

HLTCOM406C Make referrals to other health care professionals when appropriate

This unit of competency describes the skills and knowledge required to arrange referrals to other health care professionals when required.

Upon completion, students must be able to understand the importance of referring clients, have the ability to create and implement a directory of allied health care professionals, and demonstrate in a practical setting the following important aspects;

- *Essential knowledge:*
 - Knowledge of the profession's special characteristics, historical mileposts, aspirations and strengths
 - Knowledge of health care professionals/services locally, nationally, and internationally and of their relationship to other professions and organisations
 - Knowledge of the role of other health professionals and support services
 - Knowledge of the paradigms, including fee environments, within which other professions function
 - Knowledge of and ability to apply referral procedures
 - Knowledge of what constitutes a medical emergency or referral

- *Essential skills:*

Ability to:

- Communicate effectively
- Demonstrate appreciation of the relative merits of the treatment options available in regard to cost, benefit and efficiency of such procedures
- Consult colleagues for special expertise
- Write referrals, certificates and correspondence
- Formulate referral plans and arrange referrals
- Write third party and medico legal reports, certificates and correspondence

Formulate a referral plan for client requiring further treatment

Determine *need for referral to other health care professionals services*

Need for referral may include:

- Client with a counselling need beyond the practitioner's own level of skill
- Client in need of ongoing support or counselling
- Client with a personality disorder
- Disclosure, by a minor, of abuse
- Suicidal or homicidal client
- Referral to a GP for initial or follow up pathology
- Referral to GP/health services because of a/or suspicion of notifiable disease
- Practitioner establishes a supervisory, social or sexual relationship with client
- Practitioner identifies with client transference or counter-transference

Other health care professionals/services may include but are not limited to:

- Professional counsellors or psychologists
- Social or health workers
- Mental health units or hospitals
- Doctors
- Psychiatrists
- Law officers
- Dieticians
- Physiotherapists/chiropractors
- Complementary health therapists

Communicate need for referral to the client

Consider the financial aspects of complementary health care

Ensure referral occurs with permission/consent of client and within confidentiality/privacy standards

Interact with other health care professionals

Identify a range of *complementary health* care professionals and services

Complementary health care practitioners may include:

- More experienced homoeopaths with or without a speciality
- Naturopaths
- Herbalists
- Acupuncturists
- Massage therapists
- Osteopaths
- Chiropractors

Consult Complementary health care professionals and *support services* to determine the most appropriate source for *referral*

Support services may include:

- Local child care centre
- Local welfare centre
- Local church groups
- Local other than Christian groups
- Life line
- Domestic violence telephone service
- Others

Relate effectively and knowledgeably with other health care professionals

Arrange a referral to an appropriate source for clients with specific needs

Contact the health care professional and/or service to whom clients are to be referred

Arrange transfer of *copies of client records* to the appropriate referral source

Client records may include:

- A copy of the whole care record
- A synopsis of the case record
- Homoeopathic specific information via e.g. Standard Case Recoding forms, symptom descriptor forms, treatment evaluation and progress sheets

Include the client in referral communications and provided with written referrals

Brief the appropriate health professional/service is on reason for referral

Briefing may include:

- Verbal communication e.g. telephone or face to face
- Electronic communication e.g. email
- Conventional written letter

Answer queries regarding the referral

Referral may be by:

- Written communication
- Verbal communication

Provide assistance to other health care professionals/services as required

Record referrals in case notes

➤ Referral

- an act of referring; the state of being referred.
- an instance of referring.
- a person recommended to someone or for something.
- the process of directing or redirecting (as a medical case or a patient) to an appropriate specialist or agency for definitive treatment
- an individual that is referred *referrals* from other physicians



→ Determining the need for referring a client

- Referral is the method by which a client is sent to a health care professional for diagnosis and treatment of a condition or disease. It is the process that helps a client move on to or include the use of another service. Because of the complex nature of people and society, no one health care centre will be able to serve all the needs of every client. Recognising the need to refer a patient, choosing the most appropriate referral service and implementing the referral process to the satisfaction of all involved, are important skills for a practitioner to develop.
- Referrals constitute an important aspect of case management. Case management refers to the individual care plans for clients, through which the appropriate services are located and the ongoing treatment of a client is coordinated and monitored. Referral plans form the links

in the chain of services that may be offered to a client through the course of their health care history.

