Obstetrics & Gynecology: Open Access
Ifandi A. Gynecol Obstet Open Acc 9: 264.
www.doi.org/10.29011/2577-2236.100264
www.gavinpublishers.com

OPEN ACCESS
GAVIN PUBLISHERS

Review article

The Obligation of Informed Consent and the Best way Contact with a Patient Who is Diagnosed with a Gynecological Cancer

Angeliki Ifandi*

Midwife at the Hippocrates Hospital of Thessaloniki, Medical School of Thessaloniki, Greece

***Corresponding author:** Angeliki Ifandi, Midwife at the Hippocrates Hospital of Thessaloniki, Medical School of Thessaloniki.

Citation: Ifandi A (2026) The Obligation of Informed Consent and the Best way Contact with a Patient Who is Diagnosed with a Gynecological Cancer. Gynecol Obstet Open Acc 9: 264. DOI: https://doi.org/10.29011/2577-2236.100264.

Received Date: 20 January 2026; **Accepted Date:** 29 January 2026; **Published Date:** 2 February 2026

Summary

Human relations are a meeting point for many fields of science and of the natural and social sciences, especially when studying the relation doctor and patient. Closely linked to communication are the concepts o or dissatisfaction of the patient, but also of his compliance or non-compliance. The phenomenon of dissatisfaction expressed by the patient towards the literature for several decades. The main factor of dissatisfaction was co ambiguity in communication between doctor and patient. Although in the importance of detailed patient information is now recognized or ha enshrined in law, however, in everyday clinical practice the provision o is it systematic or does the tendency to conceal the truth prevail? Also, a is also the informed consent which constitutes a necessary condition for conducting a medical procedure, but also the provision of health service.

Keywords: Consent, Patients, Communication, Cancer, Consent, Informal.

Import

Gynaecological cancer is the most common form of cancer and the need arise for ongoing assessment and appropriate supportive care, as well Patient information has been the subject of many research studies. There are different practices in many countries when it comes to inform patient support. The focus is on the use of theoretical models with the aim of improving communication between the doctor and the and informed consent of patients are protected by clear legislative settings.

Also, communication and information about the disease and the upcoming are increasingly considered to be of paramount importance to the pros and treatment of the disease. However, many health professionals tend underestimate the amount of information patients need and remain sceptical about informing patients.

Informed Consent

Doctor-patient communication is not just a mean medical work, nor just social convention and necessity. It also constitutethical obligation of the doctor and should respond to specific requirements of the Code of Medical Ethics. The obligation of the doctor medical procedures without the patient‘s consent, as well as his obligate to the patient information about the general state of his health, on the o the purpose and risks of impending medical procedures.

Information Methods

The most well-known methods of patient information, which have been studies in recent decades, are the “ABCDE” method, the “SPIKES” method Hitoshi Okamura‘s method and the method of Peter McGuire and Ann Fa The first two methods are considered the most important of these, while mainly suggestions / instructions for proper and effective information. OBSTACLES TO PATIENT INFORMING Unfortunately, all studies that ref in Greece or abroad, they agree that this is a process with particularly and various obstacles. According to Beckman, these obstacles fall into t a. Obstacles for social reasons. b. Obstacles concerning the patient and which are referred to health professionals. The information of the pati and the time, place and manner in which the diagnosis will be announce seems to be of significant concern to health professionals worldwide. They believe that to achieve quality information, education is required responds to current data and patient demands. The lack of this due to education is the main reason for doctors‘ decision to conceal the truth from cancer patients. The same is true of nurses. Although that nurses seem to be the most suitable health professionals for them patients, to share their thoughts and feelings, they themselves feel inadequate to communicate with them. Specifically, the issues on which What health professionals are lagging behind is the announcement of b of mourning, support for relatives and management of emotional cries cause, therefore, the importance of education in information and announcement of the unpleasant news, it is necessary to conduct more regarding patients‘ opinions and preferences on this specific topic.

Refusal of Consent

OR consent of patient, such as already has was emphasizes necessary for thed, <legalization> of the medical procedure to which he is about to undergo respect for the patient‘s will as a manifestation of his self-determination the patient‘s will is negative regarding the performance of the medical If we have a refusal to provide consent, then the doctor must respect it In the past it was very doubtful whether such a refusal should be respect especially when it concerned the sole salvation of life, in which case it i self-determination, a form of disposition of the highest hierarchically le is a source and condition for the existence and exercise of other fund am But such a refusal must be strictly personal, that is, given only by the patient himself, must have been fully informed beforehand The patient‘s decision must be free, uninfluenced, mature, well-balance It is granted after proper and thorough information. Of course, it should be noted that when the patient refuses medical intel must make efforts to persuade him. The patient‘s will is proposed to it is found from a large-scale multi-disciplinary commission where it works effectively, so that an in-depth psychological diagnosis of the real the patient‘s will, with objective criteria. The patient‘s will in the case o she must be fully informed. The act to which the patient “consents”, the discontinuation of treatment, in some respects, can be considered “the benefit” of the patient, since the patient seeks this and considers it to b himself.

