

**Do not disturb  
or please do!**

**PRESENTED BY  
TWIGGY JOHNSTON  
HEALTH PROMOTER**



# Health Promotion

- What does this mean to medical professionals
- What does this mean to community
- What does this mean to you!!



# Health Promotion

Is about promoting information on health and wellbeing to communities to ensure they have the knowledge tools and communication and feel confident in accessing health and social services in there area.



# Where

- GP services
- Youth services
- Hospitals
- Marae base services
- Pacific services
- School clinics



# Case Study

- 13 April 2012
- 44 year old pacific lady rang her GP service
- Spoke to the receptionist outlining her issue which was suspected thrush or bacterial vaginosis and that it was really itchy and very uncomfortable.



13 April 2012

## Letter of complaint

On 29 March 2012 I rang to make a doctor appointment at a Health Services. I spoke to the receptionist outlining my issue which was suspected thrush or bacterial vaginosis and that it was really itchy and very uncomfortable. I impressed that it was urgent due to it being so uncomfortable. I was given an appointment with the Dr X that afternoon.

On arrival I reported to reception and waited to be called. I was called in for my consultation by Dr X. She asked "How can I help you".

I replied "I think I have thrush or vaginal vaginosis because it's itchy, I have a water discharge on my sanitary pad. I know this because I check myself regularly.

She asked "Does it smell?" I replied "no".

She asked "could it be Chlamydia?" I replied "well it better not be or my husband will be in big trouble if it is" I assured her it wouldn't be Chlamydia.

She said "Maybe when you're having sex and your (vagina) is too dry your husband is banging you too hard". I felt this was not an appropriate comment to make and said "I'm pretty sure I'd know if that was the case and added that I haven't had a [period for 10 months and have been having tests for early onset menopause. She was surprised by this comment but I told her that I was seeing another doctor for this side of things. I just wanted her to know in case it was related.

She then said "we would take some swabs". However she said I could swab myself. I asked her where I should do the swab. (Meaning here in the consultation room or the toilets) And she replied I don't know, anywhere you like.

I took the swab and went to the toilet. Before going out I asked her if I should do a urine test to see if there was any infection there too but she said "No, we only do urine tests for Chlamydia.

I went to the toilet very upset from the conversation and because I had never been asked to self swab before and wasn't sure how to do this. On my return I was expected to fill out all the details on the test tube that the swab went into, again not something I have ever been expected to do.

Dr X asked if I wanted the medication now or after the results came back? I replied now I'm very uncomfortable. As she was writing the prescription she asked if I wanted the cream or dispensary tablet. I said I would like the cream as I would need the cream to apply on the outside of the vagina to ease the itchiness. If she had checked she would have seen that a one off dispensary tablet would not have been sufficient.

I asked "where do I put this (my swab test)?" and she said "I don't know?" she just sat on her seat printed out my prescription and handed it to me. I walked out to reception and asked them where do I put my swab test, the receptionist pointed to the small chilly bin opposite reception.

Lastly I have phoned today Tuesday 10 April and found out I had Bacterial vaginosis confirmed by a result which was received at the surgery on Tuesday 3 April. My follow up was not assigned to anyone and if I hadn't insisted on being given the medication at the time of consultation, I would have been in discomfort for 10 days and possible further complications.

### My areas of concern are:

Dr X didn't take the time to check the infected area and

Instructed me to do the swab myself, not asking if I had ever done one before.

Dr X made me fill out my details on the swab test tube and could not advise me of what to do with the completed swab.

She diagnosed me on oral information only, without any examination.

She did not follow up with me when she received the results 10 days ago

I found her consultation approach demeaning, condescending, inappropriate and unprofessional.

### I recommend that Dr X would benefit from some instruction around policies and procedures of that health service in the following areas

What tests should be done

How to do the tests required

Where to put the required tests

How these are followed up and results passed onto patients

How to interact better with Maori and/or Pacific patients (cultural competency)

I look forward to your response



Reply from Dr X Service manager

19 April 2012

Dear \_\_\_\_\_

Thank you for your letter dated 13 April 2012, regarding your consultation with Dr X on 29 March 2012.

I have discussed your letter with Dr X and other clinicians within the Centre and respond to the issues raised as follows:

It is acceptable for women that present with a discharge or recurring BV and who are not at high risk of STD (this is excluded during the consult) to have a swab taken. Most patients prefer to self-swab, but some Doctors will do them and also if requested by the patient. The Doctors would definitely do the swabs if the sample needs to be taken from the Cervix, this is not required for BV.

Dr X explained that she is used to using a label printer for specimens and does ask patients here to write their names on the swabs, as she feels she may offend them if she puts her gloves on to do so for hygiene purposes. She also said that she was not sure whether the sample could be left in the chilly bin opposite Reception as the Laboratory collect twice per day, so she does often ask the patients to check with the Reception staff. However, she does now have the collection times so can advise the patients. She will also write the details on the swab before giving it to the patient.

Our policy for following up abnormal test results is that the Doctor will review the result and prescribe the medication or organise treatment and then forward the result to their Nurse to contact the patient. In this instance, it appears that when Dr X reviewed your positive BV result that she prepared the prescription for you but the Nurse did not receive notification. Dr X will now also send an additional task message to her Nurse when follow-up is required to ensure that this does not occur again.

Dr X has taken note of the comments in your letter and would like to sincerely apologise for the distress this consultation has caused you. She is very sorry that she did not provide a clear explanation of the swab process or ask if you were happy to do your own swab. The test result process has been reviewed to ensure that no further results are missed. I do hope that this letter will provide an explanation to the issues you have raised.

If you would like to discuss this further with me or meet with Dr X I am very happy to arrange this.



# Do not disturb or please do

**Do not disturb** this doctor and the way she practices, this must be how she treats all her patients' and feels its ok?

**Or please do disturb** this doctor and bring her work ethics to the attention of her manager as this is poor practice, and more!



# Our Pacific People

- Don't access health services until its too late
- Won't access a services if they have been miss treated
- Are very shy about their bodies, examinations and medical language.
- Sometimes the YES means NO?



# Remember

- Culture competency is very important to all people that work with Pacific people
- Take the time to listen
- Understand that pacific people may not be comfortable self swabbing or know what that is
- Treat people the way you like to be treated in all areas of everyday life