- Referrals may be made across the spectrum of health care, as encompassed in the following categories:

+ Medical: pertaining to the science or practice of medicine; modern orthodox medicine taught in mainstream medical schools and practiced by medical doctors (or general practitioners) and medical specialists.

+ Allied: pertaining to services associated with medical care; the vast field of specialised practices that provide extended medical health care, such as nurses, therapists, technicians, counsellors, dentists, pharmacists, etc.

+ Complementary: pertaining to areas of health care commonly regarded as alternative to modern allopathic medicine; health care practices with minimal scientific validity but significant experiential success, such as aromatherapy, homeopathy, naturopathy, reflexology, herbalism, massage, acupuncture, yoga, reiki, meditation, etc.

Moxibustion on an acupuncture point- Traditional Chinese Medicine



There are a number of situations and conditions that may present in your clinic that you as a massage therapist, will be legally obliged to refer. A client may come to you with a particular condition that they may not think is serious, and you may be the first health care professional to be made aware of it. It forms part of your role as a practitioner to know when, where, why, how and to whom to refer such patients/clients to.

As a practitioner in the health profession, your responsibilities are pulled in two directions; to your client, and to your profession.

- To your client- to whom a duty of care is owed
- To your profession- medical and health care laws and regulations, codes of conduct etc must always be followed

In determining when a client needs referring, the massage therapist must first determine the need for such action. Is the scope of the condition beyond your own scope of knowledge/acceptable practise? The condition may be physical or psychological in nature.

Having a thorough knowledge of other allied health care modalities is vital.

Allied health professions are clinical healthcare professions distinct from medicine, dentistry, and nursing. They work in a healthcare team to make the healthcare system function. Therapies that fall under the different banners of traditional medicine, alternative health, complementary health and natural health may all be collectively referred to as Complementary and Alternative Health Care (CAHC). Not only does this 'umbrella' title align terminology with the Australian National Health Training Package, but it also draws a diverse array of services and products into a unifying concept that stands alongside the mainstream medical profession today as a legitimate choice in health care.

There is a high chance that each patient in the health system will use CAHC at some time. In Australia, for example, it is estimated that 60% of the population will take at least one CAHC medicine per year and with current trends this figure will probably rise.

One of the highest reported reasons for using CAHC is a lack of satisfaction with other treatments. Users of CAHC also report a belief in prevention of future illness and a desire to have more personal control over their own health. This suggests that they are including these practices into their lives and therefore will hold onto these beliefs strongly, regardless of what other people including medical health professionals may think of them.

Professions:

Depending on the country and local healthcare system, some of the following professions (professional areas) may be represented, and may be regulated:

- Abortionist
- Athletic training
- Audiology
- Bioengineering
- Biomedical science
- Cardiovascular technologists
- Clinical Psychology
- Dental auxiliary (dental assistants, dental therapists, dental hygienists, dental technicians, denturists)
- Diagnostic medical sonography
- Emergency medical technician and paramedic
- Exercise physiology
- Hemodialysis technicians

- Kinesiotherapy
- Massage therapy
- Medical assistants
- Medical laboratory technicians
- Medical Dosimetry (Dosimetrist)
- Medical physics
- Medical technologist
- Medical transcription
- Midwifery
- Nuclear medicine technology
- Nutrition and dietetics
- Occupational therapy
- Operating Department Practitioners
- Optometry
- Orthotics and prosthetics
- Orthopaedic technologist
- Orthoptist
- Pharmacy technician (esp. CPhT)
- Physical therapy and [[physiotherapy]
- Public health
- Radiation therapy
- Radiography
- Radiologic technologist
- Recreational therapy
- Rehabilitation Counseling
- Respiratory therapy
- Speech-Language Pathology
- Surgical Technologist
- Social work
- Ultrasound
- Venipuncture (phlebotomy)



Some common Allied Health Professionals are described in brief below:

Acupuncture: Acupuncture involves the stimulation of specific points on the skin that correspond to physiological and anatomical features. Stimulation is usually by the insertion of needles into the skin along meridians or pathways for therapeutic or preventative purposes. Acupuncture has been used to treat a wide range of complaints such as dental pain; nausea from chemotherapy; headaches; arthritis; low back pain; smoking cessation and stroke rehabilitation.

