

## Criterion C2.1 – Respectful and culturally appropriate care

### Indicators

**C2.1▶A** Our practice, in providing patient healthcare, considers patients' rights, beliefs, and their religious and cultural backgrounds.

**C2.1▶B** Our patients receive information from the clinical team about the risks resulting from refusing a specific treatment, advice, or procedure.

**C2.1▶C** Our practice acknowledges a patient's right to seek other clinical opinions.

**C2.1▶D** Our patients in distress are provided with privacy.

**C2.1▶E** Our clinical team considers ethical dilemmas.

### Why this is important

The ideal patient–practitioner partnership is a collaboration based on mutual respect and mutual responsibility for the patient's health. The clinician's duty of care includes clearly explaining the benefits and potential harm of specific medical treatments and the consequences of not following a recommended management plan.

### Understanding what respectful and culturally appropriate care is

Respectful and culturally appropriate care is based on cultural awareness and sensitivity, which begins with learning about other cultures and cultural beliefs. Cultural awareness is defined by the Centre for Cultural Diversity in Ageing as:

*An understanding of how a person's culture may inform their values, behaviours, beliefs and basic assumptions ... [It] recognises that we are all shaped by our cultural background, which influences how we interpret the world around us, perceive ourselves and relate to other people.*<sup>8</sup>

Cultural safety, defined in *Binan Goonj: Bridging cultures in Aboriginal health* as 'an outcome of health practice and education that enables safe service to be defined by those who receive the service',<sup>9</sup> is the consequence of behavioural changes that come about after there is cultural awareness.<sup>10</sup> Culturally safe policies aim to create an environment that is 'safe for people: where there is no assault, challenge or denial of their identity, of who they are and what they need', where there is 'shared respect, shared meaning, shared knowledge and experience, of learning, living and working together with dignity and truly listening'.<sup>11</sup>

### Patients' rights

Patients have the right to respectful care that considers their religion and cultural beliefs, displays an acceptance of diversity and promotes their dignity, privacy and safety. Respect for a patient extends to recording, storing, using and disclosing health and other information about them.

You need to understand the demographics and cultural backgrounds of your patient population so that you can provide the most appropriate care. When clinical team members ask patients about their cultural identity and beliefs in order to update the patient's details, it is beneficial to explain that this helps the practice to provide culturally sensitive care.

All members of the practice team need to have interpersonal skills that allow them to successfully interact with patients and colleagues.

Be mindful that when dealing with patients, the practice team must also comply with Commonwealth and any relevant state or territory anti-discrimination laws.

### Rights to refuse treatment and obtain second opinions

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Patients with decision-making capacity have the right to refuse a recommended treatment, advice or procedure and to seek clinical opinions from other healthcare providers.

### Patients' responsibility

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Patients have a responsibility to be respectful and considerate towards their practitioners and other practice team members.

### Ethical dilemmas

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Practitioners often need to manage ethical issues and dilemmas in many different primary healthcare situations. These can range from bioethical dilemmas (including end-of-life care and pregnancy termination) to receiving gifts from patients.

## Meeting this Criterion

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### Respectful and culturally appropriate care

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You could consider factors that may affect the provision of respectful and culturally appropriate care, including:

- the patient's preference for a clinician of a specific gender
- the role of the patient's family
- the impact that the patient's culture has on their health beliefs
- history of traumatic events including, but not limited to, those associated with forced migration.

Practitioners have a professional obligation to take reasonable care when taking a history from a patient and developing management plans. They must also ensure there is clear and effective communication in the patient–practitioner relationship so that they can effectively manage the patient's healthcare. The patient needs to understand the discussion that takes place and needs to understand the proposed management and treatment. This may require the use of translating services.

If a carer has an ongoing role in the day-to-day care of a patient, it is generally advisable to include the carer in the patient–practitioner relationship with the permission of the patient (if the patient is able to give such consent).

Patients will also feel respected if the reception staff are positive, friendly, attentive, empathetic and helpful.

### Managing health inequalities

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Understanding local health inequalities allows your practice to identify opportunities to provide tailored healthcare to specific patients or patient groups. To develop an understanding of your practice population, you can either analyse practice data or use publicly available information.

Please note that managing health inequities for these patients is not mutually exclusive of general practice care (ie initial, continuing, comprehensive and coordinated medical care to individuals, families and communities), despite the targeted activities for specific patient group(s).

### Refusal of treatment or advice

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Patients may refuse a practitioner's recommended course of action, including advice, procedure, treatment or referral to other care providers. When this happens, the practice may manage any associated risks by recording in the patient's health record:

- the refusal
- the action taken by the practitioner, practice or patient
- any other relevant information, such as an indication that the patient intends to seek another clinical opinion.

