Preventative Women’s Health Care for Women with Disabilities

Guidelines for General Practitioners

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“Even though we have disabilities, we’re no different from any other patient who comes through the door”
PREFACE

These guidelines are designed to assist general practitioners to provide preventative women's health care to women with disabilities. They are based on the best evidence available at the time of publication, and are intended to provide a guide to clinical practice.

About these guidelines

For the purposes of these guidelines:

‘Preventative women’s health care’ encompasses cervical and breast screening; sexually transmitted infections; sexual assault; contraception; pregnancy choices; menstruation management and menopause. Where the term ‘women with disabilities’ is used, this is inclusive of women with physical, sensory, intellectual or psychiatric disabilities.

GUIDELINE DEVELOPMENT

The Centre for Developmental Disability Studies was contracted by the NSW Cervical Screening Program to develop these guidelines which are based on a comprehensive review of the literature. Many of the studies in this field address prevalence or other aspects of descriptive epidemiology. A rating scale for evidence of this type based on NHMRC Ratings of Evidence has been developed by a Working Group convened by the Royal Australasian College of Physicians and used in the preparation of ‘Clinical Practice Guidelines of Chronic Fatigue Syndrome’. This modified scale was used in rating the literature for these guidelines.

A working group prepared draft guidelines based on the literature findings and sought comment from: RACGP; Divisions of General Practice; NSW Cervical Screening Program; FPA Health; consumer representation from Council for Intellectual Disability and People with Disabilities (NSW) Inc.; and interested specialists.

OVERVIEW

Scope of the Issue

The basic health care needs of women with disabilities are identical to the general female population, yet they do not receive the same level of preventative health care (Level I).

Experiences of women with disabilities accessing preventative health care

Women with disabilities often lack opportunities to engage in preventative health care activities, reporting biases and prejudice in accessing reproductive and sexual care (Level III-3). Women with disabilities often do not receive the regular preventative physical examinations that are required to maintain optimal health (Level I).

Experiences of general practitioners providing preventative health services to women with disabilities

General practitioners have identified that they lack the necessary skills, knowledge and resources to offer health promotion and screening to women with disabilities (Level III-3).

Quality-of-Evidence Ratings

1. Evidence obtained from more than two rigorous, randomised controlled studies or population based epidemiological studies. Or meta-analysis of well characterised studies

2. Evidence from two rigorous, randomised controlled trials

3. Evidence from two or more controlled studies

4. Evidence from one study with methodological constraints

5. Evidence from single case control study or cohort study

6. Conflicting evidence from two or more well designed controlled studies

7. Consensus opinion of experts based on clinical experience or descriptive reports
Who is at risk of inadequate screening?
The reported cervical and breast screening rates amongst all women with disabilities fall well below the recommended Australian guidelines (Level I). Women with hearing impairments receive screening services that are closest to the population average, whereas women with mobility impairments and women with mental health problems are least likely to receive the same services (Level I).

Why does inadequate screening occur?

1. Women with disabilities may similarly lack knowledge about their preventative health needs.

Many women with disabilities may not know what questions to ask or be too embarrassed to ask them (Level III-2). In addition, if a woman with a disability perceives that her general practitioner is reluctant to discuss reproductive health issues she may be hesitant to ask the relevant questions. Commonly held myths may be perpetuated by a lack of such dialogue.

2. Many general practitioners’ premises are inaccessible for women with physical disabilities.

The most frequently cited reason amongst women with physical disabilities who do not receive regular pelvic examinations is that it is difficult to transfer on and off the examination table. Toilets and waiting areas may also be inaccessible. (Level III-2).

3. General practitioners have inadequate knowledge and training in the care of women with disabilities.

This may effect clinical decision making in areas such as: cervical and breast screening; sexually transmitted infections; sexual assault; contraception; pregnancy choices; menstruation management and menopause. In addition, “diagnostic overshadowing” may hinder clinical reasoning. This is where physical or psychiatric conditions are overlooked or misdiagnosed in people with disability, due to symptoms or conditions being wrongly attributed to the person’s primary disability. Therefore, further investigations may not be pursued and the person may not receive the appropriate treatment.

