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Blind Citizens Australia

# Healthcare Policy

Developed in consultation with Blind Citizens Australia’s National Policy Council.

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## About Blind Citizens Australia

Blind Citizens Australia is the peak national representative organisation of and for Australians who are blind or vision impaired. Our mission is to achieve equity and equality by our empowerment, by promoting positive community attitudes and by striving for high quality and accessible services which meet our needs.

We provide peer support and individual advocacy to people who are blind or vision impaired across Australia. Through our campaign work, we address systemic barriers limiting the full and equal participation of people who are blind or vision impaired. Through our policy work, we provide advice to community and government on issues of importance to people who are blind or vision impaired.

As a consumer-based organisation, our work is directly informed by lived experience of blindness and vision impairment. Our members, our Directors and the majority of our staff are blind or vision impaired.

## About Australians who are blind or vision impaired

There are currently more than 450,000 people who are blind or vision impaired in Australia. According to Vision 2020 Australia, around 80% of vision loss in Australia is caused by conditions that become more common as people age. This raises a number of implications for Australia’s aging population, with one in every four Australians projected to be 65 years of age or older by the year 2056.

Australians who are blind or vision impaired can live rich and active lives and make meaningful contributions to their communities: working, volunteering, raising families and engaging in sports and other recreational activities. The extent to which people are able to actively and independently participate in community life does, however, rely on facilities, services and systems that are available to the public being designed in a way that makes them inclusive to the needs of all citizens – including those who are blind or vision impaired.

# 1. Purpose of this policy

The Healthcare Policy has been developed to address all aspects of healthcare service provision to people who are blind or vision impaired. Blind Citizens Australia supports healthcare service provision in which people who are blind or vision impaired are treated with dignity and respect through the provision of safe and accessible healthcare options.

The Healthcare Policy has been created as a resource for: people who are blind or vision impaired, healthcare service providers, blindness service providers and anyone else concerned with healthcare service provision as it impacts people who are blind or vision impaired.

People who are blind or vision impaired can use this policy to advocate for accessible, inclusive and safe healthcare. This is applicable whether they are a user of a healthcare service provider, or a carer or family member of another person accessing a healthcare service provider. Healthcare service providers can use the policy to understand how best practice care can be provided for people who are blind or vision impaired. Finally, blindness service providers and others can use the policy to support their clients or stakeholders in accessing inclusive, safe and accessible healthcare.

The Healthcare Policy has been created to also address the gap in healthcare provisions and general health outcomes for people with disability, including those who are blind or vision impaired. The Australian Bureau of Statistics (ABS) General Social Survey of 2014 reported that compared with people without disability: People with disability were less likely to report their health to be “good or excellent” and were more likely to have experienced barriers in accessing healthcare. It is hoped that this policy will contribute to eliminating some of these barriers.

# 2. How this policy should be used

This policy will be made available to members of Blind Citizens Australia and external stakeholders via the policy section of our website. The policy will also be distributed to members on our mailing lists.

Anyone can access this policy to support self-advocacy or advocacy on behalf of another individual to access inclusive, accessible and safe healthcare. It can also be used to inform healthcare service providers of best practice when providing healthcare to people who are blind or vision impaired.

BCA’s advocacy service can provide additional support to individuals wishing to use this policy in a particular setting.

# 3. Policy Context

This policy adopts the statements of the Australian Charter for Healthcare Rights (second edition) and all statements should be read to apply to any individual who is blind or vision impaired.

This policy is underpinned by legislation and frameworks which include:

* The Australian Healthcare Charter of Rights (2nd ed.), 2019
* The *Disability Discrimination Act 1992* (*Cth*) (*Austl*.) and associated standards
* The United Nations Convention on the Rights of Persons with Disabilities, Article 25
* The National Disability Strategy 2010-2020
* Web Content Accessibility Guidelines (WCAG) 2.1 (June 2018)
* Codes and standards of medical and allied health professional associations, including the National Safety and Quality Health Services Standards (2nd ed.), 2017i

# 4. Policy Statement

## 4.1 Respect

* People who are blind or vision impaired have the right to be cared for as an individual and [be] treated with dignity and respect.[[1]](#footnote-1)
* People who are blind or vision impaired have the right to have their cultures, identities, beliefs, and choices acknowledged and respected.1
* People who are blind or vision impaired are entitled to the respect accorded to all consumers of health services, in ways which ensure equity and meet their specific needs. These needs should be determined through direct consultation with people who are blind or vision impaired and that organisations which directly represent them.
* Many people who are blind or vision impaired have other disabilities, in particular deafness or hearing impairment. It is not sufficient to meet needs arising from only one disability and such individuals should be treated with dignity and respect using a holistic approach.

