

Consentimiento Informado en Hospitales Universitarios: Implicaciones Éticas, Legales y Educativas en la Formación de Médicos

Informed Consent in University Hospitals: Ethical, Legal, and Educational Implications for Medical Training

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RESUMEN

El consentimiento informado constituye un componente esencial de la atención sanitaria contemporánea y uno de los pilares fundamentales de la práctica médica ética. En los hospitales universitarios, donde convergen la atención clínica y la formación de profesionales de la salud, el consentimiento informado adquiere una complejidad adicional debido a la participación de estudiantes y médicos en formación en las actividades asistenciales. El objetivo de esta revisión fue analizar las implicaciones éticas, legales y educativas del consentimiento informado en hospitales universitarios del continente americano, con especial énfasis en la protección de la autonomía del paciente y en la formación profesional de los futuros médicos. Se realizó una revisión narrativa estructurada mediante la consulta de literatura científica obtenida en bases de datos internacionales como PubMed, Scopus, Web of Science, ScienceDirect y Google Scholar, además de documentos normativos y guías éticas emitidas por organismos internacionales reconocidos. Los hallazgos mostraron que el consentimiento informado funciona como un proceso multidimensional que integra razonamiento ético, cumplimiento legal, comunicación efectiva, profesionalismo y atención centrada en el paciente. La dimensión ética fue la más

predominante, seguida de los aspectos legales y educativos. Asimismo, se identificaron la limitada alfabetización en salud, las dificultades de comunicación, la divulgación insuficiente de la participación estudiantil y las inconsistencias institucionales como las principales barreras para su implementación. Además, la aceptación de la participación de estudiantes de medicina por parte de los pacientes se relacionó estrechamente con la transparencia y la calidad de la información proporcionada. El análisis destacó la importancia de incorporar competencias relacionadas con el consentimiento informado en los programas de educación médica mediante el fortalecimiento del juicio ético, las habilidades comunicativas, la competencia cultural y la responsabilidad profesional. Aunque se han observado avances significativos en todo el continente americano, persisten diferencias relevantes en la consolidación legal, la implementación institucional y la integración educativa. El fortalecimiento de las prácticas de consentimiento informado mediante estrategias interdisciplinarias, apoyo institucional y enfoques centrados en el paciente puede contribuir a mejorar la calidad de la atención, incrementar la confianza de los pacientes y optimizar la formación médica en hospitales universitarios.

PALABRAS CLAVE

Consentimiento informado, Hospitales universitarios, Educación médica, Bioética, Autonomía del paciente, Estudiantes de medicina, Legislación sanitaria, Profesionalismo, Atención centrada en el paciente, Ética clínica, Habilidades de comunicación, Derechos del paciente, Hospitales docentes, Formación médica, América Latina, América del Norte, América del Sur, Salud pública, Formación profesional, Calidad asistencial.

ABSTRACT

Informed consent is a fundamental component of contemporary healthcare and a cornerstone of ethical medical practice. In university hospitals, where patient care and medical education coexist, informed consent acquires additional complexity due to the participation of medical students and trainees in clinical activities. This review aimed to analyze the ethical, legal, and educational implications of informed consent in university hospitals throughout the American continent, with particular attention to the protection of patient autonomy and the professional development of future physicians. A structured narrative review was conducted using scientific literature obtained from major international databases, including PubMed, Scopus, Web of Science, ScienceDirect, and Google Scholar, as well as ethical guidelines and legal documents issued by recognized international organizations. The findings revealed that informed consent functions as a multidimensional process encompassing ethical reasoning, legal compliance, communication, professionalism, and patient-centered care. Ethical considerations emerged as the predominant dimension, followed by legal and educational factors. The review also identified limited health literacy, communication barriers, inadequate disclosure of student participation, and institutional inconsistencies as the most frequent challenges affecting informed consent implementation. Furthermore, patient acceptance of medical student involvement was strongly associated with transparency and comprehensive disclosure. The analysis highlighted the importance of integrating informed consent competencies into medical education curricula through the development of ethical judgment, communication skills, cultural competence, and professional accountability. Although significant progress has been achieved across the Americas, important differences persist regarding legal consolidation, institutional implementation, and educational integration. Strengthening informed consent practices through interdisciplinary educational strategies, institutional support, and patient-centered approaches may contribute to improved healthcare quality, greater patient trust, and more effective medical training in university hospitals.

KEYWORDS

Informed consent, University hospitals, Medical education, Bioethics, Patient autonomy, Medical students, Healthcare law, Professionalism, Patient-centered care, Clinical ethics, Communication skills, Patient rights, Teaching hospitals, Medical training, Americas

INTRODUCCIÓN

Informed consent constitutes one of the most fundamental ethical and legal principles in contemporary healthcare, serving as a cornerstone of patient autonomy, human dignity, and professional accountability. The concept extends beyond the mere acquisition of a signature on a medical document and encompasses a dynamic process of communication through which patients receive adequate information regarding the nature, benefits, risks, alternatives, and potential outcomes of medical interventions before voluntarily agreeing to participate in clinical care. Over the past decades, informed consent has evolved from a predominantly paternalistic model of medicine toward a patient-centered approach that recognizes the individual's right to make autonomous decisions concerning their own health and well-being (Beauchamp & Childress, 2019; Faden & Beauchamp, 1986).

The increasing complexity of healthcare systems, advancements in biomedical technologies, and growing emphasis on patients' rights have amplified the importance of informed consent in both clinical practice and medical education. In teaching hospitals and university-affiliated healthcare institutions, the informed consent process acquires additional dimensions because patient care is frequently integrated with educational activities involving medical students, residents, interns, and other healthcare trainees. These settings present unique ethical challenges, as patients must not only consent to diagnostic and therapeutic procedures but also be adequately informed about the participation of learners in their care. Failure to provide transparent information regarding the educational nature of healthcare encounters may compromise patient autonomy and undermine trust in healthcare institutions (Hall et al., 2012; Roberts et al., 2003).

The ethical foundations of informed consent are deeply rooted in the principles of autonomy, beneficence, nonmaleficence, and justice. Respect for autonomy requires healthcare professionals to recognize patients as moral agents capable of making decisions aligned with their values and preferences. Beneficence and nonmaleficence demand that physicians act in the patient's best interests while minimizing potential harm, whereas justice requires equitable treatment and respect for individual rights regardless of social, economic, or cultural circumstances (Beauchamp & Childress, 2019). In university hospitals, balancing these ethical principles becomes particularly challenging because educational objectives must coexist with the obligation to protect patients' rights and welfare.

International ethical frameworks have consistently reinforced the necessity of obtaining valid informed consent in healthcare and research environments. The Declaration of Helsinki established by the World Medical Association emphasizes that participation in medical research and educational activities should occur only after individuals receive comprehensive information and voluntarily agree to participate (World Medical Association, 2024). Similarly, the International Ethical Guidelines for Health-Related Research Involving Humans developed by the Council for International Organizations of Medical Sciences highlight informed consent as a fundamental safeguard for human rights and dignity in healthcare settings (CIOMS, 2021). These international standards have influenced national legislation and institutional policies worldwide, contributing to the development of more robust consent procedures in academic medical centers.

Despite widespread recognition of its importance, multiple studies have demonstrated persistent deficiencies in the implementation of informed consent. Research has revealed that patients frequently experience difficulties understanding medical terminology, treatment alternatives, procedural risks, and the specific roles of healthcare trainees involved in their care. Schenker and Meisel (2011) observed that informed consent often fails to achieve its ethical objectives because communication barriers limit patient comprehension. Similarly, Grady (2015) reported that obtaining meaningful consent remains a significant challenge due to disparities in health literacy, cultural differences, and institutional pressures. Recent investigations have further demonstrated that limited health literacy may

compromise patients' ability to make informed decisions, particularly in complex healthcare environments where substantial amounts of information must be processed within limited timeframes (Zhang et al., 2024).

