
The reactions of patients to a video camera in the consulting room

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SUMMARY. In a general practice survey of reactions to the presence of a video camera in the consulting room 13 per cent of patients refused to be filmed, and 11 per cent of those who did consent disapproved of recording. Patients were more willing to express their reservations about video recording if asked to fill in a questionnaire later at home rather than immediately at the surgery. Patients with anxiety, depression, or problems relating to the breasts or reproductive system were more likely to withhold consent. Patients were less likely to refuse video recording of their consultation if they were asked by the doctor for their verbal permission as they entered the consulting room rather than if they were asked to sign a consent form. Only a small minority of the patients who refused to be filmed felt that this refusal had affected their consultation with the doctor.

Introduction

VIDEOTAPE recordings of consultations have been widely used in teaching^{1,2} and with groups of trainees³⁻⁵ and medical students⁶ for assessing consultative skills. They have also been used by established general practitioners for peer review.⁷ These uses presuppose that the video camera recorded the normal interaction between the doctor and the patient, yet there have been few surveys on the effect a video camera in the consulting room has on the consultation. In reports of recording with audio⁷ or video equipment^{2,4} several authors have commented that this did not cause anxiety in patients, nor did it influence behaviour. Campbell completed a survey with a small group of patients, all of whom filled in a questionnaire while still in the surgery—that is, on the doctor's territory.⁹

We decided, in our practice, to investigate the reaction of patients to a video camera in the consulting room. The doctors who took part in this survey had used video recording for three months beforehand to audit their consulting styles. One partner in the practice was uncomfortable when being filmed and did not take part in the survey.

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Method

Doctors A, B, C, D and E each had the video camera set up in their consulting room for a minimum of 10 days. The period of recording consultations for each doctor varied from 10 days to three weeks, being governed by the willingness of the doctor to be filmed and external constraints such as holidays and commitments outside the practice. In all series, consultations were recorded on consecutive days without a break involving unrecorded surgeries.

Obtaining patients' consent

Patients were informed about the video camera and asked for their permission in one of two ways. Doctors A, B and D were prepared to record their consultations after the patients had signed a consent form. As well as using a consent form in some surgeries, Doctors C and E were prepared to ask other patients personally for permission to record the consultation.

The receptionists handed out the consent form and told patients that the doctor was using a video camera to record his consultations. It was explained in the form that the recordings would be used to improve the doctor's care for his patients, for teaching and for research, and that only medical people would see the recordings. Patients were asked to indicate, by ticking the applicable box on the form, whether or not they were happy to have their consultation recorded. The form was then signed and handed to the doctor at the beginning of the consultation. Where consent forms were not used, the patients were not told that the doctor was using a video camera until they had entered the consulting room. The doctor then explained the purpose of videotaping the consultation and asked the patient if he/she minded. These doctors (C and E) who sought permission for video recording through consent forms and direct questioning used consent forms for the first half of this series of consecutive surgeries and direct requests for the second half. For each surgery only one method of obtaining consent was used. As the division was made roughly by days, not numbers of surgeries, the sample sizes are unequal.

Questionnaires

Doctors A, C and E were willing to allow canvassing of patients for their views.

In every case the patient's name, date of birth and major health problem was noted on the research sheet. Also noted were the doctor conducting the consultation and the method of consent used. Some of the patients were given a questionnaire when they left the consulting room, and asked to fill it in before they

left the surgery and put it in a post box in the waiting room. Other patients were sent the same questionnaire, with a stamped return envelope, six to eight weeks later. The questionnaires were different for those who accepted and those who refused video recording. In view of the lower expected response rate from the postal questionnaire, the questionnaire forms were handed out for the first third of the recording period and sent by post for the last two thirds of this period.

Results

A total of 637 consultations were included in the survey (Table 1). Eighty-six patients (13 per cent) refused to allow their consultation to be videotaped. There was more likelihood of refusal when a consent form was used than when the patient's verbal permission was sought by the doctor. Patients with certain problems were more likely to refuse video recording (Table 2). Of the 392 questionnaires distributed, two thirds were returned completed; a much higher completion rate was obtained with forms filled in on the surgery premises than where questionnaires were sent out by post (Table 3).

