

Patients' Rights Charter: A Review of Studies in Iran

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Abstract

Over the past two decades, due to some reasons such as their vulnerability and need on one hand and on the other hand, increasing attention of international associations to human rights the patients' rights have been focused too much. This study is a comprehensive review by searching the database of Iranian sources, websites Centre for Scientific Information, University Jihad, Research, Science and Technology of Iran, Medical Sciences Papers Database (Iran Medex) and Google search by the keyword Patients' Rights. So finally, from a total of 60 found articles, 24 ones were examined in relation to the subject.

Keywords: Patients' rights charter, health service recipients

Introduction

One of the major attributes which is the source of many virtues is to feel a sense of responsibility towards others' rights and to serve mankind is that each educated person should have it. In the field of health and treatment, caring and promoting the preservation of human life have special importance to related personnel so the patients' rights become more important (Alfetrío, 2007). Effective health system requires active participation and interaction among health services personnel and recipients. The patients' rights charter was issued to define the health services recipients and promote moral norms observation in one of the most important fields of health services namely treatment with cooperation of the related experts and beneficiaries and executed. Patients' rights observation with important role in improving patient's health is one of the important goals of the treatment group. The term 'Right' means what should be done and what should not be done in all languages and human rights and patients' rights are similarly defined (Atashkhaneh, 2001). It is possible to define the goal of patients' rights charter as follows: defending human rights to revere him (her) and guarantee to save and treat him (her) when he (she) is sick (Specially in emergency conditions) regardless of his (her) race, age, sexuality and financial condition. Patients' rights charter states that any patient should benefit from hidden care, inquire directly the physicians and other medical personnel about their diagnosis, the treatment the prognoses in detail and should be able to decide about the recommended treatment continuation or discontinuation and keep secret his (her) treatment program (Sedghiani, 1998). The importance of patients' rights depends on the community requirements; in other words, they are executed by the government or other public or private legal departments to provide necessary facilities for the people's health. Like everybody the patient has some vital needs. Due to his (her) illness, he (she) may not fully meet some of his (her) needs and needs his (her) family help. Being aware of the needs of patients, it would be possible to recognize them better and select better ways to help these people. Understanding the patients' needs through them or their relatives will be a useful framework for better service (4). In the past, the patient was deprived of autonomy and decision making power and the health - care decided for him (her) and he also agreed with the decisions and trusted them while by virtue of new definitions

of patients' rights general concept concerning the patients' role, powers and decisions and health care has changed (Ingram, 2006). In 2002 the first charter of patients' rights was issued in Iran and was notified by then assistant of Ministry of Health , Treatment and Medical Education. Considering the necessity of issuing a comprehensive patient's rights literature a charter was compiled with a new and comprehensive view to define the health services recipients and observe moral norms in field of treatment. Having examined available sources, executed field studies concerning physicians', nurses' and patients' views about necessity of observing patient's rights, drafted the charter, inquired experts' views about the draft by correspondence and consulted with them the patient's rights charter was compiled. Finally the charter was sent to the policy council of Ministry of Health, Treatment and Medical Education and approved. Then the final patients' rights charter was noted to affiliated centers in Nov. 2009 by then Ministry of Health, Treatment and Medical Education; The comprehensive charter of patients' rights included five main principles, 37 paragraphs, weltanschauung and value and one note. The five principles included (Alfetrio, 2007) the right to benefit from the optimum services, (Atashkhaneh, 2001) having enough information, (Sedghiani, 1998) patient's right to decide voluntarily to benefit from the health services, (Moosaei et al., 2001) right to keep secret the patient's personal information and secrecy and (Ingram, 2006) the right to complain; these are explained in the paragraphs 14, 4, 7, 9 and 3, respectively (Parsapoor et al., 2009). This study was done to examine all previous studies concerning patient's right charter and views concerning the charter in order to inform the health personnel and patients about it and examined how much the patient's right has been observed in light of different dimensions of the rights and the effects of different factors related with them in Iran.

Materials and Methods

This study is a comprehensive overview done by searching in the Iranian database including Scientific Information Database (SID) of University Jihad, Science and Technology Research Center of Iran Information, Iranian Research Institute, IranMedex and Google with the keyword: Patient's Rights Charter. Finally 60 Persian articles found by the Keyword of which only 24 ones were in accord with the study goal and the rest examined special dimensions of the patients' rights beyond this study scope.

