



Patient Advocacy

Responsible person: Rachel Harris

Published: Wednesday, April 30, 2008

ISBN: 9781-871101-51-4

Edition: 1st

Summary

The Society and College of Radiographers (SCoR) publishes this advice and guidance document on patient advocacy in response to the drive to improve patient autonomy and patients' rights. In this document, SCoR have put forward their understanding of the requirements of a radiographer in an advocacy role, have provided several example case studies and have referred to some of the issues surrounding this role in practice.

Preamble

The Society and College of Radiographers (SCoR) publishes this advice and guidance document on patient advocacy in response to the drive to improve patient autonomy and patients' rights. SCoR is grateful to Val Challen, Senior Lecturer, University of Cumbria and Honorary Senior Lecturer, University of Salford and to radiographers who have contributed to the case studies.

In this document, SCoR have put forward their understanding of the requirements of a radiographer in an advocacy role, have provided several example case studies and have referred to some of the issues surrounding this role in practice.

1. Introduction

The SCoR 2008 Code of Conduct and Ethics¹ states that in their relationships with service users, radiographers should demonstrate respect for individual dignity, belief, culture and autonomy through a commitment to the principles of consent and confidentiality and, when deemed appropriate, act as a patient advocate.

Public expectations of the National Health Service (NHS) have changed over the last 30 years with a sizeable number of patients demanding more information and more control over their healthcare. Healthcare professionals have, on the whole, encouraged this through their emphasis on, and support for, patient autonomy and patients' rights. However, not all patients and service users have the desire or ability to be assertive and not all healthcare professionals see patient autonomy as a priority in a healthcare situation. Patients attending for imaging or radiotherapy are often vulnerable; this vulnerability arises from a number of factors including physical or mental disability or ill health, extremes of age, feelings of powerlessness and fear associated with a highly technical and seemingly alien environment. Whatever the cause of the vulnerability, it may prevent patients (or

parents/guardians in the case of minors) from expressing their requirements or their wishes. Vulnerable people may need a person to 'speak on their behalf', ie to act as an advocate, regarding their care choices or their concerns about the service in which they find themselves.

Many radiographer job descriptions and the Quality Assurance Agency (QAA) benchmark statements² refer, in either general or specific terms, to the requirement of healthcare professionals to act as advocates for patients.

Examples from radiographer job descriptions:

'to be the patients' advocate, safeguard and support safety for the patient and family ...'

'to act as patient advocate in radiation protection issues...'

QAA Benchmark statement:

'.... need to manage complex interpersonal dynamics and to act as an advocate for each patient'

The advocacy role is also reflected in the Health Professions Council (HPC) Code of Conduct, Performance and Ethics³ so it would seem that patient advocacy is seen by a number of agencies to be important, yet many commentators are not wholly agreed exactly what advocacy entails and the values it ought to embody.

2. What is Patient Advocacy?

Advocacy can be seen to be primarily concerned with both promoting and protecting the interests of patients and service users. The nursing literature has, over the past 30 years identified a number of advocacy models which have provided a range of theoretical constructs but without any single consistent definition of patient advocacy being put forward.

Advocacy models have included:

- showing sensitivity to fellow human beings; a human commonality forming the basis of the relationship between healthcare professionals and patients⁴
- supporting an individual's self determination as a fundamental and valuable human right⁵
- informing patients and supporting patients' autonomy and their ability in their own decision making capacity (even if the healthcare professional does not agree with the patient's decision)⁶
- championing social justice; advocacy as a socio-political activity⁷
- attending to inequalities in provision; rooted in social justice⁸
- befriending and/or representing patients in order to protect patients' rights or to promote patients' interests⁹
- protecting patients against incompetent, illegal or unethical procedures¹⁰

More recently, Bu & Jezewski¹¹ have put forward a mid range theory of patient advocacy which encompasses some of the above definitions and which, has to some extent, informed this document.