Barriers reported by general practitioners and women with disabilities:

- short appointment times to address complex needs;
- physical, sensory and communication barriers with health professionals;
- limited financial resources;
- stereotyping of women with disabilities and attitudinal barriers;
- difficulty in accessing accurate health history;
- uncertainty about care coordination responsibilities;
- GPs lack of experience and confidence.

Perspectives

“What makes it difficult for someone in a wheelchair is that they have to be transferred on and off the table and in most cases helped to be clothed and unclothed and most doctors don’t want to do that, it’s all too hard” - Woman with a physical disability.
MANAGEMENT
The goal of management is to provide women with disabilities access to appropriate women’s health care. It is important to collaborate with the patient and where appropriate her carers to achieve optimal health outcomes.

Guiding Principles
- Women with disabilities have the right to current standards of health care and a full range of management options.
- The woman’s best interests are the highest priority, rather than the interests of others.
- Education is the first stage in a continuum of least restrictive alternatives.
- There is an obligation to attempt to overcome any physical, cognitive or communication difficulties that may be present.
- Women with disabilities have the right to accessible information regarding clinical management options and the right to make decisions regarding their health outcomes.

GENERAL PRINCIPLES
- Consent: Informed consent is always required. Consent should be sought from the woman first and where a woman is unable to give consent, consent should be sought from the ‘person responsible’. If there is no ‘person responsible’ consent must be obtained for ‘major’ treatment from the Guardianship Tribunal. Refer to Appendices for more information on ‘Person Responsible’. Please note that a paid carer cannot provide substitute consent.

For women who require substitute consent, consent must always be obtained from the Guardianship Tribunal for:
- tubal ligation;
- termination of pregnancy;
- hysterectomy; and
- endometrial ablation.

Communication: General Practitioners identify communication difficulties as the major barrier to providing high quality healthcare to women with disabilities (Level III-3). To achieve effective communication:
- Establish rapport as with any other patient, prior to commencing a physical examination (Level IV).

Rapport Building Strategies
- Provide health checklists prior to the consultation to facilitate questions
- Take a comprehensive history
- Encourage questions
- Engage the woman with comments
- Make eye contact
- Use non-verbal reinforcement
- Include the woman in explanations
- Demonstrate with models

Respect the woman as a partner in decision-making by:
(a) acknowledging the woman’s specific health and sexual needs, goals and experiences (Level IV); and
(b) explaining any risks, side effects or consequences of any treatment or procedure
(c) utilising standard objective clinical techniques (Level III-3)
Acknowledgment of the woman’s expertise contributes enormously to building positive interaction. It will also reinforce the woman’s role as an agent of her own health care management, which will facilitate communication and comfort during examinations. Many women with disabilities know what works best for them and their knowledge can be invaluable during the preparation for the examination and the examination itself (Level IV).

Modify your communication style:
- Be aware that while the woman may have difficulty speaking, she may understand everything you say, therefore involve her in the conversation;
- take time to get to know how the woman communicates, find out how she indicates ‘yes’ and ‘no’, before asking questions;
- be aware that communication may take more time than usual, expect a response and wait 10 seconds;
- let the woman know that you have understood her, ask her to repeat words you have not understood; never pretend to understand;
- be aware that you may have to modify your communication according to the woman’s disability;
- make use of the woman’s communication aids and or use pictures and diagrams;
- if the woman is having difficulty understanding, talk about one idea at time using simple words, simple sentences and simple concepts; adopt the woman’s familiar terminology;
- supplement communication with signs, gestures and facial expressions to add meaning;
- be prepared for silence and pauses in the conversation, learn to be comfortable with them;
- use age appropriate language; but avoid medical jargon;
- repetition is useful to reinforce a message, check the woman has understood you; and
- use open-ended questions where possible (Level IV).
- If a woman has a communication partner, utilise that person but do not exclude the woman from the discussion.

Describe the examination, ensure it is understood, ask for consent and give feedback as with any patient. In this way much anxiety can be allayed. Always inform the woman before procedures start and keep her informed during the examination. If the woman so desires, allow her to watch the physical examination using a hand mirror (Level IV). Be prepared to modify your technique to accommodate physical impairment or restrictions. It may be appropriate to ask the woman if she would prefer her carer to remain to provide assistance with communication.

