

Patient's Rights Charter in IRAN

Alireza Parsapoor^{1,2}, Alireza Bagheri², and Bagher Larijani^{1,3}

¹ Medical Ethics and History of Medicine Research Center, Tehran University of Medical Sciences, Tehran, Iran

² Department of Medicine and Medical Ethics, Tehran University of Medical Sciences, Tehran, Iran

³ Endocrinology and Metabolism Research Institute, Tehran University of Medical Sciences, Tehran, Iran

Received: 3 Jan. 2012; Received in revised form: 9 Aug. 2012; Accepted: 17 Dec. 2012

Abstract- Given the importance of *patient's rights* in healthcare, special attention has been given to the concept of patient's *rights* by the Ministry of Health and Medical Education in Iran. *Iranian patient's rights charter* has been compiled with a novel and comprehensive approach. This charter aims to elucidate rights of recipients of health services as well as observing ethical standards in medicine. This paper presents the Iranian patient's rights charter. Based on a study done from 2007 to 2009, the charter has been finalized through an extensive consultation involving all stakeholders, patients, physicians, nurses, lawyers, patient associations and health policy makers. The developed charter was adopted by the Ministry of Health in December 2009. Iranian patient's rights charter has been formulated in the framework of 5 chapters and 37 articles including vision and an explanatory note. The five chapters concern right to receiving appropriate services, right to access desired and enough information, right to choose and decide freely about receiving healthcare, right to privacy and confidentiality, and finally right to access an efficient system of dealing with complaints which have been explained in 14, 9, 7, 4 and 3 articles, respectively. The paper concludes that, adopting the patient's rights charter is a valuable measure to meet patient's rights; however, a serious challenge is how to implement and acculturate observing patient's rights in practice in our healthcare system in Iran.

© 2014 Tehran University of Medical Sciences. All rights reserved.

Acta Medica Iranica, 2014; 52(1): 24-28.

Keywords: Patient's rights, Medical ethics, Iranian patient's rights charter

Introduction

Medical ethics, as an academic discipline, is relatively new; however, ethical implications have accompanied medicine for a long time. In old medical texts such as the Hippocratic Oath (1), Maimonides prayer (1) and Ethical obligations of physicians by Aghili Shirazi (2) some ethical principles including priority of patient's interest over physician's interest and observing confidentiality have been emphasized. However, it is noteworthy that physician's commitments were being emphasized more than patient's rights in previous literature.

Advances in medicine now offers better treatment modalities and technology, however, these advancements have also brought many ethical challenges in the society (3). The human rights movement during recent decades has attracted medical communities and social groups including patients.

Patients, as one of the vulnerable social groups in terms of physical, mental, social and economic aspects, are exposed to more risks. For this reason, special attention has been given to the concept of patient's rights by human rights activists (4).

Patient's rights in is one of the most important factors in healthcare accreditation (5,6). However, to offer a comprehensive definition for "Health", all physical, mental, spiritual, and social aspects of individuals should be taken into account. This issue has also been emphasized by article 29 of the constitution of the Islamic Republic of Iran (7). An efficient healthcare system requires the active participation of both recipients of health services and health providers. Providing care for patients requires proper and loyal communication, respecting privacy and professional values, as well as showing sensitivity to cultural differences. Hospitals, as one of the most important institutions to provide healthcare services, must be an

Corresponding Author: Bagher Larijani

Endocrinology and Metabolism Research Center and Director of Medical Ethics and History of Medicine Research Center, Tehran University of Medical Sciences, No 23, 16th Azar St., Keshavarz Blvd., Tehran, Iran
Tel: +98 21 66419661, Fax: +98 21 66953832, E-mail: mehr@tums.ac.ir

institution for understanding and respecting the right of all parties involved, patients and their families, as well as medical professionals.

In the past decade, medical ethics has received priority by health policy makers in Iran. Establishing research centers, scientific journals, training courses, and holding several international, national and regional conferences are among these initiatives (8).

