

THEME

Applying Best Practices in Healthcare Delivery

- 21-23 July 2009
- Kuala Lumpur Convention Centre Malaysia



Copyright in the material contained in this document belongs to third parties. It has been published with the kind permission of the owner(s) and provided for review only. This document may not be reproduced, amended, or redistributed without prior written permission of the copyright owner(s).

PATIENT & FAMILY RIGHTS

Who bears the responsibility for development and implementation?

Milton Lum FRCOG FAMM

Consultant Obstetrician & Gynaecologist

Disclosure of interests

- Elected Member, Malaysian Medical Council 1995-2010
- Member, Malaysian Council of Healthcare Standards 2001-2009
- Member, National Patient Safety Council 2003-2010
- Director, Medical Defence Malaysia 2004-2010
- Committee Member, MSQH 2009-2010

Who bears the responsibility for development and implementation?

- Law
- Accreditation
- Doctors & health care professionals
- Health care facility
- Patients
- Civil society

Private Health Care Facilities and Services Act & Regulations

Private Healthcare Facilities & Services Act Section 36 Patient Grievance Mechanism

- (1) The licensee of a private healthcare facility or service or holder of a certificate of registration shall establish a plan for grievance mechanism for patients using the premises of the private healthcare facility or service.
- (2) A **grievance mechanism plan** and **grievance procedure** shall be as prescribed.

Private Healthcare Facilities & Services Act

Section 107 Power to make Regulations

- (2) Without prejudice to the generality of the powers conferred by subsection (1) regulations may be made for all or any of the following purposes:
 - (g) to prescribe the manner of **accessing** a patient's **medical records** and the manner of **obtaining** a patient's **medical report** by the patient, the patient's representative or a healthcare provider

Private Healthcare Facilities & Services Act

Section 107 Power to make Regulations

- (2) Without prejudice to the generality of the powers conferred by subsection (1) regulations may be made for all or any of the following purposes:
 - (gg) to prescribe the requirements to be satisfied for **obtaining a valid consent** for any anesthetic procedure, surgical operation or procedure, diagnostic procedure or medical procedure or treatment, the method of obtaining such consent, the conditions under which such consent may be dispensed with and for specifying the age at which and under what conditions a patient may give a valid consent for any anesthetic procedure, surgical operation or procedure, diagnostic procedure or medical procedure or treatment to be performed on a patient;

Private Healthcare Facilities & Services Act

Section 107 Power to make Regulations

- (2) Without prejudice to the generality of the powers conferred by subsection (1) regulations may be made for all or any of the following purposes:
 - (hh) to prescribe the **fees** that may be **charged** by private healthcare facilities and services or health-related services;
 - (ii) to prescribe **matters relating to patients' rights** in relation to healthcare services provided by any healthcare facility or service, including patients' **privacy, confidentiality** of information and **access** to patients' **medical reports and records**;
- (jj) to prescribe the **minimum standards** and requirements for all healthcare facilities

Private Healthcare Facilities & Services Act Section 112 Furnishing of Information

- (6) The inspection under subsection (5) shall be for the purpose of determining the compliance by the licensee, holder of certificate of registration or person in charge of a private healthcare facility or service with the provisions of this Act and regulations made under this Act, and the **confidentiality** of any information of the patient or person obtained during such inspection shall be observed.

Private Healthcare Facilities & Services Act

Section 115 Confidentiality of Information

- (1) Every person employed, retained or appointed for the purpose of the administration or enforcement of this Act shall **preserve secrecy** with respect to all information that comes to his knowledge in the course of his duties and shall not communicate any information to any other person except -
 - (d) to the person's counsel, upon the person's request where the information relates to any healthcare service provided to him; or
 - (e) with the consent of the patient or legal guardian to whom the information relates.

Private Healthcare Facilities & Services (Private Hospitals) Regulations

Section 14 Patient Care or Treatment

- (1) A patient admitted in a private healthcare facility or service shall be under—
 - (a) the **professional care or treatment** of a registered medical practitioner while a patient admitted for dental care or treatment shall be under the professional care or treatment of a registered dental practitioner; and
 - (b) the direct care or treatment of a healthcare professional.
- (2) Each patient shall be provided with **all necessary explanation, instruction and education** for pre and post-procedure or pre and post-operative care prior to admission.
- (3) For any patient care or treatment course requiring multiple patient encounters, an explanation and instruction shall be provided to the patient at the beginning of such care or treatment course and shall be in accordance with the requirements of these Regulations.

