I - H02. Prescribing the Leaflets

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by

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Any Comments, Criticisms, Corrections
or Suggestions for Improvement very welcome
Introduction

For legal reasons, but even more for the practice of good medicine, our patients require much more information about their diseases, and any proposed investigations or surgery, than was the practice in the past. In view of the well documented problems with the assimilation of purely verbal information, (one study showing that patients could not remember 50% of what they were told within less than five minutes of seeing their general practitioner) there is an increasing need for our words to be backed by appropriate written material (Ley et al, 1973, Edwards 1993). The problem is particularly acute in pregnancy, both because of the complexity of the screening and birth decisions now being required of pregnant women, and also because of the now documented memory impairment which occurs during pregnancy (Sharp et al, 1993).

Yet, despite our best intentions, it remains very difficult to ensure that such leaflets are available, suitable and used.

Problems of availability

Problems of availability result partly from cost. In relation to the expense of a major operation, the cost of a leaflet is negligible. Nonetheless budgetary restrictions mean that reprints or re-orders are commonly delayed. Drug company leaflets, being free if sometimes biased, can help; but their supply is often erratic, their subject matter tends to be limited, and their size and varying shape makes it difficult for them to be copied or accessibly stored in a busy clinic.

Problems of Suitability

All printed leaflets, whether from the health education department, drug companies or elsewhere suffer from the major difficulty in that they seldom adequately match the information that an individual doctor or nurse might wish to impart to their own patients. There is thus a need for such leaflets to be easily modified locally. Such flexibility is required, not only because of the need for local tailoring and because the advice may need updating, but also because with use and lay feedback, it slowly but regularly becomes clear how easily doctors slip into using medical jargon when simpler words would suffice (Ewles and Shipster, 1981, Smith, 1992, Albert and Chadwick, 1992).

For example, the Caesarean Support Group in Milton Keynes was recently asked to comment on what had been considered as a very carefully worded year old leaflet entitled "Your Elective Caesarean Section". An evening meeting with that group led to a multitude of improvements, including the useful but not untypical question as to why, for the title, the word "Elective" had been used instead of the more commonly understood "Planned".

The need to take careful note of readability, style and content has been reviewed by Harrison as part of the Milton Keynes Hospital Users Information Project (1992). An analysis, was made of 284 patient information items found to be in current use in the hospital. Use of the Flesch (1948) Reading-Ease formula too often showed that information sheets intended for patients, especially of material prepared in-house, would sometimes only be understood by as little as a quarter of the intended readers. Yet MS WOrd can quickly provide a simple Flesch readability assessment; and it is recommended that, in future, all leaflets intended for patients should at least include their Flesch assessment score in their footer.

In the past the necessary degree of flexibility would have been impractical, but with the widespread introduction of word processing computers, an opportunity now exists for each specialty to make nationally available a draft text which can then be locally modified, printed and distributed. Such locally edited leaflets would have the additional advantage that they can end with a personal comment by the consultant concerned, giving much greater force to the advice and comments given. (Russell et al, 1979; Baric et al,1976)

Problems of Distribution

As a result of the widespread introduction of word processing facilities, there is now a paperflood of new pamphlets, booklets and other publications aimed at a lay readership. For example the Royal College of Obstetrics and Gynaecology has some 250 titles for proposed 8-12 page A5 booklets currently in various stages of preparation. Such initiatives by themselves will only exacerbate the already impossible problems of distribution.

In time, once each specialist or family doctor has a suitable computer and laser printer in the surgery, it will easily be possible for the most up-to-date version of a A4 leaflet to be produced only as and when required, in the same way that many general practitioners already use their computer systems to print prescriptions. Such short leaflets should then provide further information on the source and cost of other publications, such as those by the RCOG or the BMA Family Doctor series. Even now suitable material needs to be prepared for this future purpose.

Until that time it will not be sufficient just to produce more booklets, however good, and expect the average doctor to add yet another burden to an already overstretched existence. In practice, such booklets or pamphlets almost always end up unused and outdated in drawers and cupboards, despite the best of intentions.