Alexander Technique: This technique involves a set of exercises to improve posture, release muscular tension, and increase mobility. By observing how the client sits, stands and walks, the practitioner can help the client to recognise unconscious patterns of movement that may be contributing to symptoms of illness. The practitioner then coaches the client through movements and makes adjustments to the alignment of the head, neck, shoulders and back.

Aromatherapy: Aromatherapy is the use of aromatic compounds from plants or flowers as treatment for illness. These compounds are typically presented as essential oils, which are inhaled or massaged into the skin. Olfaction is one of the most ancient sensory mechanisms in evolution and a significant amount of mammalian brain space is still dedicated to the sense of smell. Particular smells are believed to stimulate the body's neuro-endocrine axis to assist in self-healing.

Ayurvedic Medicine: Ayurvedic Medicine is a health system based on the belief that all disease begins with an imbalance in the consciousness of the individual.

The focus is on restoring balance and then maintaining it to prevent further illness. Diagnosis involves recording a thorough personal and family history of the client, along with an examination of the tongue, nails and pulse. Treatment includes massage, physical therapy, yoga, meditation, herbs, diets and aromatherapy in combination; based on body types (doshas).

Bowen Therapy: Bowen Therapy is a technique of gently treating soft tissue at a series of key points on the body. The intention is to stimulate energy flows that release tension, strains and blockages. By assisting the body to use its own resources to overcome the illness or complaint naturally, the treatment is regarded as holistic and designed to have a healing effect on all the body's systems.

Chinese Medicine: Traditional Chinese Medicine (TCM) is a comprehensive system that focuses on keeping the body in balance with nature. Disease is perceived to be an energy imbalance to which poor nutrition, stress and external factors all contribute. Diagnosis is based on identifying the location and nature of energy imbalance, which relies on highly developed techniques of pulse diagnosis.

Treatment is based upon correcting energy imbalances and can include acupuncture, raw and prepared herbs, moxibustion (burning herbs at an acupuncture point) and massage.

Chiropractic: Chiropractic is a health system based on the premise that disease is caused by interference with nerve function. It is primarily concerned with the relationship between the spine, nervous system and muscular system. Adjusting the segments of the spinal column is the common chiropractic method, but other techniques include manipulating muscle tissue and joints elsewhere in the body.

Feldenkrais: The Feldenkrais Method is based on principles of physics and biomechanics. It uses gentle movement and directed attention to improve flexibility and coordination. By focusing attention on parts of the self that are out of awareness, the Feldenkrais techniques enable clients to become aware of their habitual neuromuscular patterns and rigidities and to expand options for new ways of moving.

Herbal Medicine: Herbalists typically make a diagnosis by questioning the patient and examining the pulse and tongue. Unpurified plant extracts containing different constituents are generally prescribed (including flowers, fruit, leaves, roots, seeds and stems) to treat and prevent illness. Often several different herbs are used together. The active and often unknown constituents of these extracts may work at the molecular level and may have, for instance, enzyme-inhibiting effects.

Homeopathy: Homeopathy is a method of treating disease by preparations, given in minimum doses, which produce in a healthy person symptoms similar to those of the disease (as opposed to allopathy). Homeopaths believe that minute doses of a substance can strengthen the diseased body's immune system sufficiently for the body to heal itself. The premise is 'like cures like'.

Iridology: Iridology is the observing of the patterns in the iris of eye, explaining corresponding body associations to alert for potential early signs of imbalances in the body.