Private Healthcare Facilities & Services (Private Hospitals) Regulations

Section 14 Patient Care or Treatment

- (4) The licensee or person in charge of a licensed private healthcare facility or service shall establish an **on call system** and make an arrangement to have a registered medical practitioner and where applicable, a registered dental practitioner, or any healthcare professional on call at all times for **emergencies**.
- (5) The licensee or person in charge of a licensed private healthcare facility or service shall ensure that at least one **registered medical practitioner** be **on duty at all times** to respond immediately to an emergency call from the critical care unit or intensive care unit

Private Healthcare Facilities & Services (Private Hospitals) Regulations

Section 18 Patient Identification

- The licensee or person in charge of a private healthcare facility or service where patients are lodged shall ensure that—
 - (a) all patients be provided at the time of their admission with **suitable identification** and such identification shall be retained throughout their stay in the private healthcare facility or service; and
 - (b) a **mother and her newborn** at a private healthcare facility or service are at all times identified by arm band or other suitable device and shall be attached to both mother and newborn after delivery and before leaving the labour-delivery room, containing the following particulars:
 - (i) the mother's surname and given name in full;
 - (ii) the registration number of the mother;
 - (iii) the birth date of the newborn; and
 - (iv) the gender of the newborn.

Private Healthcare Facilities & Services (Private Hospitals) Regulations

Section 18 Resuscitation Facilities

- The licensee or person in charge of a private healthcare facility or service shall ensure that **resuscitation facilities** which include equipment, drugs and material be made **available** for life support purposes or for treating any emergencies in the private healthcare facility or service where any treatment of patient is provided or procedures are carried out.

Private Healthcare Facilities & Services (Private Hospitals) Regulations

Section 21 Written Policy

- (1) The licensee or person in charge of a private healthcare facility or service shall ensure that the private healthcare facility or service has written policies on—
 - (b) the procedures of patients admission, discharge and transfer;
 - (c) the procedures of patients registration, attendance and referrals;
 - (d) incident reporting and requiring its staff to report incidents to it;
 - (e) maintenance of the physical plant and equipment;
 - (f) infection control, including prescribing of antibiotics in the private healthcare facility or service;
 - (g) the use of volunteers;
 - (h) general maintenance of the private healthcare facility or service;
 - (i) activities and responsibilities of a registered medical practitioner or registered dental practitioner relating to patient care and supervision of patient care;
 - (j) supervision and training programmes for housekeeping staff; and
 - (k) transportation of laboratory specimens.

Private Healthcare Facilities & Services (Private Hospitals) Regulations

Section 24 Policy Statement

- (1) The licensee or person in charge of a private healthcare facility or service shall provide a policy statement which shall include but not limited to the following explanation on:
 - (c) **valid consent** and its requirement and manner in which the valid consent is to be obtained; and
 - (d) **patient's rights** to—
 - (i) information concerning medical treatment and care;
 - (ii) be informed of the facility or service's grievance procedure; and
 - (iii) be supplied or provided with patient's medical report.
- (2) The policy statement referred to under subregulation (1) shall be exhibited in a conspicuous part of the private healthcare facility or service.

Private Healthcare Facilities & Services (Private Hospitals) Regulations

Section 25 Staff Identification

- A patient has the right to know—
 - (a) the **method of identification** of staff through uniforms, badges or other methods; and
 - (b) the **names and professional status** of the staff providing care or treatment to the patient.

Private Healthcare Facilities & Services (Private Hospitals) Regulations

Section 26 Billing Procedures

- (1) A private healthcare facility or service shall, upon request prior to the initiation of care or treatment, **inform** the patient—
 - (a) of the **estimated charges** for services based upon an average patient with a diagnosis similar to the tentative or preliminary diagnosis of the patient; and
 - (b) of **other unanticipated charges** for services that is routine, usual and customary.

Private Healthcare Facilities & Services (Private Hospitals) Regulations

Section 26 Billing Procedures

- (2) A patient has the **right to be informed** by a private healthcare facility or service prior to the initiation of care or treatment of the private healthcare facility or service's **billing procedures**.
- (3) A patient has the **right to obtain** from a private healthcare facility or service upon request, **itemised billing** for the whole course of the patient's treatment at the private healthcare facility or service at no extra cost.