Legislation

The principle of informed consent, which aims at the legitimacy of health care, tends to reflect the concept of autonomy and self-determination decisions of the person who needs and requests medical interventions. type, in recent years, has gained not only significant space but also important processing and approaches to doctrinal texts, as well as legal interpret influencing the daily activities of the medical profession. The informed consent is still a subject of ongoing exploration, not only with regard to the already confirmed theoretical profile, but also on the practical and consequential aspect (book 1,2,5,6,7,8). The principle of co is a relatively new condition. In fact, already since the time not only of the civilization, but also of the Greek and Roman, documents have been fou the doctor‘s intervention had to, in some way, first be approved by the Plato (Law IV) had already foreseen the problems, procedures and way information that are, in composition, at the root of the principles of the informed consent and related the practice of information and of consent with the quality and social status of the patient. A form can b recognized, in Hippocrates, who cared about the patient‘s pain, but net neglected to take care of his own result, trying to avoid involved in the failure and death of a patient. Hippocrates respected a professional responsibility that was more religious and moral in nature from a legal point of view, very weak, to the extent that it depended on compiled by humans. Christianity was incorporated into this unified vi the sacred character of medicine and medical practice, which has not c essentially the Hippocratic type of ethical behaviour. Therefore, invested the power that came from his professional role and from his own work, he considered it his duty to guide the patient, deciding also for him (book 1,2,3,4,5,6). The socio-medical environment is changing. Toda must fully explain the planned medical treatment and any alternative solution to the patient, who has the right to choose the treat take into account the benefits and side effects. The physician has a “duty patient. Accordingly, the patient has the right to information regarding which are necessary for him to make his decisions regarding the condo medical procedure to which he is about to undergo. This emerges explicitly and clearly from the Code of Medical Ethics why was passed in 2005 and also by the Oviedo Convention. The Medical Co Ethics includes a special chapter on this subject. Based on the ethical principle of patient autonomy provides that <The physician mu informs the patient about their health status, as well as about any med which concerns him and obtain his consent. The code also provides that Consent is at any time revocable at the patient‘s sole discretion. In add From the very beginning of the Code, it is stated that the practice of the an interpersonal relationship between doctor and patient that must be mutual trust. Important articles related to the issue of informing the patient in the Code of Medical Ethics is article 1 paragraph 4b. Also the Article 9(1) states that the doctor gives priority to the protection of heal of the patient, while part of article 11 legislates that the doctor general truth to the patient. Furthermore, article 12 states that the doctor is not proceed with the performance of any medical procedure without the p patient.

Research Data

OR updated consent constitute basic element of modern medicine, reflecting the patient‘s fundamental right to participate in decision-making concerning their health. Despite its critical importance, there is a lack o about real-world practices regarding informed consent of patients in the context of the modern high-pressure medical environment. JAGO/NOGGO survey on practices in daily routine from 24 February 2022 to September 14, 2022, exploring practices and challenges concerning informed consent in hospitals throughout Germany, Austria, and Switzerland, using a specially designed questionnaire. The purpose of this study was to evaluate the practices and challenges of the real world regarding informed consent in gynaecology and gynaecological oncology in various types of hospitals. Based on over 200 responses fro gynaecologists, the research demonstrates the critical need for structured discussions about informed consent, with over 80% of participants expressing interest in courses related to this aspect. It is worth noting that a significant percentage of doctors (59.9%) reported discussions about procedures he had never personally witnessed. Observed important differences between of types of hospitals and of professional groups in the frequency of discussions on the updated consent, with limitations arising from factors such as time constraints, language barriers and insufficient resources for patient education. In a psychological burden experienced by physicians after discussions about consensus highlights the need for systematic changes to mitigate concerns about patient safety, legal implications and patient satisfaction.