Kinesiology: Kinesiology is concerned with the mechanics of movements of the human body. It retains many of the elements of biomechanics recognised in

Western physical therapy along with the principles of energy flow derived from traditional Chinese medicine. This hybrid model of healing is commonly referred to as Applied Kinesiology, which itself has produced a subset of new techniques grouped under the heading of Specialised Kinesiology.

Massage Therapy: Massage therapy involves the manipulation of soft tissue and whole body areas to bring about generalised improvement in health. Stroking, kneading, tapping, friction and range of motion stretches are designed to improve blood circulation and lymphatic flow, flush out metabolic

toxins, improve muscle, connective tissue and joint flexibility, and soothe the nervous system. Massage therapy complements many other forms of therapy and its benefits include relaxation, improved sleep and relief of muscular pain.

Myotherapy: Myotherapy is the diffusion of trigger points in muscles to retrain those muscles and relieve pain. Trigger points are usually found in tight bands of muscle that may radiate or refer pain to other areas of the body.

Naturopathy: Naturopathy strives to help a patient obtain a health state by strengthening and enhancing the immune system so that the body heals itself.

Naturopathy is a broad practice that includes using homeopathic remedies, herbal medicine, massage, exercise, hydrotherapy and diet and nutritional therapy. The healing power of nature is central to naturopathic philosophy.

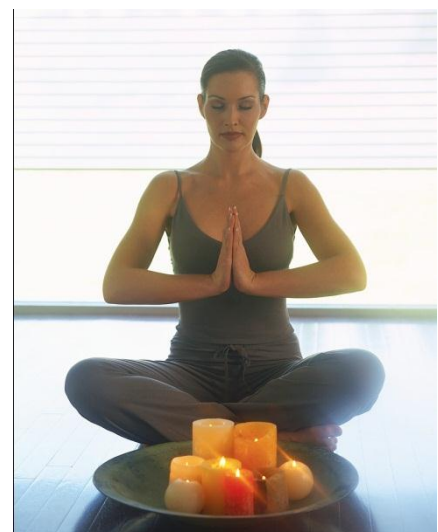
Osteopathy: Osteopaths believe that most diseases are due to deformation of some part of the body and can be cured by some kind of manipulation. A consultation will typically involve a detailed musculo-skeletal examination and some discussion of lifestyle factors. Treatment may include manipulation of joints and/or massage of muscular tissue.

Reflexology: Reflexology is a pressure technique based on the premise that there are zones and reflexes that correlate to and are interdependent with, other parts of the body. Gentle pressure is commonly applied to specific points on the client's hands or feet. When the practitioner stimulates these points, it has a beneficial effect on the corresponding organ or area of the body. The goal of reflexology is to return the body to a state of homeostasis.

Reiki: Modern Reiki originated in Japan. Reiki is derived from Japanese terms for 'higher being' and 'life force'. Reiki practitioners use light touch to make 'universal energy' available to the recipient, who can then rectify their body's own system.

Shiatsu: Shiatsu is a modality based on traditional Japanese medicine principles (themselves derived from Chinese traditional medicine). The practitioner applies firm pressure to the client with their hands, knees and elbows at points (tsubos) along acupuncture meridians. The objective is to assist the client to achieve homeostasis.

Yoga: Yoga is known to be at least 3000 years old and is referred to in the Bhagavad Gita (c. 200 BC). It is an ancient therapeutic form that promotes individual health and well-being through physical and mental exercise. It is a practice with a strong philosophical base. Yoga involves techniques for stretching, strengthening and relaxing the body. As with many meditation techniques, Yoga works with principles of breathing. There are reported to be approximately 40 styles of yoga in use today.



All professionals/professional areas ascribed before belong to the ever growing group of allied health professionals and their subspecialties. The precise titles and roles in the allied health professions may vary considerably from country to country.

Because their job descriptions become more specialized, they must adhere to national training and education standards, their professional scope of practice, and often prove their skills through diplomas, certified credentials, and continuing education. Members of the allied health professions must be proficient in the use of many skills. Some of which are medical terminology, acronym and spelling, basics of medical law and ethics, understanding of human relations, interpersonal communication skills, counseling skills, computer literacy, ability to document healthcare information, interviewing skills, and proficiency in word processing, database management and electronic dictation.