Healthcare service providers and their staff can demonstrate respect by:

* Communicating directly with a person who is blind or vision impaired
* Identifying themselves and discussing proposed procedures and treatments directly with a person who is blind or vision impaired
* Ensuring that information provided by people who are blind or vision impaired is handled in adherence to privacy and confidentiality legislation and service policies
* Privacy concerns need to be considered when offering assistance with navigation to people who are blind or vision impaired. Anyone offering physical or guiding assistance should orient people to the space, who is in the space and also keep discreet any private information like the reason the person they are assisting is visiting the healthcare centre, to the best of their ability.
* Interacting with people who are blind or vision impaired in a professional manner which upholds dignity, by not threatening, demeaning, refusing service or otherwise discriminating against them. This interaction covers pre-, during and post-service delivery.

## 4.2 Access

* People who are blind or vision impaired have the right to access services and treatments to meet their healthcare needs.1
* People who are blind or vision impaired have the right to timely, comprehensive and accessible early intervention health service provision. This also includes control and choice in what and when services are accessed.[[2]](#footnote-2)

Healthcare service providers can demonstrate accessibility by:

* Having an access policy for people who are blind or vision impaired that promotes inclusive health and independence. People who are blind or vision impaired can access the policy in their preferred format.
* By taking into account that people who are blind or vision impaired may also be: of Aboriginal and Torres Strait Islander origin, people on low income, people in regional and remote areas, or older people. Services need to be affordable and accessible to all people.
* By addressing barriers, e.g., information, mobility, multiple disabilities. This includes accessible format production and meeting physical access requirements:
* Providing information in accessible formats which may include braille, large print, electronic and audio formats. Healthcare services need to be equipped to source or produce the preferred alternative format that people who are blind or vision impaired require.
* Physical access requirements include appropriate lighting, tactile and contrasting signage, human assistance available if required, touchscreens with audio output etc. Physical access also means complying with legislation which allows the presence of a dog guide, except where it is unsafe or precluded by law.

## 4.3 Safety

* People who are blind or vision impaired have the right to high quality healthcare delivered in a safe environment.1
* A safe environment in which healthcare meets the accessibility needs of people who are blind or vision impaired includes features or support to assist independent navigation. A safe environment needs to be free from trip hazards and other obstacles.
* Risk assessments can be undertaken by the healthcare facility to ensure that foreseen risks to safety are eradicated as soon as they are identified.
* If a person who is blind or vision impaired declines a particular treatment or procedure, healthcare service providers need to make clear to the person any risks and benefits of accepting or declining a service.
* The provision of disability awareness training can be implemented in healthcare facilities to staff directly providing service to consumers.

## 4.4 Partnership

* People who are blind or vision impaired have a right to engage in open communication and make decisions about their healthcare.1
* People who are blind or vision impaired have a right to include the people that they want in planning and decision-making.
* People who are blind or vision impaired have the right to share their experience and participate in improving the quality of health services.1

Partnership is demonstrated when:

* Health practitioners are aware of the power imbalance in the practitioner-client relationship and do not exploit their power, especially with vulnerable clients.
* Practitioners working for healthcare service providers are aware of confidentiality and respect for privacy when dealing with family, friends or other support people including interpreters who may accompany people who are blind or vision impaired to healthcare-related activities or appointments. Respect for privacy means that explicit consent is given by the person who is blind or vision impaired prior to any disclosure of personal information including sensitive medical information like diagnoses, prognoses and conditions to anyone else.
* Healthcare service providers adhere to the codes of ethics and ethical guidelines of their respective governing bodies.

## 4.5 Information

* People who are blind or vision impaired have the right to be engaged in informed consent, be told about their condition and the possible benefits and risks of tests and treatments.
* People who are blind or vision impaired have the right to clear and timely information about services, waiting times and costs in accessible formats.1,2
* People who are blind or vision impaired have a right to be given assistance to understand health information.1
* People who are blind or vision impaired have the right to be told if something has gone wrong during their healthcare, how it happened and what is being done to resolve the situation.1
* People who are blind or vision impaired must be able to complete forms independently and with respect to privacy of the user.
* Any health service providers’ websites need to be compliant with the WCAG2.1 web accessibility standards.
* People who are blind or vision impaired have the right to receive direct verbal communication regarding treatment, procedures, information and choices.