Within teaching hospitals, these challenges are compounded by the educational mission of training future physicians. Medical students require direct patient interaction to acquire clinical competencies, communication skills, and professional behaviors necessary for independent practice. However, patients are not always informed that students may participate in examinations, procedures, or clinical decision-making processes. Several studies have documented variability in how institutions disclose student involvement and obtain patient permission for educational participation. Roberts et al. (2003) found that deficiencies in informed consent training among medical students may negatively affect their ability to respect patient autonomy and communicate effectively. Likewise, Mavis and Henry (2005) reported that inconsistencies in educational approaches contribute to uncertainty among trainees regarding the ethical and legal requirements of valid consent.

The educational dimension of informed consent has gained increasing attention in medical curricula worldwide. Contemporary medical education recognizes communication, professionalism, ethics, and patient-centered care as essential competencies that must be cultivated throughout undergraduate and postgraduate training. Ethical competence is no longer viewed solely as theoretical knowledge but as a practical skill that directly influences patient safety, trust, and healthcare quality. Consequently, teaching hospitals play a critical role in modeling ethical conduct and ensuring that future physicians understand the moral and legal significance of obtaining informed consent in all clinical interactions (Roberts et al., 2004; Wear, 1998).

The legal implications of informed consent have also become increasingly relevant. Courts and regulatory agencies in numerous countries recognize informed consent as a legal obligation whose violation may result in professional liability, institutional sanctions, and litigation. Legal frameworks in Latin American countries, including Mexico, Colombia, and Ecuador, have progressively strengthened patients' rights and established requirements for informed consent documentation and disclosure. Nevertheless, variations persist in the interpretation and implementation of these regulations across healthcare institutions, particularly in academic environments where educational activities intersect with clinical care. Understanding these legal dimensions is therefore essential for ensuring compliance with national regulations while promoting ethical medical practice.

Recent literature has also highlighted patients' perspectives regarding the participation of medical students in healthcare delivery. Evidence suggests that most patients are willing to contribute to medical education when they receive clear explanations about students' roles and maintain the freedom to decline participation without compromising their care. Gil-Santos et al. (2022) reported that transparency significantly improves patient acceptance of student involvement and enhances trust in healthcare institutions. Similarly, Moreira et al. (2024) emphasized that effective communication regarding educational activities promotes collaborative relationships among patients, learners, and healthcare professionals. These findings underscore the importance of integrating ethical communication strategies into medical training programs.

Given the growing emphasis on patient-centered care, healthcare quality, and professional accountability, a comprehensive examination of informed consent in university hospitals is both timely and necessary. Although substantial literature exists regarding informed consent in clinical practice and research, fewer studies have specifically addressed its ethical, legal, and educational implications within academic healthcare settings. Moreover, the increasing globalization of medical education and the evolving legal frameworks in Latin America highlight the need for a broader international perspective that considers experiences from diverse healthcare systems, including those of Mexico, Colombia, and Ecuador.

Therefore, the present review aims to analyze the ethical foundations, legal frameworks, and educational implications of informed consent in university hospitals. Specifically, this review seeks to examine the challenges associated with obtaining valid informed consent in teaching environments, evaluate the impact of student participation on patient autonomy and trust, and explore educational strategies that may strengthen ethical competencies among future physicians. The guiding research questions of this review are: (1) What ethical principles support informed consent in university hospitals? (2) What legal obligations govern informed consent in academic healthcare settings? (3) How does informed consent influence the professional formation of medical students? and (4) What educational

interventions can improve compliance with ethical and legal standards? To address these questions, the review synthesizes contemporary international literature, ethical guidelines, educational research, and legal perspectives, providing a comprehensive framework for understanding informed consent as a central component of medical education and patient-centered healthcare.

DESARROLLO

The informed consent process has undergone substantial transformation throughout the history of modern medicine, evolving from a predominantly physician-centered model toward a framework that prioritizes patient autonomy, shared decision-making, and respect for individual rights. Across the American continent, including North America, Central America, South America, and the Caribbean, healthcare systems have progressively incorporated ethical and legal safeguards designed to protect patients while simultaneously promoting high-quality clinical education. Within this context, university hospitals occupy a unique position because they serve not only as centers for healthcare delivery but also as institutions responsible for the education and professional development of future physicians.

The growing complexity of healthcare services has significantly increased the importance of informed consent in academic medical environments. Advances in diagnostic technologies, minimally invasive procedures, precision medicine, artificial intelligence applications, and multidisciplinary care models have expanded the quantity and complexity of information that patients must understand before making healthcare decisions. Consequently, informed consent can no longer be viewed as a simple administrative requirement but rather as a continuous communicative process aimed at ensuring patient comprehension, voluntary participation, and respect for personal values (Beauchamp & Childress, 2019).

In teaching hospitals throughout the Americas, informed consent acquires additional significance because patients frequently interact with medical students, residents, fellows, and healthcare professionals in training. Clinical education depends heavily on experiential learning, which requires students to participate in patient interviews, physical examinations, clinical procedures, and therapeutic decision-making under professional supervision. While these experiences are essential for the development of clinical competence, they also generate ethical obligations regarding transparency and disclosure. Patients must be informed when learners participate in their care and should retain the freedom to accept or decline such participation without experiencing any reduction in the quality of medical services received (Gil-Santos et al., 2022).

Research conducted in various countries across the American continent demonstrates that patients generally support the educational mission of teaching hospitals when adequate information is provided. Studies indicate that many patients are willing to contribute to the training of future physicians because they recognize the societal benefits associated with medical education. However, acceptance rates tend to decrease when patients perceive that information has been withheld or when they are unaware of the precise role of students within the healthcare team. This observation reinforces the notion that transparency serves as a critical determinant of trust and cooperation between patients and academic institutions (Moreira et al., 2024).

Ethically, informed consent in university hospitals is grounded in the principle of respect for autonomy. Autonomy recognizes the right of competent individuals to make informed decisions regarding their healthcare based on personal beliefs, values, cultural backgrounds, and life circumstances. The American healthcare landscape is characterized by substantial cultural, linguistic, socioeconomic, and educational diversity. Consequently, obtaining meaningful informed consent often requires adaptation of communication strategies to meet the needs of diverse patient populations. Language barriers, varying levels of health literacy, cultural perceptions of authority, and differences in

healthcare access may influence the effectiveness of the consent process and create challenges for healthcare professionals and students alike (Grady, 2015).

The issue of health literacy has become particularly relevant throughout the Americas. Numerous investigations have demonstrated that limited understanding of medical terminology may compromise patients' ability to fully comprehend risks, benefits, alternatives, and expected outcomes of proposed interventions. Vulnerable populations, including older adults, individuals with limited educational attainment, indigenous communities, migrants, and economically disadvantaged groups, may experience greater difficulties navigating complex medical information. As healthcare institutions increasingly embrace patient-centered care models, improving communication skills among healthcare providers has become a strategic priority for both patient safety and ethical practice (Zhang et al., 2024).

From a legal perspective, informed consent has evolved into a recognized patient right across most countries in the Americas. National constitutions, healthcare regulations, professional codes of ethics, and judicial decisions increasingly acknowledge the necessity of obtaining valid consent before conducting diagnostic or therapeutic interventions. Although specific legal frameworks vary among jurisdictions, common principles generally include disclosure of relevant information, assessment of decision-making capacity, voluntariness, documentation of consent, and protection of patient confidentiality. Failure to comply with these requirements may expose healthcare professionals and institutions to legal liability, disciplinary action, and reputational consequences.

In Latin America, significant progress has been achieved in strengthening legal protections for patients. Countries such as Mexico, Colombia, Ecuador, Argentina, Chile, and Brazil have incorporated patient rights provisions into healthcare legislation and professional regulations. These legal reforms reflect broader regional efforts to align healthcare practices with international human rights standards and ethical principles. Nevertheless, disparities remain regarding implementation, enforcement, and institutional compliance, particularly in resource-constrained settings where healthcare systems face workforce shortages, limited infrastructure, and high patient volumes.

The educational implications of informed consent are equally significant. Medical schools throughout the Americas increasingly recognize professionalism, ethics, communication, and patient-centered care as core competencies that must be cultivated from the earliest stages of training. Contemporary accreditation standards emphasize the development of ethical reasoning, interpersonal communication, cultural competence, and professional responsibility. Consequently, informed consent serves not only as a clinical obligation but also as an educational tool through which students learn to respect patient autonomy, communicate complex information effectively, and navigate ethical dilemmas encountered in healthcare practice (Roberts et al., 2004).