When advising a client of the referral we are recommending, we must ensure that the communication used is appropriate to the situation/client. Using all of the communication techniques learnt earlier in this course HLT40307 should be utilised, making certain that we consider factors such as:

- religion
- age
- sex
- gender
- race
- condition
- language/religion/culture
- educational experience



❖ It is also important that we consider the ways in which we communicate:

- **Written**

- case notes
- reports
- minutes of meetings
- administrative files
- internal correspondences
- referrals
- procedures, policies, plans, articles and speeches.

- **Electronically**, such as:

- e-mails
- videoconferencing
- teleconferencing
- accessing information from the Internet

- **Verbal**, such as:

- tone of voice
- speed of speech
- facial expressions
- eye contact
- posture
- physical distance between yourself and client

- physical appearance
 - seeking and conveying information
 - consulting and advising
 - formal and informal presentations
 - interviews
 - meetings, discussions and briefings
 - negotiating
 - conflict resolution coaching
 - advocacy
 - on-the-job training
- **Non-verbal**, such as
 - strategies for listening
 - adjunct information to verbal communications.

Effective communication is a balance of your intentions and its outcome. It is about knowing what you want to communicate, and how to get your message across. Often we will need to re-iterate, alter or change the way we say things, especially when coming from an educated therapist to a client with no knowledge of healthcare.

- ✓ As the professional there are certain points we must ensure are met when communicating a recommendation or referral with a client. A client who needs to be referred needs to have the following:
 - an adequate explanation of the likely cause/s of the symptoms
 - an adequate explanation of the treatment being recommended
 - an adequate explanation of the length/duration of the treatment
 - the knowledge that they will experience systematic improvement in their condition should they follow your recommendations
 - verbal communication must not contain any medical jargon or terminology as it must be in language that they understand.

Having identified that your client requires a service which you or your agency cannot provide, the next step for you is to activate the referral process. But knowing what service is required and knowing where the service is provided are two separate things. It is your responsibility to know what referral options are out there.

Familiarise yourself with the range of Complementary and Alternative Health Care (CAHC) services and support care services in your local area. Create a personal reference guide of services including their addresses, contacts, services provided and fee structures. The inclusion of this information in the referral process is very important.

It is helpful to be familiar with basic information about referral sources to share with clients, eg: information about eligibility requirements, the waiting time for services, the business hours of agencies and details of the services provided. Such information will prepare the client for what to expect when contacting the referral service and will avoid the client developing expectations that will not be met. You should also ensure that the client knows where the referral service is and is capable of getting there.

In addition, become familiar with the referral procedures of the different agencies, so that the referral process is streamlined. If a particular agency prefers to receive referrals in electronic format, be organised to provide this service. If another agency prefers to receive referrals by phone, be

prepared to conduct business in this way. Always strive to do what is most advantageous for everyone.

The idea is for all Health Professionals to understand the importance of synchronised modes of treatment support, and know how to maximise the best of each of these modes.

Once we have developed these alliances with other health care providers, we are able to represent a more holistic approach to health care treatment. This approach will enable us to care and treat our clients/patients in a more beneficial manner.

Practitioners should also think laterally about whom to refer certain clients to.

Treatment can include referrals to non-core services such as childcare support (ie: for stressed parents) and phone counselling agencies (ie: 1300 numbers). Such services are traditionally inexpensive yet can be very helpful to the health outcomes of rich and poor clients alike.

Health insurance

Knowing the level of health insurance that a client has will also help you to formulate the best referral plan. Private health insurance can offer distinct financial advantages to a client under particular circumstances. However, there are some health care services that are not regarded as claimable on private health insurance. It is important for the practitioner to be generally informed about private health care policies, or at least have an understanding of whether particular services are covered under private and public health care policy guidelines.

Information regarding claimable services from private health insurance providers can be accessed in two ways.

These are:

- + direct enquiries to the individual insurance provider
- + contact with the various professional associations acting as peak bodies for CAHC modalities.