Questionnaires

Patients who consented to video recording. Analysis of the questionnaires completed by patients who had accepted video recording of the consultation (Table 4) indicated that most of them understood why the recording was made (89 per cent) and thought they were given enough time to make up their minds about whether or not to be filmed (81 per cent). Fewer of the people who had given verbal consent (84 per cent) than those signing consent forms (93 per cent) said that they understood why the recording was made (Table 4). Patients who signed consent forms and those who gave verbal consent did not differ in their replies to the question about whether they had been given adequate notice to make up their mind about video recording (81 and 82 per cent respectively). However, fewer of the patients sent the questionnaire by post and the patients consulting Dr E thought they had been given adequate notice (73 and 55 per cent respectively). Most patients (95 per cent) felt that the video recorder had not altered the way the doctor treated them. However, 13 per cent of Dr A's patients did feel that recording had altered the consultation. Overall, 21 per cent of patients felt that the video camera made the consultation less confidential. A higher proportion of the patients who gave written consent (27 per cent) than the ones who gave verbal consent (13 per cent) considered that the consultation was less confidential. A greater proportion of Dr A's patients (31 per cent) and Dr E's (30 per cent) than Dr C's patients (18 per cent) felt that the camera affected the confidentiality of their consultation. Overall, 11 per cent of patients were made nervous by the presence of the

camera; the percentage was 16 per cent for patients who used consent forms and 15 per cent for those patients who returned postal questionnaires. Sixteen per cent of patients were less willing to talk about embarrassing problems in front of the video camera. Most patients indicated that they thought a video record was relevant to teaching and research; only 3 per cent of patients tried to avoid the doctor with the video camera.

Table 1. Breakdown of consultations for each of the doctors during their period with the video camera. The method of seeking permission to film, and number of acceptances and refusals are also shown.

Doctor	Method of seeking permission	Number (and percentage) of patients		Total number of consultations
		Agreeing	Refusing	
Dr A	Consent form	75 (74)	27 (26)	102
Dr B	Consent form	37 (88)	5 (12)	42
Dr C	Consent form	111 (88)	15 (12)	126
	Request	152 (98)	3 (2)	155
Dr D	Consent form	45 (71)	18 (29)	63
Dr E	Consent form	48 (79)	13 (21)	61
	Request	83 (94)	5 (6)	88
All doctors	Consent form	316 (80)	78 (20)	394
	Request	235 (97)	8 (3)	243
Total		551 (87)	86 (13)	637

Table 2. Type of health problems which made refusal of video recording more likely.

	Refusals		Number of patients with the problem
	No.	(%)	
Breast problems	6	(60)	10
Pelvic/perineal problems	17	(37)	46
Anxiety/depression	13	(33)	40
Contraceptive/reproductive problems	13	(26)	50

Table 3. Results from distribution of questionnaires on patients' views about video recording.

	Handed out on surgery premises		Mailed to patients		Total	
	No.	(%)	No.	(%)	No.	(%)
Forms distributed	112		280		392	
Forms inadequately filled in or sent to wrong address	0	(0)	18	(6.4)	18	(4.6)
Forms completed	111	(99)	150	(57)	261	(66.6)
(a) by patients who had agreed to video recording	103		130		233	
(b) by patients who had refused video recording	8		20		28	

Patients who refused video recording. The questionnaires from the 28 patients who refused to allow their consultations to be videotaped (Table 5) revealed that 39 per cent felt they were not given enough notice to make up their minds compared with 17 per cent for those who agreed. Also, more of this group tried to avoid the doctor with the video camera. A majority of these patients indicated that they had refused video recording because they were worried about other people watching them or were embarrassed about their problem; 61 per cent of patients indicated that with other problems they would agree to being recorded. A sizeable minority felt that they could not confide in the doctor if they were being filmed, and a few patients admitted to being upset at having to make a decision about being video recorded or that making the decision had affected their consultation.

Comments

At the end of both questionnaires a space was left for comments. The majority of the patients who made

comments approved of the idea of doctors making video recordings of their consultations; 50 per cent of patients approved or strongly approved of videotaping, 11 per cent had reservations and 11 per cent disapproved or strongly disapproved. Anxieties expressed in the comments section of the forms were: that the recordings would not be kept confidential; that there had not been adequate consultation before a video recording was made; that physical examinations might be recorded; and that the patient did not want embarrassing or personal problems recorded.

Discussion

Although most patients in the surgery consented to the filming, a sizeable minority refused. The experience in this practice conforms to that of Myers,⁴ who found that the longer time that patients have for considering video recording the more likely they are to refuse. In this survey, 20 per cent of the patients who were given consent forms

Table 4. Replies to the questionnaires completed by patients who had agreed to video recording. Percentage of patients ticking 'Yes'.

