

Cultural issues realated to informed consent for adult Arabic patients.



kamal Dahamsheh

Nazareth Academic school of nursing,Israel.

Submission: August 12, 2024; **Published:** August 27, 2024

***Corresponding author:** kamal Dahamsheh, Nazareth Academic school of nursing,Israel. Email: KamalDahamsheh@NAZHOSP.com

Abstract

Informed consent is an ethical requirement for medical treatment. patients must understand first and then agree to make tests and to start treatment procees. Informed consent is one of the core principles of the Codes of Medical Ethics. informed consent protect both caregivers and care receivers. It help to establish trust in caregiver while respecting autonomy as a care seeker. It help to prevent misunderstandings and lapses in communication that could lead to “unhappy” with the care that the patients receive. It make sure that the patients understand what to expect, including the chances of less-than-optimal outcomes. Most arabic healthcare providers have good intentions(neyyah (to treat care seekers ethically, including being honest about their options. But sometimes practical limitations and human error thwart these intentions. That’s where formal processes and laws can help.

Keywords: Codes of Medical Ethics, healthcare provider, mental capacity, verbal agreement, physical suffering, Effect of predestination, moral judgment, good intentions, quality of the treatment, patient’s satisfaction.

Some examples of informed consent issues in healthcare practice for the adult Arabic patients.

a) The healthcare provider must verify that the patient have the capacity to understand and make decisions about his healthcare. (sometimes facing language barriers ,law mental capacity?)

b) The healthcare provider must disclose enough information for the decision-maker to make an informed choice. (Sometimes withholding some information as family or surrogate request, complicated medical terminology, data over load).

c) The timing of decision-making (emergency situation).

Informed consent become a legal concept in many western states. For example In the United States, “informed consent laws”vary by state and by circumstances. Some cases require a signed document indicating informed consent, while others only require a verbal agreement. in all places healthcare providers are requested to keep some recording of the process. An amusing example of the failure in this area! we have recently witnessed the phenomenon of lawsuits being filed against therapists claiming “assault”, that the treatment or examination that is the subject of the lawsuit was performed without **fully** informed consent.

Basic concepts of the meaning of suffering and sickness:

[1] points that the disease and physical suffering have a big impact on the Muslims life. It tests endurance (**Saber**), and submissions to one almighty God. The majority, belief that the disease is a “*test from God*” **Ebtelaa**) - therefore the (healing) is in the hands of God but the treatment is in the hands of the medical staff (the therapists)[2]. On the other hand, the unbeliever person may consider a disease as a punishment [3]and others refer it to bad luck.

Many muslems patients say, “Disease, It’s *up to fate*”. They believe in the Effect of predestination (Act of GOD) (**qadda waqadar**) i.e. Most of traditional Arabic patients do not have a lot of control over what happens in their health condition. They can strive to achieve something, but in the end, things will work out the way they were intended to. they have little to no control over their own life events. These patients belong to the “external locus of control” school [4]. This attitude prevent them from having detailed informed consent. A misunderstanding arise, because believing in fate by Islam does not prevent any person to seek treatment and to receive it when needed. Quite the opposite, it encourages him to do so in order to keep his life(**Asbab**).

Signing the consent form doesn't obligate the patient to continue with the original plan. He can stop treatment or seek another care wherever or whenever he likes. Studies suggest that those with an external locus of control are less open to engaging in treatment than those with an internal locus of control. [5].

Traditionally medical ethics in the Arabic countries embraced an ethics of virtue (**Values**) over an ethics of duty (**must**). The notion is that if the doctor/nurse is a person of virtue and morally good, so they will do what is right for patients any time. Shall we as care givers continue to treat others based on our "moral judgment"/good intentions(**neyyah**) Or we need to The shift to an ethics of duties i,e to formal processe and laws? And Is a signed consent form is the last word on the subject?

No. A signed document may be one required part of the informed consent process. However, it is not the beginning or the end. Healthcare providers must also document the full communication process leading up to it, including allowing time for him to ask questions and to think about it. Patient can also change his mind at any time. Informed consent is a core principle of ethics in medical care. It acknowledges the patient freedom and independence to understand and choose what happens to his body. Different laws have been written to uphold this principle in different places and circumstances. These laws must continue to evolve as our understanding and practice of informed consent also evolve.

Recently we have witnessed the phenomenon of lawsuits against therapists claiming "assault", that the treatment or examination was performed without fully informed consent. Reasons included: failing to diagnose the medical conditions? failing to explain the risks/ complications? failing to adress alternative treatments?Failing to use deffirent methods of obtaining consent (signature and stamp, fingerprint, handshake)? Failing to engage others to convey a clear and understandable message (medical reasons or family pressure)? Failing to use the patient "values

"to facilitate obtaining consent? Failing of the physicians to make detailed process? Low interests for the medical agency to invest time and resources for this purpose.

In practice, informed consent must be a shared responsibility between patients and their healthcare provider. They're obliged to inform patients in the best way they know how. **Nurses** need to adress strongly the need for Informed consent. They should encourage patients also seek additional information from credible sources to reinforce their understanding. [6,7]

Finally, we all believe that informed consent has consequences for the quality of the treatment, the patient's satisfaction, increasing patient's trust in the medical system and adjusting the patient's expectations to the limitations of the treatment and all the uncertainties involved.

References

1. Badarneh k (2008) Islamic principles in health, illness and death. Israel journal of oncology 2: 6-15.
2. Rassool GH (2000) The crescent and Islam: Healing nursing and the spiritual dimension, some considerations towards an understanding of the Islamic perspectives on caring. J Adv Nurs 32(6): 1476- 1484.
3. Hedayat k (2006) when the spirit leaves: Childhood death, grieving, and bereavement in Islam. J palliative med 9(6): 1282-1291.
4. Perry E (2024) Understand your locus of control and how it shapes and moves you.
5. Tyler N, Heffernan R, Fortune CA (2020) Reorienting Locus of Control in Individuals Who Have Offended Through Strengths-Based Interventions: Personal Agency and the Good Lives Model. Front Psychol 11.
6. Kuypers JA, (1972). Internal-External Locus of Control, Ego Functioning, and Personality Characteristics in Old Age. The Gerontologist 12(2): 168-173.
7. Mustafa Y (2014) Islam and the four principles of medical ethics. J Med Ethics 40(7): 479-483.



This work is licensed under Creative Commons Attribution 4.0 License
DOI: [10.19080/JOJNHC.2024.13.555872](https://doi.org/10.19080/JOJNHC.2024.13.555872)

Your next submission with Juniper Publishers will reach you the below assets

- Quality Editorial service
- Swift Peer Review
- Reprints availability
- E-prints Service
- Manuscript Podcast for convenient understanding
- Global attainment for your research
- Manuscript accessibility in different formats
(Pdf, E-pub, Full Text, Audio)
- Unceasing customer service

Track the below URL for one-step submission
<https://juniperpublishers.com/online-submission.php>