

26/03/2021



[According to the Australian Commission on Safety and Quality in Healthcare](#), almost 60% of adult Australians have low health literacy, which means they may not be able to effectively exercise their voice when making healthcare decisions.

This is even more difficult for those patients whose first language is not English with some patients being proficient in English, but not able to understand the medical jargon, and some speaking very little English if any. Either way, not properly understanding the outcomes of a consult may result in the patient minimising the impact of their health condition so they end up [more acutely unwell, endure long hospital stays and have an increased risk of readmission.](#)

To assist these patients:

- Recognise that if patients aren't informed, there is a natural suspicion and anxiety about what is happening, especially if they are from historically disempowered minorities.
- They need to understand their diagnosis and treatment for you to gain their trust and adherence to treatment instructions.
- GPs should include in referrals that the patient is not proficient in English and their preferred language.

Your administration team can book an interpreter free of charge via the Healthcare Interpreter Service (public system) or the Translating and Interpreting Service (private system). While practitioner take-up of these services is [low](#), and anecdotally, specialists even lower, these resources allow objective, medically trained interpreting. Using family or friends to translate is highly vexed and raises issues of confidentiality.

Communication techniques

There is a range of communication techniques available, such as the Teach-Back method, that can help patients understand the information you have given them. This is a way of checking understanding by asking patients to state in their own words what they need to know or do about their health. These may include asking them about their understanding of what they've been told about their diagnosis and its impact, what they are considering as they decide whether to consent to a procedure and what they understand will happen if they elect to do nothing at all.

Takeaway messages:

- Communicate to the patient about:
 - The diagnosis that led to the proposed treatment options
 - The potential benefits, risks and complications of any treatment options
 - Any risks associated with not undertaking treatment
 - Any other treatment options available to the patient
 - Costs associated with the treatment options.
- Silence or direct compliance should not be considered consent, especially for vulnerable patients or patients not proficient in English.
- Your medical records should reflect any information you have communicated to the patient regarding the risks and benefits of each treatment option and any alternative treatments recommended.
- Use methods such as Teach-Back to confirm understanding.

Additional resources:

- [Good Medical Practice: A Code of Conduct for Doctors in Australia](#)
- [Getting intimate- why you should frankly explain what you are doing when performing physical examinations](#)
- [Australian Commission on Safety and Quality in Healthcare online course](#): helping patients make informed choices and communicating benefits and risks.
- [NSW Attorney General's Department – Capacity Toolkit](#): to assist in deciding whether a patient can consent to medical treatment.
- [General Medical Council \(UK\): Decision Making and Consent](#)
- [The Teach-Back Method](#)

- [Use and Effectiveness in the Teach-Back Method in Patient Education and Health Outcomes](#)
- [Healthcare Interpreter Service](#)
- [Translating and Interpreting Service](#)