

Respectful care in women's health
Case study for workshop/discussion
Cervical Cancer



Royal College of
Obstetricians &
Gynaecologists

Facilitator copy (see separate Delegate copy)

Instructions for the facilitator

Ask everyone to introduce themselves briefly (3 minutes).

Ask one of the group to be the scribe for the case study.

Read the first three sections to the group (2 minutes).

Please ask a member of the group to read out the case study (2 minutes).

Once it has been read out, turn to the 'Discussion'. The blue notes are there as prompts if you require them to engage people in discussion but do not feel you have to use them if the group engage in the discussion. Try to ensure all members of the group are included and encouraged/invited to share their thoughts and ideas.

Spend 15-20 minutes discussing the questions.

Introduction

This is a case study set in the North of England. It explores respectful care, and discrimination based on certain attitudes.

Note on the case study

This case study was written by Dr Dalia Saidan MRCOG, a trainer of the RCOG Emergency Obstetric Skills course.

Learning Objectives

To reflect on how attitudes and stigma around certain conditions impact on patient care.

Case Study

Anna is a 47 year old lady living in the North of England. She has four children. She is a smoker and had never had a smear test. She states that she had defaulted screening as she did not like the idea of having a smear test. She presented acutely to the gynaecology department with abdominal pain and PV bleeding. An inpatient CT scan showed a cervical mass, obstructing her ureters. The diagnosis was advanced cervical cancer.

When Anna was told about her diagnosis, she was told that she should have had smears and that had she had smears she would not have had developed cancer. The consultant told her that it was her fault, stating, "What did you expect after not having the screening offered to you?"

Discussion

1. What are your first impressions about this case?

Allow time for each of the delegates to consider the case and to bring their own reflections and experiences to the table to share. Be aware that delegates may share the opinion of the consultant that the patient is to blame for their condition. It is important to discuss these views in an open and non-judgemental manner.

2. What are the reasons that women might not attend for cervical screening?

For many women non-attending for smears is not simply a matter of personal choice / being irresponsible. The complex psychosocial factors which influence their choice include:

- Fear of the unknown / fear of pain and discomfort*
- Lack of knowledge about screening*
- Distrust of medical services*
- Social stigma about cervical cancer and screening e.g. that cervical cancer is due to immoral behaviour / post abortion / being unclean / sex during menstruation*

3. What is the role of healthcare professionals in encouraging women to have cervical screening?

Healthcare professionals have a very important role as advocates to promote screening. This extends from an individual patient to the level of influencing national and international policy. Most important is that women are given accurate information and are treated in a non-judgemental and compassionate fashion. When women are treated with hostility as in this case, not only will they themselves be less likely to engage with services in the future but they may also tell their friends and relatives about their bad experience, decreasing the likelihood that they will attend.

4. What would have been a better approach?

*The fact that this patient did not attend for screening is now almost irrelevant in light of her diagnosis. If the group requires, consider the following prompts:
The consultant should not have judged Anna for not wanting to have a smear test but should have been more supportive and understanding.
Should have been more sensitive to the fact Anna is very unwell
Should have offered counselling
Should have shown compassion and empathy
Should have explained the next steps
Should not have let their own personal feelings about people who do not like going for screening come out to the patient*

5. What are the key objectives to take away from this case study?

Invite the group to review the Checklist for Respectful Care in Women's Health and ask them to contribute their ideas to put the actions into practice in their workplace.

[End of case study].