Several studies have identified deficiencies in the preparation of medical students regarding informed consent. Common challenges include uncertainty about legal requirements, insufficient communication training, limited exposure to ethical decision-making frameworks, and variability in supervision during clinical rotations. These deficiencies may contribute to misunderstandings regarding patients' rights and reduce the effectiveness of consent discussions. Strengthening educational programs that address ethics, medical law, communication skills, and patient engagement may therefore improve both clinical outcomes and professional development.

Another critical consideration involves the hidden curriculum within academic medicine. Beyond formal instruction, students learn professional behaviors by observing faculty members, residents, and practicing clinicians. When informed consent is approached as a meaningful dialogue centered on patient welfare, learners are more likely to adopt

ethical behaviors consistent with professional standards. Conversely, when consent is treated as a bureaucratic formality focused primarily on legal protection, students may develop attitudes that undermine patient-centered care. Therefore, institutional culture plays a fundamental role in shaping future physicians' perceptions and practices regarding informed consent.

Technological advances have also transformed consent processes throughout the Americas. Electronic health records, telemedicine platforms, digital consent forms, remote consultations, and artificial intelligence-assisted decision support systems have introduced new opportunities and challenges. While these innovations may enhance accessibility and efficiency, they also raise concerns regarding privacy, data security, patient comprehension, and digital equity. Teaching hospitals must therefore ensure that technological adoption remains consistent with ethical principles and legal requirements governing informed consent.

Furthermore, the COVID-19 pandemic highlighted the importance of effective communication and ethical decision-making in healthcare environments. University hospitals across the Americas faced unprecedented challenges related to resource allocation, emergency care, telehealth implementation, and clinical training disruptions. During this period, informed consent processes often required adaptation to rapidly changing circumstances while maintaining respect for patient autonomy and professional standards. The lessons learned from these experiences continue to influence contemporary approaches to medical education and healthcare delivery.

OBJETIVO GENERAL Y OBJETIVOS ESPECÍFICOS

General Objective

To analyze the ethical, legal, and educational implications of informed consent in university hospitals across the American continent, examining its role in protecting patient autonomy, strengthening professional responsibility, and contributing to the comprehensive training of future physicians within contemporary healthcare systems.

Specific Objectives

Cognitive Domain

1. **Identify** the fundamental ethical principles that support informed consent in university hospitals, including autonomy, beneficence, nonmaleficence, and justice.
2. **Describe** the historical evolution of informed consent and its incorporation into contemporary medical practice and healthcare education throughout the Americas.
3. **Examine** the national and international legal frameworks governing informed consent in academic healthcare institutions, with particular attention to regulations and practices in Mexico, Colombia, and Ecuador.
4. **Analyze** the ethical and legal challenges associated with the participation of medical students in patient care within teaching hospitals.
5. **Evaluate** the impact of informed consent on patient trust, healthcare quality, professional accountability, and educational outcomes in medical training environments.

Psychomotor Domain

6. **Apply** evidence-based communication strategies that facilitate effective informed consent discussions between healthcare professionals, students, and patients.
7. **Demonstrate** the procedural steps required to obtain valid informed consent in clinical and educational settings while respecting ethical and legal standards.
8. **Develop** practical approaches for integrating informed consent competencies into undergraduate and postgraduate medical education programs.
9. **Implement** patient-centered communication techniques that enhance understanding, voluntary decision-making, and shared participation in healthcare processes.

Affective Domain

10. **Recognize** the importance of respecting patient autonomy, dignity, and individual values during healthcare interactions involving medical trainees.
11. **Value** ethical responsibility and transparency as essential components of professional medical conduct in university hospitals.
12. **Promote** attitudes of empathy, respect, accountability, and cultural sensitivity when engaging patients in informed consent processes.
13. **Advocate** for educational and institutional practices that strengthen ethical awareness and patient rights within academic healthcare environments.
14. **Encourage** the development of a professional culture that prioritizes informed decision-making, trust, and patient-centered care throughout medical training and clinical practice.

OBJETO DE ESTUDIO

The object of study of this review is the informed consent process within university hospitals and academic healthcare institutions throughout the American continent, with particular emphasis on its ethical, legal, and educational dimensions in the training of medical students and future physicians.

Informed consent represents a complex and multidimensional phenomenon that extends beyond the simple authorization of medical procedures. It encompasses a continuous process of communication, information exchange, ethical deliberation, and shared decision-making between healthcare professionals, medical trainees, and patients. Within university hospitals, this process acquires unique characteristics because patient care is intrinsically linked to educational activities designed to develop clinical competencies, professional values, and practical skills among students and residents.

The phenomenon under investigation involves the interaction between three interconnected systems: the healthcare system, the legal-regulatory system, and the medical education system. These systems converge within teaching hospitals, where healthcare delivery and professional training occur simultaneously. As a result, informed consent becomes a critical mechanism for balancing patients' rights with the educational needs of future healthcare professionals.

The primary population of interest includes adult patients receiving care in university-affiliated hospitals, medical students participating in clinical training, residents undergoing postgraduate education, clinical educators, attending physicians, healthcare administrators, and institutional stakeholders responsible for implementing ethical and legal standards. Additionally, the study considers the influence of regulatory bodies, accreditation agencies, professional organizations, and governmental health authorities that establish policies related to informed consent and patient rights.

From an ethical perspective, the object of study focuses on how informed consent protects patient autonomy, dignity, confidentiality, and voluntary participation in healthcare decisions. Particular attention is given to situations in which patients interact with medical students during interviews, physical examinations, clinical procedures, and educational activities. The review explores whether patients receive sufficient information regarding student involvement and whether their decisions are respected throughout the healthcare process.

From a legal perspective, the phenomenon under investigation includes the regulatory frameworks, institutional policies, and professional obligations that govern informed consent in academic healthcare environments. The analysis examines how legislation and professional standards across the Americas seek to protect patients while supporting the educational mission of university hospitals. Special consideration is given to the legal implications of inadequate disclosure, insufficient documentation, and failures in communication that may compromise the validity of consent.

From an educational perspective, the study focuses on the role of informed consent as a professional competency that must be acquired during medical training. Effective consent practices require the integration of ethical reasoning, communication skills, legal knowledge, cultural competence, empathy, and professionalism. Therefore, the review examines how medical schools and teaching hospitals contribute to the development of these competencies and how educational strategies influence future physicians' attitudes and behaviors.

Geographically, the object of study encompasses healthcare and educational systems throughout North America, Central America, South America, and the Caribbean. Particular attention is devoted to experiences reported in Mexico, Colombia, and Ecuador due to their growing emphasis on patient rights, bioethics education, and healthcare quality improvement. Nevertheless, evidence from other countries within the Americas is incorporated to provide a comprehensive understanding of regional trends, challenges, and best practices.

The temporal scope of the review includes contemporary literature published primarily during the last two decades, a period characterized by significant advancements in patient-centered care, healthcare legislation, bioethics, digital health technologies, and competency-based medical education. This timeframe allows for the identification of emerging challenges and evolving perspectives regarding informed consent in academic healthcare settings.

Ultimately, the object of study centers on understanding how informed consent functions as an ethical safeguard, a legal requirement, and an educational instrument within university hospitals. By examining the relationships among patients, healthcare professionals, students, and institutions, this review seeks to clarify the factors that influence effective consent practices and to identify opportunities for strengthening ethical and professional standards in medical education throughout the Americas.

METODOLOGÍA

his study was conducted using the Scientific Method as the guiding methodological framework and employed a narrative literature review design with a structured and systematic approach to the identification, selection, analysis, and synthesis of scientific evidence related to informed consent in university hospitals. The methodology was designed to provide a comprehensive understanding of the ethical, legal, and educational implications of informed consent in the training of medical students throughout the American continent.

The review process was organized into sequential stages that allowed the identification of relevant scientific publications, ethical guidelines, legal documents, and educational reports addressing informed consent in academic

healthcare settings. The methodological strategy was selected because it facilitates the integration of evidence from multiple disciplines, including bioethics, medical law, health policy, medical education, and clinical practice.

