Language of consent

In an Ireland of 160 nationalities the ethical validity of consent takes on even greater importance, writes Rena Creedon

WITH the ever increasing cultural diversity in Ireland, it is now commonplace for healthcare professionals to be caring for patients of various ethnic backgrounds. Patients come to the medical setting with alternative models concerning treatment and illness and different languages, religious beliefs and ways of understanding the experience of illness.

With this diversity comes the risk of misunderstanding and perhaps the inability to complete appropriate assessments surrounding care and, in particular, the consent process.

Informed consent

Given that the concept of patient autonomy is a fundamental component of nursing ethics, respect for the patient giving consent to a healthcare professional to perform a clinical deed is of paramount importance and is designed to protect the rights of the patient. Therefore, informed consent is required prior to any procedure.

Patient advocate

The role of the nurse in this process is one of patient advocate. To facilitate the process, the nurse should assess the patient’s understanding of what is to occur during and after a procedure, and clarify any misconceptions. A signed consent form should not be mistaken for understanding; it merely provides evidence that the consent process has occurred and that the client is aware of the concept of informed consent. The ethical validity of consent hinges not on the written word, but on the quality of the interaction between the patient and clinician. Documenting the consent is just one part of the process.

Ethnic diversity

Today, Ireland is home to some 160 different nationalities. This is a relatively new concept for a country that less than a decade ago was largely monocultural apart from the established ethnic minority groups such as Travellers and the Jewish community.

To deliver appropriate care to this increasingly ethnically diverse population, all nurses and midwives need to be aware of cultural patterns and how they are influenced by social factors (race, gender and social divisions), political factors (power and power relationships between individuals), and economic factors (distribution of wealth). All of these factors are interwoven and have significance for delivering culturally sensitive care.

Communication problems

Obtaining and checking understanding of informed consent for nurses wishing to fulfil their duties to patients of ethnic minorities can pose a problem if language barriers make it difficult to assess the patient’s ability and preferences. Uncertainty continues to exist about which is the best way to bridge language and cultural barriers.

Trained interpreters may not be readily available in all healthcare settings leaving the options of untrained bilingual staff or
family members to facilitate communication. More often, the reality of the situation is that nurses try their best to muddle through communication by using sign language, visual prompts or by using small children, relatives and friends as interpreters.

This is a situation that can severely limit the exchange of information and, therefore, the ability of the nurse to ensure that the patient is fully informed and that their decisions are obtained voluntarily. The quality of interpretation may suffer if untrained interpreters are used, placing the patient at risk for medical mishap due to misunderstanding and the clinician risking malpractice.

Nurses also need to understand how the different ethnic minority groups perceive the informed consent process in order to prevent undue anxiety or mistrust developing in patients.

So, are nurses prepared to undertake this challenge and are they sufficiently aware of cultural diversity and its significance in dealing with patients whose ethnic and cultural origins are different from their own?

**Divergent beliefs**

Individuals from ethnic minority groups are taught the nuances of how to behave when ill or suffering, or when healthy, by previous generations. Depending on the ethnic background, beliefs about personhood, individual autonomy and decision capacity can be embedded within the social and cultural patterns of family ties and community obligations.

In these communities, personhood is often defined as one’s family, village or social group and therefore, decisions about consent are likely to be made at the level of the extended family, community or village. Studies suggest that nurses may presume that a person from another ethnic background will understand and accept nursing care as prescribed to them. This presumption can lead to a situation where care delivery in the Irish setting offers a view of health and illness that may prove inappropriate to the patients’ understanding of their health-care needs.

The values and ethics of Irish nurses are predominantly determined by a Western system that may not be congruent with expectations of non-Western communities in an ethnically diverse society and may contribute further to a cultural divide or uncertain situation. Improving understanding requires respect and recognition of differences that may not be available as textbook information, but comes rather from being open to understanding cultural uniqueness and showing respect for individuals in the clinical setting.

**New considerations**

It is important for nurses and midwives to understand the ethical and legal rationale underpinning informed consent, as patient autonomy may be infringed by some, but not necessarily all, nursing care procedures. However, researchers now need to consider that norms and values differ within ethnic groups that present a challenge to the application of Western ethical principles of informed consent which require all adults to be primary decision makers.

Given the growth of ethnic diversity within the Irish setting, the relevance and applicability of Western principles of autonomy may need to be reviewed. Value differences relevant to science and health in a multicultural world need to be built into the principles of informed consent. The notions that certain ethical principles are applicable across cultures need to be reconsidered, otherwise understanding of and response to the process may not be understandable to the patient or the nurse.

Being registered with An Bord Altranais and guided by the code of conduct gives nurses rights and privileges in practice. However, in return, we must meet the standards of competence, care and conduct set out by the nursing governing body. Effective communication is highlighted continuously by An Bord Altranais as a major part of the nurse’s role to ensure the patient understands what is happening, or going to happen, to them, for legal as well as ethical reasons.

In a study undertaken in 2000, Irish nurses identified communication difficulties and lack of knowledge as key areas of concern for delivering culturally competent care. A report commissioned by Partnership Tralee reinforced these findings by identified the main barriers to working with ethnic minorities as language barriers, cultural differences and lack of knowledge.

This situation still poses challenges for nurses and midwives today and needs to be addressed through education to facilitate culturally sensitive care for minority ethnic communities within the healthcare setting and society in general. Perhaps the concept of effective communication and the theory surrounding this element of nursing now needs to be revisited to incorporate the many ongoing changes in society.

**Education**

Through education, Irish healthcare practitioners’ knowledge and skills for assessing patients’ needs and understanding can be enhanced. Such knowledge needs to be developed in a reflective way in order to challenge rather than increase depersonalising or stereotyping practice.

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**References**

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