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Charter of Patients' Rights in Iran; History, Contents and Implementation

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Abstract

The impetus for the Charter of Patients' Rights began with the publication of the Universal Declaration of Human Rights in 1947, in which people called for equal rights for access to health and social services. The Universal Declaration of Human Rights in 1948 recognized the "inherent dignity" and the "equal and inalienable rights of all members of the human family". Accordingly, rules and regulations were developed under the title of the Charter of Patients' Rights to defend the rights of patients and provide the necessary conditions for human dignity, and ensure indiscrimination in adequate patient care. In Iran, the Charter of Patients' Rights was drafted in 2002 and sent to affiliated centers by the Ministry of Health and Education. It consists of 5 general axes and 37 clauses. The five axes of the charter are the right to receive desirable services, the right to receive information desirably and sufficiently, the patient's right to choose and decide on receiving health services freely, the right to respect patient privacy and the principle of confidentiality, and finally, the right to access the system. The development and promulgation of the Charter of Patients' Rights is a valuable step toward fulfilling the rights of patients. Its provisions can be met with the necessary arrangements for proper culture, comprehensive attention to the rights of all stakeholders, identification of barriers, providing strategies for the implementation of the charter, and the observance of patients' rights as an indicator in the evaluation of health service centers.

Key Words: Charter, Iran, Patients' Rights.

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1- Introduction

The hospital is an unfamiliar and strange place where the patient walks in worried about their health and is confronted with an image contrary to their familiar environment. The ruling system, painting and decorations, contractual relations, silence, and temporary noises make the patient miss the intimacy and affection of their home in the hospital environment. Separation from loved ones and the unfamiliar hospital environment threaten the patient's need for love and belonging. The patient feels inactive and neutral; their clothes and belongings are temporarily taken away, they meet unknown faces, including doctors and nurses, and the unpredictability of their fate causes the patient to lose their sense of personal identity to a large extent. The smell of medicine, unfamiliar noises, and endless commuting disturb their peace. The arrival of an injured patient, the screams and moans of other patients and their companions, the death of other patients, the efforts of the treatment staff, and the presence of modern equipment with different sounds all add to their suffering. Furthermore, illness makes a person feel insecure and think that the border between health and illness is extremely narrow and the distance between death and life very short. As a result, they are terrified and feel that their loved ones cannot support them in returning to health and life. So, out of desperation, the patient turns to the treatment group for help. When the feeling of security is threatened, the patient feels lonely and helpless and has to endure the pain alone in the distressful hospital environment.

For reducing the pain and respecting the rights of patients, countries have developed and approved a set of patients' rights under the "Patient Rights Charter", which health organizations are required to implement (1). The Charter of Patients' Rights is for the defense of human rights and preserving their dignity and honor. It ensures that in case of illness, especially in medical emergencies, adequate care is taken of the body, soul, and health of patients without discrimination in age, gender, and financial status in an environment full of respect and with the desired quality (2).

2- History

Rights are derived from the respect for individuals in a social context (3), and the patient's rights are rights that are necessary and deserved for a patient (4). In other words, the patient's rights are the observance of legitimate and reasonable physical, mental, spiritual, and social needs, crystallized in the form of standards, laws, and treatment regulations, which the treatment team is responsible for and obliged to implement and comply with (5). The UN Universal Declaration of Human Rights (in particular Article 25, which refers to the right to health and medical care worldwide) was the first step in establishing the concept of patients' rights; where "the inherent dignity, equal and inalienable rights of all human beings as the foundation of freedom, justice, and peace in the world" are recognized.

