

# The Right to Information: An Assessment of Patients' Perceptions and Satisfaction in a University Clinic of Gynaecology and Obstetrics of Cotonou

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**Abstract:** The right to information is a fundamental right for women, who are vulnerable during the perimaternity period. This study aimed to assess and appraise women's perceptions of their right to information and the practices of medical teams of maternity wards regarding this matter. This cross-sectional study was carried out for 3 months in the first University Clinic of Gynaecology and Obstetrics of Cotonou. The female patients included in the study attended this maternity hospital for antenatal care or childbirth. The data collected were analysed and processed with SPSS V.25 software. Three hundred female patients were recruited within the framework of the study. Their mean age was  $28 \pm 5$  years. Most of the respondents were educated (78.4%) and considered that access to information was a right vested to them (68.3%). There was a statistically significant association between that perception and patients' educational levels or status. A large proportion of patients (88%) were satisfied with how information was delivered to them. Information related to diagnoses, paraclinical examinations and drug treatments was spontaneously transmitted in 37.7%, 55.6% and 27.7% of cases, respectively. Only 23.7% of the women who gave birth were provided information about the vaccines administered to their child at birth. Our findings provide evidence that maternity hospital users are aware of their right to their information. However, the medical team does not incorporate all the components of this right.

**Keywords:** Medical Ethics, Information for Patients, Informed Consent, Obstetrical Care, Human Right, Medical Responsibility

## 1. Introduction

Medical ethics and professional rules of practice have enshrined the principle of patient autonomy. The corollary of this moral principle is the patient's right to information [1]. Actually, providing clear and fair information is a prerequisite for obtaining informed consent.

The right to information is now considered one of the

fundamental human rights [2].

This is also the case in Benin. Nevertheless, in this country, medical paternalism has long been the rule in medical practice [3]. Due to the increase in the populations' school enrolment rate and the reforms undertaken in the health sector, we have witnessed a paradigm shift, including, inter alia, a certain degree of awareness and awakening among the populations' members about their rights. The gynaecology

and obstetrics specialty has not escaped these changes. Indeed, women are very sensitive to medical information, particularly during pregnancy. During this period of vulnerability, women use the internet much more in pursuit of information related to their physiological status [4]. The medical doctor and his or her team are, however, inherently the most credible professionals responsible for providing this information. Therefore, they are bound to provide information to the patient. The fact is that they have the obligation to inform the patient about their health status. The failure to comply with this legal requirement or obligation may even be considered as misconduct [5].

There are very few scientific data in the medical literature on the topic in Benin. In this context, we initiated this pilot study, which aimed to assess the perceptions that patients had of their right to information and the health workers' practices in this domain.

## 2. Methods

### 2.1. Setting and Type of Study

This research work is a cross-sectional study with descriptive and analytical purposes that was conducted from June to August 2019 in the University Clinic of Gynaecology and Obstetrics (CUGO) of the "Hubert Koutoukou Maga" National University Teaching Hospital (CNHU-HKM) located in Cotonou. It is one of the largest maternity hospitals in the city of Cotonou and is at the top of the health care pyramid of Benin.

### 2.2. Study Target and Population

This study targeted the maternity hospital users, i.e., both patients who were in the care/vaccination pool and the ones attending the hospital pool. A non-systematic convenience sampling was performed. To be eligible for the study, female patients were above 18 years old and came for antenatal care, childbirth or for their child's vaccination.

### 2.3. Survey Conduct and Ethical Consideration

A data collection form consisting of 4 items was designed as part of the survey. The survey items were related to the patient's general information (age, educational level and attainment, legal residence, etc.), gynaecological and obstetrical history, and knowledge of the right to information. The items were also related to patients' perceptions of the medical team's practices in terms of compliance with the patient's right to information. A previously validated questionnaire was administered to the patients by medical students in their 6th year.

Before administering the questionnaire, the study objectives were explained to the patients, and consent was obtained.

The unit head issued his approval prior to the start of the study. The objectives and interest of the study were also presented to all the members of the CUGO medical team before the start of the study

### 2.4. Statistical Analysis

The collected data were encoded in a database in Excel format. They were analysed and processed using SPSS V.25.0 software. The ratios were compared using the chi-square test. The differences were statistically significant for p values lower than 0.05.

## 3. Results

At the end of the data collection phase, 300 women were included in this study.