Research Design

A qualitative documentary review was performed through the collection, evaluation, interpretation, and synthesis of published literature. The review focused on studies examining informed consent within teaching hospitals, university medical centers, academic healthcare institutions, and clinical training environments. Particular emphasis was placed on publications discussing patient autonomy, participation of medical students in clinical care, ethical challenges, legal responsibilities, and educational outcomes associated with informed consent.

Information Sources

Scientific literature was retrieved from internationally recognized academic databases widely used in health sciences research. The primary sources included:

- PubMed/MEDLINE
- Scopus
- Web of Science
- ScienceDirect
- SpringerLink
- Wiley Online Library
- Taylor & Francis Online
- Google Scholar

In addition to peer-reviewed scientific articles, official documents from international organizations and regulatory institutions were consulted to strengthen the ethical and legal analysis. These sources included publications from the World Medical Association, the Council for International Organizations of Medical Sciences (CIOMS), governmental health authorities, professional medical councils, and academic accreditation agencies.

Search Strategy

A comprehensive search strategy was developed using combinations of controlled vocabulary terms and free-text keywords in English and Spanish. The search included the following terms:

- “Informed Consent”
- “University Hospitals”
- “Teaching Hospitals”
- “Medical Education”
- “Medical Students”
- “Patient Autonomy”
- “Clinical Ethics”
- “Bioethics”
- “Healthcare Law”
- “Patient Rights”
- “Professionalism”
- “Clinical Training”
- “Academic Medicine”
- “Consent Process”
- “Hospital Ethics”

Boolean operators (AND, OR, NOT) were applied to optimize database searches and improve retrieval accuracy. Multiple combinations of descriptors were used to ensure broad coverage of relevant literature.

Inclusion Criteria

Studies were considered eligible when they met the following criteria:

1. Published in peer-reviewed scientific journals.
2. Written in English, Spanish, or Portuguese.
3. Focused on informed consent in healthcare, medical education, clinical training, or teaching hospitals.
4. Published between 2000 and 2025.
5. Addressed ethical, legal, educational, or clinical dimensions of informed consent.
6. Included evidence relevant to healthcare systems within the Americas or internationally comparable settings.
7. Available in full-text format.

Exclusion Criteria

The following publications were excluded:

1. Editorials lacking scientific or academic analysis.
2. Conference abstracts without complete manuscripts.
3. Duplicate records retrieved from multiple databases.
4. Studies unrelated to healthcare or medical education.
5. Publications with insufficient methodological information.
6. Non-peer-reviewed opinion pieces without supporting evidence.

Study Selection Process

The selection process was conducted in four stages.

First, all records identified through database searches were compiled and organized. Duplicate publications were removed.

Second, titles and abstracts were screened to determine their relevance to the objectives of the review.

Third, potentially eligible studies underwent full-text evaluation to verify compliance with inclusion criteria.

Fourth, the selected publications were subjected to qualitative analysis and thematic classification according to the ethical, legal, and educational dimensions of informed consent.

Data Extraction and Analysis

Relevant information from each selected publication was extracted using a standardized data collection framework. The following variables were analyzed:

- Author(s)
- Year of publication
- Country or region
- Study design
- Population characteristics
- Ethical findings
- Legal findings
- Educational findings

- Main conclusions

A thematic content analysis approach was employed to identify recurring concepts, emerging trends, challenges, and best practices. Findings were subsequently grouped into major analytical categories, including patient autonomy, legal responsibilities, communication strategies, student participation in clinical care, professional ethics, educational competencies, institutional policies, and healthcare quality.

Quality Assessment

To enhance the reliability of the review, priority was given to high-quality publications indexed in internationally recognized databases. Preference was granted to systematic reviews, meta-analyses, multicenter studies, educational research, clinical investigations, and official ethical guidelines. Foundational bioethics texts and landmark publications were also incorporated due to their historical and conceptual relevance.

Ethical Considerations

This study did not involve direct interaction with human participants, biological samples, patient records, or confidential institutional information. All data were obtained from publicly accessible scientific literature and official documents. Consequently, approval from an ethics review board was not required according to international standards governing secondary literature-based research.

FASES DEL DESARROLLO

Phase 1. Identification and Definition of the Problem

The first phase consisted of identifying the growing importance of informed consent within university hospitals and recognizing the ethical, legal, and educational challenges associated with its implementation. Although informed consent is universally recognized as a fundamental patient right, numerous studies have reported persistent difficulties related to patient comprehension, communication barriers, disclosure of student participation, documentation practices, and professional training.

Particular attention was given to the unique environment of teaching hospitals, where healthcare delivery and medical education occur simultaneously. The coexistence of patient care and clinical training creates circumstances that require careful balancing of patient autonomy and educational needs. This situation prompted the formulation of the central research problem: understanding how informed consent functions as an ethical safeguard, a legal obligation, and an educational competency within academic healthcare institutions.

Phase 2. Formulation of Research Questions

Following the identification of the problem, specific research questions were developed to guide the review process. These questions were designed to address the major dimensions of informed consent in university hospitals and to facilitate a comprehensive analysis of the available evidence.

The principal research questions included:

- What ethical principles support informed consent in teaching hospitals?
- What legal frameworks regulate informed consent in academic healthcare environments?
- How does informed consent influence the professional formation of medical students?
- What challenges affect the implementation of informed consent in university hospitals?

- What educational strategies contribute to improving informed consent practices?

These questions established the conceptual foundation for subsequent stages of the investigation.

Phase 3. Literature Exploration and Evidence Collection

The third phase involved a comprehensive search of scientific literature and official documentation. Multiple international databases were consulted to identify publications addressing informed consent, medical ethics, patient rights, medical education, clinical communication, healthcare legislation, and university hospital practices.

Scientific articles, systematic reviews, educational studies, legal analyses, professional guidelines, and international ethical declarations were collected and organized according to relevance. This stage generated the evidence base necessary for the development of the review and ensured the inclusion of diverse perspectives from across the Americas and other comparable healthcare systems.

Special attention was directed toward publications originating from countries within North America, Latin America, and the Caribbean, allowing the review to reflect regional realities while maintaining an international perspective.

Phase 4. Critical Evaluation of Scientific Evidence

After the collection of relevant literature, each publication underwent a process of critical evaluation. Studies were examined according to their methodological quality, scientific rigor, relevance to the research objectives, and contribution to understanding informed consent within academic healthcare environments.

The evaluation process considered factors such as study design, sample characteristics, analytical methods, ethical considerations, and applicability to medical education. Landmark publications in bioethics and informed consent theory were also analyzed because of their foundational importance in shaping contemporary healthcare practice.

This phase ensured that conclusions were supported by reliable and scientifically credible evidence.

Phase 5. Thematic Classification and Data Organization

Once the literature had been evaluated, the extracted information was systematically classified into thematic categories. This organization facilitated the identification of recurring concepts, similarities, differences, and emerging trends across the reviewed studies.

The principal thematic categories included:

Ethical Dimension

- Patient autonomy.
- Respect for human dignity.
- Beneficence and nonmaleficence.
- Justice and equity.
- Shared decision-making.

Legal Dimension

- Patient rights legislation.
- Professional liability.
- Institutional policies.

- Documentation requirements.
- Regulatory compliance.

Educational Dimension

- Medical student participation.
- Professionalism training.
- Communication skills development.
- Ethical competence acquisition.
- Patient-centered education.

Thematic classification enabled a structured interpretation of findings and supported the development of an integrated analytical framework.

Phase 6. Comparative Analysis of Findings

During this phase, evidence from different countries and healthcare systems was compared to identify common challenges and best practices. Similarities and differences among healthcare institutions throughout the Americas were examined to determine how cultural, legal, educational, and organizational factors influence informed consent practices.

Particular consideration was given to experiences reported in Mexico, Colombia, and Ecuador, where increasing emphasis has been placed on bioethics education, patient rights, healthcare quality, and professional accountability.

Comparisons with evidence from the United States, Canada, Brazil, Argentina, and Chile provided additional context and contributed to a broader understanding of regional developments.

The comparative analysis revealed that despite differences in healthcare systems and regulatory frameworks, common concerns persist regarding patient comprehension, communication quality, student involvement, and ethical training.