The Declaration of the Rights of Patients was first published in 1948 by the National Nursing Union in response to patients' expectations, the legal principles of informed consent, the confidentiality of information, preservation of patient dignity, and non-discriminatory admission (6). Accordingly, rules and regulations were developed under the Charter of Patients' Rights to defend the patients' rights, create the foundation for their dignity in all stages of their relationship with medical centers, and ensure non-discrimination in the appropriate patient care in an environment full of respect and high quality (7). Its observance by nurses, physicians, and other health professionals

improves patient care and increases their satisfaction and the efficiency of the health system (8). The American Health Association defines the purpose of paying attention to the patients' rights as the observance of the legitimate and reasonable physical, mental, spiritual, and social needs of the patient, formulated in the form of standard treatment rules and regulations, which the treatment team are responsible for and obliged to implement and observe (9). The 1948 Universal Declaration of Human Rights recognized the "inherent dignity" and the "equal and inalienable rights of all members of the human family". Based on the fundamental worth and equality of all human beings, the concept of patients' rights was also developed. In other words, what the patient received as a human being from doctors and the health services was recognized as a fundamental human right. Patients' rights vary in different countries and jurisdictions according to the prevailing culture and social norms. Different models of communication between patient and physician have been developed and have informed the patients about their rights (10). However, it was after the significant scientific and medical achievements of the 1970s when patients' rights became increasingly important, which is also often due to pressure from patient support organizations (11).

3- Concepts

3-1. Patient: A person who presents themselves to a service provider to receive health care services.

3-2. Law: A set of rules and regulations governing a society that recognizes special privileges and powers for individuals.

3-3. Human rights: In all languages, it means what is right and deserving for human beings.

3-4. Patients' rights: Patients' rights are defined as what is necessary and deserving for the patient (12).

4- Charter of Human Rights in different countries

The Charter of Patients' Rights is recognized in many countries, including the United States, Canada, the United Kingdom, France, Italy, Czech Republic, Australia, Sweden, Hong Kong, and Japan, which require hospitals to comply with them (13-18). Some of these rights are the right to proper and high-quality care and treatment, information, the confidentiality of information, informed consent, vote, the right to health education, privacy, the right to rest and die with dignity, the right to object and complain, and the right to compensation (19-24). The World Health Organization considers patients' rights as rights of individuals in the health care system, which health care providers are required to observe (25). The World Health Organization emphasizes the cooperation of patients, physicians, and nurses to provide appropriate conditions for the protection of patients' rights (26). Experiences from the implementation of the Charter of Patients' Rights show the improvement of the relationship between the patient and health care workers (27).

5- Charter of Patients' Rights in Iran

Each member of society is committed to preserving and respecting the dignity of human beings, in particular in the event of illness. Human dignity is one of the basic principles in the constitution of the Islamic Republic of Iran, and the government is obliged to provide health services for each individual in the country. Accordingly, the provision of health services should be fair and based on respect for the patients' rights and patients' dignity. In recent decades, medical interventions have expanded following the substantial progress of sciences, especially medicine, the emergence of modern treatment methods, and the advancement of medical science technologies. This has created many ethical challenges, especially for

patients as one of the most vulnerable social groups. An efficient health system requires the active participation of recipients and providers of health services. Appropriate and honest communication, respect for personal and professional values, and recognition of differences are necessary for optimal patient care (26). Physical, mental, spiritual, and social health are important aspects of human existence, and based on Article 29 of the Constitution, their provision is a significant obligation of the Iranian government (27). The Ministry of Health and Medical Education is responsible for the provision of health services and compliance with the Charter of Patients' Rights for members of the community. This charter is based on human values, the Islamic and Iranian cultural principles, and the inherent dignity of all recipients of health services and aims to maintain, promote, and strengthen the relationship between providers and recipients of health services (28). In Iran, the Charter of Patients' Rights was drafted in 2002 and sent to affiliated centers by the Deputy Minister of Health of the Ministry of Health and Medical Education. The proposed and amended text of the Patient Rights Charter was approved by the Policy Council of the Ministry of Health and Medical Education on November 25, 2009. The new charter in the form of five general axes and 17 clauses was announced to all universities by the Ministry on November 30, 2009. Its provisions are discussed below:

5-1. Vision and value

According to the National Constitution, respecting human dignity is one of the basic principles, and the government is obliged to provide healthcare services for all citizens. All citizens are committed to maintain and respect human dignity. This fact is more important when individuals are suffering from illness. Therefore, providing healthcare must be based on justice and observing human dignity and patient's rights. The charter has been adjusted regarding dignity, Islamic-Iranian values, and it is also based upon the principle of equal intrinsic dignity for all recipients of health services. The charter aims to maintain, enhance, and consolidate humane relationships between the recipients and providers of health services.