These associations normally have databases or participating health insurance providers with whom rebates for particular services may be claimed.

REFERRING PATIENTS

The referral letter communicates to a second practitioner you request for his/her consultation, examination, opinion and suggestion of therapy. The letter should be as short as the details of the case dictates. The referral letter should have a minimum of six component parts as follows:

1. Thank You.

A practitioner should be thanked for seeing the patient; "Thank you for seeing Mr Smith. He is a 67 year old...", or "Thank you" can be at the end of the letter. Such as "Thank you for your examination. I look forward to hearing of your opinion."

2. The Patients History.

A short one or two line description summarising the patients' problem is often all that is necessary, such as, "He has experienced chronic dull achy central low back pain with some left leg paraesthesia".

3. Physical Examination.

The physical examination findings should also be one or two lines in length unless a longer description helps to clarify your concern. An example would be, "Examination findings have consistently revealed a positive straight leg raise on the right side, early fatigue on heel walking and very slight diminished sensation on the lateral aspect of the right foot".

4. Other Examination/Findings.

Eg. If you are in possession of X ray results which support your concerns, results of muscle testing etc.

5. Your Clinical Impression and a Brief Summary of Treatment to Date.

This section may be omitted if you are making your referral to a practitioner for an incidental finding for which you have no diagnosis and you rendered no treatment. For example, if you make a referral to a GP regards a skin growth on a patient, and you obviously have no clinical impression nor have you rendered any treatment.

On the other hand, if you are referring a patient for a condition you have been treating, your impression and a short description of the patients management may help the practitioner understand what the patient has been going through. For example " My opinion was that this patient had been suffering a low back muscle strain as a result of trauma due to a lifting incident. Treatment to date has included soft tissue modalities, including massage and dry needling, to the low back, twice per week for the last 3 weeks."

6. A Request for an Opinion.

This is often one sentence advising the GP that you look forward to his/her report of findings and opinion (or a report of findings from the specialist if the patient is referred on).

It is important to note that you do not suggest to the GP what type of testing or referral to a specialist that you think is appropriate.

The GP will decide what they believe is the best course of action and notify you accordingly. As a massage therapist, you would not appreciate another health care practitioner referring to you, exactly what you should and should not do with a patient, and the same applies for other health care professionals.

EXAMPLE:

21/01/2004

Nick Smith
NS Massage Therapy
22 Graham St
Melbourne VIC 3000

Dr Michael John
Melbourne Medical Centre
33 Bourke St
Melbourne VIC 3000

Re: Larry Webb

Dear Dr. John,

Thank you for seeing Mr Webb. I am referring Mr Webb to you because he has left posterior leg pain. He is a 34-year-old tobacco grower, and presented 10 days ago with severe pain that runs down into his left leg, but not the foot. He first experienced the pain about 4 weeks ago, as a result of lifting a heavy bag of tobacco. The pain began immediately but he has worked in limited fashion since.

Examination revealed a positive straight leg raise and diminished Achilles reflex (+1) on the left side. He had some muscle weakness (+4) of the left lower limb musculature generally but this may be due to pain experienced while performing the test.

Palpation to areas of the lumbar spine aggravated the pain.

I am concerned Mr Webb may have some lumbar disc involvement which has resulted in this symptomatology.

No treatment has occurred at this stage.

Could you please examine him as you see appropriate.
I will be pleased to receive a copy of your results and conclusions.

Sincerely,

Nick Smith
Massage Therapist.

Other resources suggest there is 10 important points to remember when referring patients. These units have been listed below.

As a health care professional, when referring clients it is important to remember where our boundaries of knowledge lie. We must not speculate on a condition when we have not been trained in the area. For this reason, it is important that you include all relevant knowledge that you think may help the health care professional whom you are referring to. You would need to decide which type of letter provides the relevant information, remembering, not to step outside your bounds of expertise.

It is also important to remember that letters provide a flexible medium in which form and content can be adapted to cover referrals ranging from straightforward technical problems to complex cases in which extensive details need to be communicated. There is also recognition that referral letters can function as a means of educating both the referred practitioner and the respective client.