Allow extra time for communication, putting the woman at ease and transfers. For women with spasticity allowance of extra time enables greater limb relaxation during physical examination (Level IV).

Access
General practitioners’ premises are frequently inaccessible and a significant barrier to women with disabilities obtaining preventative health care examinations (Level III-3).

Recommended Universal Design Features (Level IV)
- an accessible parking space;
- an accessible front entrance with a ramp and hand rails;
- doors that are wide and easy to open;
- an accessible toilet and dressing room;
- an accessible route throughout the facility;
- spaces left open where people who use wheelchairs can sit out of traffic lanes but with people;
- weighing scales that allow people to be seated in their wheelchair;
- power door operators
- power examination tables;
- low service desks, with knee space for wheelchair users;
- audible and visual alarm systems;
- raised lettering and braille on signs and elevator controls

Guidelines for General Practitioners 4
Arrange the room to enhance the woman’s comfort by ensuring that her clothes, personal equipment, such as her wheelchair and communication aids are left within reach (Level IV).

Ensure safety through:
- Using the woman’s preferred transfer technique
- Using safe transfer techniques, which may include the use of a lifting device, transfer board or appropriately trained personnel
- Stand by physical assistance (Level IV).

WOMEN’S HEALTH MANAGEMENT

The majority of these recommendations are based on researchers’ conclusions from epidemiological studies of preventative screening rates. There is a paucity of literature evaluating the effectiveness of interventions with this population and therefore this evidence is predominantly Level IV.

Cervical Screening

The principles and practice of cervical screening and pelvic examination procedures follow state and national guidelines. It is important to know that some women with upper motor neurone lesions may be at increased risk for autonomic hyperreflexia during pelvic examinations. This condition can be triggered by painful stimuli to visceral organs (Level III-3).

Alternative Pap Smear Examination Positions

Ask the woman which position is comfortable for her. The lateral recumbent and knee-chest examination positions may be suitable alternatives to the traditional lithotomy position for women with spasticity or orthopaedic deformities.

In both these alternative positions the speculum is inserted posteriorly. If the knee-chest position is used be aware that the woman may feel very vulnerable. It is therefore important to constantly communicate during the procedure.

Knee-chest examination position

Lateral recumbent examination position
Cervical Screening Recommendations:
- Biennial cervical Papanicoloou smear screening for women aged between 18-70 years who have ever been sexually active (Level I)

- Extra staff should be on hand when providing cervical screening to women at risk for autonomic hyperreflexia. Should this condition occur, the following measures should be taken: semi-supine positioning, monitoring of blood pressure and application of lignocaine gel which may diminish symptoms (Level IV)

- For women with spasticity consider using diazepam prior to the examination to increase muscle relaxation and warming of the speculum to reduce spasm (Level IV)

- For women with a limited range of movement at the hip, post-menopausal atrophy, or those who are not sexually active, consider application of lignocaine gel to the perineal area prior to examination and the use of the Peterson speculum with narrower blades to reduce discomfort (Level IV)

- For women with cauda equina lesions and lax pelvic structures consider using the larger Graves speculum (Level IV)

- Use a height adjustable power examination table to improve safety during transfers and ease of examination (Level III-3)

- Sedation to enable a successful gynaecological examination should only be used when previous attempts to perform the examination have failed. In an appropriate facility, intravenous sedation may be acceptable (See Referral Matrix in Appendix). If sedation or other forms of anesthesia are required, substitute consent if necessary should be obtained from a person responsible. (See Appendix for information on ‘person responsible’ from the Guardianship Tribunal).

Breast Screening

The principles and practice of breast screening are the same as the general population.

Recommendations:
- Biennial mammographic screening for women over the age of 50 years (Level I)

- Refer women with physical impairments to accessible mammography services (Level IV)

- Conduct regular physical examination of breasts for women unable to self-examine their breasts due to limited dexterity (Level IV)

Menarche

The onset of menarche is rarely associated with the disability itself. However low body weight that may accompany the disability may be associated with delayed puberty (Level IV).

Recommendations:
- Investigation is indicated where menarche has not occurred by the age of 16 (Level IV).

- Hormone therapy should be used where indicated.