Question	Agreement		Questionnaire completed		Doctor attended			
	Total (n=261)	Consent form (n=143)	Verbal (n=90)	In surgery (n=103)	At home (n=130)	Dr A (n=36)	Dr C (n=159)	Dr E (n=38)
Did you understand why your consultation was recorded using a video camera?	89	93	84	92	87	91	86	93
Were you given enough notice that a video camera was being used to make up your mind about being recorded?	81	81	82	91	73	81	85	55
Did the video camera make any difference to the way the doctor treated you?	5	7	2	3	6	13	3	4
During the consultation were you constantly aware that you were being recorded?	16	16	17	13	18	19	13	30
During the consultation did you forget about the video camera?	78	77	80	82	75	69	80	70
Did the video camera								
Make the consultation less confidential?	21	27	13	18	23	31	18	30
Interfere with the idea of a doctor caring for a patient as a person?	3	4	1	1	5	3	2	11
Make you nervous?	11	16	4	6	15	6	10	22
Make you less willing to talk about matters you are embarrassed about?	16	22	7	9	22	31	9	44
Make you glad that the doctor wanted to improve his care?	94	95	95	99	91	97	94	96
Do you consider that recording consultations with a video camera								
Is a good way of teaching young doctors?	91	91	91	95	88	88	92	89
Is a good way for doctors to look at what they are really doing to patients?	92	93	90	94	90	97	91	93
Is a good way of doing research in general practice?	92	93	92	94	90	91	93	89
Is irrelevant to the practice of medicine?	19	24	13	18	20	25	17	26
Helps your doctor to become more skilled?	79	79	79	79	79	81	80	74
When you come to the surgery do you try to avoid the doctor who is using the video camera?	3	3	1	1	4	0	3	4

n = number of patients.

refused to be videotaped whereas only 4 per cent of the patients asked by the doctor for permission to record the consultation refused to give it. The proportion of patients who felt that they had been given adequate time to decide about recording did not depend on whether they were given a consent form before the consultation or whether the doctor asked their permission at the start of the consultation. The number of patients who consented to video recording varied according to the problems they were presenting. Problems for which patients were more likely than average to refuse video recording were those concerning the breasts, the reproductive areas of the body, and anxiety and depression.

The results of this survey showed a higher level of unease about the use of the video recorder than that found by Campbell.⁹ However, Campbell's questionnaire was completed in the surgery, that is on the doctor's premises. In this survey, the majority of patients who said that they had not been given enough time to make up their mind about video recording and that the video camera made them nervous were in the postal questionnaire group.

Table 5. Replies to the questionnaire completed by patients who had refused video recording. Percentage of total response ($n=28$ patients).

Question	'Yes'	'No'	No answer
Were you given enough notice that a video camera was being used to make up your mind about being recorded?	57	39	4
When you come to surgery do you try to avoid the doctor who is using the video camera?	29	61	10
Were you worried that other people would watch you talking about your problems?	68	25	7
Were you embarrassed about your problem and wanted to talk to the doctor with no record being made?	57	36	7
Did you feel you couldn't confide in the doctor if your consultation was recorded?	39	54	7
Did you feel that 'Big Brother was watching you'?	25	68	7
Did it upset you having to make a decision about a video recording?	18	75	7
Do you think having to make this decision affected your consultation with the doctor?	11	82	7
With other problems would you agree to your consultation being recorded with a video camera?	61	25	14

Filling in the questionnaire on the doctor's territory may predispose to an answer the patient feels is acceptable to the doctor.

The worries of patients who refused to be filmed centred around confidentiality and embarrassment. This was borne out both by answers to the questionnaire itself and by the comments written on the forms. An article appeared on the front page of one of the local papers during the project expressing some concern about confidentiality (*Bedford on Sunday* No. 350, 13 November 1983). Only five patients were upset at having to make a decision about video recording and only three patients thought that it affected the consultation. It is surprising that 61 per cent of patients who refused recording said they would agree to recording for different problems.

Sixty nine per cent of patients making comments on the questionnaires approved of video recording. Nevertheless it is worrying that 16 per cent disapproved or strongly disapproved and that a sizeable minority of patients in this practice refused to allow their consultation to be recorded.

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