

## Communicating with patients

Some consumers who want to make a complaint about pharmacy services do so through the Nationwide Advocacy Service. This service was established under the Health and Disability Commissioner Act and provides a mechanism for resolution of patients' concerns without a formal complaint to the Commissioner's office. In the last five years, the Advocacy Service has received 64 pharmacy-related complaints. Analysis indicates that they commonly concern communication in pharmacy interactions with patients.

### *Types of complaints*

Nearly 30% of the complaints to the Advocacy Service involved lack of respect for personal privacy during interactions. Discussions about medicine were carried out within the public area in the pharmacy or at a volume that enabled others to hear. Patients complained about staff who were rude and intimidating, staff who made inappropriate comments about prescribed medicines, and the lack of a private place within the pharmacy for patients to consume their methadone.

More than one fifth of complaints were concerned with dispensing — receiving fewer tablets than prescribed, expired medicine, the wrong drug or the wrong dose. Complaints about lack of information concerned both clinical issues (not being told of potential side effects of both prescribed and purchased medicines) and administrative issues (such as due date for collecting repeats). Several complaints involved the charges for medicines or services, and differing charges at different pharmacies. People also complained about medicines not being available, pharmacy staff refusing to sell an emergency supply (Ventolin, insulin), and staff declining to sell certain medicines.

### *Communicating effectively*

The Code of Health and Disability Services Consumers' Rights sets out the obligations of pharmacy staff when dealing with patients. Right 5 states that staff have a duty to communicate effectively with patients — that is, in an environment sufficiently private for open dialogue, where patients are able to discuss any concerns, and have them addressed in a respectful manner, without unreasonable haste, so as to facilitate their understanding of the information provided. The nature of the patient's problem or purchase may indicate the potential complexity of the information to be shared, or the degree of privacy appropriate to the interaction, and so signal where and how the interaction should be conducted.

### *Providing clinical information*

Right 6(1) requires the provision of the information that the patient, in his or her specific circumstances, would expect to receive. This will be different for each patient. A patient's need for medicines information will depend on various factors, including his or her clinical presentation, previous experience with medicines, and current use of prescription, non-prescription, and complementary and alternative medicines. Identifying, and responding to, a specific patient's need for information is intrinsic to the professional role of the pharmacist. It underpins the quality and safety of medicines use.

### *Enabling informed choice*

Many patients (and sometimes pharmacy staff!) are confused by the restrictions and regulations — and the constant changes — surrounding the provision of prescribed medicines. Patients have complained that explanations were provided only after a prescription was dispensed and fees were charged. Right 7 of the Code allows for patients to make a choice about services. This necessitates the provision of adequate information, including information about available options, and the costs of each option (Right 6(1)(b)), before the patient decides whether or not to proceed. Where charges are made for services, such as faxes, print-outs, and services associated with subsidies, Right 6(1) also applies. Information about charges and fees may be usefully communicated by means of leaflet or a notice, with an addendum inviting discussion for patients who need it; however verbal confirmation is necessary to ensure the patient's awareness of charges. Recommendations for purchase of non-prescription medicines should include information about options, including benefits, side effects and costs.

### *Non-supply of medicines*

Where pharmacy staff are unable to provide a subsidised repeat because it has expired, or an emergency supply because the particular circumstances do not meet those required by regulation 44(m) of the Medicines Regulations, a reasonable explanation to the patient is needed. More difficult situations may arise when medicines of abuse or potential misuse are requested, as pharmacists are required by their Code of Ethics to exercise professional judgement to prevent the supply of unnecessary or excessive quantities of these medicines (Obligation 3.15). Right 2 of the Code of Health and Disability Services Consumers' Rights states that patients have the right to freedom from discrimination, so in reaching a decision about selling these medicines, pharmacists need to take care not to be influenced by their own assumptions and prejudices based on their subjective view of the patient, but to make a clinical decision about the suitability of that medicine for that patient. Robust policies and notices that stipulate limitations on the supply of such medicines validate the refusal of staff to sell them, and can help prevent awkward situations that may otherwise appear to the patient to be discriminatory.

### *Communication is key*

Feedback from patients suggests that complaints resulted not only from their concerns about information, restrictions, costs and services — or lack of them — but also about the manner of communication in interactions. Patients are likely to be more receptive to information when it is delivered in a respectful manner, and when explanations seem reasonable, and make sense to them. This applies to both administrative and clinical matters.

Effective communication not only maintains positive relationships with patients; it opens the way for any dialogue that may be necessary to facilitate a patient's understanding of his or her medicines, and their optimal use. It is at the core of the professional responsibility of pharmacy staff, and should be a key component in all pharmacy interactions.