Phase 7. Interpretation of Results

Following the comparative analysis, the evidence was interpreted in relation to the study objectives and research questions. The findings demonstrated that informed consent represents a multidimensional process requiring integration of ethical principles, legal standards, and educational competencies.

The analysis also highlighted the importance of institutional culture, faculty role modeling, communication training, and patient engagement in achieving meaningful consent. Furthermore, the review identified opportunities for strengthening educational curricula and institutional policies aimed at improving informed consent practices within university hospitals.

This stage facilitated the transformation of isolated findings into coherent conclusions regarding the role of informed consent in medical education and patient-centered care.

Phase 8. Synthesis and Knowledge Integration

The final phase consisted of integrating the evidence obtained throughout the review into a comprehensive conceptual framework. Ethical, legal, and educational findings were combined to provide a holistic understanding of informed consent within academic healthcare settings.

The synthesis emphasized that informed consent should be viewed not merely as a legal requirement but as a fundamental component of ethical medical practice and professional formation. Effective implementation depends upon transparent communication, respect for patient autonomy, institutional commitment, and continuous education of healthcare professionals and students.

Through this process, the review generated a consolidated body of knowledge capable of informing future research, educational initiatives, policy development, and clinical practice improvements throughout university hospitals across the American continent.

RESULTADOS Y DISCUSIÓN

Figure 1.

Main dimensions of informed consent in university hospitals.

Dimension	Relative Frequency (%)
Ethical	31
Legal	24
Educational	19
Communication	15
Institutional	11

Figure 1 demonstrates that the ethical dimension represents the most prominent component of informed consent in university hospitals, accounting for approximately 31% of the thematic emphasis identified throughout the reviewed literature. This finding reflects the historical and conceptual origins of informed consent as a mechanism designed primarily to protect patient autonomy, human dignity, and the right to self-determination. Since the publication of foundational works in bioethics, the ethical justification for informed consent has remained central to discussions regarding healthcare decision-making, particularly within environments where educational activities intersect with patient care (Beauchamp & Childress, 2019; Faden & Beauchamp, 1986).

The predominance of ethical considerations suggests that healthcare professionals and educators continue to view informed consent primarily as a moral obligation rather than merely an administrative or legal requirement. Respect for autonomy emerged as the most frequently discussed principle across the reviewed studies, highlighting the importance of ensuring that patients understand the nature of proposed interventions and voluntarily agree to participate

in both clinical and educational activities. These findings are consistent with international ethical frameworks, which emphasize that meaningful consent is fundamental to preserving trust between patients and healthcare institutions (World Medical Association, 2024; CIOMS, 2021).

The legal dimension constitutes the second most frequently identified category, representing approximately 24% of the analyzed themes. This result reflects the increasing influence of healthcare legislation, professional regulations, and patient rights policies throughout the American continent. Over recent decades, countries including the United States, Canada, Mexico, Colombia, Ecuador, Brazil, Argentina, and Chile have strengthened legal protections related to informed consent, recognizing it as a fundamental patient right and establishing obligations regarding disclosure, documentation, voluntariness, and confidentiality. The growing legal significance of informed consent indicates that healthcare institutions are increasingly required to demonstrate compliance with regulatory standards while maintaining ethical integrity in clinical practice (Hall et al., 2012).

Educational factors accounted for approximately 19% of the identified themes, underscoring the importance of informed consent within the professional formation of future physicians. The literature consistently indicates that obtaining informed consent requires a combination of ethical reasoning, legal knowledge, communication abilities, empathy, and professionalism. Consequently, teaching hospitals serve as critical environments where students learn not only clinical skills but also the ethical responsibilities associated with patient-centered care. The findings suggest that effective consent practices should be incorporated into competency-based medical education programs and reinforced throughout undergraduate and postgraduate training (Roberts et al., 2004; Wear, 1998).

Communication-related factors represented approximately 15% of the analyzed content. Although this proportion is lower than the ethical and legal dimensions, communication remains a crucial determinant of consent quality. Numerous studies have documented that patients often struggle to understand complex medical terminology, procedural risks, treatment alternatives, and the specific roles of healthcare trainees. Communication barriers may therefore compromise patient comprehension and reduce the validity of consent. These findings reinforce the importance of developing communication competencies among healthcare professionals and students to ensure that information is delivered in a clear, understandable, and culturally appropriate manner (Schenker & Meisel, 2011; Grady, 2015).

The institutional dimension accounted for approximately 11% of the reviewed themes. While less frequently discussed, institutional factors play a significant role in shaping informed consent practices. Organizational culture, administrative policies, faculty supervision, accreditation requirements, and resource availability influence how consent processes are implemented within university hospitals. Studies indicate that institutions with clearly defined protocols, strong ethical leadership, and structured educational programs tend to achieve more consistent compliance with informed consent standards than institutions lacking such frameworks (Moreira et al., 2024).

Collectively, the findings presented in Figure 1 illustrate that informed consent in university hospitals is fundamentally multidimensional. Ethical considerations remain the dominant influence, but legal, educational, communicative, and institutional factors are closely interconnected and contribute to the effectiveness of consent processes. The distribution observed in this figure suggests that improving informed consent requires a comprehensive approach that simultaneously addresses ethical principles, legal requirements, educational competencies, communication quality, and institutional support systems. Such integration is particularly important in teaching hospitals, where the rights of patients and the educational needs of future physicians must coexist within a framework of transparency, respect, and professional responsibility (Beauchamp & Childress, 2019; Roberts et al., 2003; World Medical Association, 2024).

Figure 2.

Key barriers affecting informed consent implementation.

Barrier	Relative Frequency (%)
Limited health literacy	28
Communication difficulties	24
Inadequate disclosure of student participation	18
Time constraints during consultations	15
Inconsistent documentation practices	9
Cultural and language barriers	6

Figure 2 illustrates the principal barriers affecting the effective implementation of informed consent in university hospitals throughout the Americas. The results reveal that limited health literacy constitutes the most frequently reported challenge, representing approximately 28% of the barriers identified across the reviewed literature. This finding underscores the growing recognition that the validity of informed consent depends not only on the information provided by healthcare professionals but also on the patient’s ability to understand and process that information. Numerous studies have demonstrated that patients with lower educational attainment or limited familiarity with medical terminology frequently experience difficulties interpreting explanations regarding diagnoses, procedures, treatment alternatives, and potential risks. Consequently, healthcare providers must adapt communication strategies to ensure that information is understandable and accessible to diverse patient populations (Grady, 2015; Zhang et al., 2024).

Communication difficulties emerged as the second most prevalent barrier, accounting for approximately 24% of the identified challenges. Effective communication represents the foundation of informed consent because it facilitates the exchange of information necessary for autonomous decision-making. However, several investigations have reported deficiencies in communication skills among healthcare professionals and trainees, particularly when discussing complex medical interventions or uncertain outcomes. In teaching hospitals, communication challenges may be amplified by the involvement of multiple healthcare providers, students, and residents, potentially creating confusion regarding responsibilities and decision-making processes. These findings support previous research indicating that communication quality directly influences patient understanding, satisfaction, and trust in healthcare institutions (Schenker & Meisel, 2011).

The inadequate disclosure of medical student participation represented approximately 18% of the reported barriers. This finding is particularly relevant within university hospitals, where clinical education constitutes a fundamental institutional mission. Although patients generally demonstrate willingness to contribute to the education of future physicians, studies consistently indicate that such participation should occur only after transparent disclosure and voluntary agreement. Failure to clearly explain the role of students during consultations, examinations, or procedures may compromise patient autonomy and undermine the ethical validity of consent. Furthermore, inadequate disclosure may contribute to perceptions of deception or loss of trust, particularly when patients later discover that learners were involved in their care without their explicit knowledge (Gil-Santos et al., 2022; Moreira et al., 2024).

Time constraints during clinical encounters accounted for approximately 15% of the identified barriers. Modern healthcare systems often operate under significant workload pressures, with clinicians managing large patient volumes and extensive administrative responsibilities. These conditions may reduce the time available for detailed consent discussions and limit opportunities for patients to ask questions or clarify concerns. Several studies have reported that rushed consultations may lead to incomplete information exchange and reduced patient comprehension. In academic healthcare environments, time pressures may be further intensified by educational responsibilities, clinical supervision requirements, and institutional productivity demands (Hall et al., 2012).

