

▪ *Educational & Professional Development*

Patient rights

By

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Once you qualify as a doctor or a nurse then you carry a debt that you have to willingly relieve yourself of, with every patient, an ever-renewable debt in the form of the patient rights. These rights are: -

1 — The right to treatment:

Any patient anywhere has the right to treatment at any time. Administrative logistics has to arrange for the delivery of this right but cannot deny it. So, remember, the patient in front of you is asking for his right which you happen to keep delivering it to him when needed. And remember that treatment is care, cure and care. Yes, treatment is cure sandwiched with care. If cure is mainly the job of the doctor, care is mainly the job of the nurse.

2 — The right for recognition:

Recognition is not only what we all look for, but it is in fact what we live for. Make your patient feel he is recognized. Address him with his name and title, make it a point to know his name before you meet him. Speak to him to the face when you are talking to him or about him, make an eye contact every now and then.

3 — The right to privacy:

Do not interview or examine a patient in the presence of anyone except a member of the caring team who will look after him or a close relative or friend of the patient and on his request.

Privacy covers any information about the patient came to be known to you by virtue of being your patient. This does not cover only medical information but any other information, social, business....etc. in short any means any. Remember the information belongs to the patient, you do not own it to.

4 — The right to know:

To know his condition, how it happened, what you intend to do and what to expect. What should he do or do not?

5 — The right to discuss:

The patient does not receive orders, he listens to advises, and he has the right to discuss everything related to his condition including the prognosis and discuss everything you say or offer him. Remember it takes two to discuss so you have to amicably engage the patient in the discussion.

6 — The right to choose:

From the available alternatives, the patient has the right to choose. To choose the caring team, the place and the treatment. If his choice is good for his condition but is not available where he is, he has the right to be directed to the proper place.

7 — The right for a smile:

Dealing with the patient- especially for the first time- needs a smile from you. It may not be a true smile, but it is not a false smile either. It is a professional smile that does wonders to your encounter with the patient. It helps acceptance and cooperation and is very much valued by the patient and his relatives.

8 — The right to accept or refuse:

Whatever you tell the patient is only an advice and recommendation for guidance. Hence, he has the right to accept or refuse it. Do not feel insulted by the patient refusing what you recommend. Remember, if you know his illness better than him, he knows his life better than you. Every patient is a member of a wider circle of people and circumstances that we don't know, he does. No patient is an island. If the patient refuses your management plan, simply shift to another plan, if there is, provided it is as good or almost as good as the original plan.

A patient has the right to refuse part of the management, this does not deny him the right to the rest of the management if this is still possible and to his good.

9 — The right to communicate:

The patient has the right to be able to contact one of the caring team at any time to enquire or report a change in his condition. In fact, he should be informed who and when to contact while away from the caring team.

10 — The right to consent:

This is probably the major right of every patient.

A consent is an approval. Nothing is to be done to or for a patient without his prior approval. The approval is either implicit, verbal or written.

Implicit approval comes from the action of the patient, e.g. for the patient to visit you for examination is an implicit consent for the usual routine examination, if you tell the patient you need to listen to his heart by the stethoscope and then he uncovers his chest, this is an implicit consent for your request.

But if you need to do a digital rectal examination or take a blood sample by venipuncture then you must explain to the patient what it involves and ask him is that o.k. If he says yes or go ahead or o.k. This is a verbal approval.

A written approval i.e a written consent is reserved for surgeries and invasive procedures, such a consent should include four components:

A- The procedure, the details of what will be done, why is it needed, what the patient will gain from it, what are the side effects, what are the probable complications and details of the usual recovery period.

B- The alternatives to the recommended procedure if any, including doing nothing.

C- The experience of the operator in that procedure.

D - The experience of the institution in that procedure.

The consent should be discussed with the patient by the operator himself and signed by both of them and two witnesses.

This is the “free informed written consent”.

It is our duty to make sure that the patient’s consent is free and informed.

If the patient is a minor or mentally incompetent his guardian can approve the consent and sign for him.

11 — The right to be free of pain:

While under your care the patient has the right to be free of pain. Methods to alleviate pain should be employed. We only avoid extra use that would be harmful to the patient, the balance is sometimes difficult.

12 — The right to his tissues:

Tissues obtained from the patient should be used only for purposes approved by the patient. The patient has the right to refuse his blood being tested for HIV or substance abuse or D.N.A. The Dr. has only the duty of advice and recommendations.

13 — The right to complain from the service. :

We should not encourage, but we should not deter the patient from complaining from the service to a defined authority if he so wishes.

14 — **The right to life:**

Whatever the condition of the patient, the caring team has no right to consider his condition hopeless and stop or change treatment accordingly. The right to life, which is a right to every human being, extends to the patient.

Some countries legalize the patient right to die, under certain conditions, and involve the medical profession in what they call “death with dignity “ or “assisted suicide “.

Our culture and religions refuse this absolutely. Even where it is accepted it should not be the job of the medical profession. Doctors and nurses have the right to refuse participating in such an action. Our job is to preserve life and promote health through cure surrounded all the time by care.

Can we deny the patient some of his rights, regrettably yes , but only in criminal justice cases and by a judicial written order and within the limits of serving the law and not harming the patient’s physical condition.

We are entrusted with the patient and his health, so let us honor this trust, and feel proud of it.

The human being is God’s honored creation. Our job is to preserve, maintain and repair God’s honored creation, what an honor!

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