Practice Assist
Strengthening general practice in WA

Template
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General Practice
Respectful and Culturally Appropriate Care Policy

Practice name: **Date:**

The Royal Australian College of General Practitioners (RACGP) *Standards for general practices*, 5th edition, indicators state:

- C2.1A - Our practice, in providing patient healthcare, considers patients' rights, beliefs and their religious and cultural backgrounds.
- C2.1B - Our patients receive information from the clinical team about the risks resulting from refusing a specific treatment, advice or procedure.
- C2.1C - Our practice acknowledges a patient's right to seek other clinical opinions.
- C2.1D - Our patients in distress are provided with privacy.

The aim of this policy is to accomplish the requirements of the above indicators and set guidelines to encourage respectful, dignified and culturally appropriate care to all our patients.

Our practice is committed to providing all patients with an environment that is pleasant, safe, inclusive, professional, respectful and free from all forms of discrimination.

Discrimination involves treating people less favourably because of their:

- gender
- gender identity
- sexual orientation
- age
- disability
- language
- ethnicity
- religious belief
- thinking style
- experience
- education
- cultural background
- socio-economic background.

Our practice understands that the ideal patient-practitioner partnership is a collaboration based on mutual respect and responsibility for the patient's health. We recognise the importance of being aware of cultural differences to avoid conflicts related to diversity.

To provide respectful and culturally appropriate care, our practice staff will:

- be welcoming, polite, respectful, caring, positive, friendly, empathetic and helpful
- observe the attitudes and behaviours of each patient
- apply clear and effective communication skills
- take into consideration subtle differences in how people communicate (verbally and non-verbally)
- recognise patients who may be anxious, frightened or unfamiliar with our practice
- ask for clarification to ensure that patients understand what is required
- restrict comments to the point at hand
- use short sentences
- determine whether it is appropriate to use a patient's first name
- determine if the patient requires a translating service

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- refrain from discussing politics or religion
- avoid humour
- avoid colloquialisms
- say “please” and “thank you” to show courtesy and respect.

To accommodate a patient’s philosophies and factors that may affect the provision of respectful and culturally appropriate care, consideration will be given to the:

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

If a carer has an ongoing role in the day-to-day care of a patient, the carer will be included in the patient-practitioner relationship with the consent of the patient (if the patient is able to give consent).

Main cultural groups

We have conducted a search on the clinical audit tool and identified that our practice’s main cultural groups (other than Australian) are as follows:

Our practice provides a range of translated health information leaflets and resources to these groups of patients, where available. *(Refer to the website links at the end of this document.)*

Australian Charter of Healthcare Rights

Our practice recognises the importance of providing safe, high-quality care and follows the Australian Charter of Healthcare Rights for patients.

The healthcare rights from a patient’s perspective include:

- **Access**
  - Receive healthcare treatment and services that meet my needs.
- **Safety**
  - Receive safe and high-quality healthcare that meets national standards.
  - Be cared for in an environment that makes me feel safe.
- **Respect**
  - Be treated as an individual, and with dignity and respect.
  - Have my culture, identity, beliefs and choices recognised and respected.
- **Partnership**
  - Ask questions and be involved in open and honest communication.
  - Make decisions with my healthcare provider to the extent that I choose and I am able to.
  - Include the people that I want involved in planning and decision making.
- **Information**
  - Receive clear information about my condition, the possible benefits and risks of different tests and treatments, so I can give informed consent.
  - Receive information about services, waiting times and costs.
  - Be given assistance, when I need it, to help me understand and use health information.
  - Request access to my health information.
  - Be told if something has gone wrong during my healthcare, how it happened, how it may affect me and what is being done to make my care safe.
- **Privacy**
  - Have my personal privacy respected.
  - Have information about me and my health kept secure and confidential.

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- **Give feedback**
  - Provide feedback or make a complaint without it affecting the way that I am treated.
  - Have my concerns addressed in a transparent and timely way.
  - Share my experiences improve the quality of care and health services.

Patient's refusal of treatment or advice

Our practice recognises that patients may refuse a practitioner's recommended course of action, including advice, procedures, treatments or referrals to other healthcare providers. It is the practitioner's responsibility to record in the patient's health record:

- the patient's refusal of treatment or advice
- the patient's competency and capacity to make decisions
- the action taken by the practitioner
- any other relevant information, such as an indication that the patient intends to seek another clinical opinion.

Patient's right to seek another clinical opinion

Our practice recognises that patients have the right to seek another clinical opinion from a different healthcare provider.

It is the practitioner's responsibility to record in the patient's health record:

- the patient's decision
- the action taken by the practitioner
- referrals to other healthcare providers.

Patients will be encouraged to notify the treating practitioner when they decide to follow another healthcare provider's advice so that the practitioner can discuss any potential risks of this decision.

Practitioner deciding to no longer treat a patient

When a practitioner no longer considers it appropriate to treat a patient, the practitioner has the right to discontinue treatment. This is particularly relevant when the practitioner believes they can no longer provide the patient with optimal care.

In such circumstances, the practitioner will:

- raise the situation with our practice principal and practice manager
- record the reasons and management of the situation in the patient's health record
- document a process to be followed by staff if the patient makes any subsequent contact with our practice.

Our practice recognises that, irrespective of a decision to discontinue the treatment of a patient, there is still a professional and ethical obligation to provide emergency care to the patient.

Dealing with distressed patients

Patients in distress are regarded as an urgent medical matter, whether the contact is in person or over the phone. Occasionally patients will arrive in the waiting room in a state of physical or emotional distress and present as tearful, aggressive, bleeding, in pain or in a comatose/unconscious state.

For distressed patients, our practice staff must:

- apply appropriate triaging
- notify medical staff immediately
- be prepared to call an ambulance if requested
- provide an alternative waiting area (e.g. the treatment room)
- consider remaining with the patient and reassuring them while they are waiting for treatment
- not physically touch difficult or aggressive patients.

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Managing health inequalities

Our practice team recognises that there are some significant differences in key indicators of the general health and wellbeing of specific groups within the Australian community.

We understand that health gains have not been equally shared across all sections of the population and Australia currently has morbidity and mortality inequalities between population subgroups. This includes Aboriginal and Torres Strait Islander people, homeless youth, children of single parent families, people with developmental disabilities, people with severe and persistent mental health issues, the LGBTIQ+ community, refugees and people from culturally and linguistically diverse populations.

In an effort to combat these inequities, our staff will accommodate the specific health needs of individuals who may be suffering disadvantage.

Cultural awareness and diversity staff training

All practice staff members will undergo instruction on this policy as part of their induction process and they will be encouraged to raise related matters at staff meetings.

New clinical staff are required to complete the training module Gender Diversity in Primary Health.

New staff are required to read the RACGP's An introduction to Aboriginal and Torres Strait Islander health cultural protocols and perspectives.

References and helpful links

- Australian Commission on Safety and Quality in Health Care Australian Charter of Healthcare Rights
- Health Translations Translated information about health and wellbeing
- Healthdirect Australia Multi-language health resources
- NPS Translated health information about medicines
- Heart Foundation Heart health information in your language
- Diabetes Australia Translated resources
- Welcome Here Project About the Welcome Here Project
- North Western Melbourne PHN Primary Health Care for Trans, Gender Diverse & Non-binary People
- The Royal Australian College of General Practitioners An introduction to Aboriginal and Torres Strait Islander health cultural protocols and perspectives

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