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REVIEW ARTICLE

Informed Consent in Low-Resource Healthcare Settings: Ethical Challenges and Practical Approaches

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Abstract:

Informed consent is a core requirement of ethical clinical practice and an important expression of respect for patient autonomy. Although international ethical guidelines strongly support informed consent, achieving meaningful consent remains difficult in low-resource healthcare settings because of structural limitations, social factors, and systemic inequities. This narrative review examines the ethical challenges of informed consent in resource-constrained environments. Using the principles of autonomy, beneficence, and justice, the review discusses tensions between universal ethical standards and real-world clinical contexts. It also explores practical approaches that support ethical consent without ignoring cultural norms or clinical constraints. The review argues that informed consent in low-resource settings should be understood as an ongoing ethical process rather than a purely legal requirement, with shared responsibility among clinicians and healthcare institutions.

Keywords: informed consent, medical ethics, low-resource settings, patients' autonomy

Introduction

Informed consent is widely regarded as a cornerstone of ethical medical practice, grounded in respect for patient autonomy and protection against coercion and harm.[1] International declarations and professional guidelines emphasise that valid consent requires adequate disclosure, patient understanding, voluntariness, and decision-making capacity.[2]

While these ethical standards are well established, their practical implementation varies considerably across healthcare contexts. In low-resource settings, including many low- and middle-income countries, healthcare delivery is often shaped by workforce shortages, overcrowded facilities, limited infrastructure, and high patient–clinician ratios.[3] These constraints make meaningful informed consent difficult and raise ethical questions about how universal principles can be applied in settings of scarcity.

This review examines the ethical challenges associated with informed consent in low-resource healthcare settings and explores context-sensitive approaches that can strengthen ethical practice. Rather than treating informed consent as a formalistic or legal obligation, this review conceptualises it as a relational and ongoing ethical process influenced by social, cultural, and institutional factors.

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Methods

This narrative review synthesises peer-reviewed literature published in English and identified through searches of PubMed, Scopus, and Google Scholar. Search terms included "informed consent," "medical ethics," "low-resource settings," "global health ethics," and "developing countries." Conceptual analyses, empirical studies, ethical commentaries, and international guidelines were included. Literature focusing primarily on research ethics was excluded unless it offered relevant insights into clinical informed consent.

Ethical Challenges of Informed Consent in Low-Resource Settings

Limited Health Literacy and Patient Understanding

Low levels of health literacy present a major obstacle to meaningful informed consent. Patients may struggle to understand medical terminology, probabilities, or the implications of treatment options, particularly when explanations are brief or highly technical.[4] Ethical concerns arise when consent is obtained without ensuring comprehension, reducing the process to symbolic agreement rather than informed decision-making.[5]

Language and Communication Barriers

In multilingual societies, discordance between clinicians and patients regarding language is common. The absence of trained medical interpreters often forces reliance on family members or informal translation, which may distort information or compromise confidentiality.[6] Inadequate communication undermines the ethical requirement of disclosure and threatens respect for patient autonomy.

Time Pressure and Systemic Constraints

Overburdened healthcare systems frequently limit the time available for patient–clinician communication. High patient volumes and understaffing may reduce informed consent to the completion of consent forms rather than meaningful dialogue.[7] This procedural approach shifts ethical responsibility onto individual clinicians while obscuring institutional accountability.

Power Imbalances and Paternalistic Practices

In many low-resource settings, physicians occupy positions of significant social authority. Patients may feel unable to question medical advice or refuse recommended interventions due to fear, dependence, or reverence for professional authority.[8] Such power asymmetries challenge the voluntariness of consent and may perpetuate paternalistic practices, even when motivated by beneficence.

Family-Centred Decision-Making

Decision-making in many cultures is embedded within family or community structures rather than centred solely on the individual. Family members may play a decisive role in consenting to treatment, sometimes withholding information from patients or overriding their preferences.[9] While relational autonomy acknowledges the moral relevance of social relationships, ethical tension arises when patient agency is diminished or excluded.

