Historically, informed consent has often been expressed as a necessary legal requirement prior to the treatment of patients. On this understanding, the provision of information may be seen as nothing more than a requirement to satisfy institutional or legal rules. This paternalistic approach to care, where doctors were able to rely on their own judgement for patient care, remained the predominant model for healthcare in the past.

The true doctrine of informed consent, the concept of involving patients in the management of their illness through informed and shared decision making, was not an ethical issue until the latter half of the 20th century.

The Nuremberg Codes suggested that the voluntary consent of the human research subject is absolutely essential and that consent should be based on sufficient knowledge and understanding. Patients became more aware of the fact that choices could be made in many aspects of their life and more aware of their right to be involved in decisions which affected their lives; and that they could only participate in this process if they were ‘informed’ [1].

When the medical research subjects are minors, and therefore, legally incapable to grant consent, the rules to follow become all the more important. Informed consent after an earlier delivering of all information about the treatment is so-called “gold standard” in medical interventions and is a prerequisite for performing any medical intervention [2].

Reforming legislation on patients’ rights means specifying the content of the right patient, and reinforcement of mechanisms for its protection. Regardless of the existing legislation on patients’ rights in a country important for every individual is informed of the existence of the rights of patients, and the content and the ways in which they can be achieved. Experiences suggest that the existence of legal provisions on the rights of patients, as well as other regulations for protection of human rights are worthless until they ensure their proper, full and consistent implementation and acceptance of the relevant authorities and citizens [3].

Patients and physicians are two parts of the same whole, it works best in an interest of the health of all only when homogenized.

Dental interventions in general, according to the purpose, can be divided into therapeutic and experimental (research). While doctor-patient relationship is characteristic for therapeutic interventions in experimental procedures rather than patient occurs entity - a person who undergoes an experimental procedure, and with the doctor, it’s researcher: re physician or other health care professional or other expert in the field medicine, biology, pharmacy, dentistry, etc. Researcher-subject relationship on which the survey is more specific, and the potential for jeopardizing the rights of the person to whom apply experiment more, hence in national legislation prescribes additional requirements to ensure ethical and legal admissibility of such procedures.
Importance of Informed Consent of Minors in Dental Care and Research

Bibliography


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