### 3.1. General Characteristics

Table 1 shows the distribution of the patients interviewed depending on their age, educational attainment and place of residence. The mean age was estimated at  $28 \pm 5$  years, with extremes ranging from 18 to 46 years of age. The predominant age group was the one of patients aged 25 to 35 years, accounting for 60% of the total study subjects. The patients lived in the city of Cotonou and its surrounding areas (86.3%) and had attended secondary schools (39.7%) and universities (28.7%).

### 3.2. Gynaecological and Obstetrical Features

The patients who came for medical care accounted for 36.0%. Most of the medical care consisted of antenatal care.

The remaining patients came for childbirth (36.7%) or for having their child vaccinated (27.7%). Most patients were primiparous, primigravida (43.7%) and women who had given birth to few children (40.0%). The remaining subjects were nulliparous (5.3%) or multiparous (11.0%). The patients who had a history of caesarean section accounted for 47.3% of the total patients.

### 3.3. Perception About the Right to Information

According to the patients interviewed, access to information is right vested to the users of obstetrical services (68.3%). Table 2 shows the distribution of patients according to their perceptions of the right to information and their general characteristics, as well as parity. The table indicates that there is a statistically significant relationship between the level of education and knowledge of the right to information ( $p < 0.05$ ).

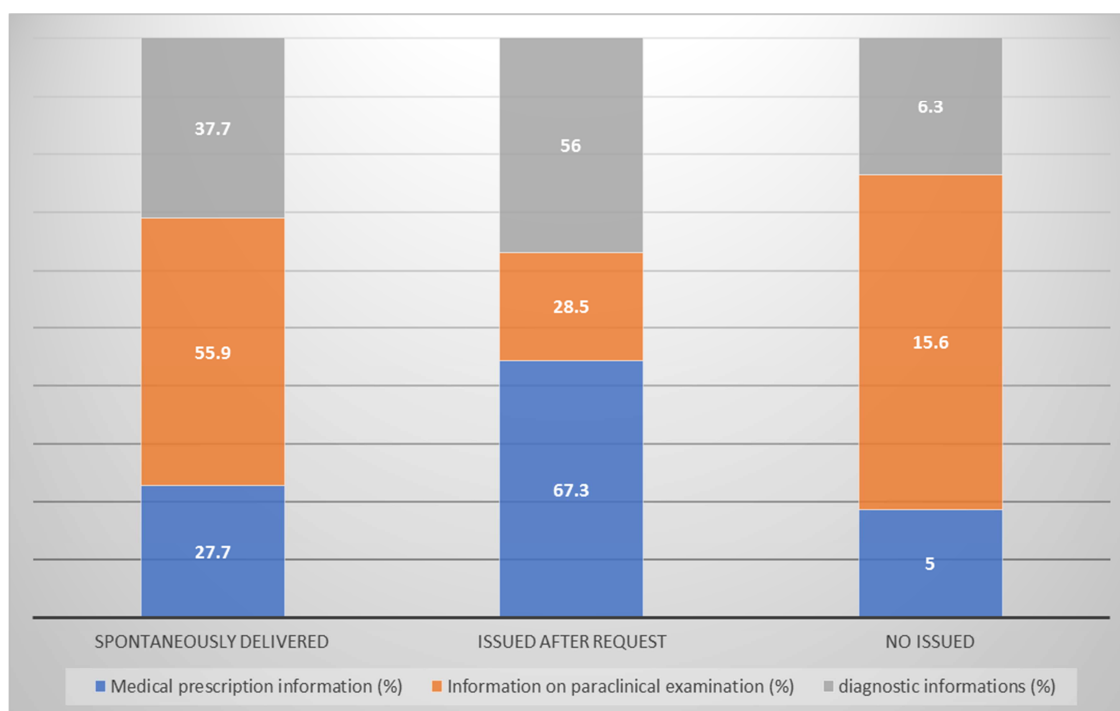
The patients were also aware of the fact that caregivers should seek their consent before providing them care (80.7%). Ninety percent of the patients indicated that caregivers were obligated to comply with medical confidentiality. However, only 22.7% of the patients were aware of their right to access their medical records.

### 3.4. Assessment of Medical Team's Practices by the Patients

A total of 87.7% of the study patients considered that they had been properly informed about their health status. Figure 1 shows the modalities of the provision of information on diagnoses, surgery and other treatments. In 43.2% of cases, the patients who

had given birth considered that they felt involved in the choice of their child's delivery method. Among the 127 women who had a history of caesarean section, only 9.2% had received information about the conduct, indications and potential complications of the

procedure. Among the 139 women who went to the hospitalization unit after childbirth, 76.3% said that they did not receive any information about the vaccines administered to the newborn in the delivery room at birth.