Private Healthcare Facilities & Services (Private Hospitals) Regulations

Section 27 Patients Rights

- (1) The licensee or person in charge of a private healthcare facility or service shall take reasonable steps to ensure that a patient is—
 - (a) provided with **information** about the nature of his medical condition and any proposed treatment, investigation or procedure and the likely costs of the treatment, investigation or procedure;
 - (b) treated with strict regard to **decency**; and
 - (c) provided with **medical report** within a reasonable time upon request by the patient and upon payment of a reasonable fee.

Private Healthcare Facilities & Services (Private Hospitals) Regulations

Section 37 Statistical Returns

- (2) The licensee or person in charge of a private healthcare facility or service shall ensure that the information forwarded in accordance with subregulation (1) **does not contain the name and address** of any patient.

Private Healthcare Facilities & Services (Private Hospitals) Regulations

Section 39 Patient Grievance Mechanism Plan

- (1) The licensee or person in charge of a private healthcare facility or service shall provide a patient grievance mechanism plan which shall include—
 - (a) appointment of a **patient relations officer** to serve as a liaison between the patient and the private healthcare facility or service;
 - (b) an outline of the job description of the patient relations officer;
 - (c) a description of the extent of **decision-making authority** given to the patient relations officer;
 - (d) a method by which each patient will be informed of the patient relations officer and **how** the patient relations officer may be **contacted**; and
 - (e) provision for inclusion in new employee orientation programmes of a briefing on the facility or service grievance procedure and at least annually transmission of information to all staff who have direct patient contact covering the grievance mechanism.
- (2) All complaints shall be **documented**.

Private Healthcare Facilities & Services (Private Hospitals) Regulations

Section 40 Grievance Procedure

- (1) Any **grievance** against a private healthcare facility or service may be **submitted** by any patient orally or in writing to the patient relations officer or to any healthcare professional of the private healthcare facility or service **at any time**.
- (2) If the complaint is submitted to any healthcare professional of the private healthcare facility or service, it shall be forwarded to the patient relations officer by the next working day.
- (3) The patient relations officer shall document all complaints received and resolve the matter and where the complaint cannot be resolved by the patient relations officer, the matter shall be **referred to the licensee or person in charge immediately, but not later than three working days**.
- (4) The **licensee or person in charge** shall **cause an investigation** to be made and provide a reply which shall include result of the investigation to the complainant within ten working days after the complaint was received by the licensee or person in charge.

Private Healthcare Facilities & Services (Private Hospitals) Regulations

Section 40 Grievance Procedure

- (5) The notification of the report of the investigation shall include an information to the complainant that if he is dissatisfied with the reply of the licensee or person in charge, the complainant may refer the matter in writing to the Director General.
- (6) Upon receipt of the complaint, the **Director General** shall notify the complainant and the private healthcare facility or service of the complaint and the Director General shall **investigate** or cause to be investigated the complaint.
- (7) The **Director General** shall **inform** the **complainant** and the private healthcare facility or service in writing of his findings or any recommendations he may have based on his finding.

Private Healthcare Facilities & Services (Private Hospitals) Regulations

Section 43 Patient's medical record system

- (2) The licensee or person in charge of the private healthcare facility or service shall—
(b) be responsible to **safeguard the information** on the patient's medical record against loss, tampering or use by unauthorized persons.

Private Healthcare Facilities & Services (Private Hospitals) Regulations

Section 47 Valid consent

- (1) A licensee or person in charge of a private healthcare facility or service shall obtain or cause to be obtained **valid consent** from a patient **before any procedure or surgery** is carried out on the patient.