Menstrual Management

Management of menstruation related problems should follow the same principles as for other women in the population (Level IV).

Menstrual management may be difficult for some disabled women. Some may require assistance and in some cases, (and with regard to consent and privacy), it may be necessary for the General Practitioner to discuss menstrual management issues with a disability home care service or support person.
Preventative Women's Health Care for Women with Disabilities

Sexual Assault

Women with disabilities experience equal or higher rates of sexual harassment and abuse than women in the general population (Level III-4).

Recommendations:
- Respond to disclosure of abuse or allegations in the same way as you would for other women. This may include referral to sexual assault counselling (Level IV)
- If the female is a minor, mandatory reporting responsibilities apply in the same way as they do for other children (Level IV)

Contraception

Consider the woman’s cognitive capacity to use the contraceptive product, the woman’s physical dexterity; and current medications.

It is also important to provide education regarding sexually transmitted infections and issues concerning consent to sexual intercourse (Level IV).

Recommendation:
- The method of contraception prescribed must be the best option for the woman, it must meet her needs and abilities (Level IV)

Pregnancy choices

Women with disabilities have the same right to full reproductive support, information and choices as other women. Women with disabilities may require fertility advice. Women with disabilities can and do have children. It is important to be aware that women with upper motor neurone lesions are at increased risk of autonomic hyperreflexia (Level III-3).

Recommendation:
- As with all women, referral to appropriate specialists may be required. Consider pregnancy testing where clinically indicated (Level IV).

Sexual Health

Early diagnosis of treatment of Sexually Transmissible Infections may reduce the likelihood of infertility.

Be aware that counselling may be required when issues such as infertility, pregnancy and sexual assault arise.

Menopause

Menopause may occur earlier than average in some women with intellectual disabilities, particularly in those with Down syndrome (Level IV).

Recommendations:
- Conduct standard assessment for menopause where indicated (Level IV)
- Include investigations and treatment for possible complications eg. osteoporosis (Level IV)
- Hormone replacement therapy is indicated as in the general population (Level IV)
‘PERSON RESPONSIBLE’

Medical and dental practitioners have a legal and professional responsibility to get consent to treatments before treating any patient.

The patient usually gives consent. If the patient is not capable of consenting to their own treatment, the practitioner should seek consent from the patient’s ‘person responsible’. This is required by the Guardianship Act 1987.

Who is the ‘person responsible’?
A ‘person responsible’ is not necessarily the patient’s next of kin. A ‘person responsible’ is either:
- a guardian (including an enduring guardian) who has the function of consenting to medical, dental and health care treatments
- the most recent spouse or de facto spouse with whom the person has a close, continuing relationship. ‘De facto spouse’ includes same sex partners
- an unpaid carer who is now providing support to the person or provided this support before the person entered residential care
- a relative or friend who has a close personal relationship with the person.

If a person identified as being a ‘person responsible’ declines in writing to exercise the function of ‘person responsible’ or a medical practitioner or other qualified person certifies in writing that the person identified as ‘person responsible’ is not capable of carrying out those functions, then the person next in the hierarchy is the ‘person responsible’.

If the treatment is special treatment, the practitioner must seek consent from the Guardianship Tribunal before treating the person.

If there is no ‘person responsible’ and the treatment is major treatment, the practitioner must seek consent from the Guardianship Tribunal before treating the person.

If the practitioner considers the treatment to be urgent and necessary, they may treat without consent.

For more information about urgent, special, major and minor treatment, see SUMMARY GUIDE overleaf.

Rights and responsibilities of a ‘person responsible’
If you are the ‘person responsible’ for someone who cannot consent for themself you have a right and a responsibility to know and understand:
- what the proposed treatment is
- what the risks and alternatives are
- that you can say “yes” or “no” to the proposed treatment
- that you can seek a second opinion

The practitioner has a responsibility to give you this information and seek your consent to the treatment before treating the person.

Is there anything a ‘person responsible’ cannot do?
When someone is incapable of consenting to their own treatment, a person responsible cannot:
- consent to special medical treatment, such as sterilisation operations, terminations of pregnancy and experimental treatments
- consent to a treatment if the patient objects to the treatment

Complaints
Complaints about practitioners can be referred to the Health Care Complaints Commission on (02) 9219 7444 or 1800 043159 (tollfree).