3. Elements of Patient Advocacy for Radiographers

The following five elements of patient advocacy put forward by SCoR are presented here to provide a guide to radiographers on the anticipated range of roles which might be undertaken as part of empowering patients in any healthcare environment; bearing in mind that the type and nature of the

advocacy role is dependent on context and appropriateness. Radiographers must ensure that they are objective in their dealings with patients and that they do not knowingly or unknowingly manipulate patients into any decisions that the healthcare teams prefer.

1. Guarding patients' rights and conserving the patients' best interests
2. Protecting/maintaining patients' autonomy
3. Protecting patients against any type of malpractice: suspected or blatant
4. Championing ethical and social justice in the provision of healthcare
5. Referring patients to the most appropriate service

A selection of real life case studies is also presented below to illustrate particular advocacy roles

3.1 Guarding patients' rights and conserving the patients' best interests.

This may be undertaken by acting on behalf of those patients who may be intimidated by the situation they find themselves in or have limited competence or ability to express themselves, examples are:

1. Representing patients' values and rights to others
2. Promoting patients' health through ensuring appropriateness of examination or treatment
3. Ensuring any radiation dose is appropriate and if so is kept as low as reasonably achievable
4. Recognising when patients are too shy to complain or to ask questions or who may be feeling powerless or intimidated by professionals or the environment
5. Helping patients to communicate with doctors
6. Recognising in patients the possibility of their illiteracy or poor command of the English language and ensuring their wants are attended to and, in some cases, stating their preferences
7. Recognising those patients who may be unaware of their right to refuse treatment and supporting those who may choose not to have treatment

Case Study: Radiographer A

An imaging request was received by the radiographer to carry out an abdominal computed tomography (CT) examination on a young woman of 16 years who was an in-patient. The radiographer was concerned about the request as, on reading the clinical details, she saw that an ultrasound examination had already been undertaken. She contacted the ultrasound department to ask about the results of the ultrasound examination and found that a positive diagnosis had been made from the examination.

In light of this knowledge, on querying the CT request with the ward, she was told that a junior doctor had requested the CT scan without referring to the Consultant. The patient did not need the CT scan at all.

Case Study: Radiographer B

A patient undergoing radiotherapy treatment indicated to the radiographer that she knew that she was dying and did not wish to undergo further treatment. She was too shy to tell her Consultant as she thought this decision might upset him and appear to be a reflection on his professional care. The radiographer spoke to the Consultant on the patient's behalf and her decision was respected by all and treatment subsequently halted.

3.2 Protecting/maintaining patients' autonomy

Examples are:

1. Providing appropriate information in order to gain legal and valid informed consent. The radiographer may be the best placed person to provide information to enable the service

user to appreciate all options available to them prior to giving consent to an imaging procedure or a course of radiotherapy

2. Providing sufficient information for patients to take decisions whilst at the same time realising that a requirement to make a decision may be stressful for a patient
3. Recognising that most individuals are competent to make decisions
4. Respecting a patient's decision even if you do not agree with it
5. Recognising those who may be unable to comprehend instructions so clarifying information and/or instructions

Case Study: Radiographer C

The radiographer was about to undertake a Barium Enema on an elderly lady and in line with normal practice sought to find out what the patient knew about the procedure, provide details and thus be in a position to gain her consent to proceed. The lady indicated that she had thought hard and long about undergoing the examination, had talked it over with her family and decided that she would like to talk to the people who would be doing the enema and explain that now she was here in the department, her choice was not to have the examination.

The radiographer explained that she would have to inform the consultant of this decision. The radiographer also indicated that she would not try to persuade her to continue with the enema at this time.

3.3 Protecting patients against any type of malpractice; suspected or blatant

Examples are:

1. Identifying illegal, unethical or incompetent behaviour shown to patients by other members of the healthcare team
2. Reporting any incidents to the most appropriate agency on behalf of a patient or other service user

Malpractice includes negligence, incompetence, unprofessional behaviour, danger to health and safety or the environment and the cover up of any of these.

