Health and Medical Reference Guidelines

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Originally prepared by the Standards and Guidelines Committee, Reference and Adult Services Division, American Library Association in 1992. Revised and updated by the Business Reference and Services Section, Reference and User Services Association, in 2000 and 2001. Separated from "Guidelines for Medical, Legal & Business Responses" and revised by Health and Medical Reference Committee, Reference Services Section, Reference and User Services Association, in 2014 and 2015. Approved by the RUSA Board of Directors, June 2015.

Introduction and Purpose

This guideline represents a major revision of the health and medical content contained in the Guidelines for Medical, Legal, and Business Responses (2001). This newest revision was developed by the RUSA RSS Health & Medical Reference Committee. This revision was approved by the RUSA Board at the ALA annual conference, June 2015.

These guidelines are for all information services staff (hereafter referred to as "staff"), regardless of questions or library type. Health and Medical Reference refers to questions that pertain to any aspect of health, medicine, or biomedicine, including but not limited to consumer health, patient health, public health, environmental health, complementary and alternative medicine, biomedical research, and clinical medicine.

The purpose of these guidelines is to assist staff in responding to health or medical inquiries. For staff who rarely answer medical questions, the Guidelines are intended to assist staff to be prepared and feel confident that they are providing the best possible response. For staff who regularly answer medical questions, the Guidelines are intended to ensure that reference skills are well-rounded.

1.0   Role of Information Services Staff

1.1 When asked health or medical questions, staff should make their roles clear. These roles are

1.1.1 To provide complete and accurate responses to users' questions when possible.

1.1.2 To provide assistance with identifying and finding relevant, credible, and authoritative sources to answer users' questions.

1.1.3 To provide instruction in the use of these resources.

1.1.4 To provide information referrals when appropriate.

1.2 Staff are not healthcare professionals. At no time should staff interpret or make recommendations regarding diagnoses, treatments, or specific health care professionals or health care facilities.

1.3 According to the Consumer and Patient Health Information Section (CAPHIS) of the Medical Library Association (MLA), "the librarian's role is to provide access to a range of authoritative materials, but he or she cannot be held responsible for the scientific accuracy or currency of all

materials in the collection."

1.4 Staff should identify audience/population groups with regard to demographics, health status indicators, and cultural behaviors in order to provide high quality, relevant health information and reference services.

>**1.4.1** Health programming and outreach should be provided to meet identified health information needs.

1.5 Staff should advocate for a collection that meets the needs of the library's target audience, including health topic, reading level, language, and media type.

1.6 Staff should participate in continuing education and professional development opportunities to enhance knowledge of resources.

2.0   Reference Transaction Professional Behavior

2.1 Staff should direct users to reliable and verifiable health information.

2.2 Staff should use discretion during the reference interview. While it is important to conduct a thorough interview, this should be done in such a way as to minimize discomfort to the user.

2.3 Staff should avoid assumptions about how a library user will be using information based on the type of library. For example, a user may seek consumer health information in an academic setting.

2.4 Staff should be prepared for possible emotional reactions from the user.

2.5 Staff should be welcoming, as asking health related questions can be stressful and/or embarrassing to the library users and the staff.

2.6 Staff should make extra effort to identify the correct terminology, including spelling, in the reference interview.

2.7 Staff should, when necessary, help users evaluate information they have found for bias and reliability. However, staff should not interpret or make recommendations regarding diagnoses, treatments, or specific health care professionals or health care facilities.

2.8 Staff should consider appropriate material, language, reading level and images when recommending resources.

2.9 Staff should be sensitive to cultural perspectives towards health information and communication.

2.10 Staff should keep in mind that the level of service provided to the library user may depend on library type and population served.

2.11 Staff should exercise care that information provided is clear and accurate regardless of the medium (in person, email, chat, phone, etc.).

2.12 For additional professional behavior guidelines, please see the RUSA Guidelines for Behavioral Performance of Reference and Information Service Providers (http://www.ala.org/rusa/resources/guidelines/guidelinesbehavioral).

3.0   Ethics

3.1 The American Library Association's current Code of Ethics (http://www.ala.org/advocacy/proethics/codeofethics/codeethics) (as stated in the ALA Policy Manual in the ALA Handbook of Organization) governs the conduct of all Staff.

3.2 Professional Behavior

> **3.2.1** Staff should maintain confidentiality of all user requests regardless of mode of inquiry (in person, off site, online, etc.); questions should not be discussed outside the library unless seeking assistance, and only with the user's knowledge and consent.

> **3.2.2** Staff should respect users' privacy at all times; reference interviews should be conducted with discretion, sensitivity and a high level of professional courtesy and respect.