Need more information?
Telephone (02) 9555 8500
Tollfree 1800 463 928  TTY (02) 9552 8534
E-mail gt@gt.nsw.gov.au
Website http://www.gt.nsw.gov.au
# Summary Guide to Medical and Dental Consent
for adults 16 years and over

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>TREATMENT</th>
<th>WHO CAN CONSENT?</th>
</tr>
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<tbody>
<tr>
<td><strong>URGENT</strong></td>
<td>Urgently necessary to:</td>
<td>No consent needed</td>
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<tr>
<td></td>
<td>■ save person’s life</td>
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<td></td>
<td>■ prevent serious damage to health</td>
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<td></td>
<td>■ prevent or alleviate significant pain or distress, except if the treatment is special medical treatment</td>
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<tr>
<td><strong>MINOR</strong></td>
<td>All medical and dental treatments - except those listed in MAJOR or SPECIAL. Includes:</td>
<td>‘Person responsible’ can consent. If no ‘person responsible’ or ‘person responsible’ cannot be located or cannot/will not respond and patient is not objecting, the doctor or dentist may treat without consent. They must note on patient’s record that the treatment is necessary to promote the patient’s health and wellbeing and that the patient is not objecting.</td>
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<td></td>
<td>■ treatment involving general anaesthetic or other sedation</td>
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<td></td>
<td>■ for management of fractured or other sedation</td>
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<td>■ for endoscopes inserted through an orifice, not penetrating the skin</td>
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<td>■ medications that affect the central nervous system</td>
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<td></td>
<td>■ when used for analgesic, antipyretic, antiparkinsonian, antihistaminic, antihemetic, antinauseant or anticonvulsant purposes</td>
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<td></td>
<td>■ PRN not more than three times/month</td>
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<td>■ sedation in minor procedures</td>
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<td>■ when such medications are used only once</td>
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<tr>
<td><strong>MAJOR</strong></td>
<td>Any medical or dental treatment involving general anaesthetic - except those listed in minor</td>
<td>‘Person responsible’ can consent. If no ‘person responsible’ or ‘person responsible’ cannot be located or cannot/will not respond, only the Guardianship Tribunal can consent. Request and consent must be in writing or, if not practicable, later confirmed in writing.</td>
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<tr>
<td></td>
<td>Medications that affect the central nervous system - except those listed in special and minor</td>
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<td>Long-acting injectable hormonal substances for contraception or menstrual regulation</td>
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<td>Any treatment for the purpose of eliminating menstruation</td>
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<td>Testing for HIV</td>
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<td>Any treatment involving substantial risk</td>
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<td></td>
<td>Any dental treatment resulting in removal of all teeth or significantly impairing ability to chew food</td>
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<td><strong>SPECIAL</strong></td>
<td>Sterilisation</td>
<td>Only the Guardianship Tribunal can consent.</td>
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<td></td>
<td>Termination of pregnancy</td>
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<td>Drugs of addiction used for more than 10 days in 30 - except when used to treat cancer or for palliative care of terminally ill patients</td>
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<td></td>
<td>Aversives - mechanical, chemical or physical</td>
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<td></td>
<td>Experimental treatments</td>
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<td></td>
<td>■ any new treatment that has not yet gained the support of a substantial number of doctors or dentists specialising in area</td>
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<td></td>
<td>■ use of medication that affects the central nervous system when dosage, duration or combination is outside accepted norms</td>
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<td></td>
<td>■ androgen-reducing medications for behavioural control</td>
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<tr>
<td><strong>OBJECTIONS TO NON-URGENT TREATMENT</strong></td>
<td>If the person or the ‘person responsible’ indicates that they do not want the treatment carried out.</td>
<td>Only the Guardianship Tribunal can consent.</td>
</tr>
</tbody>
</table>
The Guardianship Tribunal has powers under the Guardianship Act 1987. The Tribunal can appoint guardians and financial managers for people 16 years and over who are unable to make decisions for themselves. The Tribunal can also consent to certain medical and dental procedures for people who are incapable of consenting themselves.