Direct communication includes:

* Staff verbally identifying themselves and their role at the beginning of any interaction;
* Staff addressing the person directly;
* Staff communicating whilst tests and treatments occur, explaining and warning about their physical actions and checking that the person who is blind or vision impaired understands what is or will be happening.
* Healthcare service providers conveying visual information in accessible formats and/or verbally depending on the situation and the preferences of the person who is blind or vision impaired; and
* Not relying on intermediaries to convey information, unless that is the stated preference of the person who is blind or vision impaired.

## 4.6 Give Feedback

* People who are blind or vision impaired have the right to provide feedback or make a complaint without it affecting the way that they are treated.1
* People who are blind or vision impaired have the right to have their concerns dealt with in a fair and timely way.1
* The opinions of people who are blind or vision impaired need to be actively sought, listened to and considered by healthcare service providers, including the impact on blindness and the way the person lives.
* Complaints processes need to be accessible to blind or vision impaired people and their families, and their complaints and feedback should receive consideration and resolution.

## 4.7 Privacy

* People who are blind or vision impaired have the right to have their privacy respected.1
* Healthcare service providers need to make clear to consumer, including people who are blind or vision impaired how their information will be stored and kept private. Any information pertaining to privacy and confidentiality needs to be made available to people who are blind or vision impaired in their preferred format.
* People who are blind or vision impaired have the right to the security and confidentiality of their personal and health-related information.1
* Information concerning privacy provisions and policies need to be communicated to people who are blind or vision impaired in a range of accessible formats.
* Information concerning healthcare should not be communicated to, or through intermediaries.
* People who are blind or vision impaired need to have accessible options with which to provide information to healthcare providers, to ensure confidentiality.
* People who are blind or vision impaired should not be required to disclose private information in public venues, or without other mechanisms to ensure privacy. Any provisions to protect privacy must take into account digital eavesdropping (e.g. preventing others seeing enlarged text displays on devices etc.) and aural eavesdropping (e.g., other bystanders overhearing information, especially where the person who is blind or vision impaired may not be aware of their presence).

# 5. Other relevant research

Ahmed, T., Hoyle, R., Connelly, K., Crandall, D. &Kapadia, A. (2015). Privacy concerns and behaviours of people with visual impairments. *Proceedings of the 33rd Annual ACM Conference on Human Factors in Computing Systems* (pp. 3523-32). Seoul, Republic of Korea: ACM Digital Library. doi: 10.1145/2702123.2702334

Cupples, M., Hart, P., Johnston, A. & Jackson, A.J. (2012) Improving health access for people with visual impairment and blindness. *BMJ (Clinical Research edition), 344*(7842), e542. doi: 10.1136/bmj.e542

Luckowski, A. & Luckowski, M. (2015). Caring for a patient with vision loss. *Nursing2015*, *45*(11), 55-8. doi: 10.1097/01.NURSE.0000471416.42310.35

Rosenberg, E. A. & Sperazza, L.C. (2008). The visually impaired patient. *American Family Physician*, *77*(10), 1431-6.

Thurston, M., & Thurston, A. (2013). Risks to Client Confidentiality when Communicating Health Information to Blind and Partially Sighted Persons. Disability, CBR & Inclusive Development, 24(1), 22-40. doi: https://doi.org/10.5463/dcid.v24i1.182

# 6. Glossary of key terms

* *Accessibility* refers to making either physical locations or communications able to be used by everyone, including people who are blind or vision impaired.
* *Blindness* includes vision impairment or low vision.
* *Blindness service provider* refers to any organisation whose main focus is providing services to blind people or which portrays itself to the public as being in existence to assist people who are blind or vision impaired.
* *Communication* refers to all face-to-face, print, electronic, verbal or other written, audio or audio-visual information about a healthcare service, procedure, treatment, advice, billing and any other communication produced by a healthcare service.
* *Consumer* refers to all people accessing a healthcare service provider.
* *Healthcare service provider* or *healthcare service* refers to any service which offers services to people for the benefit of their health. It refers to any provider which advertises or portrays itself to provide healthcare services or product to the public.

1. Australian Commission on Safety and Quality in Healthcare (2019). *Australian Charter of Healthcare Rights* (2nd ed.). Retrieved from <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/australian-charter-healthcare-rights-second-edition-a4-accessible> [↑](#footnote-ref-1)
2. Australian Government (2012). *National Disability Strategy 2010-2020*. Canberra: Australian Government. Retrieved from <https://www.dss.gov.au/our-responsibilities/disability-and-carers/publications-articles/policy-research/national-disability-strategy-2010-2020> [↑](#footnote-ref-2)