

Informed Consent and Participants' Inclination to Delegate Decision-making to the Doctor

Niels Lynöe, Karin Boman, Håkan Andersson and Mikael Sandlund

From the Departments of Medical Ethics, (N. Lynöe), Oncology (K. Boman), Psychiatry (M. Sandlund), Umeå University, Umeå, Sweden, and the Department of Gynaecologic Oncology, Sahlgrenska University Hospital, Gothenburg University, Gothenburg, Sweden (H. Andersson)

Correspondence to: N. Lynöe, Department of Medical Ethics, Umeå University, S-901 85 Umeå, Sweden. E-mail: niels.lynoe@medicin.umu.se

Acta Oncologica Vol. 43, No. 8, p. 769, 2004

Received 27 August 2004

Accepted 30 August 2004

To the Editor:

We have studied the quality of informed consent strategies when cancer patients were recruited in a Swedish setting to a clinical trial regarding the treatment of corpus uterus cancer with different radiation strategies. Participants were recruited from three centres and included 45 patients. They received a questionnaire concerning the quality of information provided when asked to participate in the clinical trial. Forty participants answered the questionnaire. The information was supposed to be provided both orally and in writing, but only 23 patients agreed to this. Seventeen said that the information was given only orally. Nobody stated that they were not informed at all. Similar figures were seen when asked whether the consent was given only orally ($n=30$) or both orally and in writing ($n=10$); nobody stated that they gave no consent. The quality of information according to the Declaration of Helsinki is given in Table 1.

We also asked the participants whether or not they had considered the pros and cons. Twenty-three individuals answered in the affirmative and 14 answered no; one did not remember and two did not answer this question.

All but two participants perceived the provided information as very good ($n=21$) or quite good ($n=14$). One estimated the

information as poor and two as rather poor and two did not answer this question. All patients who answered the question stated that the condition for participation was quite free ($n=31$) or mostly free ($n=9$). Although none perceived that they were forced to participate, 11 patients stated that they delegated the decision-making entirely or mostly to the doctor.

The fact that almost a quarter of the participants asked their doctors to decide is in accordance with oncologists' own experience of cancer patients' behaviour (1). It might be interesting to study how oncologists actually act in such situations as well as using proposed reasonable strategies (2).

REFERENCES

1. Lynöe N, Sandlund M, Jacobsson L. Clinical cancer research. Some aspects on doctors' attitudes to informing participants. *Acta Oncol* 199; 635: 749–54.
2. Brown RF, Butow PN, Butt DG, Moore AR, Tattersall MH. Developing ethical strategies to assist oncologists in seeking informed consent to cancer clinical trials. *Soc Sci Med* 2004; 58: 379–90.

Table 1

Participants' answers to questions concerning the quality of information provided when they were asked to participate in a controlled clinical trial concerning radiation treatment of gynaecological cancer. Some patients did not answer a specific question

	Yes	No	Do not remember
Received information about the aim of the clinical trial	36	0	3
Received information about the design of the clinical trial	29	1	8
Received information about pros and cons of the clinical trial	27	6	5
Received information that participation is voluntary	40	0	0
Received information about the possibility to withdraw from participation at any time	33	4	2