

Review Article**Right of patient to know with an approach to Health System Development Plan**Fardin Hosseinpanahi¹, Hassan Babaei^{2*}¹Department of private law, Sanandaj Branch, Islamic Azad University, Sanandaj, Iran²PhD in international law, Tehran Judiciary Science University, Tehran, Iran

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ABSTRACT

Right to know is a right defined and considered in human rights, regarded by human rights communities more than ever in all topics of human rights. This topic has actually penetrated into medical system as a continuous objective for Ministry of Health in our country. In patient rights charter of Ministry of Health, right of patient to know is mentioned which is adopted from this right. Health authorities believe that patients must know about all diagnostic and treatment methods, power and weak points of each method and potential complications, disease diagnosis, prognosis and its consequences as well as all information affecting decision making. Finally with complete information they communicate their consent to medical system and physicians for treatment. Based on research findings, right of patient to know has been considered in the framework of patient rights charter in Health System Development Plan and it has been attempted to consider patient rights charter more than ever.

Key words: Right to know, human rights, health system development plan, permission for treatment

INTRODUCTION

Since 1948 when human rights declaration was recognized, human reverence and equal rights for all humans as members of one family has been taken into account. of its significant effects has been revision and development of patient's rights as humans referring to health and treatment centers to receive health services. Though approaches to human rights have been different given the texture of cultural and ruling systems of different countries, it is noteworthy that all communities in the world have achieved agreements over realization of patients' rights. Right of privacy, confidentiality of medical information, and satisfaction with treatment are among rights not questioned today by any health system. Based on patterns present in the world, there are different forms of relationship between doctor and health system and patient. Legal systems have differences in their thinking of pre contractual information. In the written legal system, each side must give information effective in decision making, but in common law, information function is not accepted except in some cases. According to this system's point of view, each side, despite knowledge of importance of such information in decision making for entering into contract, can keep it for them. Pre contractual information is lauded in Islam but in the Iranian law, such obligation is not known as a common rule.

Health and treatment of most countries use a charter as patient rights charter. Iran is one of those

countries which has taken patient rights charter into account in its health and treatment systems since years ago especially in its recent plan [1]. In the directions for development plan and supervision procedure, it has emphasized on their proper implementation based on patient rights charter. Also punishments have been mentioned for those not abiding by the charter, a topic in punishment for perpetrators in addition to official infringements of employees in the health system.

The present study describes patient's right to know and examines this right and its observance from health system development plan' perspective in our county.

History of patient rights charter at international level

- a. Patient rights charter of International medical Association [2].
- b. patient rights declaration of European summit of international health organization [3].
- c. European patient rights charter [4].
- d. U.S hospitals association patient rights charter [5].
- e. Patient rights charter of commission issuing health system permits [6].
- f. pamphlet for studying patient rights charter in Iran and in the world, clinical supervision

office of Educational health ministry in 2012 [7].

Patient rights charter and patient right to know

• Patient rights charter

This charter is set up with respect to human lofty values and based on Islamic and Iranian culture according to innate reverence equality of all health services receivers aiming to protect, improve and strengthen human relationship among health service providers and receivers in including the followings:

- a. Patient has the right to receive acceptable health services;
- b. Good and enough information must be provided for the patient;
- c. Free choice and decision making must be considered for the patient in receiving health services;
- d. Providing health services must be based on patient's privacy respect and principle of secrecy;
- e. Patient has the right to access an efficient system for complains [8].

Now that patient rights charter cases are presented, part b related to giving information and the amount of this information will be analyzed.

Part b of patient rights charter: good and enough information must be provided for the patient.

In implementation of this part of patient rights charter, information obtained must have a good and acceptable content thus first content of and how this information is presented will be discussed.

Content of information presented to patient

- a) Regulations and potential expenses of hospital including treatment and non-treatment services and insurance regulations as well as introducing protection systems at the time of admission;
- b) Names, responsibilities and positions of medical team including doctors, nurses and students and their professional relationship with each other;
- c) Diagnosis and treatment methods and weaknesses and power points of each and their potential side effects, disease diagnosis, prognosis and its consequences as well as information affecting patient's decision making process;
- d) Access to treating physician and main members of medical team during treatment;

- e) All measures which have research nature.

How to present information to patient

- a) Information must be provided for the patient in a due time and based on his/her condition including anxiety, pain and individual characteristics such as language, education and ability to understand except when:
 - b) Delay in treatment causes harm to the patient; in this case information will be transferred in the convenient time after urgent measure is taken.
 - c) Patient, despite being aware of right of information, avoids it in which case patient's desire is respected unless lack of patient's information puts him/her and others in serious danger. Patient can access all information recorded in his/her clinical file and receive a copy and request for correction of errors [9].

