



Ethical considerations when communicating digitally: Duty of care and equity

A key element of a health professional's duty of care is to respect patients' wishes and values, and facilitate and enhance their autonomy in the management of their care.

Care can be more patient centred using digital communication. Patients may be able to access quickly and easily, advice and support when they want it or need it. This can enable them to more confidently manage their long term condition in a way that fits with their life.

" Being in contact with someone about something like that instantaneously eases your anxiety. Just the fact that you know someone is going to read the email and provide some sort of response about what they think is going on without having to wait to see the doctor, that's the main thing. "

Patient

" Time and ease of communication, closer working relationships, and a breakdown of the paternalistic model of healthcare into a much more patient-empowered model of healthcare - working in partnership is the benefit. "

Consultant

Health professional/patient boundaries and the limits of the duty of care

This boundary can become blurred with digital communication, leading to some health care professionals experiencing uncertainty over the limits of their responsibilities.

" It's your decision to look at emails out of hours, it's your decision whether you're going to reply. The problem is when you reply, you acknowledge that you've responded to something. So then you are... responsible. "

Consultant

Health professionals have no control over the content and timing of digital communication from patients and this can be a cause for concern. They need to set clear boundaries.

" They will put a kiss on the end and I feel it starts to get a bit more friendly rather than professional, it's hard to keep those boundaries in place with text messages. "

Psychologist

" We've put a note on the bottom of our emails explaining that we will pick up our emails during working hours Monday to Friday, and that if there is anything urgent, they need to go to their local health provider. "

Consultant

Equity

Although most patients will own a mobile phone, not all will have credit, particularly for accessing voicemail and making phone calls.

" A lot of our patients don't ever have money to check their voicemail, so leaving them a voicemail is irrelevant. Sending a text is quite effective. "

Psychologist

" I always offer to ring them back as well, especially when I know the conversation is going to take a bit of time. "

Advanced Nurse Practitioner

" FaceTime is something that our Trust is trying to work with. There's the difficulty - when young people don't have Apple products, you can't use it. "

Senior Mental Health Practitioner

When planning new forms of communication consider who will be excluded.

Clinical care for people living with long term conditions - the role of digital communication between NHS clinical teams and their patients

Evidence based practice



These points for you to think about when using digital communication with patients come from a research study funded by the National Institute of Health Research.

We observed and interviewed nearly 200 members of specialist clinical teams from across the UK working with young people living with long term conditions.

We interviewed over 150 young people living with a range of conditions including diabetes, cancer, mental illness, liver disease, kidney disease, blood disorders, cystic fibrosis, inflammatory bowel disease and arthritis.

Young people and their clinical teams used text, mobile phone calls and emails to communicate about clinical issues. A few clinical teams engaged on social media sites with their patients.

The clinical teams were using digital communication to improve the engagement of the young people with their services. There is good evidence that improved engagement leads to improved health outcomes.

These young people and their clinical teams have worked out where and when it works well to communicate digitally about clinical matters such as symptoms, drug regimes and emotional distress. From their experience, they know what needs to be discussed and planned before using digital communication about clinical matters.

Their experience can be applied to working with other people with long term conditions who are accustomed to using digital communication (mobile phone, text, email), particularly if they have a smartphone, so access to this communication is straightforward.

If you are planning to communicate digitally with patients, talk about the points we raise with your team and with your organisation's Information, Governance, IT and Patient Safety Leads.

The study name is:

Improving health outcomes for young people with long term conditions: the role of digital communication in current and future patient-clinician communication for NHS providers of specialist clinical services; the LYNC study

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Further details about the study are available at:
www.nets.nihr.ac.uk/projects/hsdr/1220951

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