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Whiting, M., Alexander, A., Habiba, M., Volk, HA. (2017) Survey of veterinary clients' perceptions of informed consent at a referral hospital. *Veterinary Record* 180, 20.

The final version is available online via <http://dx.doi.org/10.1136/vr.104039>.

The full details of the published version of the article are as follows:

TITLE: Survey of veterinary clients' perceptions of informed consent at a referral hospital

AUTHORS: Whiting, M., Alexander, A., Habiba, M., Volk, HA.

JOURNAL TITLE: *Veterinary Record*

PUBLISHER: BMJ Publishing Group

PUBLICATION DATE: January 2017

DOI: 10.1136/vr.104039

1 **Title:**

2 A Survey of Veterinary Clients' Perceptions of Informed Consent at a Referral
3 Hospital

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24

25 **Word Count** (ex ref): 3823

26

27 **Article Type:**

28 Research Paper

29

30 **Abstract**

31

32 This retrospective questionnaire study evaluates the perceptions of veterinary clients of
33 the informed consent process and the consent form in a veterinary referral hospital.

34 Replicating a validated perception survey from human medicine, 470 clients at the

35 Queen Mother Hospital for Animals were surveyed on their perceptions during the
36 consenting process through postal survey examining their understanding, experience
37 and recall of informed consent. Of the 165 responses (35% response rate), majority of
38 clients recalled the process and signing the form, however, half of the clients did not
39 feel in control (51%) or reassured (53%) by the process. There was limited
40 understanding of the purpose of consent with 45% thinking it removed their right to
41 compensation for negligence and 31% thought the veterinarian could do something
42 different to the agreed procedure. 60% of clients did not read the form as they trusted
43 their veterinarian, but 33% of clients felt frightened by the process. This survey
44 highlights the need to understand the process of consent from the client's perspective,
45 and adapt the consenting process to incorporate this into professional communication
46 to ensure that the professional and contractual objectives of consent are met fully.

47 **Introduction**

48 There are limited academic publications on the topic of informed consent in veterinary
49 medicine, and these mostly focus on the professional requirements of consent
50 (Passantino 2011), the role of veterinary nurses (Wager 2011; Macdonald and Gray
51 2014) or on concerns regarding abuse of power in the consent process (Yeates and Main
52 2010; Danks 2014). Although consent is seen as critical to the contract and to the
53 authorisation of veterinary interventions, there have been no studies to date which are
54 centred on client understanding or their perception of veterinary informed consent. The
55 aim of this study is to provide insight into veterinary client perceptions of informed
56 consent at a veterinary referral hospital.

57 Informed consent in human medicine reflects the right of patients to autonomous
58 choice, and is often seen as essential to countering paternalism (O'Neill 2003).
59 Additionally, consent may have a role in protecting patients against harm and in
60 encouraging the medical professionals to act responsibly in their interaction with
61 patients (Heywood and others 2010). The consent process is meant to be empowering
62 to the patient in order to redress the power differential between them and the physician
63 (Schuck 1994). The emphasis on obtaining a valid consent many empower patients by
64 placing an obligation on doctors to provide information and explanation. Debate
65 continues about the amount of information disclosure that is to be regarded as adequate
66 or sufficient, but the trajectory seems in favour of increase in required disclosure
67 (Parsons and others 2013). Current GMC guidance to doctors places consent within a
68 framework of partnership in decision making and sees good partnership to be based on
69 openness, trust and good communication (GMC 2008). Within this context, consent
70 could be seen as affirmation of patient's decision made with support of the clinician.
71 Doctors are directed to respect a patient's decision even if this is at variance with the
72 view of the doctors.

73 The Royal College of Veterinary Surgeons (RCVS) places informed consent as an
74 essential part of the contract between the client and the veterinarian. There are some
75 similarities, but also subtle distinctions in approach and emphasis for example around
76 the notions of ownership and contract, and the applicability of tort of battery or
77 guardianship. Contrasting the experience between human and veterinary medicine can
78 further the understanding in these areas.