Patient's right to know

From point of view of a patient, hospital is a strange unfamiliar place where he/she, while concerned about his/her health, enters and encounters an image contradictory to his/her house. On the other hand, sickness gives a sense of insecurity to the patient who thinks that border between health and sickness is narrow and death is not so far from life. Therefore, patient experiences fear and horror and feels that his/her dear ones love him/her but incapable to help return his/her health and life. However we know that like any other human, patients have vital needs and due to sickness cannot meet their needs and needs others to help them. With awareness about patients' needs we can know them better and find better ways to help them. These needs are a good framework for providing necessary cares, thus care and treatment team must have sufficient knowledge and information regarding their needs and how to satisfy them.

They must know requirements leading to satisfaction of these needs [10] so that given patient's rights charter and using them, they can take action to realize the rights of patients and provide useful information to explain and clarify problems related to patient's decision making. These actions are important in patients' decision making and permission to treatment, accepted by the law, lawyers and law society as well [11].

Requirements for realization of patient's right to know

As it can be perceived from the meaning and nature of patient's right to know, there are diagnostic and treatment methods, weak and power points of each, disease diagnosis, prognosis and its consequences as well as effective information on the patient's decision making process. It is necessary that treatment authorities especially doctors provide patients with such information and if doctor or any other person in the treatment center denies to do that or neglect it or does not give sufficient information for the final decision making by the patient, they will be known as responsible. The requirements for realization of patient's right to know are all effective information on the patient's decision making and treatment [12].

Health system development plan and an approach to patient's right to know

In today's world, health perspectives have broader landscapes and non-medical expectations are given particular attention. Increased expectations and people care for security, quality and justice has increased pressure to create a responsible health system for their performance. Including justice in the setup of objectives and analytical framework of health systems is not only justified by strategies indicating commitment to justice but evidence indicates that people in different societies give a high priority to justice. Though in recent years, health system has been able to achieve considerable progress using health care strategy in public health in general and increase related indices, it is yet one of the most important concerns of policy makers to establish justice in health and access to health services. Ministry of health, treatment and medical education as a health administrator started health development plan after a six month research phase since May 2014 with regard to general duties and mission and upper documents particularly the 20 year landscape, general health policies announced by the supreme leader, legal rules related to health in the fifth development plan and programs of the 11th government to implement health development plans [13]. Development in the health system is implemented using three approaches including financial support for people, justice in access to health services and upgrading service quality so that gradually and in cooperation with servants in the field of health we witness the realization of the supreme leader's general policies and the upgrading expected in health system. General health policies communicated by the supreme leader emphasize public treatment base insurance and coverage of all treatment base needs by insurances for all members of the society and reducing people share of treatment expenses so

that patients have no other concerns but the pain and suffering of their own disease [1].

Supervision procedures for proper execution of health development plan

Summary of supervision procedures for proper execution of health development plan:

Procedures for supervising measures taken at hospitals under ministry of health for execution of the six fold health programs are as follows:

- a) reduce paid money for patients hospitalized at hospitals included in the plan
- b) improve quality of visit service at hospitals included in the plan
- c) presence of specialists residents at hospitals included in the plan
- d) improve hoteling quality at hospitals included in the plan
- e) financial support for refractory, needy patients
- f) support plan for physicians stay in deprived areas

Supervision over proper execution of these procedures at university level is up to the president of the university, and at the level of headquarters it is up to the ministry treatment deputy system development plan, executive version, Ministry of Health, Treatment and Medical [1].

Hospitals duties for proper execution of health system development plan

- a) form execution committees at hospitals under president of hospital and membered by treatment deputy, education deputy, hospital manager, matron, financial affairs manager, security manager, head of pharmacy, and official affairs manager to execute communicated programs and supervise proper execution of the above duties and daily reporting to university treatment deputy;
- b) form moral committee member by president of hospital, treatment deputy and/or hospital manager, matron, education deputy, representative of clinical wards and security official if necessary to consider and make decision about doctors and staff violations in execution of health development plan;
- c) information and education for all doctors and staff on health development plan;
- d) sign contracts with doctors and take official commitment along with all rules and