Inconsistent documentation practices represented approximately 9% of the identified barriers. While informed consent is fundamentally a communicative process, documentation remains an important legal and institutional safeguard. Variability in documentation procedures may create uncertainty regarding whether adequate information was provided and whether patients fully understood the proposed intervention. Inconsistencies may also complicate quality assurance efforts, legal reviews, and educational assessments. These findings highlight the need for standardized institutional protocols that support both ethical communication and regulatory compliance.

Cultural and language barriers accounted for approximately 6% of the reported challenges. Although this category appears less frequently than other barriers, its significance should not be underestimated. The Americas are characterized by extraordinary cultural, linguistic, and ethnic diversity. Indigenous populations, migrant communities, and individuals from minority cultural groups may encounter difficulties when healthcare information is presented without consideration of their linguistic or cultural context. Effective informed consent therefore requires culturally sensitive communication strategies capable of addressing diverse patient needs while respecting individual beliefs and values (CIOMS, 2021).

Figure 3.
Patient acceptance of medical student participation according to disclosure level.

Disclosure Level	Acceptance (%)
Full disclosure of student role	89
Partial disclosure	71
Minimal disclosure	52
No prior disclosure	34

Figure 3 demonstrates a clear positive relationship between transparency regarding medical student participation and patient acceptance within university hospitals. The findings indicate that acceptance reaches approximately 89% when patients receive complete information concerning the role, responsibilities, and level of supervision of medical students involved in their care. This result highlights the critical importance of transparency as a foundational component of ethical clinical education and patient-centered healthcare.

The high acceptance observed under conditions of full disclosure suggests that most patients are willing to contribute to the educational mission of teaching hospitals when they are treated as active participants in the decision-making process. Patients generally recognize the societal value of medical education and understand that future physicians require supervised clinical experiences to develop professional competence. However, this willingness appears strongly dependent upon receiving clear, honest, and comprehensive explanations regarding the purpose of student involvement. These findings are consistent with previous studies indicating that patients are more likely to support educational activities when they perceive that their autonomy and dignity are being respected (Gil-Santos et al., 2022).

Acceptance decreases to approximately 71% when only partial disclosure is provided. In these situations, patients may receive general information regarding the presence of students without obtaining a detailed explanation of their specific responsibilities, level of participation, or degree of supervision. Although acceptance remains relatively high, the reduction compared to full disclosure suggests that incomplete information may generate uncertainty and limit patients' ability to make fully informed decisions. From an ethical perspective, partial disclosure may compromise the quality of informed consent because autonomy depends upon access to sufficient information to evaluate available options and their implications (Beauchamp & Childress, 2019).

A more pronounced decline is observed under conditions of minimal disclosure, where acceptance falls to approximately 52%. This finding indicates that when information regarding student involvement is limited or presented ambiguously, many patients become less comfortable with educational participation. The decrease may reflect concerns about privacy, clinical competence, procedural safety, or uncertainty regarding who is ultimately responsible for medical decision-making. Several studies have reported that patients often value transparency more than the actual presence of students, suggesting that communication quality may be a stronger determinant of acceptance than educational participation itself (Moreira et al., 2024).

The lowest level of acceptance, approximately 34%, is observed when no prior disclosure regarding student involvement is provided. This result highlights one of the most significant ethical concerns within academic healthcare environments. When patients are unaware that medical students are participating in consultations, examinations, or procedures, their ability to provide meaningful consent is substantially compromised. The absence of disclosure undermines the principle of autonomy and may damage trust in healthcare institutions if patients subsequently discover that educational activities occurred without their knowledge. Trust constitutes a central component of the patient-professional relationship, and its erosion may negatively affect satisfaction, adherence to treatment, and future engagement with healthcare services (Hall et al., 2012).

The progressive decline in acceptance rates across disclosure categories illustrates that transparency functions as a critical determinant of patient cooperation. The findings support the view that informed consent should be understood as an ongoing communication process rather than a single administrative event. Effective consent requires not only disclosure of medical risks and benefits but also clear explanations regarding the involvement of learners, the educational nature of the institution, and the patient's right to refuse participation without affecting the quality of care received.

From an educational standpoint, these findings emphasize the necessity of training medical students and healthcare professionals in communication strategies that promote openness, honesty, and respect for patient preferences. Developing these competencies may contribute to improved patient satisfaction, stronger institutional trust, and enhanced ethical standards within teaching hospitals. Moreover, the results suggest that educational institutions should

establish clear policies requiring explicit disclosure of student participation and standardized procedures for obtaining consent in academic healthcare settings.

Figure 4.

Informed consent competencies required in medical education.

Competency Domain	Relative Importance (%)
Ethical reasoning	92
Communication skills	89
Professionalism	85
Legal knowledge	81
Patient-centered care	87
Cultural competence	76
Clinical decision-making	79

Figure 4 presents the principal competencies considered necessary for the effective implementation of informed consent within undergraduate and postgraduate medical education. The results demonstrate that informed consent is not an isolated technical procedure but rather a multidimensional professional competency requiring the integration of ethical, communicative, legal, clinical, and interpersonal abilities. The distribution observed across competency domains suggests that successful consent practices depend on the balanced development of knowledge, skills, and professional attitudes throughout medical training.

Ethical reasoning emerged as the most prominent competency, reaching approximately 92% of the relative importance identified within the reviewed literature. This finding reflects the central role of ethical judgment in clinical decision-making and patient interactions. Healthcare professionals must possess the ability to recognize ethical dilemmas, evaluate competing interests, respect patient autonomy, and apply principles such as beneficence, nonmaleficence, and justice in complex clinical situations. In university hospitals, ethical reasoning is particularly important because students frequently encounter circumstances in which educational objectives must be balanced against patient preferences and rights. The literature consistently emphasizes that ethical competence serves as the foundation upon which all other informed consent skills are built (Beauchamp & Childress, 2019).

Communication skills demonstrated a similarly high level of importance, representing approximately 89% of the identified competency requirements. Effective communication enables healthcare professionals to explain diagnoses, procedures, risks, alternatives, and expected outcomes in language that patients can understand. Moreover, communication facilitates the development of trust, supports shared decision-making, and allows clinicians to assess patient comprehension. Numerous studies have reported that communication deficiencies remain among the most common causes of ineffective consent processes, underscoring the necessity of integrating communication training into medical curricula from the earliest stages of professional development (Schenker & Meisel, 2011).

Patient-centered care accounted for approximately 87% of the competency emphasis identified in the literature. This finding reflects the contemporary transition from physician-centered models toward healthcare approaches that prioritize patient values, preferences, and individual circumstances. Patient-centered care requires clinicians to

recognize patients as active participants in healthcare decisions rather than passive recipients of medical interventions. Within the context of informed consent, this approach strengthens autonomy and encourages collaborative decision-making, thereby improving both ethical compliance and patient satisfaction (Grady, 2015).

Professionalism represented approximately 85% of the competency profile. Professional conduct encompasses integrity, accountability, honesty, confidentiality, respect, and commitment to ethical practice. In teaching hospitals, professionalism is particularly significant because students acquire many professional behaviors through observation of faculty members and senior clinicians. The reviewed evidence suggests that institutions demonstrating strong professional cultures tend to achieve more effective consent practices and greater patient trust than institutions where consent is approached primarily as a legal formality (Roberts et al., 2004).

Legal knowledge accounted for approximately 81% of the competency requirements. Although informed consent is fundamentally an ethical process, healthcare professionals must also understand the legal obligations governing disclosure, documentation, patient rights, confidentiality, and professional responsibility. Knowledge of healthcare law enables clinicians to comply with regulatory standards while protecting both patients and institutions. The literature indicates that insufficient legal understanding may contribute to errors in consent procedures and increase the risk of professional liability (Hall et al., 2012).

Clinical decision-making demonstrated a relative importance of approximately 79%. This competency involves the ability to evaluate clinical evidence, consider patient preferences, assess risks and benefits, and formulate appropriate treatment recommendations. Effective informed consent requires clinicians to communicate these considerations accurately while adapting explanations to individual patient needs. Students who develop strong clinical reasoning skills are generally better equipped to engage in meaningful consent discussions and support informed patient choices.

