Patients’ perceptions of information provided in clinical trials

P R Ferguson

Background: According to the Declaration of Helsinki, patients who take part in a clinical trial must be adequately informed about the trial’s aims, methods, expected benefits, and potential risks. The declaration does not, however, elaborate on what “adequately informed” might amount to, in practice. Medical researchers and Local Research Ethics Committees attempt to ensure that the information which potential participants are given is pitched at an appropriate level, but few studies have considered whether the patients who take part in such trials feel they have been given adequate information, or whether they feel able to understand that information.

Objectives: To explore trial participants’ views (i) on the amount of information provided, and (ii) of their own understanding of that information.

Design: Structured interviews of patients participating in clinical trials for the treatment of chronic medical condition.

Findings: Patients generally felt they were given an appropriate amount of information, and that they were able to understand all or most of it. They felt they were given adequate time to ask questions before agreeing to take part. In comparison with treatment given outwith the research setting, patients generally felt they received more information when participating in a clinical trial.

Conclusions: Researchers sometimes complain that patients are given too much information during clinical trials, and have limited understanding of that information. The present study shows that this perception is not necessarily shared by patients. More research is needed in this area, particularly to gauge whether patient understanding is indeed accurate.

METHODS

Participants

At the outset, 104 patients were interviewed by the investigator. The patients were each participating in one of 14 different clinical trials. It became apparent at an early stage in the data analysis that the responses of patients in one of the trials differed markedly from those in the other trial groups. It emerged that there were potential problems with the former group in that several of them felt they had been invited to participate at an inappropriate time, hence their responses were analysed separately. This comparison, between the responses of patients in the “problem group” and those of the remainder of patients, forms the subject matter of a separate paper. The views of the “problem group” have not been included in the present paper, since this would tend grossly to distort the findings, and give a false impression of the views of trial participants, generally. As a result, the present paper focuses on the responses of the 78 patients in the remaining 13 clinical trials (54% female). The numbers interviewed in each study ranged from one patient per study (in two cases) to 18 patients in the largest study. The nature of the clinical trials included phase II, III, and IV studies. These studies included research into hypertension, multiple sclerosis, motor neurone disease, hormone replacement therapies, diabetes, arthritis, and strokes. It should be noted that these are all chronic medical conditions, hence information-giving and the obtaining of patient consent could take place without the degree of urgency required in trials conducted during more traumatic situations, such as for the treatment of an acute cardiovascular episode. All trials were based in one geographical location, but comprised both hospital and general practitioner (GP) practices. Researchers were assured that their studies would not be identified other than in this very general fashion, hence no further details can be given about the trials.
As table 1 shows, the vast majority of patients (73 (94%)) felt they had received the right amount of information about the proposed trial; only two (3%) would have liked more, and two patients less information. Comments from those who felt they received the right amount of information include:

It was about as much as you could take in. I might want more as it goes on, but initially it was fine.

It seemed to be enough for me. If I hadn’t got enough or I’d been baffled, I wouldn’t have bothered taking part.

The doctor went over everything thoroughly and the nurse phoned me at home to check I understood.

In terms of patient understanding, as table 2 shows, 39 patients (50%) felt they understood all of the information they had been given, and 38 (49%) that they understood most of it, but that there were some things they did not understand. One patient did not remember having received any information about the study.

One patient commented that he had to read the information leaflet “two or three times” in order to understand it. Another added:

On re-reading it and getting to know what I’m doing, it made sense.

A patient who had understood most, but not all, of the information commented that the information leaflet had contained “medical terms that were beyond me”. He also felt that some of the information was “too technical”. He added:

I am probably above average intelligence . . . Others would surely struggle with the information.

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<table>
<thead>
<tr>
<th>Table 1</th>
<th>Patients’ perceptions about the amount of information they received</th>
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<tr>
<td></td>
<td>Too much n (%)</td>
</tr>
<tr>
<td>The amount of information</td>
<td>2 (3)</td>
</tr>
</tbody>
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Figures in tables are given to nearest whole number. n=78 in all cases.

<table>
<thead>
<tr>
<th>Table 2</th>
<th>Patients’ perceptions of their understanding of the information</th>
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<tr>
<td></td>
<td>Understood all of it n (%)</td>
</tr>
<tr>
<td>Understanding of information</td>
<td>39 (50)</td>
</tr>
</tbody>
</table>

Figures in tables are given to nearest whole number. n=78 in all cases.

<table>
<thead>
<tr>
<th>Table 3</th>
<th>Time to ask questions, prior to agreeing to participate</th>
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<tr>
<td></td>
<td>Plenty of time n (%)</td>
</tr>
<tr>
<td>Adequate time to ask questions?</td>
<td>74 (95)</td>
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The frankness of this patient raises the possibility that some other patients may have been too embarrassed to admit to the investigator that they had not been able fully to understand the information.

A large majority of patients felt there had been adequate time to ask questions (74 (95%)), with only two (3%) feeling they would have liked more time (see table 3). As table 4 shows, more than a quarter did not ask any questions (21 (27%)). A further 40 (51%) were “completely” satisfied by the answers given to them by the researchers, with ten (13%) “mostly” satisfied. No patient was not satisfied with the medical team’s responses to questions. Typical comments here include:

Everything was explained as it went along and I feel if I had needed more information, I would have got it.