5-2. Iranian patient's rights charter

***Chapter 1*: Every individual has the right to receive appropriate health care services.**

-providing healthcare must be based on:

1-1) Respecting human dignity, cultural values, and religious beliefs;

1-2) Loyalty, equity, politeness and in association with kindness;

1-3) Freedom from any discrimination based on ethnicity, culture, religion, disease or gender;

1-4) Up-to-date knowledge;

1-5) Priority of patients' interest;

1-6) Justice and therapeutic priorities of patients in terms of health resource allocation;

1-7) Coordination of all aspects of care including prevention, diagnosis, treatment and rehabilitation;

1-8) Avoid causing unnecessary pain, suffering and limitation. This must be along with providing all basic and necessary welfare needs;

1-9) Focus on vulnerable groups of the society including children, pregnant women, the elderly, mental patients, prisoners, mental and physical handicaps, and abandoned children;

1-10) Timely responses to patients' needs;

1-11) Considering certain variables such as language, age, and gender of health care recipients;

1-12) Ignoring medical costs in case of emergency; in non-emergency cases it must be based on predefined standards;

1-13) Trying to transfer the patient to a more specialized center if necessary services are not available;

1-14) Providing comfort for the terminally ill if death is imminent. Comfort refers to decreasing patients' suffering and pain, to observe their (patients and their families) mental, social, spiritual and moral requirements at the time of death. Dying patients are entitled to be accompanied by a person of their choice.

***Chapter 2*: Every individual has the right to receive a sufficient amount of desired information.**

2-1) The information must contain the following:

2-1-1) Patient's rights charter upon reception;

2-1-2) Standards and predictable costs of hospitalization including medical and non-medical services, insurance standards, and introduction to supportive systems upon reception;

2-1-3) Name, professional position, and the responsibilities of the members of the medical team in charge of the patient including, physician, nurse, student and their professional relations to each other;

2-1-4) Diagnostic and therapeutic techniques as well as advantages and disadvantages of each technique, its probable risks, side effects, diagnosis, prognosis methods and any information which might affect patients' decision;

2-1-5) How to reach the physician in charge and main members of the medical team during treatment;

2-1-6) All interventions which are conducted with the purpose of research;
2-1-7) Necessary information for treatment follow up.

2-2) Information must be offered in the following manner:

2-2 -1) Information must be provided at a proper time with consideration of patient's condition. *i.e.*, anxiety, pain, language, education, and comprehension, unless:

- Postponing treatment in order to offer abovementioned information might harm the patient;
in this case, information must be released at the proper time after taking necessary steps.

- Patient refuses to receive information despite knowing that they have the right to be informed. This refusal must be accepted if it does not cause serious harm to the patients or others.

2-1-2) Patients are entitled to access all their recorded medical information, receive their copies, and request corrections if necessary.

***Chapter 3*: Every individual has the right to a free choice and decision about receiving healthcare services:**

3-1) The scope of individual choice is:

3-1-1) To choose their physician and healthcare center according to current regulations;

3-1-2) To choose to receive advice from a consultant;

3-1-3) Voluntary participation in research ensuring their decision will never affect their ongoing care;

3-1-4) To accept or to reject proposed treatments after being informed about the medical consequences of their decisions, except in cases of suicide or harm to others;

3-1-5) Patients' advance directives for times when they are incompetent.

3-2) Provisions for individual choice and decision making are:

3-2-1) Patients must make decisions freely and based on sufficient information as mentioned in chapter 2;

3-2-2) Patients must be given enough time for decision making.

