

Patient advocate Joy Dale previews her talk at Praxis One (Manchester Renaissance Hotel, 9-12 October), by exploring how design affects patients as they struggle to navigate the healthcare system.



## Footsteps to Praxis: 2

# Listening to patients

**O**ptimum decisions are firm and decisive and reached by complex, systematic thought processes. This statement holds true for treatment decisions made by patients and as well as decisions taken by planners and designers of healthcare environments. Consent to treatment lies with the patient. How is the decision to accept or refuse treatment reached? Visualise yourself as a patient and consider some

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of the factors to be considered before giving your consent. What do I want? Are my expectations realistic? I should get better, but I may get worse. What are the risks? How will others be affected by my decision? Is it safer, easier, and more convenient to do nothing? What are the dangers if I stay still? Do I try to move forward? You must decide.

Decisions are frequently tough but a supportive environment can ease the load. Surroundings embalm personal experiences. The austere voice breaking bad news is accentuated in the cold, stark room, which fixes the moment of impact. We all need support (sometimes without realising it) in our own individual way, to reach the best decision for us. Most patients want information about their medical condition but only as much as they choose to accept, and in a form

appropriate to their needs. Time and space to consider treatment options may be a priority for some. In a different situation privacy to discuss their thoughts and concerns with other people may be of paramount importance. The options are many and varied. Whatever enables the patient to reach the best decision for them should be the selection criteria.

The decisions that planners and designers encounter on an individual basis, though more complementary and less personalised, in essence are similar to those faced by patients. Questions they ask may include: What is needed? What is wanted and by whom? Are these the same, complementary or distant? Is it possible to bring needs and wants together in the best interests of all concerned? If all stakeholders are to be considered when constructing healthcare premises, this is an enormous challenge.

The ultimate goal of all involved in the creating healthcare environments must be the production of safe, accessible, functional buildings and spaces, which have a fitting ambience and are aesthetically pleasing. Fully acknowledging financial and technical constraints, input from patients and public, is essential to success at all stages of development and this is now being recognised. However, planners and designers often appear to have difficulty incorporating the suggestions of service users in a meaningful way. Similarly, respondents to consultations frequently complain that their requests have been ignored without reason.

Fear of the unknown is probably the greatest inhibitor of progress. The patient who is not given adequate and appropriate explanation may have a distorted perception of his medical

condition to a point that seriously impedes his ability to make a balanced decision on treatment options. Do planners and designers clearly comprehend service users' ideas and suggestions?

The difficulty lies in the collection and transference of comment from lay people to professionals. Patient and public input is commonly received either via the presence and comment of a few experienced, though not necessarily representative, service users into larger groups of healthcare professionals, by organised focused groups or by participatory or consultation events. Copious comment frequently ensues from these sources. What happens next? This is the chasm that is so difficult to negotiate. Are there better ways to receive, distil and utilise the experiences and ingenuity of service users? I believe so.

To break away from the security of the tried and tested needs motivation, conviction, courage and determination. Some innovative plans and designs that are introduced into healthcare environments may not succeed just as patient treatment regimes may fail. Inevitably there are risks but these should not deter any of us from striving towards our common goal of excellence in healthcare. In the supportive environment of Praxis One, 'expeditioners' will discover the impetus to embark on this quest. **HD**

For info on Praxis One, visit [www.thecaritasproject.info](http://www.thecaritasproject.info)

As a result of HD's support of the event, a limited number of invitations are available to its readers. To apply for an invitation, email [info@thecaritasproject.info](mailto:info@thecaritasproject.info)