Private Healthcare Facilities & Services (Private Hospitals) Regulations

Quality Standards

- Part IX Infection Control
- Part X General Provisions for Standards of Private Healthcare Facilities or Services
- Part XI Standards for Obstetrical or Gynaecological Care
- Part XII Standards for Newborn Nursery Facilities
- Part XIII Standards for Paediatric Patient Care
- Part XIV Standards relating to Anaesthesia
- Part XV Standards for Surgical Facilities and Services
- Part XVI Special requirements for Critical Care Unit or Intensive Care Unit
- Part XVII Special requirements for Emergency Care Services
- Part XVIII Special requirements for Pharmaceutical Services
- Part XIX Special requirements for Central Sterilising and Medical-Surgical Supply Facilities and Services

Private Healthcare Facilities & Services (Private Hospitals) Regulations

Quality Standards

- Part XX Standards for Dietary Services
- Part XXI Special requirements for Blood Bank, Blood Transfusion Services or Blood Donation Programme
- Part XXII Special requirements for Haemodialysis Facilities and Services
- Part XXIII Standards for Rehabilitation Facilities and Services
- Part XXIV Standards for Specialist Outpatient Facilities and Services
- Part XXV Standards for Ambulatory Care Centres
- Part XXVI Special requirements for Radiological or Diagnostic Imaging Services and Radiotherapy and Radioisotope Services

Private Healthcare Facilities & Services (Private Hospitals) Regulations

Quality Standards

- Part XXVII Standards for Private Nursing Homes
- Part XXVIII Special Provisions for Hospice and Palliative Care Services
- Part XXIX Miscellaneous
 - Mortuary & Autopsy facilities
 - Public amenities
 - Staff facilities
 - Social & welfare contribution
 - Fee schedule

Private Healthcare Facilities & Services (Private Hospitals) Regulations

13th Schedule - Fee Schedule Professional Fees

- 1. All charges shown are the maximum chargeable charges unless specified otherwise.
- 2. When two procedures are performed through the same incision, the fee chargeable for the lesser procedure should not exceed 50% of the fee charged for the lesser procedure.
- 3. When a repeat procedure is required, consequent to the first procedure, the fee chargeable for the second procedure should not exceed 50% of the first and when a third repeat procedure is required, the fee chargeable for the third procedure should not exceed 25% of the fee charged for the first procedure.
- 4. For procedures under local anesthetic (LA), when administered by the operating practitioner, a charge not exceeding 20% of the procedure charge may be levied.
- 5. Fee for monitored anesthesia care make up 80% of the anesthetic fee for such procedure.
- 6. Surgeon includes all categories of specialist except for anesthetist.



MSQH Accreditation Standards 3rd Edition 2009

MSQH Standards 3rd Edition 2009

Standards - Patient & Family Rights

- Every patient is unique; with his/her own needs, values and spiritual beliefs/religion. Healthcare facilities and services providers need to **establish confidence, trust and clear communication** with patients and to **understand and protect** each patient's cultural, psychosocial and spiritual beliefs/religion. Outcomes of patient care are safer and much improved when patients and where appropriate, their families or others who make decisions on their behalf, participate in care decisions and process in a way that meets cultural and spiritual beliefs/religious expectations.
- The standards focus on how Patient and Family Rights **processes** are carried out in the Facility to provide healthcare in an **equitable** manner considering the delivery system and financing mechanism. The standards also address the **rights of patients and families** related to research and to the donation and transplantation of organs and tissues

MSQH Standards 3rd Edition 2009

Standards - Patient & Family Rights

- The Facility is responsible for providing processes that **support patients' and families' rights** during care.
- Care provided is **considerate** and **respectful** of the patient's personal values and spiritual beliefs/religion. The Facility has a process to respond to patient and family's request for services related to patient's **personal values and spiritual beliefs/religion**.
- Care is respectful of the patient's need for **privacy** especially during clinical interviews, examinations, procedures/treatments. Patient may desire privacy from other staff, other patients or even from family members. Also patients may not wish to be photographed, recorded or participate in interviews, thus staff need to enquire about the patients' privacy needs related to care given.

MSQH Standards 3rd Edition 2009

Standards - Patient & Family Rights

- The Facility takes measures to **protect patients' possessions** from theft or loss. The Facility communicates its responsibility for the patient's personal possessions brought into the Facility. There is a process to account for the possessions and to ensure they will not be lost or stolen. The process considers the possessions of emergency patients, day surgery patients, inpatients and those patients unable to make alternative safekeeping arrangement and those incapable of making decisions regarding their possessions.
- The Facility is responsible for **protecting patients from physical injury** by visitors, other patients and staff. Their responsibility is particularly relevant to infants and children, the elderly, disabled individuals, and others at risk. The Facility seeks to prevent injuries through processes such as screening individuals who have no proper identification and monitoring isolated areas of the Facility, as well as being responsive to those thought to be in danger of injury