Results

The studies reviewed in this study were done in recent ten years (In 2002-2012) namely after the first patients' rights charter compilation in Iran and noted by the assistant of Ministry of Health, Treatment and Medical Education.

Table 1. Some studies regarding patients' rights in Iran

Writer(Year)	Title	Study Type	Findings
Rangrazjedi & Rabiei (2002)	Patients' rights observance in public hospitals, Kashan, 2002	Descriptive, analytic & cross-sectional	The patients' rights charter observed: % 67.74. Patient's awareness of diagnosis & remedy: % 80.72, dealing with complaints about costs: % 25.08, taking patient's satisfaction for presence of his

			(her) relatives: % 21.70 & dealing with patient's request for remedy & release: %53.80 observed
Rangrazjedi & Rabiei (2003)	Examining physicians' & nurses' views towards the patients' rights charter, Kashan, 2003	Crosse-Sectional	% 74.50 of physicians agreed. Their most agreement was with secrecy of patients' information & medical files (% 95.84); their least agreement was with respected remedy: % 48.11.
Abazar Hajavi et al., 2004	Comparing patients' rights charters in some countries to find a solution appropriate to Iran	Descriptive, comparative & case study	Appropriate solution proposed to define the patients' rights charter.
Jolaei et al. (2004)	Defining patients & their accompanying persons views about patients' rights	Qualitative	Themes appeared in the examination related to patients' rights in views of them and their accompanying persons about fair behaviour, respect & receiving necessary information about disease in the hospital.
Batani et al. (2006)	How much are patients aware of their rights in 8 hospitals, Esfahan	Descriptive-cross-sectional	More than % 50 of patients did not know their rights; there is significant relation between their awareness & education level.
Nasiriani et al. (2007)	Defining how much patients' rights observed in nurses' view in Yazd hospitals	Descriptive, analytic & cross-sectional	More than half of the nurses believed patients' rights observed moderately; patients' right observance(Of interferer variables) has significant relation with nurses' work experience.

Sarbaz & Kimiafar, 2008	Comparing patients' rights charters in some countries to find a solution appropriate to Iran	Descriptive, comparative & case study	We need essential comparative reexaminations because of insufficiencies in Iran patients' rights charter
Parsapoor et al. (2009)	patients' rights charter in Iran	Field study	Final patients' rights charter contents notified to affiliated departments by Nov. 2009 by Ministry of Health, Treatment & Medical Education
Parsapoor et al. (2009)	Examining patients', physicians' & nurses' views towards the charter observance in 2006	Descriptive, analytic & cross-sectional	Study groups' view towards ignoring patients' rights from different views; most important problem was the patient's right to select & decide which were not favorable in hospitals
Moosaei et al., 2010	Examining factors & mechanisms to observe patients' rights in Shariatrazavi hospital, Tehran, 2010	Qualitative	Generally patients' rights are observed poorly in the hospital because of low public culture & patients' unaware of patients' rights charter necessitating exact programs
Sadeghi & Khamarnia, 2010	Professional ethics in managing health to create background observing patients' rights	Descriptive	Professional ethics dominance in hospital specially among authorities & directors should help considerably organization decrease tensions & succeed effective to achieve goals & enable organization responsive
Hosseini et al., 2010	How much do coworkers & technicians know patients' rights in	Descriptive, analytic & cross-	The patients' awareness level was low regarding patients' rights charter, but the technicians' was good. There was