***Chapter 4*: Every individual has the right to privacy and confidentiality.**

4-1) Observing patients' confidentiality is compulsory unless stated in regulations;

4-2) Patients' privacy must be respected at all times, and preparing all requirements to secure such right is necessary;

4-3) Only patients, people authorized by the patient, the law, and the medical team can have access to the information;

4-4) Patients are entitled to enjoy companionship of a person they wish, during diagnostic procedures such as physical examination. Parents can accompany their child during all treatment stages unless there is a medical restriction.

***Chapter 5*: Every individual has the right to access an efficient complaint system**

5-1) Every individual has the right to report violations to their rights (subject of the charter) to authority without jeopardizing the quality of the healthcare they receive.

5-2) Every individual has the right to be informed about the result of their complaint.

5-3) Any harm caused by healthcare providers must be dealt with according to the existing regulations as soon as possible.

5-3. Final note

If the patient is not able to make decisions for any reason, all patients' rights mentioned in this charter apply to the surrogate decision maker. However, if the surrogate decision maker is opposed to treatment, against the physician's advice, the physician can demand intervention from related authorities.

If the patient lacks sufficient capacity to make decisions, but can participate in some parts of decision making reasonably, their decision must be respected (30, 31).

6- DISCUSSION

The Charter of Patients' Rights improves the relationship between the patient and health care workers (32). Patients' awareness of their rights increases the quality of care and reduces costs. Informing patients, involving them in decision-making, and respecting their rights accelerate their recovery, reduce hospital stays, and prevent irreparable mental and physical injuries (33). Two basic principles should be considered in respecting the rights of patients in medical centers. The first principle is education. Unless patients are informed of their rights, they do not demand respect and cannot express their objections. Also, health care providers (doctors, nurses, etc.) should be aware of patients' rights and the consequences of noncompliance. The second principle is the executive guarantee of the Charter of Patients' Rights.

An organization should be appointed for this purpose independent of the Ministry of Health and Medical Education and under the supervision of the judiciary. Patients need to know how and to whom to go if there is a problem. This idea should be strengthened among health care providers that patients' awareness of their rights and their implementation is one of the priorities of the organization. This way, the hospital can achieve its principal goals in providing effective, efficient, fair, and high-quality services to patients. Although the development and promulgation of the Charter of Patients' Rights is an important step towards the fulfillment of patients' rights, its provisions can be observed after creating proper culture, respecting the

rights of stakeholders, identifying obstacles, developing strategies for the implementation of the charter, and the observance of patients' rights as an evaluation indicator of health care centers. In Iran, this charter can be gradually implemented and supervised considering the different conditions and capabilities of medical centers in the country to fully comply with the provisions of patients' rights based on the charter (33-35).

7- CONCLUSION

In Iran, the Charter of Patients' Rights was drafted in 2002 and sent to affiliated centers by the Deputy Minister of Health of the Ministry of Health and Medical Education. The charter aims to maintain, enhance, and consolidate relationships between the recipients and providers of health services. The Charter of Patients' Rights is prepared in five general axes and 37 clauses along with the vision and value and a final note. The five axes of the Charter are the right to receive desirable services, the right to receive information desirably and sufficiently, the right to choose and decide on receiving health services freely, the right to privacy and the principle of confidentiality, and finally, the right to access an efficient system of handling the complaints, corresponding to paragraphs 14, 4, 7, 9, and 3, respectively. Although the development and promulgation of the Charter of Patients' Rights is an important step towards fulfilling the rights of patients, its provisions can be observed after creating proper culture, respecting the rights of stakeholders, identifying obstacles, developing strategies for the implementation of the charter, and the observance of patients' rights as an evaluation indicator of health care centers.

8- AUTHORS' CONTRIBUTIONS

Study conception or design: RT, and EH; Data analyzing and draft manuscript preparation: RT; Critical revision of the paper: EH; Supervision of the research: EH; Final approval of the version to be published: RT, and EH.

9- CONFLICT OF INTEREST: None.

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