MSQH Standards 3rd Edition 2009

Standards - Patient & Family Rights

- **Children, disabled** individuals, the **elderly** and other population at risk receive **appropriate protection**. Comatose patients and individual with mental or emotional disabilities are included. Such protection extends beyond physical injury to other areas of safety such as protection from abuse, negligent care, withholding of services, or assistance in the event of a fire.
- **Patient information** is kept **confidential**. Medical and other health information which may be in paper or electronic form or in the combination of two shall be treated as confidential. There are policies and procedures that protect such information from laws or misuse. The policies and procedures also reflect information that is released as required by laws and regulations.
- The Facility **supports patients' and families' rights to participate** in the care process. Patients and families participate in the care process by making decisions about care, asking questions about care, and even refusing diagnostic procedures and treatment.

MSQH Standards 3rd Edition 2009

Standards - Patient & Family Rights

- The Facility **respects patient's and family's wishes and preferences** to withhold resuscitative services
- The Facility supports the patient's right to **appropriate assessment and management** of symptoms as unrelieved could have adverse physical and psychological effects.
- The Facility supports the patient's **right to respectful and compassionate care at the end of life**. Concern for the patient's comfort and dignity during the final stages of life guides all aspect of care. These include treatment of primary and secondary symptoms, pain management, and psychological social emotional and religious concern
- The Facility informs patients and families about its **grievance mechanism** to receive and act on complaints, conflicts and differences of opinion about care and the patient's right to participate in these processes.

MSQH Standards 3rd Edition 2009

Standards - Consent

- Patients and families are **informed** as to what tests, procedures and treatments that require consent and **how** they can give consent, and who may, in addition to the patient, give consent. The consent process is clearly defined and documented in **policies and procedures**. **Relevant laws and regulations** are incorporated into the policies & procedures
 - Patient informed consent is obtained through a **process defined** by the Facility and carried out by trained staff.
 - The Facility establishes a process within the existing laws when **others can grant consent** where any delay caused in obtaining the consent would endanger the life of a patient.

MSQH Standards 3rd Edition 2009

Standards - Research

- A Facility that conducts research, investigations, or clinical trials involving human subjects **provides information** to patients and families selected to participate in these activities when relevant to the patient's treatment needs. This information includes **expected benefits, potential risks** and **procedures** that shall be followed
 - The Facility has **policies, procedures** and **code of ethics** for the selection and participation of the patient in clinical research, investigation or clinical trials.

MSQH Standards 3rd Edition 2009

Standards - Organ Donation

- The Facility **supports** the **choice** of patients and families to donate organs and other tissues for research or transplantation
 - Policies** and **procedures** are available to guide the procurement, donation process and the transplantation of organs and tissues. Policies are consistent with relevant laws and regulations and respect the community values, spiritual beliefs/religion

Malaysian Medical Council

Malaysian Medical Council

- Takes disciplinary action against doctors found guilty of infamous conduct
- Punishments are
 - Reprimand
 - Suspension
 - Deregistration
- Standards used are its Code of Professional Conduct and Guidelines

Code of Professional Conduct

Neglect or disregard of professional responsibilities

- Responsibility for Standards of Medical Care to Patients
- The Practitioner and Requests for Consultation
- Improper Delegation of Medical Duties
 - Employment of Unqualified or Unregistered Persons
 - Covering
 - Association with Unqualified or Unregistered Persons
- Medical Research
- The Practitioner and the Pharmaceutical / Medical Equipment Industry

Code of Professional Conduct

Abuse of professional privileges and skills

- Abuse of Privileges Conferred by Law
 - Prescribing of Drugs
 - Dangerous Drugs
 - Sale of Poisons
 - Certificates, Notifications, Reports etc
 - Induced Non-therapeutic Abortion
- Abuse of Privileges Conferred by Custom
 - Abuse of Trust
 - Abuse of Confidence
 - Undue Influence
 - Personal Relationships between Practitioners and Patients

Code of Professional Conduct

Conduct derogatory to the reputation of the medical profession

- Respect for Human Life
- Personal Behaviour
- Incompetence to Practice
- The Practitioner and Commercial Undertakings

Code of Professional Conduct

Advertising, canvassing and related professional offences

- Advertising and Canvassing
- Announcement in the Lay Press Regarding Practice
- Professional Calling Cards
- Signboards
- Name Plates / Doorplates
- 24 Hour Clinics