When hearing applications, each Tribunal always consists of three members — a presiding legal member, a professional member, such as a doctor or other professional person, and a community member. The Tribunal can hear urgent applications on a 24-hour basis. Only the Tribunal can consent to special medical treatments when the person cannot give a valid consent to their own treatment.

There are two groups of special medical treatments. Different tests for consent apply to each group.

The **first group** consists of:

- sterilisation
- termination of pregnancy procedures
- prolonged use of addictive drugs unless they are being used to treat cancer or for palliative care of terminally ill patients
- treatments that use aversive stimulus

Before the Tribunal can consent to these treatments, it must be satisfied that:

- the proposed treatment is the most appropriate treatment to promote and maintain the person’s life or prevent serious damage to their health

When considering an application for consent to special medical treatment in this group, the Tribunal will need evidence that addresses each element of the test.

The **second group** of special medical treatments consists of new treatments that have not yet gained the support of a substantial number of practitioners who specialise in the area concerned and treatments declared in the regulations to be special medical treatments. Two treatments have been so declared. They are psychotropic medications when dosage levels, combinations or numbers of drugs or duration of treatment are outside accepted use given the person’s condition and prescription of androgen reducing medication to control behaviour.

Before the Tribunal can consent to these treatments it must be satisfied that:

- the treatment is the only or most appropriate way of treating the person and is manifestly in the best interests of the patient, and
- if the National Health and Medical Research Council has prescribed guidelines relevant to carrying out the treatment, those guidelines have been or will be complied with

When considering an application for consent to special medical treatment in this group, the Tribunal will need evidence that addresses each element of the test.

Guardianship Tribunal hearings

When an application is made for consent to special medical treatment, a Tribunal staff member will discuss preparing for a hearing with those involved.

Evidence and views about the application will be heard at the hearing. A decision will be made at the hearing as to whether consent will be given.

The person who is thought to need the special medical treatment, their close relatives or friends, and other people providing care to the
person should attend the hearing whenever possible and appropriate. The Tribunal will want to speak with the doctor/s who have seen the person and other relevant people in person or by telephone during the hearing.

People involved, particularly the person’s close friends, family and other carers, may want to express their views in writing before the hearing if they are unable to attend.

The Tribunal will try, if possible, to hear cases concerning people who live in country areas in regional centres near them.

The person’s ability to understand the general nature and effect of the treatment is of particular importance. To deal with this issue, the Tribunal will need information about:

- the nature and extent of the person’s disability assessments or reports about the person’s disability and how this affects their understanding of the treatment
- whether anyone has spoken directly to the person to explain the treatment
- the person’s understanding of what the treatment involves and its effects

If there is no-one who can explain the treatment to the person, a Tribunal staff member will try to provide information of people with experience who could discuss the treatment with the person. In some cases, counselling or education will assist the person to understand the treatment.

If the Tribunal determines that the person is able to consent to the treatment, the decision about the treatment will be their own. In this case, the Tribunal will not need to consider the issues of appropriateness or need for the treatment.

Views of the person about the treatment
The Guardianship Act 1987 requires that the Tribunal take into account any views of the person who is said to need the special medical treatment.

When the person is able to indicate or express views they should attend the hearing whenever possible so that the Tribunal can hear their views directly. Attempts should have been made to explain the proposed treatment and alternatives before the hearing. Information about the person’s views about the treatment should be provided to the Tribunal.

When considering the views of the person, the Tribunal will address the following questions:

- Has any counselling been provided to the person about the proposed treatment?
- What are the person’s views about the proposed treatment?
- Has the person indicated, in any way, that they want the proposed treatment?

If the person is unable to attend the hearing, the Tribunal will require a written report that addresses these questions. If someone with expertise in the area has counselled the person about the treatment and hearing, a written report from that person about the person’s capacity to understand the general nature and effect of the proposed treatment would assist the Tribunal.

Views of others
The Tribunal will also consider the views of other people closely involved with the person. These will usually include the person’s family and those providing residential care or other services to the person.

Need more
Contact staff of the Tribunal on (02) 9555 8500 or tollfree 1800 463 928.
Special Medical Treatment — Hysterectomy or Endometrial Ablation

This information is provided for people seeking consent from the Guardianship Tribunal to hysterectomy or endometrial ablation, which are special medical treatments that remove all or part of a woman’s uterus rendering her permanently infertile. More information about seeking consent to special medical treatment is provided in the information sheet Special Medical Treatment — Guidelines.