79 Previous studies of patient perceptions of consent in human healthcare have highlighted
80 considerable discrepancies between the objective of consent and the patient's
81 perception. In one study, 24% of women undergoing elective surgery and 40% of
82 women undergoing emergency surgery indicated strong agreement with the statement
83 that they had no choice about signing the consent form, and 37% of women undergoing
84 emergency surgery strongly agreed with the statement that they would have signed the
85 form whatever was on it (Akkad et al, 2004). Previous studies in human health have
86 reported difficulty in patients retaining the information provided to them during
87 consultations, bringing into the question their capacity to have granted fully-informed
88 consent (Dixon-Woods 2001; Mayberry and Mayberry 2001). Some patients consider
89 the consent process to be ritualistic or pressurised. Patients do not always fully read or
90 understand what the consent form says (Akkad and others 2004; Habiba and others
91 2004). There appears to be a disconnect between patients' experience of consent and
92 the bioethical legal model which envisages the process to protect their interests (Akkad
93 and others 2006).

94

95 The purpose of informed consent in human and veterinary medicine has many
96 similarities. Guidance on informed consent in the UK is provided by the RCVS (RCVS
97 2015) and further explanatory notes are expounded by veterinary associations (e.g.
98 (BSAVA 2015)). In addition to agreement on the chosen treatment(s), consent in
99 veterinary medicine typically provides reference to agreement on payable fees. But
100 whilst this difference can appear striking in the UK, where the NHS is free at the point
101 of care or in similar health care systems, fee for services such as in the UK private care
102 sector is not usually recognised to alter the essence of consent. Self-determination and
103 autonomy are not operational in relation to children who can provide 'assent' and where
104 the parent or other legal guardian is called upon to provide consent. This contrasts to
105 veterinary medicine where rights and responsibilities are derived from the notion of
106 property.

107

108 A successful consenting process should empower clients by positioning them at the
109 centre of decision making and by reducing the scope for abuse or manipulation of client
110 decisions (Rollin 2002). The implication from the Akkad et al (2006) study referred to
111 above, is that the role (and perhaps to a lesser extent the legal validity) of consent in

112 veterinary medicine would be brought into question if veterinary clients, like human
113 patients, do not fully understand their rights and the purpose of consent.

114

115 This research seeks to provide an insight into the client perceptions of informed consent
116 in a veterinary referral hospital. This study is based on an adapted a questionnaire
117 developed in human medicine to study the experience of veterinary clients of giving
118 consent in connection with treatments for their animals.

119

120 **Materials and Methods**

121

122 The validated survey used in the Akkad et al (2006) was slightly modified to ensure
123 reference to veterinary clients. The survey mainly consisted of 5-point agreement likert
124 scales, and is available as **appendix 1**. The modifications to the Akkad et al (2006)
125 survey were related to changing words such as ‘patient’ to ‘animal or client’ to ensure
126 the context of the questions remained pertinent to a veterinary hospital. Participants
127 were clients who attended the Royal Veterinary College’s Small Animal Referral
128 Hospital, Queen Mother Hospital for Animals (QMHA), London. The inclusion criteria
129 for selected participants were those who visited the QMHA for the first and only time
130 between 1st January 2015 - 30th June 2015 to ensure only one instance of consenting
131 and had their animal admitted for an elective or an emergency surgical intervention to
132 the neurology or surgery groups to minimise the variation in the consenting process and
133 maintain similarity to the study by Akkad et al (2006). In line with the requirement of
134 the Royal Veterinary College’s Animal Welfare and Ethical review committee (URN:
135 2015 1375), clients whose animals died were excluded in order to avoid unnecessary
136 distress.

137 The data was inputted into Excel (v15.20) and analyzed using Prism Graphpad (v7.0a).

138 The χ^2 test was used to test the statistical significance of observed differences, $p < 0.05$
139 was considered statistically significant. All results are reported for all respondents
140 except where there is a significant difference in results between emergency and elective
141 clients. A total of 470 clients met the inclusion criteria and were invited to take part in
142 the written postal survey on 19th July 2015, and to return their anonymised answers
143 using pre-paid postage before 19th September 2015.

