



The House of Discovery: work out what matters

To the patient



Are they concerned for their relative's health, or about the impact of their relative's health/behaviour on their own health, or someone else's? For example:

"I'm worried about Dad injuring himself with all these falls, but he won't see a doctor"

"I can't carry on with her drinking like this, but she won't get help."

"The way he's carrying on it's going to be the death of my Mother."

Does their relative know that they have come to bring their concerns? How do they feel about their relative knowing they have been speaking to the doctor about it?

Has their relative given prior permission to speak with them about their health? If this is in the notes then you may be able to speak freely.

Do they have an outcome they are hoping will result from talking to you today? Do they just want to learn more about how to cope and build their own resilience for the problem, or are they hoping you will be able to solve the problem?

To the doctor



Are there any immediate safety concerns? For example:

Risk to the relative due to neglect

Suicide risk

Safeguarding concern for a vulnerable adult or child

Risk to others, eg driving with a medical disqualification

Is the relative also a patient at the practice? If so, how do you handle confidentiality?

What is the impact of the problem on the person who is bringing the concern?

How much have they tried to get help for the problem already?

How much are they used to navigating health and social care?

What to look out for in the *House of Discovery*



Popping the Bubble

The concerned relative may start the consultation with a demand that you tell them what is going on with, or to 'do something' about their relative before you have assessed issues like confidentiality.

An immediate block due to confidentiality will just raise the tension. Instead, stress how you can certainly listen to the concerns and how you would like to help.

People often assume that confidentiality means the doctor can't talk at all about the patient, but we can always listen and talk in general terms.

Tools for the toolbox



"I may not be able to talk about your Mum's health directly, but I can certainly listen to your concerns."

"Do you think there any immediate dangers?"

"What do you know about your Dad's health?"

"I can't talk about Paul's health specifically, but I can talk in general terms about how to help someone who is drinking too much - would that help?"

Tending the garden

While you can't do any chronic disease management, since the patient is not here, this may be the route in to get the patient seen - might they be due for a medication or blood pressure review anyway? Be careful not to break confidentiality, but you can talk in general terms:

"Obviously I can't look in his notes now as I don't have his permission to share them with you, but I can look and see if he is due to be invited for a review."

Foundations

Based on [GMC confidentiality guidelines 2017](#) and the [Mental Capacity Act 2005](#)

Consider the confidentiality of *both* the person who has come to see you and their relative. Both must be preserved unless you have consent, or there are grounds for breaking confidentiality

Grounds for breaking confidentiality

There are many reasons why you may have to break confidentiality, but all should be a last resort and the disclosure should be the minimum necessary. Key examples include:

- Safeguarding, to protect a vulnerable child or adult
- When legally required to do so

- To protect someone from serious harm to themselves (eg within the mental health act)
- To prevent serious harm to others eg DVLA breaches, transmission of serious communicable disease
- For the prevention *or detection* of serious crime (especially crimes against the person)



The House of Decision: decide together what to do

Rooms to look out for



Empty Rooms

One of the biggest challenges is confidentiality, the person raising concerns may expect you to be able to tell them about their relative's health when you cannot, but remember you can still **listen to their concerns**, and can still talk in **general terms** about any illness and how it may affect people.

If the concerned relative wishes to remain anonymous then you will usually (see foundations) need to respect this, but this will limit how you can act to help their relative if you can't talk freely about the concern.

Hidden Rooms

Don't let confidentiality stop you finding solutions. You might not be able to contact their relative if the concern is raised anonymously, but could you arrange a review anyway? Could you flag something in the notes for the next time they attend the surgery?

Is there an outside agency that could help? Eg social services, Age Concern, or even someone in the family or a social group such as a church?

Key decisions in the *House of Decision*



Is there any urgent action to be taken due to an urgent safety or safeguarding concern?

Would it help to obtain consent to talk about the person's health with their concerned relative in the future?

Are there any reasons why you should break confidentiality?

If the person raising the concern does not want their relative to know they have been in touch, then how will you record the encounter - it is important to negotiate this. What, if anything, will you write in the notes? Will you write something elsewhere?

Does something need to be done, or was it just good to talk?

Do you need to involve another agency? Eg social services?

Does the relative they are concerned about have mental capacity? Bear in mind that mental capacity is always **decision specific** so they may not have the capacity for some complex decisions whilst maintaining capacity for others.

If you are not sure about capacity, do you need to make a capacity assessment?

Are you able to confirm what action you will take, or will that also be a breach of confidentiality? You may not be able to report the outcome back to the person who has raised the concern.

The High Tech Room



Confidentiality can be difficult to grasp, how will you explain it without seeming to be obstructive? Watch out for cues, if you are getting resistance then you may need to start again.

It's important to explain that mental capacity is decision specific and not based on a diagnosis, so the fact that someone has dementia does not automatically mean they lack capacity for a particular decision.

It can be frustrating that people with capacity can make foolish decisions, how do you help the person raising concerns to deal with this?

Tools for the toolbox



"How do you think we can take this forward?"

"Of course I will respect your confidentiality and will not tell your husband that you have spoken with me, but that may limit what I can do to help - he may just tell me his drinking isn't a problem"

Lasting power of attorney can be confusing. If the person you are with has LPA, they may be unaware that there are two types of LPA, *Personal Welfare* and *Property and Financial*.

Even with *Personal Welfare* LPA this does not allow you to breach confidentiality, since it only takes effect when the patient lacks capacity. This can be challenging to explain as it is different to LPA for *Property and Finances* which can be used immediately after it has been given.

Foundations

Mental capacity is always decision specific.

Patients must be given time to consider a decision, and any communication difficulties (eg hearing problems, speech problems) must be overcome as far as possible when making an MCA assessment.

There are three measures of capacity that the patient should be able to fulfil:

The ability to understand the information relevant to the decision

The ability to retain that information

The ability to weigh up the information as part of making the decision

People are allowed to make decisions that appear to be unwise or even foolish

The ability to make decisions may fluctuate depending on the time of day, medications taken or other health variations.

When someone lacks capacity, decisions made for them should always be the *least restrictive* that can be safely applied.