In addition to the questions outlined in Guidelines, the Tribunal will also consider the person’s views about pregnancy, parenthood and having children when making its decision about giving consent.

Need for treatment
Before the Tribunal can consent to this treatment it must be satisfied that the treatment is:

- the most appropriate form of treatment to promote the person’s health and wellbeing, and
- necessary either to save the person’s life or prevent serious damage to their health

When considering this, the Tribunal will need a report from the doctor proposing to perform the hysterectomy or endometrial ablation that deals with the following questions:

- What medical, physical, emotional, or social problems have led to a hysterectomy, endometrial ablation or resection being considered?
- What alternative treatments have been considered?
- Have these treatments been tried and what were the outcomes?
What consequences do you believe may affect the person if she does not have a hysterectomy, endometrial ablation or resection?

Are there any medical or other risks for the person if she were to become pregnant?

If the treatment is being considered for contraceptive purposes:

Is the person currently sexually active or likely to be?

Has any other contraception been attempted? If so, what were the results?

Why are these alternatives considered unsuitable for this person?

What were the results or why were particular alternatives not tried?

Need more information?
The Guardianship Tribunal
Level 3, 2a Rowntree Street Balmain 2041
Locked Bag 9 Balmain 2041
Phone: (02) 9555 8500
Toll free: 1800 463 928
TTY-Telephone Typewriter system for the hearing impaired:(02) 9552 8534
Website: www.gt.nsw.gov.au
email:gt@gt.nsw.gov.au

If the person has difficulty managing menstruation and this is a reason for proposing the hysterectomy, endometrial ablation or resection, the Tribunal will need to know:

The person’s menstrual history

What assistance or specialised training she has had to learn to manage her menstruation. If training has been given, who provided it?

If it was unsuccessful, what were the specific results?

What other medical alternatives have been attempted for menstrual management? Provide details of any attempts and results, such as various types of contraceptive pills or long acting injectable hormonal substances, such as Depo-Provera.
SPECIAL MEDICAL TREATMENT — TERMINATION OF PREGNANCY

This information is provided for people seeking consent from the Guardianship Tribunal to a termination of pregnancy, which is a special medical treatment.

This information sheet must be read in conjunction with SPECIAL MEDICAL TREATMENT — Guidelines, another information sheet that has more information about seeking consent to special medical treatment.

If you are considering special medical treatment for someone you believe cannot consent for themselves, you should seek assistance from an appropriate health service, for example Family Planning NSW, before applying.

In addition to the questions outlined in Special Treatment — Guidelines, the Tribunal will also consider the person’s views about pregnancy, parenthood and having children when making its decision about giving consent to a termination of pregnancy.

Need more information?
The Guardianship Tribunal
Level 3, 2a Rowntree Street Balmain 2041
Locked Bag 9 Balmain 2041
Phone: (02) 9555 8500
Toll free: 1800 463 928
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Website: www.gt.nsw.gov.au
email:gt@gt.nsw.gov.au

Need for treatment
Before the Tribunal can consent to this treatment it must be satisfied that the treatment is:

■ the most appropriate form of treatment to promote the person’s health and wellbeing, and

■ necessary either to save the person’s life or prevent serious damage to their health

When considering this, the Tribunal will need reports from the doctor proposing to perform the termination of pregnancy or other relevant health professionals covering the following questions:
SPECIAL MEDICAL TREATMENT — TUBAL LIGATION

This information is provided for people seeking consent from the Guardianship Tribunal to tubal ligation, which is a special medical treatment because it makes a woman infertile by preventing fertilisation of her ova.

This information sheet must be read in conjunction with SPECIAL MEDICAL TREATMENT — Guidelines, another information sheet that has more information about seeking consent to special medical treatment.

If you are considering special medical treatment for someone you believe cannot consent for themselves, you should seek assistance from an appropriate health service, for example Family Planning NSW, before applying.

In addition to the questions outlined in SPECIAL MEDICAL TREATMENT — Guidelines, the Tribunal will also consider the person’s views about pregnancy, parenthood and having children when making its decision about giving consent to tubal ligation.