144

145 **Results**

146 We received 165 responses, giving a response rate of 35% (95% CI = 29-41). The
147 characteristics of non-responders could not be determined as responses were
148 anonymised. Not all respondents answered all questions; the number of completed
149 responses is provided against each question. The responses were from 89 (54%, 95%
150 CI = 46-62) elective procedures and 74 (45%, 95% CI = 37-53) emergency procedures
151 (2 respondents were unsure). Due to the similarities in responses between these groups
152 of elective and emergency clients their results were merged together where no
153 significant differences were found between them, as specified individually below.

154

155 **Legal status of consent**

156

157 All 165 respondents recalled the consent procedure and the vast majority (98%, 95%
158 CI = 96-100) recalled signing the consent form. Hospital records show that all those
159 approached to participate provided a signed consent. Sixty eight percent (95% CI = 61-
160 75) of participants (n=161) believed that signing the consent form was a legal
161 requirement and nearly half thought that only the owner of the animal may sign the
162 form (45%, 95% CI = 37-53, n=162). Nearly half the participants (45%, 95% CI = 37-
163 53, n=161) were unaware that signing the consent form did not remove their right to
164 compensation for negligence and a third of the participants (33%, 95% CI = 26-40,
165 n=161) either did not know or thought it was not permissible to change their mind once
166 the form had been signed. The majority of participants (92%, 95% CI = 88-96, n=160)
167 believed the consent form was also their agreement to pay for the treatment, but nearly
168 a third (31%, 95% CI = 24-38, n=159) thought that the veterinarian could do something
169 different to the consented procedure (beyond life-saving treatments). Only 7% (95% CI
170 = 3-11, n=155) were not sure what the consent form meant they had agreed.

171

172 **Time to read the form**

173

174 Almost all participants (96%, 95% CI = 93-99, n=164) were satisfied with the amount
175 of time offered to them to consider the procedure prior to consenting. Nearly two thirds
176 of participants (64%, 95% CI = 57-71, n=163) had a partner or friend with them when
177 making a decision, although only one third (32%, 95% CI = 25-39, n=158) thought that
178 this was important to them. A quarter (25%, 95% CI = 17-33, n=105) felt too worried

179 to read the form and a fifth (21%, 95% CI = 13-29, n=105) felt the form was too long
180 or was a standardised agreement (11%, 95% CI = 5-17, n=105). Two thirds (95% CI =
181 59-73) of participants did not read the form completely because they felt the
182 veterinarian had already explained everything and 60% (95% CI = 53-68) felt it was
183 not necessary because they trusted the veterinarian. Participants preferentially read the
184 part of the consent form that was handwritten in front of them (67%, 95% CI = 60-74,
185 n=161) with 43% (95% CI = 35-51, n=158) choosing to read all the standardised form.

186

187 **Emotional state at consenting**

188

189 During the consenting process the majority of participants did not feel under pressure
190 (87%, 95% CI = 82-92, n=157) but one third felt frightened (33%, 95% CI = 26-40
191 n=159) and nearly half felt responsible if things went wrong (48%, 95% CI = 40-56,
192 n=159). The consenting process was neutral in making the clients feel in control (51%,
193 95% CI = 43-59, n=158) or reassured (53%, 95% CI = 45-61, n=155). The majority of
194 clients did not feel relieved by signing the consent form (74%, 95% CI = 67-81, n=155).

195

196 **Participant preferences for informed consent**

197

198 The participants were questioned about the information they wished to have prior to
199 signing the consent form, these are summarised in Table 1. The majority wished to be
200 presented with alternative treatment options, expected prognosis and the potential risks.
201 The majority also valued the ability to ask questions about the procedure and this
202 corresponds with their desire to understand what was being agreed through the consent
203 process. About a third of participants (95% CI = 26-40) did not feel it necessary to have
204 time alone to make a decision, a fifth (95% CI = 14-26) did not need the veterinarian
205 to read through the form with them and 16% (95% CI = 10-22) did not find value in the
206 veterinarian checking the client's level of understanding.

207

208 With regards to financial commitments, the majority (95%, 95% CI = 92-98, n=162) of
209 participants wished to be forewarned of the costs entailed valuing this as important or
210 very important, and to have those costs explained to them. The majority (92%, 95% CI
211 = 86-98, n=158) also expressed concern for being pre-warned about the cost of aftercare
212 following the procedure.