- regulations related to employment of scientific mission and official staff, and obligation to follow them by the approval of the university;
- e) provide information on patient rights consideration and non- payment more than 6% franchise as well as no need for buying medicine and other things out of hospital by patient or his/ her relatives under the package included in the plan as to information, admission and release;
 - f) daily control of wards, reception, release, medical documents in terms of execution of health development;
 - g) daily control of hospital emergency in terms of admission, visit and decide the state of the patient, non-reference to out of chain reference as well as control and report patients release on their own consent;
 - h) electronic record of entrance and exit of all doctors and staff especially regarding doctors presence in the clinic and shifts;
 - i) electronic record of information of all patients who refer to hospitals (outpatient/hospitalized), even though no treatment measure is carried out [1].
- c) No action by the intern based on committee protocols for patients.
 - d) No direct and timely intervention by the specialist and referring his/her duties to educational cadre (resident, intern doctor).
 - e) Delayed presence in the operating room and during emergency operations.
 - f) Non-observance of clinical guidelines and protocols directed by ministry of health, treatment and medical education and the related medical science university.
 - g) Non-physical presence in the treatment center based on national regulations.
 - h) Non-participation in patients referring system under city and rural family doctor program.
 - i) Providing incorrect information on patient's economic and social condition by social worker.
 - j) Lack of proper services based on financial support program for especial patients.
 - k) Non-admission of patient despite having empty beds.
 - l) Referring patients to out of hospital to buy medicine, and medical supplies, and to perform Para clinical tests.
 - m) Activity of full time geographical treatment doctors, scientific mission or k factor in private clinics and charities.
 - n) Working of scientific mission during service hours in private, charity and non-state section.
 - o) Non-observance of visit standards.
 - p) Non-observance of patient rights.
 - q) Non-recording actions and services provided for the patient.
 - r) Non-recording of medicines used and expenses in the patient's file (health system development plan, execution version, Ministry of Health, treatment and Medical Education).

Tools needed for supervising proper execution of health system development plan

1. Patients files;
2. Interview patients and their companions;
3. Personal reference to treatment units;
4. Communication with patients through public communication systems, SMS, and email;
5. Related checklists;
6. Available information systems [14];
7. Reports on doctors' performance.

In the health system development plan, different violations by medical staff (doctors and hospital staff) directly in touch with patients are defined based on which due penalties are considered for infringers. Violations regarding rights of patient are presented as follows:

- Violations committed by doctors and / or other hospital staff (treatment, official), considered in the hospital moral committee, and disciplinary measures including verbal and written notice to doctors, staff or president of hospital, reduced rewards percentage, displacement of violating doctors, promotion stop for scientific mission and their referral to their board of violation and staff board of violation for doctors and employees include:
 - a) Untimely visit of patients.
 - b) Suspension of emergency patients.

CONCLUSION

In the health system development plan which is the latest version of ministry of health for providing optimal services and doing the duty for the noble people of Iran, the most important factor is the patient rights charter. One of this legal charter's sections is the right of patient to know and providing all information including diagnostic and treatment methods, weak and power points of each and potential consequences, diagnoses, prognosis and its consequences and all effective information in the procedure of patient's decision making. In line with this, health system development plan based on its regulations philosophy puts much weight on the rights of patients and takes it into account based on penalties considered for each case and puts

responsibilities on treatment staff particularly on doctors. With respect to part 4 of section 2 of patient rights charter, right to know is an integral part of patient rights and an obligation if not considered legally, it will lead to creating liabilities for doctors. Given essential terms of contracts authenticity, physicians in their relationship with patients must do their duties and commitments because relationship between doctor and patient from viewpoint of some lawyers is a contractual relationship and an innominate contract. Regarding explaining the disease for the patients (right to know) and providing full information for them, doctors act as a help to give propositions to the patients and this is the professional guidance of doctors which informs patients of their disease, treatment and consequences. Physicians who record their actions and diagnoses in the patient's file intend to inform the patient of his/her condition to achieve their rights. If there is any obstacle in patient's access to medical information and documents, it is considered violation and any one responsible for non-access of the patient to medical documents and information will be considered as violator and prosecuted and punished in accordance to regulations. Lack of information on patients' medical condition by doctors and not providing medical information after initiation of treatment is considered breach of patient rights to know based on part 4 of section 2 of the charter leading to civil, penal and disciplinary liabilities for doctors, because not providing information for the patient leads to lack of information and destroys any decision by the patient for future and treatment stages based on essential conditions of contracts authenticity, whose principle, the intention and consent will lose its legal justification. Any negligence by treatment staff will lead to liabilities. Some breaches are committed by doctors, which entail different official penalties including breaches prosecuted by moral committees for non-observance of patients' rights and non-recording measures taken and services provided for patients in their files. In case such breaches exist, the following penalties will be considered: verbal and written notice to doctors and even to hospitals chairmen, reduced reward, displacement of doctors and chairmen....it is noteworthy that based on health system development plan and procedures for supervising proper execution of development plans, it is likely that punishments defined in the plan is considered along with compensation penalty for the patient.

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