

## **PATIENT DIGNITY POLICY**

This policy sets out the Practice provision to ensure that patients are afforded privacy and dignity, and are treated respectfully, in all appropriate circumstances where there is the potential for embarrassment or for the patient to feel “ill at ease”.

The requirement to respect patients is the responsibility of all staff, not just those in direct clinical contact with the patient.

Vulnerable patients in this respect may include:

- Elderly
- Infirm
- Disabled
- Those with racial or cultural beliefs
- Illiterate
- Homeless / no fixed abode
- Those with specific conditions
- Patients with communication difficulties
- Those patients with gender requirements
- Those known to staff / known by staff
- Family members
- Patients from minority groups

## **PROVISIONS**

### **Reception**

- The Practice will not stereotype patients based on perceived characteristics
- Patients will be referred to with respect at all times
- Patients will be addressed by their preferred method and titles (Mr, Mrs etc) will be used as a first preference by staff
- A sign will be available in reception to offer the facility of a private discussion with a receptionist if required
- Guide dogs will be permitted in all parts of the building
- A hearing loop will be installed and receptionists trained in its use annually
- Under no circumstances will staff enter through a closed consultation room / treatment room door without first knocking, and waiting for permission to enter (if occupied), or pausing to determine that the room is empty

### **Consultations**

- Patients will be allowed free choice of gender of doctor and nurse, where available, and will be able to wait or delay an appointment to see their choice of clinician. Where clinically urgent patients will be encouraged to see a clinician appropriate for their “best care” however undue pressure is not appropriate

- Consultations will not be interrupted unless there is an emergency, in which case the room will be telephoned as a first step, before knocking at the door and awaiting specific permission from the clinician to enter
- A chaperone will be offered where an examination is to take place
- Clinical staff will be sensitive to the needs of the individual and will ensure that they are comfortable in complying with any requests with the potential to cause embarrassment
- Patients will be afforded as much time and privacy as is required to recover from the delivery of “bad news”, and the clinical staff will, where possible, anticipate this need and arrange their appointments accordingly
- Patients will be able to dress and undress privately in a treatment room, or, where a separate treatment room is not available, a screen will be provided for that purpose. Patients using this facility will be requested to advise the clinician when they are ready to be seen, and they will be afforded sufficient time to do this bearing in mind infirmity etc.
- A clean single-use sheet from the bed roll will be made available in each examination / treatment room, and the patient will be advised of its availability
- Washing facilities will be offered to the patient if required
- Clinicians and staff will allow “personal space” where possible and respect this
- Patients will be given adequate opportunity, time and privacy for the provision of samples on the premises without feeling under duress or time limitation
- Patients will be offered a suitable place to put their clothes, if required to undress, and the area used for dressing / undressing will have a chair with arms at a suitable height and design available and suitable for the patient to use
- Patients with difficulty in understanding due to language may have a family member or friend available to interpret or assist, although an official interpreter is preferable
- Communication by staff to patients will be individual according to the needs of the individual patient (e.g. those with speech difficulties, hearing, or learning difficulties may need an individual approach)
- Where an intimate examination is considered necessary to be performed on a patient with difficulty in understanding due to language or other issues (e.g. consent or cultural issues) it is recommended that a Chaperone or family member / carer should always be present, or preferably an interpreter booked to assist
- Areas used by patients for dressing / undressing will be secure from interruption or ingress (i.e. there will be no unlocked door to either a corridor or to any room not occupied by the consultant who is attending that patient)
- Patients will be requested only to remove a minimum of clothing necessary for the examination
- Consultations in the patient’s home will be sensitive to the location and any other persons who may be present or may overhear

#### **Post - Consultation**

- Clinicians and staff will respect the dignity of patients and will not discuss issues arising from the above procedures unless in a confidential clinical setting appropriate to the care of the patient (respectful of the patient including when not there)