	rehabilitation centers, welfare & rehabilitation university, 2010	sectional	significant relation between technicians' awareness rate & service place
Davati et al., 2010	How much general practitioners know patients' rights charter	Descriptive, analytic & cross-sectional	The general practitioners' awareness regarding patients' rights charter is not acceptable
Bakaei et al., 2010	How much are patients aware of patients' rights charter in Shahid Sodooghi hospital, Yazd, 2010	Descriptive-cross-sectional	The most awareness of patients was about paragraph "Patient has the right to benefit from favorable care & treatment on time" & their least awareness was regarding: "Patients has right to know educational & training activities in hospital to decide if he/she agree with participation"
Basirimoghadam et al., 2010	Patients' & medical personnel's awareness of patients' rights charter in Gonabad educational hospitals	Descriptive-cross-sectional	Patients' & medical personnel's awareness was good, but its observance is not favorable. If patients' awareness is higher, their rights are observed more
Basirimoghadam et al., 2010	Patients' & medical personnel's awareness of patients' rights charter in Gonabad educational hospitals	Descriptive-cross-sectional	Patients' & medical personnel's awareness was good, but its observance is not favorable. If patients' awareness is higher, their rights are observed more
Colroozi et al., 2010	Patients' satisfaction regarding health – treatment team' operation	Descriptive-cross-sectional	Patients' satisfaction of remedy group regarding patients' rights charter execution in AJA treatment centers has

	regarding patients' rights charter observance		relation with numbers of days of hospitalization, section type, remedy group & patients' education level
Oskooei et al., 2011	Promoting patients' rights observance by training patients & employees	Descriptive-interference	By executing interferences based on education, patients' rights charter observance increased considerably & surely it improves remedy & patients' satisfaction
Karami et al., 2011	Examining interaction between patients and accompanying persons based on patients' rights charter in Ghazvin training – treatment centers, 2011	Descriptive-cross-sectional	There are significant relation between the five patients' rights principles in the charter & interaction improvement with patients
Dehbozorgi et al., 2011	Effect of patients' awareness of patients' rights charter on meeting patients' expectations before & after training charter in internal/surgery section, Namazi hospital, Shiraz, 2011	Descriptive-interference	76.60 percent of patients had median awareness. There was significant difference between responsiveness scores before & after training in the group. In this study there was significant relation between patients' education level & their awareness regarding their rights
Ghaziasgar & Ghaderi., 2011	Patients' & medical personnel's awareness of patients' rights charter & effective factors on observing it in Bouali	Descriptive-cross-sectional	Most of the studies personal had not good awareness regarding patients' rights & considering awareness is base of operation it was recommended to program for patients' rights charter

	hospital, Tehran, 2011		especially for medicine & paramedical fields to improve it
Moharami et al., 2011	How much patients' rights are observed in Ardabil hospitals	Descriptive-cross-sectional	patients' rights charter was observed 54..50 percent in the studies hospitals
Oskooei et al., 2012	Knowing and prioritizing the referents' problems in physiotherapy clinic * comparing it with Iran patients' rights charter, 2012	Descriptive-cross-sectional	First & second patients' rights principles have the most insufficiencies. Meanwhile, no insufficiency was seen in third, fourth & fifth principles led to not observe well patients' rights.
Kazemnezhad et al., 2011	Examining how much do physicians & nurses observe patients' rights charter in view of employees of educational hospitals of Mazandaran hospitals, medical science university	Descriptive-cross-sectional	Physicians & nurses believe patients' rights charter is not observed completely. There was significant difference between physicians & nurses regarding general patients' rights observance level
Babamahmoodi et al., 2011	Examining how much patients' rights charter is observed in view of patients of educational hospitals of Mazandaran hospitals, medical science university	Descriptive-cross-sectional	In the universe view patients' rights charter was generally observed 14.59 percent of cases. By virtue of the findings patients' rights charter was not observed satisfactorily in the universe from hospitalized patients' viewpoint

Discussion

The first patients' rights charter was issued in Iran in 2002 and was notified by assistant of Ministry of Health, Treatment and Medical Education. The studies done since 2002 indicate that related

researchers have had an interest in patients' rights. The comparative studies indicate that it had better reexamine essentially and comparatively because of insufficiencies in Iran patients' rights charter; on this basis a paradigm was offered to define an appropriate patients' rights charter for Iran (Sarbaz Zinabadi and Kimiafar, 2011). Hajavi et al. in their study showed that patients' right charter in U.S.A. , England , Canada and France includes, the right to benefit from health and treatment cares , the right to consent to treatment, keeping patient's rights, the right to privacy and the right to sue; the latter is not in the Iran Charter approved in 2002. The secrecy right was in the charters of the studies countries and the right to have translator and quiet pain are mentioned only in some states of U.S.A. (Hajavi et al., 2004). In 2009, by virtue of the field study done by Parsapoor et al. entitled "Patients' Rights Charter in Iran". The final text of the Charter presented and the procedures of compilation were described: The Patients' Rights Charter was defined by a comprehensive review of the available related literature, a field study of the attitudes of physicians, nurses and patients about the need to observe patients' rights, draft the patients' rights charter, correspondence and in-person survey of the experts on the draft and eventually consultative workshop hold to review comprehensively it. Finally the offered draft was approved by the Policy Council of Ministry of Health and Medical Education. The final text of the Charter of Patient Rights was notified in November, 2009 by then Minister of Health and Medical Education to affiliated centers.