Please note: *Radiographers and others are covered by the **Public Interest Disclosure Act (PIDA) 1998**¹² and employing authorities will have a written policy outlining the Act and provide processes and stages for the reporting of suspected malpractice.*

Case Study: Radiographer D

During a surgical procedure in theatre at which the radiographer was present to provide radiological services, she heard and witnessed a member of the theatre staff passing inappropriate comments of a sexual nature about the patient about to be placed on the operating couch.

The radiographer thought that such comments were insulting and unprofessional.

The radiographer later reported the incident, using the Employing Authority's written policy procedure.

3.4 Championing ethical and social justice in the provision of healthcare

Examples are:

1. Striving for changes in healthcare provision on behalf of individuals, communities and society through a variety of channels eg access to Magnetic Resonance Imaging (MRI) scanning or screening facilities
2. Ensuring inequalities in the provision of healthcare activities or inconsistencies in care are brought to the attention of the employing authority, are followed up and subsequently

corrected

3. Participating in healthcare policy making activities at local and national level

Case Study: Radiographer E and others

An ultrasound department with long waiting times for non obstetric ultrasound scans was unable to meet the target wait of thirteen weeks despite skill mix and role extension measures being in place. A number of sonographers working with the radiologists and clinical manager implemented a series of measures including: effective DNA (did not attend) and annual leave policies, effective use of clerical staff to free up sonographer time, extending the scanning day to include lunchtime, weekend and evening sessions, effectively managing RIS (radiology information system) data to provide accurate waiting times and the active management of long term waiters.

The results was the reduction in ultrasound waiting times, over the period of a year, for routine non obstetric ultrasound from 28 weeks to 8 weeks and a reduced 'did not attend' rate from 11% to 4%.

McCready D (2007) *Reducing Ultrasound Waits Synergy News* : SCoR¹³

3.5 Referring patients to the most appropriate service

Examples are:

1. In cases of complaint
2. When it is realised that the patient may benefit from specialised assistance
3. In the provision of specialist advice through the use of such services as the Patient Advice and Liaison Services.

The Patient Advice and Liaison Services (PALS) was established in response to the Bristol Royal Infirmary inquiry report¹⁴ which recommended representation of patient interests on the inside of the NHS at every level.

One of the core functions of PALS is to 'act as a gateway to appropriate independent advice and advocacy support to local and national sources....'¹⁵

The idea is that PALS should support staff at all levels to develop a responsive culture and to see that all members of staff have a role to act as a PAL and not be an alternative to individual staff taking on an advocacy role.

Case Study: Radiographer F

A patient had been attending a radiotherapy department for a six week course of treatment. On the third visit he became very upset and tearful and was reluctant to continue. The radiographer spent a lot of time with the patient who told her that his younger brother had died in a road accident two weeks ago. The patient felt it was unfair that he was still alive despite his condition but that his young brother was dead and that he was having trouble coming to terms with his loss. Both parents were dead so he felt he had no one to turn to. The radiographer contacted the Trust's PALS and they arranged for bereavement counselling for the patient.

4. Others issues surrounding patient advocacy

4.1 Advantages for patients are:

- Patients' rights and values protected and preserved
- Aids patient empowerment
- Quality of service may be improved for individuals and society

Advantages for radiographers are:

- Enhances public image of radiography
- May improve job satisfaction
- May enhance self confidence and esteem

4.2 Limitations for patients are:

- Danger of coercion into poorly thought out decisions
- Championing patient autonomy may be seen as abandoning patients to their own autonomy which may not ultimately be in their best interests
- Power imbalance in any patient/professional relationship
- Some radiographers may feel reluctant to take on this role

Limitations for radiographers are:

- Advocacy activities may be considered by some to be taking a paternalistic approach to patient care
- Need to avoid manipulating the patient
- Radiographer could potentially be labelled as troubled maker
- May encounter ostracism from colleagues or other professionals when undertaking such a role
- Individual may experience a moral dilemma; *'am I doing the right thing for the patient?'*

4.3 Requirements to act as an advocate

Radiographers need to be empowered by their employing authority and supported by management if they are to be in a position to act as a patient advocate.

