
EDITORIAL

INFORMED CONCENT

Despite the available legislation, which recommends the use of the term Free and Informed Consent (BRASIL, 1996) in Brazil there is yet no consensus on translation to “informed consent”, being widely accepted the term “consentimento informado” which, as a fact, has not much sense in Portuguese. Post-information consent and Consciente consent are two possible versions, although incomplete. A better possibility is “Term of Consent” which is adopted by many Universities and Research institutions.

If the version to Portuguese arises some polemics, the contents of the Term of Consent reveal additional problems.

In the ethical relation in research, the basic principle is guarantee to the subject full freedom to deliberate in his/her participation in the study. More than that, scientists must recognize that the subject (the individual) is free to take the decision regarding his/her participation in the study and that such decision should be taken without any sort of embarrassment (GRUPO, 1995). In this connection, the Term of Consent plays an important role not only as a concrete instrument of information but also as a legal document endorsing an agreement among parts. For that, some requisites are essential. Hewlett (1996) states that the consent is morally acceptable only when it is based in four elements: information, competence, understanding and willingness. It is interesting to note that the Brazilian legislation requests only a simple consent in which the right of refusal is the essential requisite (MUÑOZ, 2004). Therefore, there are many ways to approach the content of this document and to understand its process. Nonetheless, these approaches are circumscribed by the Resolution no 196 of the National Health

Council (CONEP). However, its content do not plecrude a more detailed discussion on this issue.

The process of consent involves two main factors. One is the interlocution with the object of consent, the other is the document of consent. The former is more imporant and the latter is a necessary consequence. The explanation, the information and the way this is done aims to guarantee, essentially, the autonomy of the individual in taking an option to participate or not, since the document he/she signs – the Term of Consent – is the legal representantion of his/her autonomy.

Therefore, the content of the consent process becomes essential to the attainment of the ethical rule. In this connection, there arises some difficulty in to establish a level of communication that allows the explicitation of the autonomy of the individual facing a varied array of different understandings and perceptions on science and, in this case, in biomedical sciences. However, it is necessary to seek clarity of content to attain the requisits of full information, of structural competence, of understanding whithin the individual's reference frame and, ultimately, allowing the expression of his/her willingness.

The Resoulution n° 196 of the National Health Council (BRASIL, 1996) in quite clear in the requirements to structure a Term of Consent – it is a document that explicit the agreement of the subject of the study or his/her legal representative, free of faults (simulation, fraud or mistake), dependency, subordination or intimidation, after a complete and detailed explanation on the nature of the study, its objectives, methods, expected benefits, potential risks, and the anoyance that may accompaign. However, if one take a look to the consent documents of the average research institutions in this country, the conclusion is that, even complying with the legal requirements, little importance is granted to the clarity of its content. Most documents are intended only to comply with the legal needs and to guarantee that nothing if left to allow a legal claim against the scientist or the research institution. Certainly, this late concern is an important topic that is addressed in the terms and it arises as a sign of evolution in the concept of citizenship. However, to offer the individual a ample cenario of the study and its surroundings should be the main focus of the document. Thus, scientists must change their understanding on the objective and the focus of such document.

As previously mentioned, the Term of Consent is not just a bureaucratic document. Its content should not only aim to please the members of the Ethical Committee. Of course, it should comply

with the legal requirements, but one should remember that the target of the Term of Consent is the individual. In this regard, a direct, fluent and accessible language is essential, complying with all the requirements mentioned in the Resolution nº196. Among these requirements, two are to be mentioned due to the difficulty of scientists to face them – resulting in different problems. The first is related to the explanation of the study, its objective and methods. In this topic the problem is that scientists commonly reduce the explanation of a complex methodology into a few lines of poor understanding. This is a real problem and in order to solve this, scientists should improve their communication skills or seek assistance of other professional to offer something satisfactory to the individual. Next is the problem of the benefits, embarrassments and risks. This is another rank of difficulty since, in many cases, more than the satisfactory translation of the scientific knowledge, it is necessary some sort of argumentation without, in any case, to scratch the autonomy of the individual. In this regard, a better preparation of scientist, mainly in humanistic sciences, can offer them conditions to cope with these difficulties. Indeed, unfortunately, humanistic sciences have been a neglected area in the formation of professionals of biological and health sciences in the last decades and the problems previously mentioned are a reflect of this.

Marcos da Cunha Lopes Virmond

REFERÊNCIAS BIBLIOGRÁFICAS

1. BRASIL. *Conselho Nacional de Saúde*. Resolução 196/96, 1996.
2. GRUPO DE BIOÉTICA E PESQUISA POPULACIONAL - Proposta de Diretrizes para Pesquisas em Sujeitos Humanos Financiadas na FAPESP. *Revista Bioética*. 3(1), 1995. Disponível em: <http://www.cfm.org.br/revista/ind1v3.Htm>.
3. HEWLETT, S. Consent to clinical research: adequately voluntary or substantially influenced? *J Med Ethics*, n. 22, p. 232-237, 1996.
4. MENEGON, V. M. Consentindo ambigüidades: Uma análise documental dos termos de consentimento informado, utilizados em clínicas de reprodução humana assistida. *Cod. Saúde Pública*. 20(3): 845-854, 2004.
5. MUÑOZ, D. R.; FORTES, P. A. C. O Princípio da autonomia e o consentimento livre e esclarecido. IN: INICIAÇÃO À BIOÉTICA. Disponível em: http://www.portalmedico.org.br/biblioteca_virtual/bioetica/Partellautonomia.htm. Acesso em: 20 set. 2004.