Duties of a Doctor

- Good Medical Practice
- Confidentiality

Guidelines

- Assisted reproduction
- Brain death
- Clinical trials and biomedical research
- Dissemination of information
- Doctors in conflict situation
- Genetics and genetic services
- Medical records and medical reports
- Organ transplantation
- Relationship between doctors and pharmaceutical industry
- Competency and practice and monitoring mechanisms for highly specialized procedures
- Aesthetic medical practice
- Medical practice for doctors beyond the age of 70 years

Malaysian Medical Council

- Level 2 Block E 1 Precint 1 Ministry of Health
Federal Government Administrative Centre
62518 Putrajaya
Tel 03 8883 1400-5 Fax 03 8883 1406
- 3rd Floor Block D Ministry of Health
Jalan Cenderasari
50590 Kuala Lumpur
Tel 03 2694 7920 Fax 03 2693 8569
- Website www.mmc.gov.my
- Email admin@mmc.gov.my

Health care facility

Health care facility

- Comply with the various health laws
- Comply with ethics codes of healthcare professionals
- Comply with accreditation standards
- Remember
 - Patient is not a statistic
 - Profit, not profiteering

Patients Civil society

Patients Charter 1995

- This Memorandum of Understanding dated 21st August, 1995 is between The Federation of Malaysian Consumers Associations, The Malaysian Medical Association, The Malaysian Dental Association and The Malaysian Pharmaceutical Society.
- The Federation of Malaysian Consumers Associations (**FOMCA**) is committed to the protection of consumer rights and to consumer education.
- The Malaysian Medical Association (**MMA**) is committed to sustaining the professional standard of medical ethics as to education and directing public opinion on the problems of public health as affecting the community at large.
- The Malaysian Dental Association (**MDA**) is dedicated to supporting and promoting a high standard of ethics and professional conduct and to directing public opinion on dentistry and the problems of dental health.
- The Malaysian Pharmaceutical Society (**MPS**) is committed to further the development of pharmacy, to enhancing the standards and ethics of the profession and to assisting in improving the health services in the country.

Patients Charter 1995

- Right to health care and humane treatment
- Right to choice of care
- Right to acceptable safety
- Right to adequate information and consent
- Right to redress of grievances
- Right to participation and representation
- Right to health education
- Right to a healthy environment

Patients Charter 1995

Right to health care and humane treatment

- Every individual shall have **access** to competent health care and treatment regardless of age, sex, ethnic origin, religion, political affiliation, economic status or social class.
- Health care services shall be available on the basis of **clinical need** regardless of the ability to pay and it shall be the responsibility of the Government to ensure that every person has access to essential health services.
- Every patient shall be treated with **care, consideration, respect** and **dignity** without discrimination of any kind.
- All **drugs dispensed** shall be of **acceptable standards** in terms of quality, efficacy and safety as determined by the Drug Control Authority of Malaysia.
- Every individual shall have the right to **prompt emergency first aid treatment** from the nearest government or private medical and health facility.
- Patients shall be interviewed and examined in surroundings designed to ensure reasonable **privacy** and shall have the right to be **chaperoned** during any physical examination or treatment, except in cases of emergency where such conditions may not be possible.
- A **child** admitted to hospital shall, whenever possible, have the right to the company of a **parent or guardian**.

Patients Charter 1995

Right to choice of care

- A patient have the **right to a second opinion** at any time.
- A patient shall have the **right to know** the investigations conducted, the results of these investigations and a copy of the medical reports and have them explained. The patient shall also have the right to authorise in writing another health professional to obtain a copy of the same and inform him or her of what they contain.
- A patient shall, whenever possible, have the **right to be treated** at a hospital of choice and to be referred to a consultant of choice.
- A patient who has received adequate information about his or her condition during consultation shall have the **right to accept or to refuse treatment**.
- If a patient's health professional refuses to allow another health professional to be called in, or breaches any other provisions of this charter, the patient shall have the **right to discharge that health professional** and seek the services of another.

Patients Charter 1995

Right to acceptable safety

- Before any treatment or investigation, a patient shall have the right to a clear, concise **explanation** in lay terms of the proposed procedure and of any available alternative procedure.
- Where applicable the explanation shall incorporate information on significant risks, side-effects, or after-effects, problems relating to recuperation, likelihood of success, risks thereof, and whether the proposed procedure is to be administered by or in the presence of students.
- A patient **may refuse** any treatment or investigation.