Informed Consent in the Context of Bangladesh

In Bangladesh, informed consent is recognised in professional guidelines and institutional policies, yet its implementation in routine clinical practice remains inconsistent. Public sector healthcare facilities often face severe patient overcrowding, limited consultation time, and shortages of trained healthcare professionals. These structural constraints significantly affect the quality of communication between clinicians and patients, making meaningful informed consent difficult to achieve in practice.[10]

Health literacy remains a major concern in Bangladesh, particularly among rural populations and individuals with limited formal education. Patients may agree to medical procedures without fully understanding the nature of their illness, available alternatives, or potential risks. In such circumstances, consent may be based more on trust in the physician than true understanding, raising ethical concerns about whether patient autonomy is genuinely respected.[11]

Language and communication barriers further complicate the consent process. Although Bangla is widely spoken, medical explanations are often delivered using technical terms or mixed English and Bangla that patients may find difficult to comprehend. The lack of standardised, patient-friendly consent materials contributes to misunderstanding and passive acceptance of medical decisions.[12]

Family involvement plays a central role in healthcare decision-making in Bangladesh. Family members frequently participate in discussions with physicians and may influence or even make decisions on behalf of patients. While such involvement reflects strong social support structures, it can also result in patients being excluded from conversations about their own diagnosis and treatment, particularly in cases involving women, older adults, or critically ill patients.[13]

Addressing these challenges requires context-appropriate strategies that prioritise clear communication, respect for patient dignity, and institutional responsibility. Training healthcare professionals in ethical communication, developing simplified consent materials in Bangla, and encouraging patient participation, even within family-centred decision-making models, may strengthen informed consent practices in Bangladesh without imposing unrealistic expectations on clinicians working in constrained environments.

Ethical Analysis

Autonomy in Relational Contexts

Classical bioethics prioritises individual autonomy, yet this model may inadequately reflect social realities in low-resource settings. Relational autonomy recognises that individuals' choices are shaped by social, cultural, and economic relationships.[14] However, relational autonomy should never be used to justify excluding patients from meaningful participation in decisions affecting their health and bodies.

Beneficence and Justified Paternalism

Clinicians may limit disclosure or adopt directive decision-making in the belief that doing so serves the patient's best interests, particularly when patients are

perceived as vulnerable or distressed.[1] While beneficence is ethically significant, excessive paternalism risks undermining respect for persons and eroding trust in healthcare relationships.

Approaches to Strengthening Informed Consent

Informed Consent as an Ongoing Process

Viewing informed consent as a continuous process rather than a single event allows for repeated discussions, clarification, and patient engagement over time.[5] This approach is particularly valuable in settings where time constraints limit lengthy initial discussions.

Institutional Support and Capacity Building

Meaningful informed consent cannot rely solely on individual clinicians. Healthcare institutions should provide training in ethical communication, develop simplified consent materials, and establish policies that support ethical practice in resource-constrained environments.[3]

Shared Ethical Responsibility

Understanding informed consent as a shared responsibility among clinicians, institutions, and health systems reduces moral burden on individual practitioners and promotes sustainable ethical practice. This perspective aligns ethical ideals with structural reform rather than placing unrealistic expectations on frontline providers.

Implications for Clinical Practice and Policy

Improving informed consent in low-resource settings requires both ethical reflection and structural intervention. Medical education should emphasise ethical communication and contextual sensitivity, while health policy should address systemic barriers such as workforce shortages and language services. Ethical informed consent should be recognised as an integral component of quality care rather than an optional procedural requirement.

Conclusion

Informed consent in low-resource healthcare settings presents complex ethical challenges shaped by literacy, culture, power dynamics, and systemic constraints. This review argues that meaningful informed consent is achievable when it is understood as a relational, context-sensitive ethical process rather than a purely legal formality. Balancing autonomy, beneficence, and justice requires both individual ethical commitment and institutional responsibility. Future research should further explore culturally grounded consent models and evaluate interventions that support ethical communication in resource-constrained environments.

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