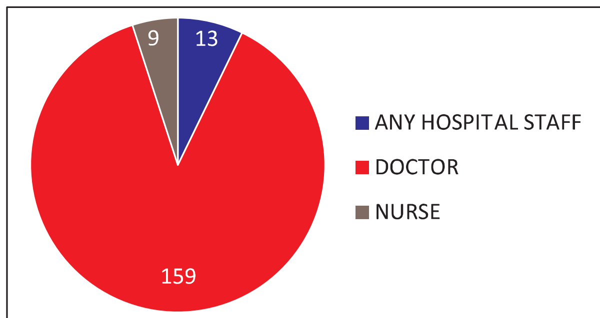


Figure 3: Who is the best person to obtain consent from the patient?

Regarding emergency situations, 107 participants (59.12%) believed that treatment can be initiated without consent in life-saving circumstances, 62 (34.25%) said it depends on the situation, and 12 (6.63%) disagreed. Awareness of the legal sections under the Bharatiya Nyaya Sanhita related to consent was variable, 72 (39.78%) were aware, 45 (24.86%) were uncertain, and 64 (35.36%) had no knowledge. Concerning legal capacity, 115 (63.54%) correctly recognised that only individuals above 18 years of age with a sound mind can provide valid consent, while 46 (25.41%) were unsure and 20 (11.05%) disagreed (Table 2, Figure 1).

DISCUSSION

The present study revealed satisfactory overall awareness among medical students and trainees regarding consent, though gaps remain in understanding specific legal and situational nuances. Over 80% of respondents were aware of the types of consent, and nearly 90% identified written informed consent as the most appropriate form.

However, half of the participants expressed confidence in their knowledge, aligning with previous studies, which highlighted limited practical familiarity with medico-legal documentation despite theoretical knowledge[5]. Awareness of the provisions of the Bharatiya Nyaya Sanhita (formerly IPC) related to consent was below 40%, indicating a substantial gap in legal literacy.[17,18]

Most participants appropriately recognised that doctors are primarily responsible for obtaining consent[4,6]. Similarly, 76.8% acknowledged the role of documentation in preventing negligence, consistent with the literature.[8]

Understanding of consent in special situations, such as minors, intoxicated persons, and emergencies, was variable. Only 36% correctly recognised that minors over 12 cannot give valid consent independently, indicating persistent confusion between "assent" and "consent." Similar pattern was reported in other studies where 40% of respondents misinterpreted minor consent provisions. In contrast, 70% recognised the need for police consent when dealing with intoxicated patients, indicating awareness of procedural safeguards.[7,10]

Encouragingly, 70% of respondents supported regular CME sessions on medical ethics and consent, underscoring their recognition of the need for continuous ethical training. Similar findings were reported in previous studies, which emphasised the importance of periodic medico-legal education to enhance compliance and confidence in consent practices.

Most participants (89.50%) correctly identified written informed consent as the best form of consent, emphasising awareness of its medico-legal importance. Similarly, 76.80% agreed that proper informed consent and documentation could prevent charges of medical negligence. This finding reflects a sound conceptual grasp of the protective role of consent in legal and

ethical medical practice.[19–21]

Regarding who should obtain consent, the overwhelming majority (87.85%) appropriately identified the doctor as the best person to do so, aligning with ethical and professional guidelines. However, 7.18% believed any hospital staff could obtain consent, indicating a small but important gap in understanding the accountability and competence required in the consent process.[22–24]

Awareness of legal provisions was comparatively low. Only 39.78% of respondents were aware of the relevant sections of the Bharatiya Nyaya Sanhita (BNS) concerning consent, while 35.36% admitted ignorance. This highlights a significant deficiency in understanding the legal framework governing medical consent. Most respondents (60.77%) believed that consent cannot be obtained by phone when attendants are absent, demonstrating a conservative yet legally sound understanding of documentation requirements.[25,26] Encouragingly, 70.17% supported conducting regular CME programs on medical ethics, consent, and medico-legal laws, underscoring the perceived need for continuing education in this area.[27]

CONCLUSION

The study showed that while most participants had a sound theoretical understanding of consent in medical practice, their knowledge of specific legal provisions and exceptional circumstances remains incomplete. A substantial majority recognised the importance of written informed consent and documentation in preventing medical negligence, but uncertainty persisted regarding consent from minors, intoxicated individuals, and consent obtained telephonically. We recommended incorporating structured teaching modules on medical ethics, consent, and medico-legal into the undergraduate and postgraduate curriculum. We also recommended conducting periodic Continuing Medical Education (CME) sessions, hands-on workshops and Clinical Case Discussions on consent.

