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Healthcare Policy

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Contents

[**Contents** 1](#_Toc45546601)

[Executive summary 3](#_Toc45546602)

[About Blind Citizens Australia 4](#_Toc45546603)

[About Australians who are blind or vision impaired 4](#_Toc45546604)

[1. Purpose of this policy 5](#_Toc45546605)

[2. How this policy should be used 6](#_Toc45546606)

[3. Policy Context 6](#_Toc45546607)

[4. Policy Statement 7](#_Toc45546608)

[4.1 Respect 7](#_Toc45546609)

[Demonstrating respect 8](#_Toc45546610)

[4.2 Access 8](#_Toc45546611)

[Types of accessibility: Documents and physical access 9](#_Toc45546612)

[4.3 Safety 10](#_Toc45546613)

[4.4. Partnership 11](#_Toc45546614)

[Demonstrating partnership 11](#_Toc45546615)

[4.5 Information 11](#_Toc45546616)

[Communicating directly 12](#_Toc45546617)

[4.6 Giving Feedback 13](#_Toc45546618)

[4.7 Privacy 13](#_Toc45546619)

[4.8 Blindness and vision loss 14](#_Toc45546620)

[5. Glossary of key terms 15](#_Toc45546621)

[6. Other relevant research 16](#_Toc45546622)

# Executive summary

The Healthcare Policy covers the central tenets of healthcare service provision to people who are blind or vision impaired. It is founded on the Australian Charter of Health Care Rights (2nd edition 2019), produced by the Australian commission on Safety and Quality in Health Care. The Charter describes the rights that consumers, or someone they care for, can expect when receiving health care.

These rights apply to all people in all places where health care is provided in Australia. This includes public and private hospitals, day procedure services, general practice, and other community health services.

The major elements of the policy are that the following principles are applied for healthcare provision to people who are blind or vision impaired (referred to below as ‘people’).

1. **Respect** manifests through allowing people to make decisions about their own healthcare, communicating clearly and effectively with respect to their specific needs.
2. **Access** particularly pertains to physical access and access to information. Physical access means being able to safely move around an unobstructed healthcare setting. Accessible format documents include braille, large print, accessibly formatted electronic, and audio formats.
3. **Safety** is demonstrated through allowing choice in healthcare provision, making clear risks and benefits of any treatment, ability to decline any treatment and physical safety, in moving around a healthcare setting.
4. **Partnership** means that anyone is not exploited in receiving healthcare. Any healthcare practitioner must communicate openly and honestly about service provision. Further, they must allow choice in who is involved in healthcare planning and provision.
5. **Information** needs to be accessible and easy to understand. This includes information on websites. Further, people must be able to give informed consent when agreeing to service, by being provided with clear information, including risks and benefits, in a preferred format.
6. **Giving** **feedback** is the right of anyone receiving healthcare, to improve services. It should not compromise future service.
7. **Privacy** is maintained by keeping medical files and sensitive information in secure format, either electronically or physically. Additionally, sensitive information should only be provided in a setting preventing eavesdropping.

## About Blind Citizens Australia

Blind Citizens Australia (BCA) is the national representative organisation of people who are blind or vision impaired. Our mission is to inform, connect, and empower Australians who are blind or vision impaired and the broader community.

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 most of our staff are blind or vision impaired.

## About Australians who are blind or vision impaired

There are currently more than 575,000 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 several 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, family member, or 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. 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 also been created to address the gap in healthcare provision 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. Copies of this policy can be made available by BCA on request in a person's preferred format.

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 healthcare setting.

# 3. Policy Context

This policy adopts the framework of the Australian Charter of Healthcare Rights (second edition). It assumes that all the rights that apply to the general Australian population apply fully to all people with disability, including people who are blind or vision impaired. This policy articulates how those rights apply to the circumstances and needs of people who are 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.), 2017

# 4. Policy Statement

## 4.1 Respect

* People who are blind or vision impaired have the right to receive health care as an individual and to be treated with dignity and respect.[[1]](#endnote-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 those organisations which directly represent them.
* Many people who are blind or vision impaired have other disabilities. These may include such things as deafness or hearing impairment, diabetes, mobility impairments, arthritis, or stroke. 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.

### Demonstrating respect

Healthcare service providers and their staff can demonstrate respect by:

* Communicating directly with a person who is blind or vision impaired by:

1. Identifying themselves and discussing proposed procedures and treatments directly with a person who is blind or vision impaired
2. Ensuring that information provided by people who are blind or vision impaired is handled in adherence to privacy and confidentiality legislation and service policies
3. Considering privacy concerns when helping with navigation, to people who are blind or vision impaired. Anyone offering physical or guiding assistance should orient the person 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 contact delivered prior, during, and post-service delivery.
* Ensuring that staff understand that there are laws which prevent them discriminating against people, in particular because of their disability.

