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MEDIA RELEASE

HERITAGE IDENTIFICATION AT HANDOVER: BIAS OR NECESSITY?

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IDENTIFYING a patient's cultural heritage – nationality, ethnicity or religion – is done inconsistently when transferring clinical information by doctors, either during patient handovers and or when writing in hospital electronic medical records, with Aboriginal and Torres Strait Islander patients identified more than any other group, according to new research published online today by the *Medical Journal of Australia*.

Lead author, Dr David Morgan, a visiting medical specialist in the South Metropolitan Health Service in Perth, WA, and colleagues conducted a four-phase observational study, which included the covert observation of patient handovers in an acute care unit (ACU) and a subsequent analysis of the electronic medical records (EMRs) for the ACU patients after their discharge to ward-based care.

In 2727 ACU clinical handovers of 1018 patients, 142 cultural heritage identifications were made (ethnicity, 84; nationality, 41; religion, 17) with the highest rate occurring for Aboriginal patients (370 identifications per 1000 handovers). In the EMR, 14 505 pages were reviewed, with 380 cultural heritage identifications (ethnicity, 257; nationality, 119; religion, 4) recorded. Aboriginal patients were again identified more often. A rationale for identification was documented in 25 of 142 patients (18%) whose ethnic-national background was mentioned either during ACU patient handover or in their EMR.

This is the first study to formally document the frequency of references to a patient's cultural heritage during medical handover and in the hospital medical records. After adjusting for demographic, socio-economic and medical factors, Aboriginal patients were significantly more likely to be identified than patients from all other ethnic-national backgrounds. In a post-study survey of the observed ACU doctors, 44 of 75 respondents were aware that Aboriginal heritage was mentioned more frequently than other cultural backgrounds.

"Identifying the cultural heritage of patients is controversial; while some authors regard it as irrelevant and perhaps subject to prejudice, others advocate collecting the information in order to identify disparities in health care," wrote Morgan and colleagues.

The authors concluded that the "explicit identification by doctors of the cultural heritage of patients was inconsistent and seldom explained" and that "the cultural backgrounds of Aboriginal patients were substantially more likely to be mentioned than those of patients from other backgrounds".

"Further research and community consultation are needed to understand this practice."

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