

Workshops Reports

Report of Workshop A: Information giving

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- The participants at the workshop were presented with five questions relating to patients' right to information. The group divided into five subgroups and each one discussed a different aspect of the issue. There was, however, quite a bit of overlapping in the discussions. This was to be expected since the questions were interrelated.
- All the groups mentioned that there is a lack of interdisciplinary communication. Information-giving is doctor-centred, and nurses feel that they are considered inferior. As members of the team they are different players on the same playing field. Very often they find themselves pressed by patients who ask for information, which they would like to, but cannot divulge since this has not yet been given to them or to the patients by the doctor or the consultant. While diagnosis and prognosis should be strictly the field of the doctor/consultant, sometimes they feel that they are in a better position to communicate other information since patients feel that they have built a relationship with them and feel more at ease with them than with the doctor. Passing of information among members of the team is not breaking confidentiality provided this is used in the care of the patient.
- Nurses do not know where they stand: they feel that they are voiceless since there is no provision for any set-up similar to the customer service which is available for patients.
- The need for on-going professional training was also stressed by most groups. Training in social and psychological skills,

the presence of psychology nurses, counsellors, social workers in hospital and specialist nurses at health centres was stressed.

Q.1 Why do you think there's so much lack of information giving?

- The main reason was that the consultant/doctor withheld the information from the nurses and from the patients in the first place. Thus nurses felt they could not divulge this information even when the answers to patients' questions were obvious to them.
- There was a lack of financial and human resources.
- Pressure of time (foreign professionals seemed for some reason to find more time for the patients).
- The level of education of patients, the language as well as their religion also led to militate against information giving.

Q.2 What ethical issues guide information giving?

- The group felt that this question should have read as "what ethical issues hinder information giving", since they found more elements that hinder than any that guide.
- In paediatrics and midwifery it is often difficult to find out who the legal guardians are in the case of separated parents and minors.
- The members of the team are not treated equally.
- The preparedness and capacity of patients to understand and cope with the information.
- The right of close members of the family to such information, especially when the patient is unable to receive such information. Care must, however, be taken in the case of relatives who ask that the patient should not be informed of his/her condition, since this is often due to selfish reasons, since they would not be able to face the patient who knows about his/her condition.

Q.3 What is the hospital policy in giving information to patients?

- As far as persons present know, no such policy exists, and information giving to patients is at the discretion of the consultant.
- There should be a policy and this should be clearly stated in writing.
- Information should include post-hospitalisation care and treatment, which should be given in writing to the patient when s/he is discharged from hospital. Specialist nurses should be present in health centres where patient gets such post-hospital care.

Q.4 How does our culture influence information giving?

- Malta being a small island in which the extended family is closely-knit culturally, differences do not present a big problem. However, it is important to keep in mind that each patient is unique, and there can never exist a single blueprint for the nurse/patient relationship.

Q.5 Recommendations to be taken to increase awareness and action in giving information.

- On the whole the profession is very much aware of the need and the right of the patient to be given information.
- Preparation for information-giving should form part of the nurse's continuing education. The patient too should be prepared to receive such information which is to be given in simple words free of medical jargon.
- The patient should have access to documents, charts and reports, which might need to be interpreted by the nurse.
- The patient should be encouraged to ask questions, since often s/he is too inhibited to do so.
- Better patient allocation and a different roster for nurses would foster information-giving. The present roster system interferes with continued care of patients.

- There should be special places where the information is given to patients/relatives by the consultant. The nurse should be present during these sessions.
- In case of information which is traumatic, there should be a place for cooling down and counsellors should be available.
- It was even suggested that information packs be made available to patients both when they are admitted to hospital as well as when they are discharged.
- Finally the group noted a big paradox: patients have a right to access the file containing his/her medical history while on the file there is written “Confidential: not to be handled by patients”.