

Covid 19: Emergency Self Advocacy.

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Everyone has a right to healthcare, even during a pandemic. We **can** go to the hospital if we can't manage Covid-19 symptoms.

We must be assessed for treatment on current medical facts, not age, ability, impairments, unrelated diagnosis, or the assumed value, or length, of our life.

Medics must consult with us and our advocate/s whenever possible (e.g. staff, family, interpreter, friend, P.A., partner, carer, or other volunteer).

No patient should be assumed to agree to forfeit treatment, or resuscitation (a DNAR, DNA-CPR, or DNR order). A patient who is unconscious, semi-conscious, in mental health crisis, or who does not understand cannot consent to a DNR order. Objections to medical neglect may be blamed on feelings. "We understand how hard this feels..": **It's not about feelings it's about human rights.**

To decide who gets treatment: Ask medics to use their usual methods, not new discriminatory guidance.

We don't want special treatment, just **fair consideration for treatment, when needed, alongside everyone else.** Don't be manipulated into giving up health care.

Medical jargon can hide excuses. Be ready to repeatedly ask to wait for an interpreter, to slow down, or to explain in plain language. If still unsure, ask, **"How is this relevant to my chances of surviving Covid 19?"**

<u>Advocacy</u>

Everyone usually has a right to be supported by a person of their choice.

You must say, **"I need support for my access."** to be at the hospital together now. It can sometimes be refused.

Someone outside the hospital can support you by mobile device. Find out where you are, who is in charge of your care and their contact details. Pass this information to your supporter/s. (This may change if your ward changes.)

Tell the hospital if you are being supported by someone to communicate, or self advocate. You can write it:

"I, [your name], consent to [their name/s] advocating on my behalf during my hospital stay. [Signature and date]"