> **3.2.3** Staff should not provide medical advice and should make their role clear to users.

> **3.2.4** Staff should not recommend specific health care providers but may provide access to information that will help users make informed choices regarding selection of providers.

> **3.2.5** Staff should promote access to health information for all by creating an impartial and non-judgmental environment of inquiry in order to support informed health care decisions.

3.3   Library Policies

> **3.3.1** Staff should know their institution's policies regarding specific health and medical reference services.

> **3.3.2** Staff should draw a clear line between their role and requests that are inappropriate for the level of service of a particular library.

> **3.3.3** Staff should include disclaimers on distributed health resources stating information is for educational purposes only and not to replace the advice of a medical professional.

3.4   Library Users' Rights

> **3.4.1** Library users have the right to seek and access health information freely.

> **3.4.2** If the library cannot provide the requested information for any reason, staff should refer the library users to alternative information sources.

Related Guidelines and Sources

MLA *Code of Ethics for Health Sciences Librarianship* http://www.mlanet.org/p/cm/ld/fid=160 (http://www.mlanet.org/p/cm/ld/fid=160). Accessed June 29, 2018.

MLA *Competencies for Lifelong Learning and Professional Success* http://www.mlanet.org/p/cm/ld/fid=1217 (http://www.mlanet.org/p/cm/ld/fid=1217). Accessed June 29, 2018.

APPENDIX

Definitions

Health Literacy: Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.[1]   This term is described in detail in the chapter "What is Health Literacy" in the Institute of Medicine Report *Health Literacy: A Prescription to End Confusion.*[2]

Health Information Literacy: Health information literacy is the set of abilities needed to recognize a health information need; identify likely information sources and use them to retrieve relevant information; assess the quality of the information and its applicability to a specific situation; and analyze, understand, and use the information to make good health decisions.[3]

Consumer Health Information: Consumer health information (CHI) is information on health and medical topics provided in response to requests from the general public, including patients and their families. In addition to information on the symptoms, diagnosis and treatment of disease, CHI encompasses information on health promotion, preventive medicine, the determinants of health and accessing the health care system.[4]

Patient Education: Patient education is a planned activity, initiated by a health professional, whose aim is to impart knowledge, attitudes and skills with the specific goal of changing behavior, increasing compliance with therapy and, thereby, improving health.[4]

Public Health: Public health refers to all organized measures (whether public or private) to prevent disease, promote health, and prolong life among the population as a whole. Its activities aim to provide conditions in which people can be healthy and focus on entire populations, not on individual patients or diseases. Thus, public health is concerned with the total system and not only the eradication of a particular disease.[5]

Evidence-based Practice (EBP) Evidence-based practice is an influential interdisciplinary movement that originated in medicine as evidence-based medicine (EBM) about 1992. EBP is of considerable interest to library and information science (LIS) because it focuses on thorough documentation of the research and current evidence upon which decisions are made in medicine.[6]

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[1]   Selden C, Zorn M, Ratzan SC, Parker RM. Health Literacy [bibliography online]. (Current bibliographies in medicine: no. 2000-1) 2000; http://www.nlm.nih.gov/archive//20061214/pubs/cbm/hliteracy.html#20 (http://www.nlm.nih.gov/archive/20061214/pubs/cbm/hliteracy.html#20). Accessed December 6, 2013.

[2]   pp. 31-58 of Nielsen-Bohlman L, Kindig DA, Panzer AM, Institute of Medicine Committee on Health Literacy Staff. *Health Literacy A Prescription to End Confusion*. 2004; http://www.nap.edu/openbook.php?record_id=10883 (http://www.nap.edu/openbook.php?record_id=10883). Accessed December 6, 2013.

[3]   Medical Library Association. What is health information literacy? https://www.mlanet.org/resources/healthlit/define.html (https://www.mlanet.org/resources/healthlit/define.html). Accessed December 6, 2013.

[4]   CAPHIS. The Librarian's Role In The Provision Of Consumer Health Information And Patient Education. 2013; http://caphis.mlanet.org/chis/librarian.html (http://caphis.mlanet.org/chis/librarian.html). Accessed December 6, 2013.

[5]

[5]   World Health Organization. Public Health. *Trade, foreign policy, diplomacy and health > Glossary of globalization, trade and health terms.* http://www.who.int/trade/glossary/story076/en/ (http://www.who.int/trade/glossary/story076/en/). Accessed December 6, 2013.

[6]   Hjorland B. Evidence-based practice: An analysis based on the philosophy of science. *Journal of the American Society for Information Science and Technology*. 2011;62(7):1301-1310.