REFERENCES

1. Pallocci M., Treglia M., Passalacqua P., *et al.* Informed Consent: Legal Obligation or Cornerstone of the Care Relationship? *Int J Environ Res Public Health*. 2023; 20(3): 2118. doi:10.3390/ijerph20032118
2. Raab E.L. The Parameters of Informed Consent. *Trans Am Ophthalmol Soc*. 2004; 102: 225-232.
3. Pape T. Legal and ethical considerations of informed consent. *AORN J*. 1997;65(6):1122-1127. doi:10.1016/s0001-2092(06)62955-4
4. Taylor K.M., Kelner M. Informed consent: the physicians' perspective. *Soc Sci Med*. 1987; 24(2): 135-143. doi:10.1016/0277-9536(87)90246-2
5. (PDF) Role of Consent in Medical Practice: A Survey Amongst Registered Medical Practitioners. *ResearchGate*. Published online August 9, 2025. Accessed November 12, 2025. https://www.researchgate.net/publication/317742804_Role_of_Consent_in_Medical_Practice_A_Survey_Amongst_Registered_Medical_Practitioners
6. Ng C.K. Perspectives of doctors on informed consent: findings of Singapore Medical Association survey. *Singapore Med J*. 2025; 66(9): 497-500. doi:10.4103/singaporemedj.SMJ-2025-132
7. Pietrzykowski T., Smilowska K. The reality of informed consent: empirical studies on patient comprehension—systematic review. *Trials*. 2021; 22(1): 57. doi:10.1186/s13063-020-04969-w
8. Zahra C., Kobua M., Kovic Ž., *et al.* Valid consent in the acute hospital setting: perspectives of nursing and medical professionals from a survey-based study. *Ir J Med Sci*. 2025; 194(3): 775-791. doi:10.1007/s11845-025-03952-1
9. Yousuf R.M., Fauzi ARM, How S.H., Rasool A.G., Rehana K. Awareness, knowledge and attitude toward informed consent among doctors in two different cultures in Asia: a cross-sectional comparative study in Malaysia and Kashmir, India. *Singapore Med J*. 2007; 48(6): 559-565.
10. Rahul null, Kumar A., Verma A., *et al.* A questionnaire-based study on quality and adequacy of clinical communication between physician and family members of admitted Covid-19 patients. *Patient Educ Couns*. 2022; 105(2): 304-310. doi:10.1016/j.pec.2021.09.013
11. Hegde P.R., Malik Y., Kumar C.N., Math S.B. The Bharatiya Nyaya Sanhita Act (BNSA) 2023: Implications for Forensic Psychiatry in India. *Indian J Psychol Med*. Published online October 3, 2024: 02537176241281465. doi:10.1177/02537176241281465

12. Pai S.N., Jeyaraman M., Jeyaraman N., Yadav S. The New Bharatiya Nyaya Sanhita Laws: Progress or Pitfall for Doctors? *Cureus*. 16(9):e69925. doi:10.7759/cureus.69925

13. Singh O.P. Bhartiya Nyaya Samhita 2023, medical practice and psychiatrists. *Indian J Psychiatry*. 2024; 66(8): 755-757. doi:10.4103/indianjpsychiatry.indianjpsychiatry_649_24

14. Raja W., Bhatti A., Raja K., Hayat B., Masood B, Chaudry Z.A. Evaluating the Significance of Implementing Experience-Based Clinical and Public Health Training in Medical Education Systems to Overcome the Curricular-Practice Gap in Tertiary Healthcare Settings. *Cureus*. 17(11):e95997. doi:10.7759/cureus.95997

15. Moreira C.F., Costa-Santos C., Moreira B.F., Nunes R., Duarte I. Informed Consent in Clinical Training: Perspectives from Medical Students and Faculty in Portugal. *Healthcare (Basel)*. 2024; 12(18): 1818. doi:10.3390/healthcare12181818

16. Gil-Santos I., Santos C.C., Duarte I. Medical Education: Patients' Perspectives on Clinical Training and Informed Consent. *Int J Environ Res Public Health*. 2022; 19(13): 7611. doi:10.3390/ijerph19137611

17. Kumar A., Mullick P., Prakash S., Bharadwaj A. Consent and the Indian medical practitioner. *Indian J Anaesth*. 2015; 59(11): 695-700. doi:10.4103/0019-5049.169989

18. Mathiharan K. Law on consent and confidentiality in India: A need for clarity. *Natl Med J India*. 2014; 27(1): 39-42.

19. Bazzano L.A., Durant J., Brantley P.R. A Modern History of Informed Consent and the Role of Key Information. *Ochsner J*. 2021; 21(1): 81-85. doi:10.31486/toj.19.0105

20. Jameson L.M., Al-Tarawneh S.K. Informed Consent from a Historical, Societal, Ethical, Legal, and Practical Perspective. *J Prosthodont*. 2022; 31(6): 464-471. doi:10.1111/jopr.13493

21. Sarela A., Thomson M. Balancing law, ethics and reality in informed consent for surgery. *Ann R Coll Surg Engl*. 2014; 96(5): 329-330. doi:10.1308/003588414X13946184901803

22. Sugawara N., Yasui-Furukori N., Sumiyoshi T. Competence to Consent and its Relationship with Cognitive Function in Patients with Schizophrenia. *Front Psychiatry*. 2019;10:195. doi:10.3389/fpsyt.2019.00195

23. Larcher V. Consent, competence, and confidentiality. *BMJ*. 2005; 330(7487): 353-356. doi:10.1136/bmj.330.7487.353

24. Henwood S., Wilson M.A., Edwards I. The role of competence and capacity in relation to consent for treatment in adult patients. *Br Dent J*. 2006; 200(1): 18-21. doi:10.1038/sj.bdj.4813118

25. Welch B.M., Marshall E., Qanungo S., *et al.* Teleconsent: A novel approach to obtain informed consent for research. *Contemp Clin Trials Commun*. 2016; 3: 74-79. doi:10.1016/j.conctc.2016.03.002

26. Kituuka O., Munabi I., Galukande M., Twimukye A., Mwaka E. Informed consent practices among emergency staff for patients undergoing emergency surgery in the emergency surgical units of two tertiary teaching hospitals in Uganda: a qualitative study. *BMC Med Ethics*. 2025; 26: 176. doi:10.1186/s12910-025-01337-8

27. Atta I.S. Introducing professionalism and medical ethics in undergraduate integrative medical curriculum through a four-dimensional model. *J Educ Health Promot*. 2024; 13: 341. doi:10.4103/jehp.jehp_1767_23