Most potential questions were covered by the literature . . . the documentation really seemed to cover all the information that the layman would need to know.

What do potential trial participants ask? Questions about potential side effects were most common. Others asked about expenses for participation, and about the confidentiality of medical records, during the study. One patient in a five year study asked whether he would be told at the end of the trial whether he had been taking the drug or a placebo. Another asked if she would be able to keep taking the tablets after her six month long study ended.

When asked to compare the information they received as a clinical trial subject with the information they generally were given, as a patient, table 5 shows that in general, patients do receive more information when participating in trials. Several were keen to emphasise that the greater amounts of information they received during the trial was no reflection on their GPs’ usual practices:

GP don’t have time to go into this—if you ask, they’ll answer.

My GP is very good, but they don’t have the time to go into that.

Only one patient expressed less than full confidence in his GP:

I don’t have a lot of faith in my GP and the medical profession because of financial constraints in the health service . . .

Four patients (5%) pointed out that their local pharmacist was an alternative, and helpful, source of information about side effects, and how to take the drug. In relation to what to do if a suspected side effect did occur during a clinical trial, 11 patients (14%) stated that they had been told to get in touch with the hospital or GP “right away”. Interestingly, one of the patients who said that she “did not remember them mentioning side effects” then checked this recollection against the study’s information leaflet, which she had kept in her handbag. She then found, to her surprise, that potential side effects had been explicitly mentioned. This raises the question of the accuracy of patient recollection, in general.

**DISCUSSION**

As Featherstone et al have pointed out, in the vast literature on medical research, “the patient’s perspective is relatively neglected.” Only a few studies have asked patients to assess the information they receive. The present study suggests that patients who participate in clinical trials feel they are given adequate information. This finding is similar to that of Olver et al who found that out of 100 cancer patients, 68 felt they had been given the right amount of information, 14 felt there was insufficient information, and only five felt they received too much information. In a review of the literature, Edwards et al found four studies in which the experiences of patient participants were audited. At least 80% of patients in these studies reported that they had made an autonomous decision to take part.

Informed consent has been defined as requiring:

- a full declaration of treatment options to any patient who has been invited to become a participant in a clinical study... Together with the full description of any treatments there should be an explanation of the possible side effects of the new or standard treatments."

This definition focuses very much on the giving of the information by the researcher, rather than on the understanding of the patient. It has been pointed out that, while the dictionary definition of the verb “to inform” is to describe, instruct or teach, a researcher could do each of these “and yet

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**Table 4**  Patient satisfaction with answers to questions

<table>
<thead>
<tr>
<th>Satisfied with answers to questions</th>
<th>Completely satisfied n (%)</th>
<th>Mostly satisfied n (%)</th>
<th>Not satisfied n (%)</th>
<th>Didn’t ask questions n (%)</th>
<th>Can’t remember n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>40 (51)</td>
<td>10 (13)</td>
<td>21 (27)</td>
<td>7 (9)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**Table 5**  Comparison with treatment in non-trial setting

<table>
<thead>
<tr>
<th>Information about:</th>
<th>Told much more about trial drug n (%)</th>
<th>Told a little more about trial drug n (%)</th>
<th>Told same amount n (%)</th>
<th>Told far less about trial drug n (%)</th>
<th>Unable to compare n (%)</th>
<th>Not discussed n (%)</th>
<th>Not applicable (n %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The way the drug works?</td>
<td>25 (32)</td>
<td>5 (6)</td>
<td>9 (12)</td>
<td></td>
<td>3 (4)</td>
<td>36 (46)</td>
<td>12 (15)</td>
</tr>
<tr>
<td>How to take the drug?</td>
<td>17 (22)</td>
<td>4 (5)</td>
<td>40 (51)</td>
<td></td>
<td>5 (6)</td>
<td>3 (4)</td>
<td>9 (12)</td>
</tr>
<tr>
<td>Possible side effects?</td>
<td>28 (36)</td>
<td>11 (14)</td>
<td>19 (24)</td>
<td>3 (4)</td>
<td>5 (6)</td>
<td>12 (15)</td>
<td>1 (1)</td>
</tr>
<tr>
<td>What to do if patient experienced side effect?</td>
<td>31 (39)</td>
<td>11 (14)</td>
<td>21 (27)</td>
<td></td>
<td>5 (6)</td>
<td>11 (14)</td>
<td>–</td>
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</tbody>
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patients are in fact capable of assimilating the information they are given. Patients’ perceptions are one thing—the reality of the situation could be quite different. Patients may feel they have a reasonable grasp of a concept, but if this were to be tested it might not in fact be correct. More research is needed in this area. In particular, researchers and ethics committees should attempt to ascertain whether patient perceptions are, in fact, accurate.

ACKNOWLEDGEMENTS

This work was supported by the awarding of a Research Support Fellowship to the author from the Royal Society of Edinburgh. The author is most grateful to the RSE for this award.

REFERENCES AND NOTES

19 See reference 7; 300.
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*J Med Ethics* 2002 28: 45-48
doi: 10.1136/jme.28.1.45

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