

PERSPECTIVE

RIGHT TO INFORMATION OR RIGHT TO BE CONSULTED?

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Common Misconception

Within the health network, individuals often confuse the right to information with the right to be consulted. These two concepts are distinct. Only the right to information is a legal obligation.

The right to information is critical. As an individual, I have the right to know what I am suffering from, to ask any question which professionals are legally or ethically bound to answer, to know which tests I am to undergo and which treatment

is most suitable for my condition. I can accept or refuse treatment by providing enlightened consent. Nobody can force me to undergo treatment, regardless of my condition, without my enlightened consent.

If I am the legal guardian, mandatory or tutor of a minor or a person of full age who has lost his autonomy, the same rights apply, including the right to refuse care.

The patient does not have the right to be consulted. The patient is the individual who consults the physician or expert. The physician may consult one or more professionals, if necessary.

The right to information calls upon the patient's intelligence and his capability to make decisions which he or she deems appropriate.

It should be remembered that in many nations the right to information is defended by legal and administrative institutions or bodies.

What does the right to information entail for the patient?

- **Knowing what is happening to him**
- **Asking questions**
- **Getting answers**
- **Knowing the therapeutic plan being offered**

The right to be consulted does not exist. The patient has the right to consult.

My duties as a nurse and the patient's right to information

The nurse understands the meaning of the right to information in the patient's decision-making process. She also knows that information needs to be adapted to the individual. The patient's questions are a good indication that he understands, has understood or wishes to

understand verbal or written material. The patient needs to feel that his questions are being answered, not avoided.

Putting oneself in the position of the patient or his family is a bad idea. Treating the patient or his loved one like a child should be avoided at all cost. Nurses provide professional care to individuals with whom they must remain objective as much as possible. Being objective does not mean being insensitive or indifferent. Being objective or neutral means avoiding treading on another person's ground. The nurse must be sensitive enough to listen to the needs of the patient and his loved ones; however, she must not decide for them.

Objectivity or neutrality requires that the nurse constantly monitor her affects, feelings and emotions; otherwise she risks defending the patient against medical decisions. This type of reaction is not usually conscious. If the nurse realizes that the patient or his family is dissatisfied with the care received or provided, her responsibility is to foster communication among those involved in the caregiving process so that they can reach a mutual understanding to resolve the issue.

Decisions made by the patient, his family or the medical body are personal. The nurse must keep her opinions to herself. Giving the patient or his family an opinion, even concealed, especially if it is counter to medical advice, will only aggravate the situation and stir up panic or confusion. Ultimately, it could affect the patient's well-being.

Even if a prejudice or ethical fault has been committed, the nurse should always ask the physician beforehand for explanations instead of making a values statement to the patient or his family. A straightforward discussion among the members of the caregiving team, which can include one of the patient's relatives, may re-establish consensus regarding the therapy to be followed. It is clearly appropriate for the nurse to take the initiative in such discussions. Should any doubt remain, she should speak to her immediate supervisor.

The end result is that the nurse develops a therapeutic relationship with each of her patients and with the other members of the caregiving team. She demonstrates solidarity to the team by supporting and facilitating the patient's right to information.

The Nurse's Position

Regarding the right to information, she must:

- **Not overstep her authority**
- **Pay attention to the information needs of the patient and his family**
- **Encourage and facilitate communication among parties**
- **Act in solidarity with her team and the established therapeutic plan**