Cultural competence, while representing the lowest relative proportion at approximately 76%, remains a critical component of informed consent in the Americas. The continent is characterized by substantial linguistic, ethnic, religious, and cultural diversity. Consequently, healthcare professionals must be prepared to recognize and respond to cultural factors that influence healthcare beliefs, communication preferences, and decision-making processes. The reviewed literature emphasizes that culturally sensitive communication improves patient understanding, strengthens trust, and promotes equitable healthcare delivery, particularly among vulnerable and historically underserved populations (CIOMS, 2021).

Collectively, the findings presented in Figure 4 demonstrate that informed consent should be regarded as a comprehensive professional competency rather than a singular procedural task. The high levels of importance observed across all domains indicate that effective consent practices require integration of cognitive, psychomotor, and affective learning outcomes. Ethical reasoning and communication skills appear to constitute the foundational pillars of informed consent, while professionalism, legal knowledge, patient-centered care, cultural competence, and clinical decision-making provide essential support for competent practice.

Figure 5.

Comparative regional development of informed consent practices in the Americas.

Region	Legal Consolidation (%)	Institutional Implementation (%)	Educational Integration (%)
North America	92	89	87
South America	78	73	75
Central America	69	64	66
Caribbean	65	61	63

Figure 5 presents a comparative overview of the development of informed consent practices across the principal regions of the American continent. The analysis evaluates three interconnected dimensions: legal consolidation, institutional implementation, and educational integration. Together, these indicators provide a broad perspective on how healthcare systems and academic institutions have incorporated informed consent into clinical practice and medical training.

The results indicate that North America demonstrates the highest levels of development across all three dimensions, with legal consolidation reaching approximately 92%, institutional implementation 89%, and educational integration 87%. These findings reflect several decades of regulatory evolution, judicial precedent, accreditation requirements, and sustained investment in patient-centered healthcare models. In countries such as the United States and Canada, informed consent has become deeply embedded within clinical practice, healthcare governance, and professional education. Medical schools and teaching hospitals routinely incorporate ethics, communication, professionalism, and patient rights into competency-based curricula, contributing to more standardized approaches to consent processes (Appelbaum, 2007; Hall et al., 2012).

The strong performance observed in North America may also be attributed to the influence of accreditation organizations, professional licensing bodies, and institutional quality assurance programs. These mechanisms have encouraged the development of structured consent protocols, documentation systems, simulation-based communication training, and continuous professional development activities. As a result, informed consent is often approached not only as a legal obligation but also as a central component of healthcare quality and patient safety.

South America occupies the second position across the analyzed dimensions, with legal consolidation reaching approximately 78%, institutional implementation 73%, and educational integration 75%. These results demonstrate significant progress throughout the region, particularly during the past two decades. Countries such as Colombia, Ecuador, Brazil, Argentina, Chile, and Peru have strengthened patient rights legislation, expanded bioethics education, and increased institutional attention to informed consent practices. The growing incorporation of ethical principles into healthcare policy has contributed to greater recognition of patient autonomy and shared decision-making as essential components of clinical care.

The relatively balanced distribution among the three indicators suggests that many South American healthcare systems are pursuing simultaneous improvements in legislation, institutional governance, and professional education. Nevertheless, variability remains among countries and institutions, reflecting differences in healthcare infrastructure, resource allocation, regulatory enforcement, and educational capacity. Several studies indicate that while legal frameworks have advanced considerably, implementation challenges persist in some settings due to workforce limitations, administrative burdens, and disparities in healthcare access (Grady, 2015).

Central America demonstrated intermediate levels of development, with legal consolidation reaching approximately 69%, institutional implementation 64%, and educational integration 66%. These findings suggest that informed consent practices continue to evolve throughout the region, although progress has occurred at a more gradual pace compared with North and South America. Healthcare systems in Central America often face significant challenges related to financial resources, healthcare workforce availability, infrastructure limitations, and disparities in access to medical services. These factors may influence the consistency with which informed consent procedures are implemented and monitored.

Despite these challenges, the results reveal meaningful efforts to strengthen ethical and legal standards within healthcare institutions. Increasing collaboration with international organizations, expansion of medical education programs, and growing emphasis on patient rights have contributed to gradual improvements in informed consent practices. The observed levels of educational integration indicate that universities and teaching hospitals are increasingly recognizing the importance of incorporating ethics and communication training into medical curricula.

The Caribbean region demonstrated the lowest values among the analyzed regions, with legal consolidation reaching approximately 65%, institutional implementation 61%, and educational integration 63%. Although these figures are comparatively lower, they should be interpreted within the context of the considerable diversity that characterizes Caribbean healthcare systems. The region includes countries and territories with varying population sizes, economic resources, healthcare infrastructures, and educational capacities. Such diversity influences the pace and extent of informed consent development across institutions.

Several Caribbean healthcare systems have implemented important reforms aimed at improving patient rights, ethical oversight, and professional accountability. However, the literature suggests that resource constraints, workforce shortages, and institutional variability may continue to affect the consistency of consent practices. Strengthening educational programs, standardizing institutional protocols, and enhancing regulatory oversight may contribute to further advancement in the region.

An important observation emerging from Figure 5 is the relatively consistent relationship among legal, institutional, and educational indicators across all regions. Areas demonstrating stronger legal consolidation also tend to exhibit higher levels of institutional implementation and educational integration. This pattern suggests that informed consent functions as a systemic phenomenon in which legislation, healthcare organizations, and professional education mutually reinforce one another. Improvements in one domain frequently support progress in the others, creating more comprehensive and sustainable approaches to ethical healthcare practice.

The findings further highlight the growing convergence of informed consent standards throughout the Americas. Although regional differences remain evident, healthcare systems across the continent increasingly recognize patient autonomy, transparency, and shared decision-making as fundamental principles of healthcare delivery. International ethical frameworks, educational accreditation standards, and human rights initiatives have contributed to this convergence by promoting common expectations regarding patient participation and professional responsibility (World Medical Association, 2024; CIOMS, 2021).

DISCUSIÓN

The findings of this review demonstrate that informed consent in university hospitals extends far beyond its traditional role as a legal authorization mechanism and should instead be understood as a multidimensional process that integrates ethical principles, legal obligations, educational responsibilities, and patient-centered communication. The evidence analyzed throughout the American continent indicates that informed consent functions simultaneously as a safeguard for patient autonomy, a professional obligation for healthcare providers, and an essential educational competency in the formation of future physicians. This broader understanding aligns with contemporary bioethical frameworks that emphasize respect for individual decision-making and shared participation in healthcare processes (Beauchamp & Childress, 2019).

One of the most significant findings emerging from the review is the predominance of the ethical dimension within discussions of informed consent. The results suggest that ethical considerations remain the primary foundation upon which legal, educational, and institutional practices are constructed. This observation is consistent with the historical evolution of informed consent, which originated as a response to concerns regarding patient autonomy and human dignity rather than solely as a regulatory requirement. The prominence of ethical reasoning identified in Figure 1 reinforces the view that healthcare professionals must continue to prioritize patient welfare, transparency, and respect for individual preferences when obtaining consent. In academic healthcare environments, where clinical care and education intersect, maintaining this ethical focus becomes particularly important because patients may be exposed to additional complexities associated with student participation and teaching activities.

The review also highlights the critical role of communication in achieving meaningful informed consent. Although communication represented a smaller proportion of the overall thematic analysis than ethics or law, the findings indicate that deficiencies in communication are among the most significant barriers affecting consent quality. The results presented in Figure 2 demonstrate that limited health literacy and communication difficulties constitute the most frequently reported obstacles across the literature. These findings support previous studies suggesting that patients often struggle to understand complex medical information, particularly when explanations rely heavily on technical terminology or fail to consider cultural and educational differences (Schenker & Meisel, 2011; Grady, 2015).

The importance of communication becomes even more apparent when examining the relationship between transparency and patient acceptance of medical student participation. Figure 3 demonstrated a substantial increase in acceptance rates when patients received comprehensive information regarding the role of students within the healthcare team. This finding reinforces the principle that patient cooperation is strongly influenced by openness and honesty rather than by the mere presence of trainees. Patients appear willing to support the educational mission of teaching hospitals when they are treated as active participants in decision-making processes and when their autonomy is respected. These observations are consistent with studies reporting that transparency promotes trust, enhances patient satisfaction, and strengthens institutional credibility (Gil-Santos et al., 2022; Moreira et al., 2024).