A descriptive study was published in Greece to document the needs supportive care of patients with gynaecological cancer before surgery in Hellenic Journal of Nursing in 2022. This is a descriptive study with a s women diagnosed with gynaecological cancer. The patients were approached preoperatively during their hospitalization for planned surgery at an oncology hospital in Attica. Admission criteria were age > years, the ability to speak and understand the Greek language, to have scheduled for surgery as well as to consent to the completion of the questionnaires. Women with breast cancer were not included because specific group of patients there are many relevant studies in contrast to other types of gynaecological cancer (article 3). The average age of the p women was 61.1 years old, 56.9% were married, retired (33.3) with chill The most common diagnosis was endometrial cancer (47%). The stage o highest percentage of Grade I (39.5). Median time since diagnosis was 2 months. The vast majority of women in the sample (94.8%) reported at a need for care, while the average number of needs was 10.9. Patients w gynaecological cancer in the present study expressed more needs compared with oncology patients with advanced disease. They found that 83% of at least one moderate to high level need. In general, as stated in a systematic review, 25-60% of patients with gynaecological cancer report physical, social or psychological needs due to the consequences of cans their treatment regardless of the phase of treatment. The three groups. The most frequent occurrence was the information needs related to diagnosis and prognosis (86.3%), communication needs (81%) and need support (79.2). Correspondingly, the three groups of needs with the low appearance were the needs for hotel infrastructure (23.5), the needs of treatment (60.4) and needs for financial matters (67.3). The three needs a higher percentage was the need for more information about the future situation (85.3%), the need for more explanations about the treatment need for others to be less upset about their situation (69.6%).

In contrast, the three needs with the lowest scores were the need for m help to eat, dress, go to the bathroom (12.7%), the need to talk to priest (19.6%) and the need for better hospital services (23.5%). The pre Study highlights supportive care needs of women with gynaecological ca immediately after diagnosis and before surgery. At the clinical nursing practice, the significance of the findings lies in highlighting the necessity nurses‘ focus on taking measures to identify and cover the specific needs, providing adequate and understandable information to areas, encouraging patient communication with the team of healthcare as well as providing appropriate personalized supportive care.

Conclusions Patient information is a matter of global interest, it concert societies, regardless of their cultural particularities, and be linked to th informed consent and the announcement of unpleasant news. Further crucial and integral part of the therapeutic relationship with the patient care, while requiring particular interpersonal skills and communication health professionals. In clinical practice, the relationship between the d patient changes from a traditionally submissive relationship in which t in the doctor‘s authority in a mutual contractual relationship based on the doctor and the patient‘s consent. The doctor must fully explain the planned and alternative treatments and the patient has the right to chop after considering the benefits and side effects. Well-documented forms consent may have the advantages of providing feedback on whether the treatment plan for patients is well established and impel in terms of adequacy and effectiveness, as well as the right to self-deter patient. However, given the differences in medical systems and environ The nature of informed consent inevitably varies between institutions.

Book References

1. Voultsos P, Psaroulis D. Medical Law Elemen Publication. Thessaloniki: University Studio Press, 2010
2. Vo Publication. Thessaloniki: University Studio Press, 2021.
3. Ep Publication Thessaloniki: Universitystudio Press. 1989.
4. Papagiannis A. Talking to The Patient Introduction to Communication. First Edition. Thessaloniki: University Stud 2003.
5. Papagiannis A. Talking to the Patient Introduction to Thecommunication. Second Edition. Thessaloniki: University St 2017.
6. Paparrigopoulou -Pechlivanidi P. Public Health Law. 3rd Edition. Athens: Law Library. 2024.
7. Pelleni- Papageorgiou A. Medical Civil Liability and Consent of The Patient. Athens: Publications Ant. N. Sakkoulas E.E., 20 Liability. Athens: Law Library, 2023.