Particular skills and knowledge need to be developed in order to successfully take on the role of a patient advocate, these include:

- communication skills
- assertiveness skills
- ability to manage conflict (potential/actual)
- awareness of ethics and ethical decision making
- research awareness
- knowledge of legal background (eg, Mental Capacity Act 2005¹⁶, Children Act 1989¹⁷ and Children Act 2004¹⁸)

5. Recommendations

5.1 SCoR would welcome further research which should be undertaken by the profession, which could include:

- The identification of those factors that may influence patient advocacy behaviour
- Motivation of radiographers to take on advocacy roles
- Feelings and perceptions of radiographers in an advocacy role
- Concepts of advocacy pertinent to radiography

5.2 SCoR expects radiographers to recognise their responsibilities with regard to patient advocacy and to equip themselves with the knowledge and skills to be able to perform this function as and when appropriate.

5.3 Managers have a responsibility to support and encourage staff to act as patient advocates through the provision of appropriate education and training.

References

1. The College of Radiographers Code of Conduct and Ethics London SCoR 2008
2. Quality Assurance Agency (QAA) benchmark statements: <http://www.qaa.ac.uk/Pages/default.aspx>
3. Health Professions Council Standards of Conduct Performance and Ethics London HPC, Apr 2003 (consultation document June 2007)
4. Curtin LL The nurse as advocate: a philosophical foundation for nursing ANS/Ethics and Values 1(3); 1-10 1979
5. Gadow S 1980 Existential advocacy: philosophical foundations in nursing IN Spiker SF & Gadow S eds Nursing: Images and Ideals pp 79-99 New York: Springer Publishing Co
6. Kohnke MF Advocacy: risk & reality 1982 St Louis Mosby
7. Mitty KL The nurse as advocate Nursing & Health Care 12(10) pp 520-3 1988
8. Fowler MD Ethical issue in critical care Heart & Lung 18(1); 97-99 1989
9. Gates B Advocacy: a nurses guide 1994 London Scutari Press
10. Schroeter K Ethics in perioperative practice: patient advocacy AORN May 2002
11. Bu X, Jezewski MA Developing a mid range theory of advocacy through concept analysis Journal of Advanced Nursing 57(1); 101-110 2007
12. Public Interest Disclosure Act (PIDA) 1998
www.opsi.gov.uk/acts/acts1998/ukpga_19980023_en_1
13. McCready D (2007) Reducing Ultrasound Waits Synergy News SCoR
14. The Patient Advice and Liaison Services (PALS)
15. Mental Capacity Act 2005 www.opsi.gov.uk/ACTS/acts2005/ukpga_20050009_en_117.
16. Children Act 1989 www.opsi.gov.uk/Acts/acts1989/ukpga_19890041_en_1.htm
17. Children Act 2004 www.opsi.gov.uk/acts/acts2004/ukpga_20040031_en_1

Bibliography

Mallik M Advocacy in nursing: a review of the literature Journal of Advanced Nursing 25(1) 130-8; 1997

Mallik M Advocacy in nursing: perceptions of practising nurses Journal of Clinical Nursing 6(4); 303-13 1997

Mallik M Advocacy in nursing: perceptions and attitudes of the nursing elite in the UK Journal of Advanced Nursing 28(5) 1001-11; 1998

Negarandeh R et al Patient advocacy: barriers and facilitators BMC Nursing 5:3; 2006

Schwartz L Is there an advocate in the house? The role of healthcare professionals in patient advocacy J Med Ethics 28; 37-40 2002

Wheeler P Is advocacy at the heart of professional practice? Nursing Standard 14; 36; 39-41; 2000

Willard C The nurses' role as patient advocate: obligation or imposition? Journal of Advanced Nursing 24(1); 60-6; 1996

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