It is possible to divide the studies done concerning the patients' rights from different views into three fields:

1. The views and attitudes concerning patients' rights charter.
2. The knowledge of the health personnel and patients concerning the patients' rights charter.
3. Patients' rights observance rate.

Regarding the evaluation of the views and attitudes towards patients' rights charter, Fatemeh Rangrazjedi and Reza Rabiei in their cross-sectional study in 2003 entitled "Assessment of physicians' and nurses' Views towards Patients' Rights Charter in Kashan city" indicated that the universe agreed with Patients' Rights Charter. Their findings showed that 74.50 percent of the physicians and nurses agree with the Patients' Rights Charter; in relation to the contents the most agreement was related to patients' privacy and file secrecy (95.84 percent) and the least agreement was with secret treatment (p.11). By virtue of the study, no significant relation was between physicians' and nurses' views and between the female and male universe (Rangrazjedi and Rabie., 2003). The findings of the cross – sectional, analytic-descriptive study entitled "The patients', physicians' and nurses' attitudes on respecting patients' rights" by Alireza Parsapoor et al. (2009), in a number one General Teaching Hospital, a number one private hospital and a public-treatment (All in Tehran) indicated the subjects' views about respecting the patients' rights are different about the principles. The most important problem was in relation to the patients' right to choose and decide which is the ideal situation that was not favorable in the training hospital (Parsapoor et al., 2009). By virtue of the findings it seems that the health technicians specially medical team should be informed about respecting patients' rights more in relation to informing them about their rights to choose and decide which is the ideal situation. Generally the studies in this field indicated similar views (Of physicians, nurses and patients) concerning patients' rights.

Concerning the health service technicians' and recipients' awareness of the patients' rights charter, Bateni et al. examined the patients' awareness of their rights in the fourth quarter of 2006 in eight training hospitals in Isfahan. The findings of this cross – sectional and descriptive study conducted on 385 hospitalized patients suggested that more than 50 percent of the patients were not aware of their rights and also according to the researchers' findings there was a statistical significant relation between patients' awareness of their rights and their education level namely patients with higher education levels were more aware of their rights. Bateni et al. believe that if training conditions and

information facilities are promoted, the patients' rights conditions are improved (Bateni et al., 2011). In their study Dehbozorgi et al. examined the effect of the patients' awareness of patients' rights charter on the potential to meet their expectations before and after training the charter in internal-surgery section of Namazi hospital, Shiraz; their sample included 120 patients selected randomly. Their findings indicated awareness of 76.60 percent of the patients was median. Besides, no significant difference was seen between the responsiveness scores before and after the training. Here also there was a significant relation between patients' awareness of their rights and their education level (Dehbozorgi et al., 2011). In their study, Ghaziasgar and Ghaderi examined the personnel's awareness level concerning the patients' rights charter and the factors effective on respecting it in Bouali hospital, Tehran; their descriptive study was conducted on 120 hospital employees selected randomly and generally their awareness level about the patients' rights was not good and considering awareness is the base of operation some programs were offered about patients' rights specially in field of medical and paramedical disciplines in order to improve it (Ghazi Asgar and Adeli, 2011). Several studies in this field showed that the majority of patients do not have sufficient knowledge of their own rights. This ignorance may be due to lack of adequate and accurate information regarding patient rights and also because mass media do not cooperate in this regard and on the other hand, the service personnel are not aware, either. Some studies have also indicated that this was a significant relationship between patient awareness and compliance with patient rights, so that with increasing patient awareness, increased observance; even the patients did not know that they had some rights in the health service system. Also some studies indicated there was statistical significant relation between patients' awareness of their rights and respecting their patients' rights charter namely when the patients were more aware of their rights their rights were respected more.