In response to this problem some hospitals have made it their practice to enclose a suitable leaflet with each admission letter, but with year long waiting lists unlikely to disappear, it seems better that greater attempts should be made to encourage more effective distribution in the out patient clinic. Over the past six years the writer has developed a relatively simple system such that almost all patients now receive appropriate material at the time of their first consultation. In gynaecology it has been found that some 10 leaflets have been sufficient to describe 80% of our operations. Other specialties will require a greater range but there is no reason why an appropriate quality standard should not be agreed for the availability and distribution of a suitable standard set for every specialty.
Desk top Publishing

An Acorn/Impression DTP system, currently giving the best value for this purpose, has been used to develop appropriate leaflets (about 40 so far including all the major gynaecological and maternity operations) Each short leaflet covers not more than two sides of A4 paper, and has been revised and re-revised many times, taking full account of readability assessments. Examples include "Your Vaginal Repair Operation (MK 1994)" , "Your Emergency Caesarean (MK 1994)" , "Induction of your Labour (MK 1994)" Each outpatient clinic now has an inexpensive alphabetical concertina file with, on the outside front, a list of which leaflets are held in which lettered compartment, and with a refill request in the back pocket. As a further encouragement, my junior staff are required in their letter to the general practitioner to include the titles of the leaflets given to each patient.

A stock of each leaflet is kept in the consultant's office in a labelled transparent polythene A4 envelope so that as soon as any envelope is empty it can be passed to the secretary for fresh photocopies to be made. The full set of these transparent envelopes is stored by alphabetical label in a portable metal file holder.

Although the text is made more readable by being broken up into short sections each with a brief heading, it might be argued that two sides of A4 paper, without illustrations, is too limiting and dull. But anything bulkier than this causes distribution and storage problems. And, perhaps because they are personally distributed , and because they relate closely to their felt need, patients seem to read them very carefully, despite their simple and illustration free format. Each leaflet also gives information regarding further lay-orientated literature and other sources of help.

Consent

Previously, when most patients were admitted the day or two before their surgery, there was time for them to think of any questions they might wish to have answered, but with the increase in day surgery this safety net has been removed, making the use of written information even more essential.

An additional advantage to the use of such personalised leaflets is that, especially for sterilizations, the consent forms can now read: "I have read, or had explained to me, the leaflet entitled Sterilization of the Female (MK 1993)" This type of consent form is far more satisfactory than for a consultant to rely, for example, on a brand new house officer and, by chance, a locum registrar. However much it might be wished otherwise, human fallibility will always ensure that, without this kind of leaflet based approach, situations will regularly occur where consent has not been fully informed. As a result sterilised patients will claim, for example, that they have not been told of the irreversibility or possible failure of their sterilization, or that there is always a risk that their repair operation might interfere with their sexual function. Although beloved of the legal profession, written comment in the notes concerning the completeness of the explanations given could easily have been added after the patient has left without there having been any such explanation. A consent form as described has already on at least two occasions forestalled legal problems and allowed a much clearer atmosphere for the discussion of further management after the unfortunate failure of a sterilization.

Discussions with the defence organisations have confirmed that the consent form and its wording has no distinct legal status. Nonetheless they have also confirmed that, just as a carefully written note in the patient's record may well be important in the case for the defence, so the quality and wording of whatever consent form or method or leaflet or video is used will naturally also be of significant importance in the court's assessment and subsequent judgement regarding any matter of "informed consent"

Conclusion

When buying a car or a new television customers will almost always insist on some written information to take home before making any final decision. Surely we owe our patients at least the same level of written information. Hopefully before long audit procedures will ensure that our care will automatically include this particular aspect of quality

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<th>ESSENTIAL FEATURES</th>
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<td>Two sides of paper A4 size</td>
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<td>Clear, Simple Language</td>
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<td>Checked by computerised analysis</td>
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<td>Reviewed by lay groups</td>
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<td>Other lay publications listed</td>
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A collection of over 100 Obstetric and Maternity Care Leaflets are now available via the internet on www.fawdry.info

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References

Albert T, Chadwick S (1992) How readable are practice leaflets Br M J 305, 1266-8


Smith T (1992) Information for patients Br M J 305, 1242

An excellent computer program to provide a Flesch score and a comprehensive additional analysis of any ASCII text on any IBM compatible computer may still be available from: Scandinavian PC Systems, Inc. 51, Monroe Street, Suite 1101, Rockville, MD 20850, USA.