A poor referral letter contains either too little information or too much information.

Other resources suggest that the main units of information that a referral letter should contain are:

- contact details of the referring practitioner
- contact details of the referred practitioner
- client details
- date of referral
- reason for referral
- relevant health history
- what the patient has been told about their condition
- treatment given (if any)

- current medication (if any)
- other relevant information.

A good referral letter contains the following ten units of information:

- **Contact details of the referring practitioner, ie: you.**

Any referral letter that you write must contain your name, business address (including ABN) and phone/fax details. Some or all of this information is commonly presented in a letterhead on the official stationery of your organisation.

- **Contact details of the referred practitioner.**

The referred practitioner is, of course, the health professional to whom you are referring your client. The client will need the contact details of the organisation where the referred practitioner works, in order to find them easily. You will also need to record in your own notes exactly who you referred your client to.

- **Client details.**

This refers to the inclusion of basic information like the client's name, sex, date of birth, address and phone number, and possibly the contact details of a relative or contact person.

- **Date of referral.**

This is an obvious but important detail to record. Dates on medical and health care records form the chronological reference of a client's health history and are essential in formulating management plans and monitoring the progress of treatments.

- **Reason for referral.**

This is the diagnosis and/or treatment that you have determined your client needs and that you cannot provide for whatever reason.

This is one point in the referral process where it is most appropriate to use specific health terminology. You want to inform the referred practitioner of the client's condition and the exact treatment you have in mind. Remember you may be seeking verification of a diagnosis. Scientific terminology can be exquisitely accurate in this task, so don't fail to use it if appropriate. However, remember to make sure that you have explained to your client any terminology used in a referral letter, since they will have the opportunity to read it later on in your absence.

- **Relevant health history.**

This information should be low in words but high in detail. You are essentially paraphrasing what the client has informed you about their health history, or has provided you by way of health records and/or previous referrals. You are then adding your professional analysis of the client's prevailing condition so that a clear and concise outline is presented to the referred practitioner. Keep it succinct but avoid leaving pieces of information out. Whilst you may not think something is not very relevant, the referred practitioner with their different specialities and experiences might.

- **What the patient has been told about their condition.**

You should clarify for the referred practitioner the amount of information you have shared with your client about their condition and the recommended treatment. The referred practitioner will then be able to determine the amount of additional information the client should receive. If you have successfully counselled your client in the referral process, this additional information should only relate to the details and intended outcomes of the referral, which the referred practitioner will be obliged to provide.

- **Treatment given (if any).**

Perhaps you have been treating a client for a while but he or she is no longer making progress, so you have decided to refer on. Or perhaps a client visits you with a condition that is beyond the limits of your competence, so you have decided to refer on. Whatever the reason for referring on, it is important to tell the referred practitioner whether you have provided any treatment or not. Treatment protocols are typically sequential in nature and it is imperative that all practitioners in a case know the stage of treatment they are being required to provide. This is to ensure that particular treatments are not repeated or, alternatively, are not provided out of sequence (ie: a more advanced treatment being given ahead of an earlier preparatory treatment).

- **Current medication (if any).**

As with 'treatment given', it is imperative that the referred practitioner is informed of any medication prescribed by you so that particular treatments are not repeated or are not provided out of proper sequence.

Medicinal complications can be very serious and they include the phenomenon of contraindication. This refers to the provision of medication against the advice of the medical authorities when the practitioner is unaware of predisposing health conditions in the client or of certain pharmaceutical or herbal substances consumed by the client which must not be combined with other medications. In the referral process, always reveal any medication you have prescribed to a client, regardless of whether you know if the client is taking it or not.

- **Other information.**

Towards the end of the referral letter you have the option of including sundry information about the client. For example, the sociopsychological background of the client may be useful to the referred practitioner in understanding their health status or considered prognosis. Information such as the client's current family dynamics, recent significant experiences, previous mental health issues or recognisable personality disorders may be important determinants in a successful health outcome. It is important that inclusions are factual not matter of opinion, based on subjective judgment.