**Figure 1.** Distribution of the patients according to their general characteristics.

**Table 1.** Distribution of the patients according to their general characteristics.

		Number of patients	Percentages
Age groups (years)	[18 to 25]	78	26.0
	[25 to 35]	180	60.0
	[35 to 46]	42	14.0
	Total	300	100.0
Educational level	Never attended school	45	15.0
	Education stopped at elementary school	50	16.6
	Education stopped at secondary school	119	39.7
	Education stopped at university	86	28.7
Legal residence	Cotonou	120	40.0
	Outskirts of the city of Cotonou	139	46.3
	Outside of Cotonou	41	13.6
	Total	300	100.0

**Table 2.** Distribution of the patients according to their knowledge of the right to information and their age, educational status and number of pregnancies.

	The patient knows that they are entitled to information				p value
	Yes		No		
	n	%	n	%	
The patient attended secondary school					
Yes	41	43.2	54	26.3	0.0035
No	54	56.8	151	73.7	
Age groups					
[18 to 25 years]	19	20.0	59	28.8	0.2270
[25 to 35 years]	60	63.2	120	58.5	
[35 to 46 years]	16	16.8	26	12.7	
The patient is multiparous					
Yes	56	58.9	97	47.3	0.0601
No	39	41.1	108	52.7	
Total	95	100	205	100	

## 4. Discussion

The patients interviewed in the context of this monocentric study were young women (mean age = 28±5 years) who were educated (69% went beyond primary school). Most of them were primigravida or had given birth to a few children (83.7%), and 47% of them had a history of caesarean section. The profile of those women is comparable to that of the women met in the said maternity hospital on the occasion of previous studies [6, 7].

The representativeness of our results cannot be extended to all maternity hospitals in Benin since the CUGO is at the top of the health care pyramid of Benin. In the other maternity hospitals, the women are also young, but they are relatively less educated [8].

Most of the patients in this series were aware of their right to information (78%). They were also well-informed about the right to consent and right to confidentiality (80 and 90%). The differences between these frequencies were not statistically significant. For the patients, the right to information was therefore a concern that is as important as the right to consent or confidentiality. In contrast, less than 25% of the patients knew that they had a right to access the information recorded in their medical records.

We also noted that there was a statistically significant association between the knowledge of the right to information and educational level and attainment. This confirms the fact that education improves the perceptions of the populations' members of their rights.

A total of 85% to 90% of the patients who participated in this study considered that they were informed about their medical diagnoses, operations and medical prescriptions. However, some explanations on these aspects of their health conditions were provided only after they made a request or after they insisted to have this information. Therefore, the medical information expected by patients was not provided to them spontaneously. However, 88% of the patients were satisfied overall with the explanations given to them. In the Ivory Coast, Botti et al. [9] noted that patients expected their medical doctor to provide information on diagnoses (70.2%) and treatments (70%).

The information that patients mostly lacked was related to the risks related to caesarean section. Only 10% of the patients received that information. This rate is much lower than that observed by Chima et al. [10] in South Africa (56%). This lack of information may be due, on the one hand, to the circumstances under which decisions to perform caesarean section were made (in most cases, it is an emergency caesarean section) and, on the other hand, may be due to the medical team's concern about facing refusal to provide medical care. The fact of hiding information from patients is seriously detrimental to care relationships [11].

The same situation has been observed on the occasion of newborns' vaccinations. The women included in our series did not receive any information on the vaccines administered to their children, and their consent was not requested in 76.3% of

cases. This fact may be understood as a denial of patient autonomy. For instance, the fact that some vaccines are mandatory should not justify coercive vaccination [12, 13]. In Benin, many laws put a particular emphasis on the notions of patient information and informed consent. The Code of Professional Ethics of Benin Medical Association [14] indicates that the only situation where the medical doctor shall be free not to inform his or her patient is the one related to diseases, the prognosis of which is uncertain. Articles 2 and 5 of the Act on Sexual and Reproductive Health also highlight the fact that patients are entitled to obtain the most complete information, as much as possible, to be able to give informed consent [15]. Institutions should develop effective strategies to standardize the informed consent process, provide formal training for obtaining informed consent [16]. Some study show us that interactive intervention with test/feedback or teach-back components, appear superior [17, 18].

## 5. Conclusion

Our findings suggest that maternity hospital users are aware of their right to information. The medical team does not necessarily incorporate this right to providing information as a whole. Awareness actions should be undertaken with practitioners so that they can better inform patients; consequently, they can obtain true informed consent from their patients.

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