213

214 INSERT TABLE 1.

215

216 **The importance of the consent form**

217

218 Finally, participants were questioned about the importance of the consent form separate
219 to the consenting process (Table 2). The discussion about the intervention led to 90%
220 (95% CI 85-95, n=162) of participants to feel adequately informed to confidently sign
221 the consent. Only 6% (95% CI = 2-10) did not feel sufficiently informed, yet these
222 participants still proceeded to sign the form. Half (95% CI = 42-58) the participants felt
223 the consent form adequately made their wishes known, but the majority (86%, 95% CI
224 = 81-91) felt the consent form made what was agreed clear to them. A very small
225 minority of participants (2%, 95% CI = 0-4) regarded signing the consent form of no
226 importance and thought it was not a valuable use of time. While one in ten clients valued
227 the consent form for making them specifically aware of the risks of the proposed
228 procedure.

229

230 Clients were not clear about the purpose of the consent form, with two thirds (95% CI
231 = 59-73) viewing it as disempowering and instead giving control to the veterinarian.
232 The clients were not in agreement on the purpose of the consent form as about a third
233 of participants (95% CI = 26-40) viewed the form as mainly there to protect the
234 veterinarian, and about a fifth (95% CI = 14-26) thought the form preferentially
235 protected the hospital. Over a quarter of clients (95% CI = 18-32) did not believe the
236 form helped with patient safety or with the prevention of mix-ups in the operating
237 theatre.

238

239 INSERT TABLE 2.

240

241 The only significantly different result between participants in the emergency and
242 elective groups was in the importance of being presented with different treatment
243 options (Table 3). Significantly more participants placed an importance on receiving
244 information about alternative treatment plans for elective procedures (95%) compared
245 to those having emergency interventions (79%) (p=0.001).

246

247 INSERT TABLE 3.

248

249 **Discussion**

250

251 Veterinary professional regulators regard informed consent as an important part of the
252 process of instigating an intervention or therapy on a client owned animal. The RCVS
253 state it is an essential part of the contract formation between the veterinary practice and
254 client (RCVS 2015), it is also valued by veterinary regulators in other European
255 jurisdictions (Magalhães-Sant'ana and others 2015). The view of clients themselves
256 on the process of consent, and on signing consent forms, has not previously been
257 investigated. This survey supports the importance of informed consent for veterinary
258 clients with 74% placing value on the process of consent. Only 2% regarded it as a
259 'waste of time'. Although it has been suggested that the term 'informed consent' ought
260 not to be used in veterinary medicine and that seeking consent on the day of the
261 procedure was inappropriate (Anon 2010), the data presented here suggest that all
262 participants, including those undergoing emergency surgery, viewed consent
263 positively.

264

265 There are similarities in the findings of this study and the previous study on human
266 medical consent (Akkad and others 2006). The majority of veterinary clients (86%) and
267 human patients (71%) felt the consent process explained the planned procedure to them
268 in a way they could understand. Similarly, the large majority of veterinary clients (95%)
269 and human patients (77%) felt that the consent procedure enabled an adequate
270 explanation of the risks associated with the proposed intervention. One of the important
271 objectives of the consent process is to empower the patient/client to make their decision.
272 In human medicine, a minority (32%) of patients felt that they retained control of the
273 proposed procedure. An even smaller minority (13%) in this study reported feeling in
274 control of their choices. Similar to the study by Akkad and others (2006), we found an
275 apparent disconnect between the veterinary client's experience of the consent process
276 and the view within the bioethical and legal model. The similarities between the
277 perceptions found in human medicine and in veterinary medicine demonstrate that it
278 may be valid to transpose the lessons learnt in human medicine, in trying to obtain
279 informed consent, into the veterinary field. Similarly, any advancements made in the

280 veterinary field at improving client perceptions of informed consent, may likewise be
281 transposed into the human medical field.

