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The Peak Body Representing Allied Health in Australia

DRAFT NATIONAL PATIENT CHARTER OF RIGHTS – CONSULTATION PAPER

**A submission to the Australian Commission on Safety
and Quality in Health Care**

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Audiological Society of Australia, Australasian Podiatry Council, Australian Association for Exercise and Sports Science, Australian Association of Social Workers, Australian Institute of Radiography, Australian Orthotic and Prosthetic Association, Australian Psychological Society, Australian Sonographers Association, Dietitians Association of Australia, OT AUSTRALIA, Services for Australian Rural and Remote Allied Health Inc, Society of Hospital Pharmacists of Australia, Speech Pathology Australia, The Orthoptic Association of Australia and incorporating AHPARR (AHPA Rural & Remote)

Introduction

Allied Health Professions Australia (AHPA) welcomes the opportunity to comment on the Commission's Draft National Patient Charter of Rights.

Members of AHPA are national organisations representing health professionals who have a role in the private and public health sectors, including public hospitals, involving direct client contact, or managing or educating such health professionals.

Collectively, organisations within AHPA represent about 50,000 health professionals. Each organisation has internal systems and networks for liaising with its members, ensuring that AHPA has input from health professionals right across Australia who together provide a vast wealth of expertise.

AHPA acknowledges and welcome the aim of creating a charter that is consistent and that can be nationally applicable in all settings. AHPA will use its network for the promulgation of the final document/s.

AHPA considers that the eight Rights identified are both appropriate and reasonably comprehensive and certainly form a good basis for ongoing development and review, particularly by the States and Territories as well as by clinical specialty areas such as mental health, palliative care and aged care.

The following comments are offered in response to the consultation questions.

1. National Patient Charter of Rights and National Patient Charter Principles

While the intention of the Commission is clear in delineating the Rights from the Principles in the consultation paper, it does look confusing and repetitive to the casual observer. Thus the target audience of the Charter may also be unclear e.g. patients, health care providers, or health care administrators.

As all stakeholders are actually included it is actually a "health charter", not only a "patient" charter.

The table on page 5 also uses the first person, whereas subsequent pages refer to patients in the third person.

AHPA is aware that peak bodies such as the Consumer Health Forum will be making submissions and AHPA would defer to their advice on the clarity of word choices generally.

2. Rights included in the Charter

It could be argued that more detail or information could be provided. However, it is acknowledged that the documents are designed to be short with key notions that are then "to be applied to individual patients or in specific health settings" (Page 4).

Therefore, AHPA accepts the brevity but suggests that advice also be explicitly provided to health care settings to consider and personalize the key messages for appropriate local actions and processes/policies etc.

3. Points included in the Principles

No further comment.

4. Rights and responsibilities

The document makes a number of references to what the patient is entitled to expect as well as the notion of patient responsibility.

This is a difficult balance especially when sick, patients may not be able to carry out their "responsibilities". Active partnering in health care is what is probably meant.

It is known that in some cases there exists in some work places high incidence of violence and stress such as emergency departments and acute mental health facilities. The following are some of possible additions to the RESPECT section of the Principles along the lines of the suggestions below.

- a. Exercise the same respect for the rights of other patients as you would wish for yourself.
- b. Communicate about yourself, including any concerns and questions about your treatment, with your treating health professional in an open and honest manner so as to facilitate your care and treatment.
- c. Communicate with your treating health professional and other patients in a non-abusive and non-threatening manner.

5. Existing charters

It is assumed by the reader that this new Charter will have priority and dominance, but this is not explicitly stated in the document.

AHPA supports the Council of Australian Governments (CoAG) proposal for schemes for national registration and accreditation of health care providers. The charter would augment these national approaches.

6. Possible uses of the charter

It is possible for this new Charter to be used as a minimum framework by which all existing charters are realigned or for new charters to be developed in a consistent manner. If this is the case, these specific suggestions should be provided to health care settings.

Similarly local and specific end users should be encouraged to demonstrate their ability and achievement of these rights in the new Charter in a meaningful way.

Therefore policies and procedures developed as a result of such interpretations would allow the providers to demonstrate in a clear manner how they are meeting their patients' rights, and to assist accreditation activities.

7. How the charter applies in different sectors and settings

The 'level' of the Charter and Principles is articulated sufficiently to be applied in different settings.