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# Informed consent to medication in long-term psychiatric in-patients

### AIMS AND METHODS

We wished to ascertain to what extent patients had given informed consent to their medications. Therefore, 68 long-term psychiatric in-patients were interviewed about their knowledge and attitudes towards their medications.

### RESULTS

Two-thirds of patients did not know the purpose of their medication; one-tenth knew about the side-effects. Longer length of stay, older age and voluntary status were associated with less knowledge. Despite poor knowledge, most

patients accepted their treatment. However, few realised that they had any choice.

### CLINICAL IMPLICATIONS

The prevalence of true informed consent is low among this group and raises issues about patients' rights.

Increasingly, patients wish to have some choice in their treatment, and to be informed about their options. Conversely, long-term psychiatric in-patients may receive potentially harmful medication for decades, sometimes compulsorily, because of chronic illness. Their wishes may be overridden under the Mental Health (Scotland) Act 1984, which offers the right of appeal and review of treatment. Psychiatrists have, therefore, a particular responsibility to consider the ability of patients to give informed consent and, if they are unable to do so, to ensure that they are given the protection available under the Mental Health Act.

The Department of Health and the Welsh Office (1993) defines consent to treatment as "the *voluntary* and *continued* permission of the patient to receive a particular treatment based on an *adequate knowledge* of the *purpose*, nature, likely effects and *risks* of that treatment including the likelihood of its success and any alternatives to it. Permission given under any unfair undue pressure is not 'consent'." (our emphasis.) 'Voluntary permission' assumes that patients realise that they have a choice and agree to treatment in the absence of duress. There is little published research on the knowledge patients have of their medications, or of their rights to refuse treatment. In one depot clinic, 48% of patients did not realise they had a choice about receiving treatment (Eastwood & Pugh, 1997). Long-term in-patients may be even less aware of their rights.

'Adequate knowledge' of the purpose of medication depends on the clinician explaining treatment and the patient's capacity to understand. Roth *et al* (1977) proposes five tests of capacity to consent, increasing in stringency from absence of refusal to full understanding of the information. Patients should be informed of any

risks of treatment that a prudent person would regard as significant, as well as the risks of having no treatment.

In this study we assessed the nature and degree of informed consent in long-term psychiatric in-patients, with particular reference to these three criteria:

- (a) voluntary and continued permission
- (b) knowledge of purpose of treatment
- (c) knowledge of risks of treatment.

## Material and methods

### Subjects

Our sample comprised all 70 in-patients on three wards at Bellsdyke Hospital, Larbert, Scotland. The Forth Valley Ethics Committee approved the study.

### Procedure

A semi-structured interview was undertaken in March 1998 by one interviewer (N.B.). Subjects were asked about the purpose and side-effects (as defined by the *British National Formulary*; British Medical Association & Royal Pharmaceutical Society of Great Britain, 1998) of their medication, whether staff had explained their drug treatment, their willingness to take their medications and their belief about their right to refuse it. Comparisons between groups were made using two-tailed  $\chi^2$  or Fisher's exact tests. Data were analysed using SPSS (Version 9 for PCs).

**Table 1. Characteristics of sample**

Characteristic	Number of patients
Gender	<i>n</i> (%)
Male	40 (59)
Female	28 (41)
Age (years)	
18–29	6 (9)
30–39	8 (12)
40–49	10 (15)
> 50	44 (65)
Legal status	
Detained	35 (51.5)
Voluntary	33 (48.5)
Diagnosis	
Schizophrenia	55 (81)
Bipolar affective disorder	5 (7)
Depression	4 (6)
Other	4 (6)
Length of stay (years)	
< 5	28 (41)
5–9	10 (15)
> 10	30 (44)

## Results

The characteristics of the 68 patients who agreed to be interviewed are summarised in Table 1. Forty patients (59%) were male and 44 (65%) were over 50; 35 (52%) were detained. There were no informal patients under the age of 50. Fifty-five (81%) patients had schizophrenia, 9 (13%) affective disorders and 4 (6%) other diagnoses on case note review. Twenty-eight (41%) had been in hospital less than 5 years and 30 (44%) had been in for 10 years or more. The results found in voluntary patients are contrasted with detained patients in Table 2.

Patients were on a median of two preparations (range: 1–5); 55 (81%) were on oral antipsychotics, 24 (35%) on antidepressants, 22 (32%) on depot antipsychotics and 13 (19%) on lithium. Knowledge and attitudes were not associated with preparation (Table 3).

Of the detained patients, 26 (74%) were on Form 9 (i.e. they were considered to have given informed consent to their medication) and nine (26%) were on Form 10 (i.e. unable or unwilling to consent).

Of the patients, 44 (65%) did not know the purpose of any of their medications. Only 13 patients (19%) knew

the purpose of all their medications. Knowledge was greater in detained patients (Fisher's exact test,  $P=0.001$ ) and those who had been in-patients for less than 10 years ( $\chi^2=9.6$ , d.f.=1,  $P<0.002$ ).