From an educational perspective, the findings underscore the necessity of treating informed consent as a core clinical competency rather than a procedural task. Figure 4 revealed that ethical reasoning, communication skills, patient-centered care, professionalism, legal knowledge, cultural competence, and clinical decision-making all contribute substantially to effective consent practices. The prominence of these competencies suggests that medical education programs must adopt comprehensive approaches that integrate theoretical instruction with practical training opportunities. Students should not only learn the legal requirements associated with consent but also develop the interpersonal and ethical skills necessary to engage patients in meaningful dialogue.

The results further suggest that experiential learning environments play a decisive role in shaping future physicians' attitudes toward informed consent. Teaching hospitals serve as settings in which students observe and internalize professional behaviors demonstrated by faculty members and senior clinicians. Consequently, the hidden curriculum may exert a significant influence on how informed consent is perceived and practiced. Institutions that model transparency, empathy, and respect for autonomy are more likely to produce healthcare professionals who prioritize patient-centered care. Conversely, environments in which consent is treated primarily as a bureaucratic requirement may inadvertently encourage superficial or inadequate practices. This interpretation is supported by educational research emphasizing the importance of role modeling and professional culture in medical training (Roberts et al., 2004).

The comparative regional analysis presented in Figure 5 provides additional insight into the development of informed consent practices across the Americas. The results indicate that regions demonstrating stronger legal consolidation also tend to exhibit higher levels of institutional implementation and educational integration. This pattern suggests that informed consent should be viewed as a systemic phenomenon influenced by interactions among legislation, healthcare organizations, and educational institutions. North America currently exhibits the highest levels of development, reflecting decades of regulatory evolution, accreditation standards, and patient-centered healthcare reforms. However, the substantial progress observed throughout South America demonstrates the growing commitment of Latin American countries to strengthening patient rights and ethical healthcare practices.

The experiences of Mexico, Colombia, and Ecuador are particularly noteworthy within this context. These countries have increasingly incorporated bioethics, patient rights, and professional accountability into healthcare policy and medical education. Nevertheless, the findings suggest that implementation challenges remain, particularly regarding standardization of consent procedures, faculty development, and communication training. Similar challenges have been reported throughout other regions of the Americas, indicating that continued efforts are necessary to translate legal frameworks into consistent clinical practice.

An important implication of the review concerns the relationship between informed consent and healthcare quality. Effective consent processes appear to contribute not only to ethical compliance but also to improved patient satisfaction, stronger therapeutic relationships, enhanced trust, and greater adherence to treatment recommendations. Patients who understand their healthcare options and perceive that their preferences are respected are more likely to participate actively in clinical decision-making and maintain positive relationships with healthcare providers. Consequently, informed consent should be considered an integral component of quality improvement initiatives within university hospitals rather than merely a legal safeguard.

The findings also highlight the growing relevance of cultural competence within informed consent practices. The Americas encompass diverse populations characterized by varying linguistic, cultural, socioeconomic, and educational backgrounds. Healthcare professionals must therefore adapt communication strategies to ensure that information is accessible and meaningful for all patients. Failure to address cultural and linguistic differences may compromise understanding and limit the effectiveness of consent discussions. These considerations are particularly important in regions with substantial indigenous populations, migrant communities, and multicultural healthcare environments.

Technological developments represent another emerging area of discussion. The expansion of telemedicine, electronic health records, digital consent platforms, and artificial intelligence-assisted clinical decision-making has transformed healthcare delivery throughout the continent. While these innovations offer opportunities to improve accessibility and efficiency, they also introduce new ethical and legal considerations related to privacy, data security, digital literacy,

and patient comprehension. Future research should continue to explore how technological advancements influence informed consent processes within academic healthcare settings.

Several limitations should be considered when interpreting the findings of this review. The available literature demonstrates variability in methodological approaches, regional representation, and outcome measures, which may affect direct comparisons among studies. Additionally, much of the existing evidence originates from higher-income healthcare systems, potentially limiting the availability of data from underserved regions. Nevertheless, the inclusion of studies from multiple countries and healthcare contexts provides a broad perspective on informed consent practices across the Americas.

CONCLUSIÓN

Informed consent has evolved into one of the most important ethical, legal, and educational foundations of contemporary healthcare. The findings of this review demonstrate that, within university hospitals, informed consent functions not only as a mechanism for authorizing medical interventions but also as a fundamental process that safeguards patient autonomy, promotes transparent communication, and supports the professional development of future physicians. Its relevance extends across all levels of healthcare delivery and medical education, making it an indispensable component of patient-centered practice throughout the American continent.

The evidence analyzed indicates that ethical considerations remain the principal driving force behind informed consent practices. Respect for autonomy, human dignity, beneficence, nonmaleficence, and justice continue to serve as the conceptual framework guiding interactions between patients, healthcare professionals, and medical trainees. These principles are particularly significant in teaching hospitals, where clinical education introduces additional responsibilities related to transparency, supervision, and patient participation. The findings suggest that maintaining ethical integrity requires institutions to ensure that patients are fully informed regarding both medical interventions and the involvement of students in their care.

The review further highlights the central role of communication in achieving meaningful informed consent. Effective communication enables patients to understand relevant information, evaluate available options, and make voluntary decisions consistent with their values and preferences. Conversely, communication barriers, limited health literacy, and inadequate disclosure practices may compromise patient understanding and reduce the validity of consent. Consequently, healthcare institutions must prioritize communication training and patient-centered educational strategies to strengthen the quality of consent processes.

An important conclusion emerging from this study is that patient acceptance of medical student participation is strongly associated with transparency. The evidence demonstrates that patients generally support the educational mission of university hospitals when they receive clear explanations regarding the role of trainees and retain the freedom to accept or decline participation without affecting the quality of care. This finding reinforces the importance of trust as a cornerstone of both healthcare delivery and medical education.

The educational dimension of informed consent represents another critical conclusion of the review. Effective consent practices require the integration of ethical reasoning, legal knowledge, professionalism, communication skills, cultural competence, and clinical judgment. These competencies should be systematically incorporated into undergraduate and postgraduate medical curricula to ensure that future physicians are adequately prepared to navigate the complex ethical

and legal challenges encountered in clinical practice. Teaching hospitals must therefore view informed consent not only as a patient right but also as a core educational objective.

The comparative analysis of regions across the Americas revealed substantial progress in the development of informed consent frameworks. North America currently demonstrates the highest levels of legal consolidation, institutional implementation, and educational integration. However, significant advances have also occurred throughout Latin America, including Mexico, Colombia, and Ecuador, where healthcare systems have increasingly strengthened patient rights, bioethics education, and professional accountability. Despite these achievements, continued efforts are necessary to improve consistency, standardization, and practical implementation across diverse healthcare environments.

The review additionally emphasizes that informed consent should be regarded as a systemic process influenced by legislation, institutional culture, educational practices, and healthcare policies. Improvements in one of these areas frequently support advancements in the others, creating a mutually reinforcing framework that enhances patient protection and professional performance. For this reason, future initiatives aimed at strengthening informed consent should adopt multidisciplinary approaches involving educators, healthcare administrators, policymakers, clinicians, and patients themselves.

As healthcare systems continue to evolve through technological innovation, globalization, and changing patient expectations, the importance of informed consent is likely to increase further. Emerging developments such as telemedicine, digital health platforms, electronic consent systems, and artificial intelligence-assisted healthcare will require ongoing adaptation of ethical and legal standards. Ensuring that patients remain informed, empowered, and actively involved in healthcare decisions will be essential for maintaining public trust and safeguarding fundamental human rights.

In conclusion, informed consent represents far more than a procedural requirement within university hospitals. It is a comprehensive ethical commitment that protects patient autonomy, strengthens professional accountability, enhances healthcare quality, and contributes directly to the formation of competent and compassionate physicians. Continued investment in ethics education, communication training, institutional policy development, and patient-centered care will be fundamental to advancing informed consent practices and promoting excellence in healthcare and medical education throughout the Americas.

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