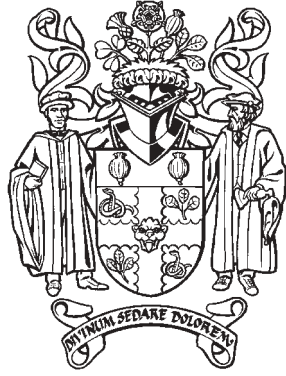


Raising the Standard: Information for patients

J Alastair Lack,
Anna-Maria Rollin,
Gavin Thoms, Lucy White,
Charlotte Williamson



**The Royal College
of Anaesthetists**



**The Association of
Anaesthetists of Great
Britain and Ireland**

Raising the Standard: Information for Patients

Principles, samples of current practice and new text

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February 2003

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Preface

The Rt Hon Mr Alan Milburn MP
Secretary of State for Health

The NHS Plan, the government's ten-year programme for investment and reform, has at its heart a long-term commitment to improve patient care. Central to this ambition is patients having more choices and a bigger say about the NHS treatment they get. For this to occur, patients need better access to accurate and understandable information so that they can discuss the options available to them with their doctors and other healthcare professionals.

This book, *Raising the Standard: Information for Patients*, and its associated booklets mark a significant step forward in the provision of patient information for the six million people who need an anaesthetic each year. It has been produced by the Royal College of Anaesthetists, the Association of Anaesthetists of Great Britain and Ireland and the Department of Health after taking advice and feedback from patient organisations and individual patients.

I commend it as a valuable contribution to the wellbeing of patients. I hope you find it useful.

A handwritten signature in black ink that reads "Alan Milburn". The signature is written in a cursive, flowing style.

Chairman's Introduction – Information for patients

Dr J Alastair Lack

'Despite challenges to medical authority, doctors' skills and advice are still held in very high regard by the public. But doctors' lack of inclination or time, or both, means that patients' desire for information, education, and empowerment is inadequately provided for in modern medical practice. Patients want to trust their doctors, but trust has to be earned by treating people as grown ups, answering their questions clearly and honestly, listening to their views, and involving them in decisions. This cannot be an optional extra. Failure to accommodate patients' needs for involvement will diminish doctors' standing in the long run.'

**Angela Coulter, Chief Executive,
Picker Institute Europe¹**

The turn of the millennium has seen a sea-change in the relationship between doctor, patient and politician. In the twentieth century the medical profession reached a high point in terms of public respect for its knowledge and integrity. Recent years however have brought changes in public attitude; unquestioning acceptance of any form of authority is passing, and the public has much improved access from many sources to information on medical matters.

These changes have been fuelled by recent well publicised incidents which also became public relations disasters. The Alder Hey retained organs episode and concerns about Bristol heart surgery reinforced the growing public view that doctors do not necessarily know best. The enquiries that followed confirmed that patients have the right to know everything about their medical treatment.

We must also realise that this knowledge cannot be defined entirely logically; when we discuss health, we are inevitably involved with degrees of emotion, preconception, and prejudice. We do not serve our patients well if we do not recognise and respect the reality of these beliefs, and respectfully allow for them in our communication.

The implications of this for the practice of medicine are considerable. Doctors and paramedical staff have a clear duty to inform patients in detail about the choices available to them. They must then ensure that these are understood before asking patients to consent to a particular treatment. The burden of carrying this out fully should not be underestimated; a significant proportion of the population of the United Kingdom is unable to assimilate written information, either because of poor learning skills or because information is not presented in a form in which it can be understood by those without biological knowledge.

A feature common to the stories of many dissatisfied patients is poor communication – common throughout the health service. Admission letters, descriptions of proposed or administered treatments, and discharge communications to patients or relatives are full of jargon, disorder, and complex language. Medical teams communicate verbally and non-verbally with varying degrees of success, and in these rushed days written communication is playing an increasingly important part. It is clear from all standpoints – clinical governance, legal and ethical, that we must improve our investment in good, written communication.

The Patient Information Project

In order to clarify the fundamental principles underpinning the provision of information, the Royal College of Anaesthetists set up a two-year project to study existing practice and develop methods of writing new material.

We demonstrated with the audit recipe book (*Raising the Standard – A Compendium of Audit Recipes*)² that it was possible to bring an ordered discipline to audit, and thus allow the quality of anaesthetic practice to be measured in an objective way. We hoped to bring a similar order to the provision of information for patients; it was not that simple.

The heart of the problem lies in two major issues. Firstly, the fact that the British public do not in general terms find it necessary to acquaint themselves with knowledge of medical matters until they need to. Then a lot of education is needed in a short time – somewhat like reading a book on survival once the boat is sinking.

The second issue is that there is enormous variation in how people want this knowledge expressed. We spent many hours steering between conflicting sources of strongly felt advice, and inevitably must have disappointed some.

