



# Policy: Privacy and Dignity for Patients

**Purpose of this Policy:** to identify how Blythe House Hospice promotes dignity and privacy for patients and their carers, which enables individuals to feel in control, valued, confident, comfortable and able to make their own decisions.

## Definition

Dignity is concerned with how people feel, think and behave in relation to the worth or value of themselves and others.

*'To treat someone with dignity is to treat them as being of worth, in a way that is respectful of them as valued individuals.'*  
(RCN 2008)

## Privacy & Dignity in Treatment & Care

• Blythe House Hospice supports the 6Cs and embeds them into practice:

- Care
- Compassion
- Competence
- Communication
- Courage
- Commitment

*(Compassion in Practice, Department of Health, 2012)*

- The treatment and care provided at Blythe House Hospice is patient-centred and holistic. Individual or specific needs are considered, taking into account the uniqueness of each individual.
- Patients will be treated with respect, kindness, compassion, courtesy, honesty and understanding.
- Respect, dignity, compassion and care are at the core of how patients are treated. All staff and volunteers have a duty to ensure that the privacy and dignity of every patient is respected. Nursing and healthcare staff work to ensure that patients are treated with dignity at all times, and in a way that is respectful of them as valued individuals.
- All patients have a right to privacy and to be cared for in a dignified way, which encompasses freedom from unauthorised intrusion and relates to all information and practice that is personal or sensitive to an individual.
- Every manager is responsible for consistently monitoring the environment with regard to privacy and dignity issues.
- Respectful attitudes and behaviours are promoted to prevent patients experiencing offensive or negative attitudes and behaviours.

## Attitudes and Behaviours

- Respectful attitudes and behaviour towards patients are promoted and expected, including consideration of non-verbal behaviour and body language.
- Unacceptable or inappropriate attitudes or behaviour are addressed promptly with individual members of staff.

### **Personal World and Personal Identity**

- Patients experience care in an environment that actively encompasses individual values, beliefs and personal relationships.
- Stereotypical views are challenged and the valuing of diversity is demonstrated.
- Individual needs and choices are ascertained and continually reviewed.

### **Personal Boundaries and Space**

- A patient's personal space is respected and actively observed by all staff and volunteers.
- The patient's preferred name is ascertained, used and documented in the multidisciplinary notes and on the electronic database.
- Measures are in place and promoted to prevent staff or volunteers disturbing or interrupting patients e.g. knocking before entering; use of "Do Not Disturb" signs.
- Personal and private space is respected and protected for individuals.
- Single sex facilities are provided.

### **Communication between Staff and Patients**

- Communication between staff and patients takes place in a manner that respects individuality.
- All information provided is factual, in plain language with no jargon or abbreviations and given at the required level of understanding.
- Information is adapted to meet the needs of individual patients.
- An interpreter will be made available if deemed necessary and the patient consents to this.
- Communication aids are made available e.g. hearing induction loop.
- Relevant communication exchanges are recorded, if appropriate, and if the patient gives consent.
- At the recruitment stage and prior to employment, an understanding of dignity and compassion in practice needs to be established with potential employees.
- Employees have access to support through clinical supervision and training to enhance their communication skills.

### **Privacy and Confidentiality of Personal Information**

- Information is shared, with consent, to enable care to be provided safely and effectively.
- Informed consent is sought when sharing information with members of the multidisciplinary team or with other agencies.
- Precautions are taken to prevent information being shared inappropriately.
- The confidentiality policy is adhered to.

### **Privacy, Dignity and Modesty**

- Every patient will have their privacy, dignity and independence respected.
- Patient care actively promotes patient privacy and dignity, and protects patients' modesty.
- Patients are protected from unwanted public view whenever necessary through the use of private areas, blinds, screens and covers.
- Areas are available for patients to have private conversations.

- Patients are encouraged and offered opportunities to raise concerns about privacy and dignity with staff. Suggestion cards, real time feedback and the use of outcome scores (POS) allow patients to raise concerns in addition to daily contact and communication with hospice staff and volunteers.
- Patients must give consent prior to undergoing consultations, examinations, procedures, treatments and care, in accordance with the Consent Policy.
- Patients are offered a chaperone or invited to have a relative or friend present with them during any examination or procedure in accordance with the policy for Chaperoning Patients Their personal preference should be documented in their clinical record.
- Privacy and dignity are part of an on-going process of quality and assurance through real time feedback and audit processes. Individualised care is planned, implemented and evaluated by the multi-disciplinary team on a weekly basis or more frequently if required. Patient records demonstrate that patient or carer requests about individualised care are ascertained and their choices are respected.

### **Availability of Areas for Complete Privacy**

- Patients and carers have access to areas that provide privacy.
- Patients and carers are made aware of the availability of quiet and/or private spaces.

### **Related Policies & Documents**

- Confidentiality Policy
- Consent Policy
- Mental Capacity Act

### **References**

- Department of Health, Social Care Institute For Excellence, Care Services Improvement Partnership. (2006) Dignity in Care Practice Guide, London: DH.
- Her Majesty's Stationery Office (2005), Mental Capacity Act, London: HMSO.
- Royal College of Nursing (2008) Defending dignity, challenges and opportunities for nursing, London, RCN.
- Department of Health (2012) Compassion in Practice NHS Commissioning Board. London