### Second opinions

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If the practitioner is aware that the patient wishes to seek another clinical opinion they could offer to provide a referral to the provider who is to give that opinion. Document in the patient's health record:

- the patient's decision
- the actions taken by the practitioner
- any referrals to other care providers.

You can also encourage patients to notify their practitioner when they decide to follow another healthcare provider's advice so that the practitioner can discuss any potential risks of this decision.

### Deciding to no longer treat a patient

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If a practitioner no longer considers that it is appropriate to treat a particular patient, the steps taken to help the patient receive alternative ongoing care need to be recorded in the patient's health record.

### Dealing with distressed patients

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You may develop a plan to help patients and other relevant people who are distressed and to ensure that they are treated respectfully. For example, you can provide a private area (such as an unused room or the staff room) where the person can wait before seeing a practitioner.

### Ethical dilemmas

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Examples of situations that might create ethical dilemmas in a practice include:

- patient-practitioner relationships (familial relationships, friendships, romantic relationships)
- professional differences
- patients giving gifts to the practitioner
- emotionally charged clinical situations (eg when a patient has an unwanted pregnancy or terminal illness, or wishes to discuss euthanasia)
- reporting to the state's driver licensing authority that a patient is unfit to drive
- a patient's request for a medical certificate if the practitioner does not believe that the patient's condition warrants one.

You need a system to document situations that present ethical dilemmas and the actions taken. Practitioners could discuss the ethical dilemmas with a colleague or with their medical defence organisation. Documentation of a discussion about an ethical dilemma with a medical defence organisation must be kept separate from the patient's health record, ideally in a separate medico-legal file.

You may also provide ongoing training to help practitioners deal with ethical dilemmas, and encourage the practice team to participate in reflective discussions about situations that present ethical dilemmas.

Where a practitioner is facing an ethical dilemma, the practitioner could also inform the patient that they see an ethical dilemma for themselves, and refer them to another practitioner.

## Meeting each Indicator

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**C2.1▶A** Our practice, in providing patient healthcare, considers patients' rights, beliefs, and their religious and cultural backgrounds.

You must:

- demonstrate that you have considered patients' rights, beliefs, and religious and cultural backgrounds when providing healthcare.

You could:

- maintain a cultural safety policy for the practice team and patients so that your practice team knows they are required to provide care that is respectful of a person's culture and beliefs, and that is free from discrimination
- provide appropriate training and education so that the practice team knows how to help patients feel culturally safe in the service
- maintain a policy about patients' rights and responsibilities
- maintain a policy about the ceasing of a patient's care
- maintain policies and processes about patient health records
- maintain an anti-discrimination policy
- provide access to cultural awareness and cultural safety training for the practice team and keep records of the training in the practice's training register
- meet a patient's request for a practitioner of a specific gender, if possible
- have separate sections of the waiting room for men and women, if possible and culturally appropriate for your patient population
- hold meetings for the clinical team to discuss and identify the unique health needs of lesbian, gay, bisexual, transgender, queer, intersex and asexual (LGBTQIA) patients
- use a clinical audit tool to identify cultural groups in your population
- display signs acknowledging the traditional custodians of the land
- display Aboriginal or Torres Strait Islander art and flags
- display organisational cultural protocols within the office, waiting areas and consultation rooms
- provide resources appropriate to the health literacy and cultural needs of your patients.

**C2.1▶B** Our patients receive information from the clinical team about the risks resulting from refusing a specific treatment, advice, or procedure.

You must:

- keep appropriate documentation in the patient's health record
- develop a process outlining what the clinical team must do when a patient refuses treatment, advice or a procedure.

You could:

- establish and follow a process for dealing with suggestions and complaints.

**C2.1▶C** Our practice acknowledges a patient's right to seek other clinical opinions.

You must:

- keep documentation of a patient's decision to seek another clinical opinion in the patient's health record
- provide referrals to other healthcare providers when appropriate
- keep appropriate documentation of referrals in the patient's health record.

You could:

- develop a policy or procedure that explains how the clinical team must manage patients seeking another clinical opinion.

**C2.1▶D** Our patients in distress are provided with privacy.

You must:

- provide a room or area where distressed patients can have privacy.

You could:

- use a spare consulting room to provide privacy for patients who are in distress
- allocate a staff member to check on the welfare of patients in distress.

**C2.1▶E** Our clinical team considers ethical dilemmas.

You must:

- document any ethical dilemmas that have been considered, and the outcome or solution.

You could:

- develop a policy or procedure that explains how the clinical team must manage ethical dilemmas
- discuss ethical dilemmas at clinical team meetings
- provide a buddy or mentoring system in which ethical dilemmas can be discussed
- use a clinical intranet or group email to pose common ethical dilemmas and solutions for the clinical team to consider and discuss
- display a notice in the waiting room listing ethical dilemmas that practitioners sometimes encounter, and how they generally deal with them (eg referring the patient to another practitioner or clinic, politely refusing all offers of gifts).