## 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]](#endnote-2)
* Healthcare service providers can demonstrate accessibility by ensuring the principles and issues articulated in this policy are captured within a broader disability action plan that promotes inclusive health and independence.
* People who are blind or vision impaired can access the policy in their preferred format.
* It must also be taken into account that people who are blind or vision impaired may also be of Aboriginal or Torres Strait Islander origin, have a first language that is not English, have identity and values rooted in another culture, be people of non-binary gender or members of the LGBTIQA+ community, be people of low socio-economic status, live in regional or remote areas, or be older people. One individual may have several of these characteristics.
* It is imperative that services are affordable, culturally safe, and accessible to all people.
* Accessibility includes all forms of access, e.g., information, mobility, multiple disabilities. This includes the provision of accessible format documents and meeting physical access requirements (see *Types of accessibility*).
* It is vital that healthcare services be equipped to source or produce the preferred alternative format, that blind or vision impaired people may require (see *Types of accessibility*).

### Types of accessibility: Information and physical access

* Accessible format documents may include braille, large print, electronic, and audio formats.
* Information in health care settings is also conveyed via video content, visual displays, ticketing systems and touch screens and displays, which require accessible solutions for consumers who are blind or vision impaired.
* 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 within areas where the dog’s presence is specifically prohibited by law, such as operating theatres, burns and intensive care units.
* Physical accessibility includes planning and providing for people with disabilities in evacuations or emergencies.

## 4.3 Safety

* People who are blind or vision impaired have the right to high quality healthcare, delivered in a safe environment.1
* An environment in which healthcare meets the accessibility needs of people who are blind, or vision impaired includes features or support to assist independent navigation. The 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 treatment or procedure, healthcare service providers need to make clear to the person any risks and benefits of accepting or declining a service. If the individual persists in declining a service, their opinion must be accepted, as it would be for an individual who is not blind or vision impaired.
* The provision of disability awareness training can be implemented in healthcare facilities to all staff directly providing service to healthcare users.

## 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 choose, 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

### Demonstrating partnership

Partnership is demonstrated when:

* Health practitioners are aware of the power imbalance in the practitioner-client relationship and do not exploit their power with any client.
* 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, such as 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 and to be told about their condition and the possible benefits and risks of tests and treatments.1
* 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
* Health care providers need to make provision to assist consumers who are blind or vision impaired to complete relevant forms and other documentation, with respect to the privacy of the user.
* Any health service providers’ websites need to be compliant with the WCAG 2.1 web accessibility standards.
* People who are blind or vision impaired have the right to receive direct verbal communication regarding treatment, procedures, information, and choices.

### Communicating directly

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 need to convey visual information in accessible formats and/or verbally, depending on the situation, and the preferences of the individual, 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 Giving 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, including while the service is ongoing.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 people who are blind or vision impaired 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 consumers, 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 needs 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, confidential options, in order to provide information to healthcare providers.
* 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).

## 4.8 Blindness and vision loss

* People who are blind or vision impaired have a right to all the above principles in all healthcare settings and contexts, but especially when they are receiving healthcare for their blindness or vision loss.
* A healthcare provider can demonstrate awareness of the needs of a person experiencing blindness or vision loss in the following ways.

1. A person experiencing progressive vision loss is given accessible information about their condition, including potential outcomes and possible treatments.
2. A person experiencing progressive vision loss is referred to appropriate services, in accordance with Vision 2020's referral Pathways tool.
3. A person experiencing vision loss has the right to choose which, if any, treatment or services they receive.
4. The healthcare professional providing treatment, genuinely seeks consent, in a way that allows for refusal, from a person experiencing blindness or vision loss before colleagues or trainees attend a consultation or examine the person's eyes.
5. Medications which can prevent or affect the conditions which cause vision loss, or which are used for eyecare should be available under the Pharmaceutical Benefits Scheme.
6. People who are blind or vision impaired, especially women and girls, should be given accessible and tailored information about their reproductive health, rights, and choices.
7. Where parents are receiving genetic counselling in relation to a condition which may result in blindness or vision impairment, in their child, they should be offered the opportunity of meeting with adults living with that condition.
8. People living with blindness or vision loss should not be asked questions about their condition by healthcare providers unless the information is relevant to the service being provided.

# 5. 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.

# 6. 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

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> [↑](#endnote-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> [↑](#endnote-ref-2)