Need for treatment
Before the Tribunal can consent to this treatment it must be satisfied that the treatment is:

■ the most appropriate form of treatment to promote the person’s health and wellbeing, and

■ necessary either to save the person’s life or prevent serious damage to their health

health professionals covering the following questions:

■ What medical, physical, emotional, or social problems have led to a tubal ligation being considered?

■ What other contraceptives have been used by the person?

■ What were the results or why were particular alternatives not tried?

■ Are there reasons why these alternatives are considered unsuitable for this person?

■ What consequences do you believe may affect the person if she does not have a tubal ligation?

■ Are there any medical or other risks for the person if she were to become pregnant?

■ Is the person currently sexually active or likely to be?

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GUARDIANSHIP TRIBUNAL FEBRUARY 1999
Women without disabilities
Women with mild physical impairments
Women with intellectual disabilities or mental health problems who consent to preventative health examinations

Obtain consent
Communicate clearly with the woman
Complete a comprehensive health history
Complete standard health examinations

Women with physical impairments that prevent them from:
- accessing the premises
- transferring to the examination table
- using standard examination equipment

Women with disabilities who require specialist procedures for preventative health examinations, e.g., sedation, ‘vitals’ monitoring due to the risk of hyperreflexia

GP Core Competencies
- Obtain consent
- Communicate clearly with the woman
- Complete a comprehensive health history
- Complete standard health examinations


BIBLIOGRAPHY


Useful Contacts

NSW Guardianship Tribunal
An enquiry service is available Monday to Friday
9 a.m. to 5.15 p.m.
phone: (02) 9555-8500 or tollfree: 1800 463 928 or
TTY (02) 9552 8534
Fax (02) 9555-9049
E-mail: gt@gt.nsw.gov.au

NSW Cervical Screening Program
Toll free: 131 556
www.csp.nsw.gov.au

BreastScreen NSW
Toll free: 132 050
http://www.bsnsw.org.au

FPA Health
FPA Healthline: 1300 658 806
http://www.fpahealth.org.au

Women with Disabilities Australia
www.wwda.org.au/confpaps.htm

Further Reading

Communication Handbook
available on the Department of Ageing, Disability
and Home Care website at

Moving Forward - Sterilisation and
Reproductive Health Of Women and Girls with
Disabilities
Produced by Women with Disabilities Australia.
Details for obtaining the report are available from
www.wwda.org.au/moveforw.htm

Reproductive Issues for Persons with Physical Disabilities
A reference that examines the complex
reproductive issues associated with congenital and
acquired physical disabilities.
Details for obtaining this and other books and
resources from FPA Health are available from:
http://www.fpahealth.org.au/reading-
room/healthrites

FPA Health Reading Room - Library
The library is at: 328-336 Liverpool Rd Ashfield
NSW 2131
Ph: (02) 8752 4386 Fax: (02) 9716 6536
Email: library@fpahealth.org.au
The library is open to the public. Anyone wishing to
use the library should contact library staff to make
an appointment. Books may be borrowed through
interlibrary loan with your local library. Journals and
reference books can be used within the library.
Useful Contacts

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Fax (02) 9555 9049
E-mail: gt@gt.nsw.gov.au

NSW Cervical Screening Program
Toll free: 131 556
www.csp.nsw.gov.au

BreastScreen NSW
Toll free: 132 050
http://www.bsnsw.org.au

FPA Health
FPA Healthline: 1300 658 806
http://www.fpahealth.org.au

Women with Disabilities Australia
www.wwda.org.au/confpaps.htm

Further Reading

Communication Handbook
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and Home Care website at

Moving Forward - Sterilisation and Reproductive Health Of Women and Girls with Disabilities
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A reference that examines the complex reproductive issues associated with congenital and acquired physical disabilities.
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FPA Health Reading Room - Library
The library is at: 328-336 Liverpool Rd Ashfield NSW 2131
Ph: (02) 8752 4386 Fax: (02) 9716 6536
Email: library@fpahealth.org.au
The library is open to the public. Anyone wishing to use the library should contact library staff to make an appointment. Books may be borrowed through interlibrary loan with your local library. Journals and reference books can be used within the library.