Patients are called upon at very short notice to make important choices that may conflict with their preconceptions; they therefore need good, objective information that can be used under stressful circumstances to provide the understanding needed and that highlights any opportunities for choice and preference.

A difficult element for some doctors to grasp is the importance of active patient involvement at all stages of the process of writing this information, from drafting, through testing and seeking feedback. By patient, we probably mean people relatively unfamiliar with the healthcare process, its language and its routines. Surveys of patients have shown that their concerns and priorities for treatment, care, and research are somewhat different both in content and urgency from those of health professionals.³ Their chief complaint is lack of good information, demonstrating that professionals alone do not produce the information patients want; patients should therefore play a major part in writing, judging, and testing information. Doctors and patients have different perspectives, and doctors cannot therefore expect to be able to write wholly satisfactory information for patients by themselves.

Although the provision of information might be physician led, it is essential that it is patient guided; there has to be a

negotiated settlement of the many issues that arise, and physicians as frequently need to be informed of patient priorities as patients need to be informed of physiology.

The consultative process is very long and may be costly, but contributes vitally. It is important to gather information and opinion from three slightly different groups:

- Ordinary patients – men and women from the Clapham omnibus.
- Patients with knowledge and experience of the relevant issue but who are likely to be representative of the public, and
- Patient ‘representatives’ – people who have knowledge of the medical process, patient rights, and health politics.

We are fortunate as a College to have a flourishing patient liaison group, several of whose members contributed enthusiastically to the project. They formed the core of patient ‘representatives’ who negotiated constantly with the medical members of the team to obtain the precise wording of the texts provided for general use. Several members of the project asked patients from their hospitals and communities to help. A number of national organisations provided valuable assistance.

The booklets

It soon became clear that patients wanted far more information to be made available than we had anticipated, confirming that doctors underestimate the amount of information patients want; drafting a series of self-sufficient booklets which covered a range of anaesthetic topics would have made each too large. It was therefore agreed to create a reference booklet, ‘*Anaesthesia explained*’, which held the majority of the information, and to which the series of booklets could refer for further detail. It is supplemented by a leaflet ‘*You and your anaesthetic*’ which gives a short account of anaesthesia and concentrates on setting out patient choices.

‘*Anaesthesia explained*’ and ‘*You and your anaesthetic*’ were written by the core project teams with every word discussed – a compromise between doctors and patient representatives. ‘*Anaesthesia explained*’ was then submitted to ‘Plain English’, which required yet further compromises – adherence to a rather different style of writing.

The specialist booklets were written by representatives from specialist societies with patient groups that they gathered together, and show a range of different styles.

Tricky issues

We soon became very aware both of the wide variation of public knowledge and views and of what was ‘correct’. This became evident in many areas over which we had long debate, notably:

- It became clear that medical meanings of many words may not be understood by patients – or indeed may have different meanings (e.g. ‘chronic’). It is difficult to know just how much education, or lack of it, one should assume. The ultimate wrong is to be patronising (def: to treat kindly but as an inferior), and so one treads the tightrope of non-patronising education.
- It is common parlance for both doctors and patients alike to refer to being anaesthetised as ‘being put (or going) to

sleep’. Patient representatives were clear that in their minds this was misrepresenting the true position, that anaesthesia is a state of controlled unconsciousness.

- It is a nice judgement as to where to pitch the whole tone of risk and safety. Routine anaesthesia is probably as safe as it can practically be made, but there are still major problems with side effects of drugs that afflict many patients. People do not take risks objectively – preferences are very influenced by the control they have of the risk; the hope that analytical judgements may reliably be made in the stressed circumstances of the preoperative period is unrealistic. The safety of anaesthesia needs to be proclaimed, yet there must be realism about the problems that may lie ahead.
- Some readers may consider reminders of issues such as personal hygiene inappropriate; others may feel such reminders are needed. Patients have every right to be forewarned of potentially embarrassing matters such as catheters and suppositories, but may find it preferable to read of them than have to discuss them.
- Received wisdom is that information materials should neither instruct nor request. Yet it is of course in patients’ interests that they understand precisely what they should do to obtain the best outcome possible for themselves. So, rather than writing ‘Please bring a list of drugs’, it is more correct to write ‘A written list of drugs you are taking would be helpful’.

I find it difficult to believe that some of these issues are not just current style, but without doubt the medical members of the Editorial Board were given real insight on many occasions by the patient representatives as to how proposed phrases might have been misinterpreted.

Writing for different audiences

We have from the beginning been well aware of the need to extend the scope of our work to include different audiences. It is however a prerequisite that the Plain English version is perfected first. Only then can we move on to versions in different languages and with different enhancements (large size, pictures, colour schemes and Braille).