Fifty-five patients (81%) did not know of any side-effects of their medications and only seven patients (10%) knew some side-effects of all their medications. Knowledge was greater in those who had been in-patients for less than 10 years ( $\chi^2=4.0$ , d.f.=1,  $P<0.04$ ).

Forty-five patients (66%) were willing to take all their medications; 12 patients (18%) were unwilling to take any of them. Willingness was greater in females ( $\chi^2=4.3$ , d.f.=1,  $P<0.04$ ), those who had been in-patients for more than 5 years ( $\chi^2=6.9$ , d.f.=1,  $P<0.0009$ ) and voluntary patients (Fisher's exact test,  $P=0.04$ ).

Four (11%) of the detained patients wrongly thought they had the right to refuse medication and 27 (82%) of the informal patients thought they had no right to refuse medication.

Nine patients (13%) recalled staff explaining medication. This was not associated with age, gender, length of stay or legal status.

## Discussion

We have found that long-term in-patients had little knowledge of medication, or their right to refuse it, but despite this most were happy to take it. Those deemed most able to give informed consent, that is, voluntary patients, knew least about their medication. Few patients met all three criteria for informed consent.

Lack of knowledge about the right to refuse medication was the most striking result, with 82% of informal patients wrongly thinking they had no choice. This was independent of age, length of stay, legal status or gender. Informal patients in our study may be eluding the safeguards of regular drug review afforded by the Mental Health (Scotland) Act 1984 because their passive acceptance of medication is accepted as informed consent to treatment.

This study has some limitations: the sample is relatively small and from one institution; there may be confounding variables, such as IQ, which we did not study; many of the variables may interrelate, for example, age and length of stay; and we did not investigate compliance with treatment. These issues

**Table 2. Patient knowledge and attitudes, by legal status**

Knowledge/attitude	Detained ( <i>n</i> =35)	Voluntary ( <i>n</i> =33)	<i>P</i>
	<i>n</i> (%)	<i>n</i> (%)	
Knowledge of the purpose of all medications	12 (34.3)	1 (3)	0.001
Knowledge of side-effects	5 (14.3)	2 (6.1)	0.429
Remembered receiving explanation from staff	5 (14.3)	4 (12.1)	1.0
Happy to take all medications	19 (54.3)	26 (78.8)	0.042
Felt they had a choice	4 (11.4)	5 (15.2)	0.73



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**Table 3. Patient knowledge and attitudes, by type of medication**

Knowledge/attitude	Oral antipsychotic (n=55) n (%)	Intramuscular depot antipsychotic (n=22) n (%)	Antidepressant (n=24) n (%)	Lithium (n=13) n (%)
Knowledge of the purpose of medications	12 (24)	6 (30)	10 (40)	6 (48)
Knowledge of side-effects	6 (12)	5 (25)	2 (8)	3 (24)
Remembered receiving explanation from staff	8 (16)	3 (15)	6 (24)	1 (8)
Happy to take medication	41 (82)	16 (80)	17 (68)	9 (72)
Believe they can refuse medication	7 (14)	2 (9)	3 (12)	2 (16)

No statistically significant difference across the groups.

were not our main focus of interest. Is the sample representative of other long-term patients? Findings elsewhere suggest that it may be. In an American state hospital population, only 8.4% could correctly name at least one of their medications, its dose and intended effect (Geller, 1982). Olin and Olin (1975) found that only 8% of a state hospital population were fully informed concerning their voluntary admission.

There is evidence that psychiatric patients themselves wish for more information about medications (Macpherson et al, 1993, 1996), although we did not ask about this. Worries that increasing patients' knowledge would decrease their compliance have not been substantiated (Schnieden et al, 1991; Rogers et al, 1993).

Our findings raise difficult questions about current psychiatric practice. Are long-term psychiatric in-patients told enough about the risks and benefits of treatment? How, and to what extent, can the prevalence of informed consent be improved in this patient population? Are patients, especially voluntary ones, adequately informed of their rights, and are those rights adequately protected? Are there adverse effects from increasing informed consent? In the absence of conclusive research evidence, the psychiatric professions and all those concerned for patient welfare must debate these questions.

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ERNEST GRALTON, STEVE PEARSON, ALASTAIR SUTHERLAND, MARTIN DONOVAN AND GERAINT LEWIS

**The environment psychiatric patients create for themselves: the varying perceptions of professional staff**

**AIMS AND METHODS**

A pilot study was undertaken to investigate whether there was evidence that professional staffs' perception of a patient's environment were significantly altered by certain variables.

**RESULTS**

Gender and, to a lesser extent, age were found to be variables that significantly affect the perception of a patient's personal environment.

**CLINICAL IMPLICATIONS**

Psychiatrists and other mental health professionals should be aware that there may be significant differences between the way individual professionals perceive the same visual environment. Psychiatry may benefit from future links with environmental psychology research.