Patients Charter 1995

Right to adequate information and consent

- A Patient shall have the right to know the **identity and professional status** of the individuals providing service to the patient and to know which health professional is primarily responsible for the patient's care.
- A patient shall have the **right to information** regarding all aspects of medication, including :
 - The right to adequate and understandable information on prescribed and purchased medicines.
 - The right to the most effective and safe medicines. Safety must be ensured by the manufacturers and by legislative control.
 - The right to convenient access to medicines.
 - The right to choose among competitive products.
- All **medicines** shall be **labelled**, and shall include the international non-proprietary name (INN) of the medicine, the dosage and how often the medicine has to be taken. In addition, the patient shall be **informed about medication**, including the following :-
 - The purpose of the medicine
 - The possible side effects
 - The avoidance of any food, alcoholic beverages or other drugs
 - The duration necessary for any medication prescribed
 - The measures to be taken if a dose is forgotten or if an overdose is taken.
- A patient shall have the right to an **itemized account** after any treatment or consultation and to have this explained.
- If a patient is in hospital or any health care facility, the patient shall, unless unconscious be **consulted** about any decision to **discharge or transfer** the patient to another facility.

Patients Charter 1995

Right to adequate information and consent

- Where it is appropriate to a patient's condition or treatment, the patient shall be given **advice** about self-care, drugs administration, special precautions, which may be necessary or desirable, and the existence of special associations, facilities, aids or appliances which may be of assistance.
- A patient's **consent** shall be required **before any procedure** is carried out and in the case of a minor the consent shall first be obtained from the parent or guardian. If a patient is unconscious and delay would be dangerous, a doctor is entitled to carry out any necessary treatment or operation.
- A patient's **consent** shall be required for the inclusion of a patient in any **research**. The patient shall be adequately informed of the aims, methods, anticipated benefits and potential hazards of the study and the discomfort it may entail. The patient shall be informed that he or she is at liberty to abstain from participation in the study and that he or she is free to withdraw his or her consent to participation at any time. To ensure that the informed consent is not obtained under duress or from a patient in a dependent relationship to the health professional, the informed consent shall be obtained by a health professional who is not engaged in the investigation and who is completely independent of the official relationship between the patient and the health professional. In the case of a child the informed consent shall be obtained from the parent or guardian.
- A patient shall have the right to have the details of the patient's condition, treatment, prognosis and all communication and other records relating to the patient's care to be treated as confidential, unless authorised in writing by the patient, it is undesirable on medical grounds to seek a patient's consent but it is in the patient's own interest that **confidentiality** should be broken or the information is required by due legal process.

Patients Charter 1995

Right to redress of grievances

- A patient shall have **access** to appropriate grievance redressal mechanisms.
- A patient shall have the right to seek **legal** advice as regards any alleged malpractice by the hospital, the hospital staff or by a doctor or other health professional.
- A patient shall have the right to **recover damages** for injury or illness incurred or aggravated as a result of the failure of the health professional to exercise the duty and standard of care required of him or her while treating the patient.

Patients Charter 1995

Right to participation & representation

- A patient shall have the right to **participate in decision-making** affecting the patient's health :
 - with the health professionals and personnel involved in direct healthcare:
 - through consumer and community representation in planning and evaluating the system of health services, the types and qualities of service and the conditions under which health services are or were delivered.

Patients Charter 1995

Right to health education

- Every individual shall have the right to seek and obtain advice with regards to promotive, preventive and curative medicine, and rehabilitation to maintain or regain good health and a healthy lifestyle.

Patients Charter 1995

Right to a healthy environment

- Every individual shall have the right to an environment that is conducive to good health. This includes and extends to a healthy and safe work environment, a healthy and safe home environment, and a healthy and safe environment at the place where he gets his medical care and treatment.

Patients & Civil society

- Every one is a potential patient
- Be informed about one's rights
- Be willing to stand up for one's rights
- Be participatory

Take home messages

- Everyone involved in health care has a role to play as everyone is a potential patient
- There are sufficient laws, standards and guidelines
- The challenge is compliance with the laws, standards and guidelines
- If hospital management and the healthcare professions do not get their act together, society will ensure that it does

Thank you