

# **Provider Referral: How hard should we try?**

## **Background**

Intensive approach in Sheffield

*Repeated attempts made to locate contacts*

- Health adviser card
- Phonecall
- Visit
- Contact with infection letter

*Further appointment offered if a contact DNAs*

## **Questions**

Is this approach justified?

Is it a good use of resources?

Is it ethically acceptable?

## **Provider referrals for chlamydia** **Jan-Dec 2001.**

Retrospective review of records

Total index cases	1605
Total provider referrals	253
Total attended	148 (58%)
Total with one or more STI	84 (57%)
Total positive for chlamydia	76 (51%)
Total not found	46 (18%)
Total notified, but failed to attend	59 (23%)

## **Number of actions taken to secure contact attendance**

Number of actions	Number (percentage) of attending contacts
1	94 (63%)
2	27 (18%)
3	20 (13%)
4	6 (4%)
5	1 (.6%)
Total	148

## **Contacts having more than one action**

	Number	%	Chlamydia positive N (%)
Total	139/253	55%	
Attended	55/139	40%	30/55 (55%)
Not found	35/139	25%	
Failed to attend	49/139	35%	

***If only one action had been taken, could have missed:***

***55 contacts  
30 cases of chlamydia***

## *9 other STI*

### **Contacts notified more than once**

	Number	%	Chlamydia positive N (%)
Total	43/207	21%	
Attended	29	67%	19/29 (66%)
Failed to attend	14/43	23%	

*If all contacts had been notified only once, could have missed:*

*29 contacts screened  
19 cases of chlamydia  
1 case gonorrhoea*

## **Number of times notified prior to attendance**

Notified	Number of attending contacts	Positive for chlamydia
Once	119	57 (48%)
More than once	29	19 (66%)
Total	148	76. (51%)

## **Ethical considerations**

### **Ethical principles** (Beauchamps and Childress 1989)

- Autonomy: being in control
- Beneficence: doing good
- Non-maleficence: avoiding causing harm
- Justice: being fair

***By making more than one attempt to find the contact:***

- Fulfills duty to inform
- Information promotes autonomy
- Harm prevented for more people

- Patients with other needs are given less time

***By notifying contacts more than once***

- Promotes the sexual health of the most vulnerable
- Enhances autonomy – further clarification of information
- Protects autonomy- future fertility choices
- Reduces sexual health inequalities by assisting service access
- May violate autonomy – harassment
- May discourage autonomy – paternalism
- If unwelcome, may reduce co-operation with provider referral