We have been delighted with the response from the various specialist societies who have made their contribution to the project.

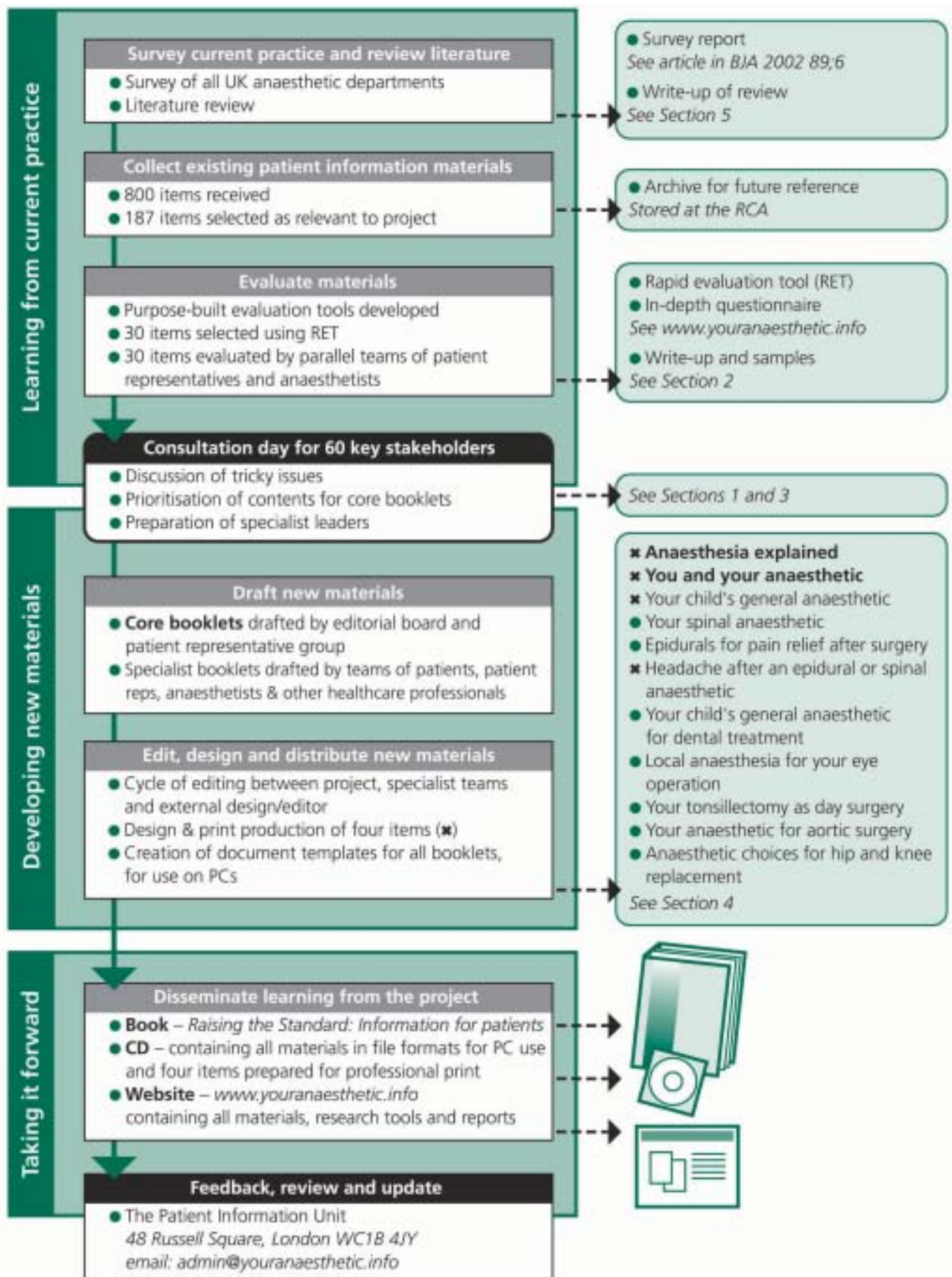
Conclusion

We started this project thinking that we would produce information templates which trusts could use to create information materials of their own. The project turned into a major patient consultation exercise which has transformed our thinking invaluablely. We are extraordinarily grateful to all who participated.

References

- 1 Coulter A. Patients’ views of the good doctor. *British Medical Journal* 2002;325(7366):668–669. Pubmed ID:12351342 (www.bmj.com/cgi/content/full/325/7366/668).
- 2 Lack JA, White LA, Thoms GM, Rollin AM. Raising the Standard: A compendium of audit recipes for continuous quality improvement in anaesthesia. London: The Royal College of Anaesthetists, 2000.
- 3 Williamson C. What does involving consumers in research mean? *QJM* 2001;94(12):661–664. Pubmed ID:11744786.

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