282

283 Informed consent has a dual purpose in veterinary medicine, it has both the professional
284 connotations of the consenting process found in human medicine and the contractual
285 purpose of agreement of work between the professional and the client (RCVS 2015
286 s11.2). These two purposes are expanded in the RCVS Supporting Guidance, where the
287 professional component requires that “a range of reasonable treatment option are
288 offered and explained, including prognoses and possible side effects” (s11.2f), “clients
289 must always be aware of the risks” (s11.2i) and “that the client is made aware of any
290 procedures to be performed by practice staff who are not veterinary surgeons” (s11.2k).
291 The contractual component is stipulated in the same section of the Supporting Guidance
292 where clients should be offered “realistic fee estimates based upon treatment options”
293 (s11.2g) and they should be informed “of any escalation in costs once treatment has
294 started” (s11.2i). For both of these components it is important that practice staff
295 “recognise that the client has freedom of choice” (s11.11). This financial and contractual
296 element of consent differs from that found in human health care in the NHS, and
297 requires the consentee to consider additional information of a different nature than
298 medical consequences. Such duality, although necessary in the context of a private
299 enterprise, can become an additional stress burden which confounds the consenting
300 process.

301

302 While in the UK there is no salient difference in professional responsibilities associated
303 with gaining informed consent between the NHS and private health care, it is to be
304 noted that in other jurisdictions, a notion of ‘informed financial consent’ has been
305 developed to cover the complexity of the competing agreement documents (HaDSCO
306 2012). Still the financial aspect of the consent form in veterinary medicine marks a clear
307 departure from consent in human health care. One proposition is that the two become
308 separated.

309

310 The consenting process is not mere passive information transfer from veterinarian to
311 client. It forms the basis for a contract of agreed work between the parties. Therefore,
312 it is important to ensure that the client understands the various, including the legal,
313 dimensions of document they are about to sign and that they fully understand the rights

314 and responsibilities that stem from it. In human medicine, being made aware of
315 alternative treatment options is an important stage in informed consent and, arguably,
316 the duty to inform a patient of risks associated with a procedure “*will not be discharged*
317 *unless she is made aware that fewer, or no risks, are associated with another*
318 *procedure*” (Birch 2008). Participants in this study valued being presented with
319 alternative treatment plans.

320

321 While only 7% of respondents did not understand what consent form meant for them,
322 the majority appreciated it as representing a business contract and an agreement to pay
323 for the proposed treatment. Over two thirds of respondents incorrectly assumed that the
324 written consent form was a legal requirement. More alarmingly, one third of
325 respondents did not appreciate that they could change their mind or incorrectly thought
326 that the veterinarian could do something different to the consented procedure. This
327 demonstrates that the clients who were surveyed had a limited understanding of their
328 rights associated with the ownership of their animal. It also suggests the need to
329 increase client awareness of the purpose of consenting procedure. Furthermore, this
330 point could indicate that the number of complaints relating to consent received from
331 clients within a practice may be an underrepresentation of the actual grievances felt.

332

333 **Limitations of this Study**

334

335 This survey was undertaken at a single referral teaching hospital. This may mean that
336 the consenting process may be more emphasised because of the hospital’s status. This
337 may have elevated the client’s perception of the importance of the process beyond what
338 they may experience elsewhere. However, the similarity in responses with the previous
339 human studies indicates that this may not be a limitation. A follow on study is being
340 generated to determine the differences in client perceptions found in primary care. One
341 limitation is the modest response rate, but this was in line with expectation in this type
342 of research. The exclusion criteria for participants was set to rule out clients who may
343 have experienced multiple instances of informed consent within the hospital. It is not
344 clear if the view of this group will be different, but the decision was made in order to
345 enable a degree of uniformity. We did not plan this research to take account of the
346 client’s features such as their educational or occupational background. We excluded
347 clients whose animals had died, but this was necessary in order to avoid causing them

348 undue distress. The retrospective aspect of this study may introduce a recall error but
349 the delay between consenting and survey was 6 months. Some questions had lower
350 responses than other questions, this was due to the survey allowing the respondents'
351 freedom to choose not to respond to any particular question.