Finally, regarding "how much are the patient rights respected?", a descriptive-analytic study was conducted on 320 patients selected randomly in Kashan public hospitals by Rangraz and Rabiei. The findings indicated the patients' rights charter was respected in 67.74 percent of the universe cases. The patients' awareness of diagnosis and treatment was respected 80.72 percent; taking patient's consent with presence of accompanying persons was respected 21.70 percent during the examination; dealing with patient's request for treatment and release by his (her) own decision was respected 53.80 percent. There was a significant difference between the female and male universe regarding respecting the patients' rights charter ($p < 0.001$) and also between the subjects with educational level under diploma and higher than it ($p < 0.001$). Final conclusion indicated that patients believed all the patients' rights had not been observed completely specially regarding the presence of accompanying persons during the examination. Rangraz and Rabiei recommended some mechanisms to increase the technicians' and patients' information during reception (Rangrazjedi and Rabiee, 2005). In their cross-sectional descriptive study, defining how much the patients' rights are respected in nurses' view Khadijeh Nasiriani et al. indicated that they were observed in median rate in more than half of the cases and the patients' rights observation had significant relation only with the nurses' work experience (Of interfeerer variables) ($p=0.006$) so by virtue of the findings the patients' rights observation is in median rate which is not satisfactory considering the importance of the subject and it is necessary to issue related regulations concerning patients' and nurses' rights and guarantee their execution in order to increase respect for them in a way that we have better treatment-health services and team and more patients' satisfaction very soon (Nasiriani and Farnia, 2007). Having examined different studies it became clear that more than half of the patients stated their rights had been respected by the related personnel. Despite some insufficiencies in the health and treatment system such satisfaction may be due to patients' unawareness concerning their rights and their low demands about respecting their rights in the health services system and also related studies indicated physicians, nurses and all heal service personnel agree with the patients' rights

principle and necessity of its execution and are highly aware of such rights; the findings indicate patients' rights are very important for all health service personnel, but the patients receive enough information from them because of unawareness. By virtue of the Parsapoor's study examining the difference between the patients' and physicians' views in this regard indicated while the physicians think if they give necessary information and right to decide the patients, they have permitted them to participate in the decision the patients do not think so; such different views indicate the necessity of more attention to the subject. In relation to the nurses lack of enough personnel, too much work and sometimes inappropriate structure and lack of equipments in the hospitals are of effective and important factors influencing the quality of the care and respecting the patients' rights in many studies. Monir Karami's et al. study entitled, " Examining The Plan To Interact With Patient & his(her) Accompanying Persons Based on Patients' Rights Charter' indicated that the five main principles mentioned in the patients' rights charter have significant relation with better interaction with the patients in a way that the first principle had 74.30 percent effect and the fourth and fifth ones had 81.20 and 59 percent effect, respectively; their findings in accord with other studies' indicated there is a very close relation between the patients' rights charter observation in the treatment centers and their interaction increase (Karami et al., 2011).

Conclusion

The patients' rights studies, which have increased since 80s, indicated that patients' rights respect is one of the most important elements of ethical and humanistic care. Since 2002, many studies have focused on the importance and way to respect such rights and many regulations and by-laws approved in this regard, too, but practically only circular letters and declarations are not enough and it is necessary to train the health services personnel, patients and their families to consider them as active agents in care and treatment. Recent developments regarding patients' rights indicate that the legislators, international organizations and related associations have paid attention to this matter. Physicians and nurses have the most responsibility to respect the patients' rights. The patients' rights observation should be incorporated into the programs training the related directors and employees. One of the mechanisms to help the process is paying attention to professional ethics and developing them in hospitals especially for the directors. If the hospital directors and personnel do not agree with such rights and do not respect them, it is not possible to execute them. It goes without saying that such process needs a cultural change in hospitals and treatment centers. If such rights are observed, the patients are more satisfied, the utility increases and related activities and results are influenced considerably. Finally, considering the researchers' cooperation with this process, it is recommended that as a directive related training and treatment centers take into consideration the examination of the patients' rights charter importance in their next studies.

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