The referral is an important part of the health industry, we must acknowledge that when treating people with medical conditions, other professions may be better suited individually or in conjunction with massage therapy.

We must give as much information as possible, as briefly as possible. This should provide the other health care professional/service with enough assistance in order to provide the best treatment for the client. You may also note on the referral, that you are available to be contacted at a certain time, in case they required additional assistance.

Generally speaking, a client/patient has three main rights when receiving health care from hospitals, doctors and other health care providers:

- ✓ the right to be treated with reasonable care and skill by the health care provider
- ✓ the right to confidentiality of information about health conditions and treatments
- ✓ the right to decide whether to undergo medical or alternative health care treatment, after receiving a reasonable explanation of what the treatment involves and the risks associated with the treatment.

At the end of the day, it is the right of the client to refuse to visit the practitioner to whom you are referring them. The client is always entitled to seek a second opinion regarding any diagnosis, recommendation or referral. The client should not fear a negative response from you if they exercise their right to seek a second opinion. It is your responsibility to remain professional and courteous to them at all times, regardless of whether the client accepts your professional opinion or not.

In these instances, you must respect the client's decision to decline the referral and take reasonable steps to assist the client by arranging an alternative referral that is acceptable to them.

Most practitioners expect occasionally to hear that a client wants a second opinion. It may be awkward, but if handled correctly, it may improve the client's care. He or she will learn more about their condition and treatment options and can reassure themselves about their decision. Furthermore, many insurers require a second opinion before they will pay for a costly procedure.

With daily practice of health care comes some risk of liability and litigation. Whilst it is legally accepted that there are higher risks with respect to medical treatments than

Complementary and Alternative Health Care (CAHC) services, all health care personnel should be aware of the inherent risk in influencing the decision of a client/patient to see a particular practitioner. By suggesting that the client/patient should follow the treatment of a practitioner because they are 'the best' or more highly skilled than the next, you put yourself at risk of litigation if the referred treatment subsequently goes wrong.

It follows that health care professionals should be careful about stating what therapies a client/patient should or should not pursue unless they are trained, listed and insured for such advice. Stating that a patient should take a CAHC medicine or stop a CAHC medicine, may fall into this category.

Referral selling is another potentially litigious practice to engage in. Referral selling is otherwise called pyramid selling and it typically relates to the referral of clients to a particular individual or organisation in exchange for a commission. These so-called 'bounty payments' are ethically unacceptable because they pose a threat to the therapist's commitment to the client's welfare. They increase the potential for a conflict of interest between the therapist's financial dealings and their professional responsibility.

Clients should always be referred to their personal health care professional, if they have one. You should make no attempt to direct them to someone different. Do not refer clients to organisations or services in which you have a personal interest, without full disclosure of such interest.

Other points to remember:

- **consent** when referring a patient. Information should not be faxed to other health care professionals or organisations, as this may well give unauthorised people access to that information.

The client's permission needs to be obtained to use information regarding their case in a report to the Court.

If a number of service providers and/or agencies are involved in a case, the client may agree to the sharing of information between all involved parties. This ensures full knowledge of the relevant client details and minimises the amount of duplication required for the client reporting information. In these instances, written consent of the client needs to be obtained for information to be shared with designated parties, for a designated period of time. The client needs to be made aware that they can withdraw permission at any time, should they feel the need.

Consent forms for sharing information do not need to be complex documents. In fact, they should be simple and straightforward, consisting of a signed statement by the client agreeing to the sharing of personal information with other relevant health care agencies.

All documents of referral, assessment, case planning, review and evaluation should carry this written consent, so that all parties are clear about the client's wishes regarding the sharing of information. All referrals should be placed in the clients files.

- **Ethics** - It is important for workers to understand, as the code of ethics, or code of practice of your profession and/or your organisation will form the basis of your work practice. Ethics are the moral principles by which human actions may be judged good or bad, right or wrong.

A code of ethics is a statement about practice or what a person or organisation will strive to do. It is based on core values or the beliefs of the person or organisation. All professions have developed codes of ethics over a period of time.