352

353 **Proposal to improve the Consent Process**

354

355 The findings suggest that improving the consent process in veterinary medicine requires
356 a revised approach that takes into account client perception and experience. This echoes
357 the conclusion of Akkad and others (2004) in relation to human health. The process of
358 obtaining consent entails a special form of communication that involves a particular
359 form of emotional engagement at a critical time, and in veterinary medicine this is
360 balanced against a financial commitment and 'willingness to pay'. Several studies have
361 evaluated the veterinarian and client communication (Cornell and Kopcha 2007; Coe
362 and others 2008). This study provided a depth of understanding of client's perceptions
363 of the process. Notice should be taken of clients' expressed preferences to have time
364 alone or to consult friends and family. This survey has highlighted stressors which may
365 affect decision making. A third of clients felt frightened at the time of consent. Thus,
366 further research is necessary to investigate how veterinarians may seek to alleviate fear
367 and anxiety where possible prior to embarking on consent.

368

369 Veterinarians ought to avoid undue influence on client's choice. Care must be taken to
370 draw the distinction between clinical facts and professional judgments. Directing client
371 decision at the time of consent can give rise to professional concern (Yeates and Main
372 2010) but knowledge may be used to guide the client to an appropriate decision. This
373 survey reveals that clients are influenced by the discussion around the consent
374 procedure and not just what is written on the consent form. It appears that improvement
375 is needed in explaining the role of consent in order to ensure that the client is able to
376 express their wishes and to enable an active role in decision-making.

377

378 A major finding from this survey is the lack of understanding of the legal status of
379 consent. This may be compounded by the inclusion of financial transaction within the
380 same document and a consideration may be that both aspects be dealt with separately.

381

382 **Conclusion**

383

384 This is the first reported study into veterinary clients' perceptions of the informed
385 consent process as undertaken at a veterinary hospital. The survey did reveal important
386 parallels with the findings from human medicine. There is scope for shared learning
387 where similarities or differences can enhance our depth of understanding. It is apparent
388 that some aspects of the current process are not perceived by clients as fulfilling the
389 objectives envisaged in the bioethical model, a problem that is shared between human
390 healthcare and veterinary medicine. Communication is likely to remain a key factor in
391 the client's perception of the consenting process and further studies are needed to
392 determine the specific details of how this may be improved. This research enabled us
393 to draw some proposals that may help improve the process.

394

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461

462 **Table 1. Client Preferences for Informed Consent**

463

Statement	Very important	Important	Not important
Be presented with a few different treatment options (n= 160)	80	60	20
Have the risks of the treatments or procedures explained to you (n= 162)	130	31	1
Be given a prognosis of the outcome (n= 159)	124	34	1
Have a chance to ask questions about the operation (n= 159)	129	28	2
Have time alone (or with a partner) to decide on treatment options (n= 154)	50	47	57
Have the vet read through the consent form with you (n= 156)	62	64	30
Understand what you were signing (n= 160)	113	45	2
Have someone check that you had understood everything (n= 157)	66	66	25
Have an estimate for the cost of treatment (n= 162)	107	47	8
Given an explanation of the costing (n= 158)	72	65	21
Talked through cost of after care (n= 158)	73	73	12

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Table 2. The importance of the consent form to the client

Statement	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The consent forms gave the vet control over what happened (n= 158)	36	69	29	24	0
Signing the consent form was a waste of time (n= 160)	2	1	13	78	68
The consent form was important to me (n= 162)	32	88	39	2	1
The consent form made me aware of the risks of the operation (n= 162)	79	75	8	0	1
Signing the consent form was mainly to protect the vet (n= 162)	18	38	58	41	7
Signing the consent form was mainly to protect the hospital (n= 161)	20	47	51	36	7
Consent forms prevent a mix-up during the operation (n= 157)	22	41	51	30	13
Signing the consent form made it clear to me what was going to happen (n= 161)	56	83	17	6	0
The consent form made my wishes known (n= 161)	30	59	55	14	3
I felt adequately informed about the procedure to sign the consent form (n= 162)	64	82	7	5	4

468 **Table 3. The Importance of Alternative Treatment Plans**

	Planned procedures		Emergency procedures		Chi-squared p-value
	Yes	No	Yes	No	
Did owners place any importance on being presented with different treatment options?	95%	5%	79%	21%	0.00149

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