1. Articles References

1. Alamanou D, Fotos N, Brokalaki-Pananoudaki H (2017) Methods Informing Patients With Cancer And Informed Consent. Archives Of Hellenic Medicine 34: 151-164.
2. Ba Proceedings. Scientific Journals 2024 Volume 29: 166-175.
3. Supportive Care Of Patients With Gynecological Cancer Bef Surgery. Hellenic Journal Of Nursing 2022 Issue 61: 429-438.
4. Ha Kyun Chang , Seung-Hyuk Shim, Maria Lee, Won Moo Lee, Kyung Jin Eoh, et al. (2022) Informed Consent Forms For Gynecol Cancer Surgery: Recommendations From The Korean Society Gynecologic Oncology. J Gynecol Oncol 33: E42
5. Mallardiv (2005) The Origin of Informed consent.Acta Otorhinolaryngol Ital 25: 312-27.
6. Bottrell M, Alpert H, Fischbach R, Emanuel L (2000) Hospital Inconsentfor Procedureforms? Facilitating quality patient physician Interaction. Arch Surg 135: 26-33.
7. Taylor K, Kelner M (1987) Informed Consent: The Physicians Persoc Sci Med 24: 135-43.
8. Dorado A (1993) Clinical Appropriateness And Informed Consent Italian Hospitals. Juridical Problems And Safeguard Of Pati And Physician's Rights Recenti Prog Med 2011 102(7-8) : 296-301 Cancer 72: 2811-5.
9. Finkelstein D, Smith M, Faden R (1993) Informed Consent And Methics Arch Ophthalmol 111 : 324-6.
10. Simkulet W. Informed Consent And Nudging Bioethics 201: 169-184.
11. Gillett G (1989) Informed Consent And Moral Integrity 15: 117-23.
12. Bernat J, Peterson L (2006) Patient-Centered Informed Consensurgical Practice Arch Surg 141: 86-92.
13. Santillan-Doherty P, Cabral-Castaneda A (2003) Soto-Ramirez L Informed Consent In Clinical Practice And Medical Researc Invest Clin 55: 322-38.
14. Shiber S., Glezerman M (2014) Informed Consent: Going Throughmotions? Harefuah 153: 115-8, 125.
15. Moore R (1978) Jr Consent Forms How Or Whether, They Shouldmayo Clin Proc 53: 393-6.
16. Henley L, Benatar S, Robertson B, Ensink K (1995) Informed Con Survey Of Doctors Practices In South Africa Safr Med J 85: 1273-8.
17. Chimas (2013) Evaluatingthe Qualityof Informedconsent And Contemporary Clinical Practices By Medical Doctors In Africa: An Empirical Study Bmc Med Ethics 14(1).
18. Youn In South Africa S Afr Med J 1996: 566-7.
19. Meisel A, Kuczewski M (1996) Legal And Ethical Myths About InConsent Arch Intern Med 156: 25216.
20. Vucemilo L (2014) B Consent With Special Emphasis On Croatia Lijec Vjesn 13: 104-9.
21. Peterson R, Hofmann B, Mangset M (2007) Patient Autonomy Aninformed Consent In Clinical Practice Tidsskr Nor Laegefor 127: 1644-7.
22. Kottow M (2016) Informed Consent In Clinical Practice: Persistdoubts Rev Med Chil 144: 1459-1463.
23. Milinkovic I., Majstorovic B. Patient's Right To Informed Cin Republic Srpska: Legal And Ethical Aspects Med Law 33: 127-46.
24. Teshome M, Wolde Z, Gedefaw A, Tariku M (2018) As Informed consentin Obstetrics and Gynecological surgery: Experience From A Comprehensive Teaching Hospital In Sout Ethiopia Bmc Med Ethics 19: 38.
25. Rubiales A, Fernandez-Gonzalez M, Ferreira Alonso R (2016) Th And Practice Of Informed Consent Cuad Bioet 27: 69-7.
26. Jefford M, Moore R (2008) Improvement Of Informed Consent A Quality Of Consent Documents Lancet Oncol 9: 48593.
27. Informed consentforms-A Systematicreviewandcritical Amalysis Dtsch Arztebl Int. 2018 115: 377-383.
28. Klove C, Diboise S, Pang B, Yarbrough W (2005) Informed Consenethical And Legal Aspects Thorac Surg Clin 15: 213-9.
29. Clarkn, Grosse, Barkelj (1982) Patient consentin Seven Medical care Institutions Patient Counsels Health Educ. 198
30. Jianping W (2010) Analysis Of The Status Of Informed Cons Medical Research Involving Human Subjects In Publichospit Shangai J Med Ethics 36: 415-9.
31. Pittalis C, Sackey C, Okeny P, Nandi B., Gajewski J (2024) Surgical Informedconsentpracticesand Influence Factorsin Subsaharen Africa: A Scoping Review Of The Literature Bmj Q Saf 33: 653-662.
32. Hopper K, Tenhave T, Tully D (1998) Hall Currently Used Surgical/ Procedure Concent Forms In The U States Surgery 123: 496-503.
33. Ezeome E, Chuke P, Ezeome I (2011) Contents And Readability Of Currently Used Surgical/ Procedure Informed Consent Form Nigerian Tertiary Health Institutions Niger J Clin Pract 311-7.
34. Ryan G, Brandi K (2021) Informed Consent And Shared Decision In Obstetricsang Gynecologythe Americancollegeof Obstetricians And Gynecologists 137: E34-E41.
35. Biersackm (2025) Informed Consentin Gynecological Ongology: A Jago/Noggo Survey On Real-World Practices In Clinical Routine Arch Gynecol Obstet 311: 451-457.