Patient's rights charter was first compiled by the Ministry of Health and Medical Education (MOHME) in 2003 (9). According to the regulation, healthcare centers were obliged to display the charter in a visible place. However, the charter did not gain widespread acceptance in the healthcare system, because -as expressed by the interviewees- the previous charter was not a comprehensive one and failed to receive the approval of professionals and stakeholders because it was not compiled based on a consultation process. The Research Center for Medical Ethics and History of Medicine in Tehran University of Medical Sciences took the initiative to work on the issue and drafted a new charter of patient's rights. The *Iranian patient's rights charter* has been compiled with a novel and comprehensive approach. The charter's aim is to elucidate rights of health service recipients as well as observing ethical norms in medicine. It must be noted that, although adopting the *patient's rights charter* is a valuable measure to meet patient's rights, a serious challenge is how to implement and acculturate it in practice in our healthcare system in Iran.

The patient's rights charter in Iran has been developed with a special attention to the religious issues and cultural norms of the country and efforts have been made to incorporate these important factors in all articles of the charter. Special attention has been made to avoid any contradiction between Islamic jurisprudence and the articles of this charter. It can also serve as a template charter for other Islamic countries if they wish to develop their own charter.

Materials and Methods

The first draft of the *patient's rights charter* has been written based on an extensive literature review (10).

All published papers in Persian as well as available papers and book written in English on the subject were reviewed. A careful review of the encyclopedia of bioethics, medical oaths, before and after Islam, Islamic medicine, as well as contemporary medical ethics and professional commitments of physicians, and international declarations was made.

As the next stage, in order to evaluate acceptability of the drafted charter, a study was performed to obtain the viewpoints of physicians, patients, and nurses (11). This study encouraged the team to perform more studies concerning certain rights which were demanded by the patients during the study.

In the next stage, the drafted charter was sent to 48 medical ethicists, medical specialists, Islamic jurists, and philosophers to obtain their opinions on the issue. The second version was revised based on the feedback received from these experts.

To get comments on the second draft, eight scholars were selected for interview based on their merits in healthcare system. The selection process was designed to include experts from private as well as public sectors. The third draft was developed based on their comments.

To finalize the draft, a consultative workshop was held in October 2009. The workshop was attended by representatives of patient advocacy groups (chronic mental diseases, thalassemia and hemophilia patients), the Medical Council, insurance organizations, and some experts in medicine, law and medical ethics. In case of receiving a contradictory comment during previous stages, the working group made a decision based on the discussion in the consultative workshop to finalize the document. It should be emphasized that in developing the charter, efforts have been made to make sure that all parties involved or affected by this charter have their voice heard in the development process.

The project was done from 2007 to 2009, and the developed charter was adopted by MOHME in December 2009. Following the adoption of the charter, an administrative order was issued by the MOHME, according to which, universities must work on the implementation of the charter. Also, hospital accreditation standards have been revised in order to observe the charter.

Results

The following is the Iranian Patient's Rights Charter which has been adopted by MOHME.

Iranian patient's rights charter

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,

Patient's rights charter in Iran

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.

Patient's rights

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) Avoidance of 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, 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 none 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 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 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 have been 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.

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.

Discussion

Historical review of patient's rights show that, the medical profession has been trying to observe *patient's rights regardless of patients' socio-cultural and religious background*. Amongst them, commitments

such as physicians' benevolence, confidentiality, avoiding exploitation and discrimination can be emphasized. During recent decades, health policy makers have been focusing on how to observe *patient's rights* in the health care system. Along with formulating *patient's rights* charter, health policymakers and patient advocacy groups have tried to remind medical professionals of these rights and also to inform the society about their rights, when they get sick. This strategy on one hand enhances public awareness about *patient's rights*, and on the other hand, it brings it to *physicians' attention to respect patient's rights* in their everyday practice. A study by Kuzu *et al.* showed the importance of public awareness on observing patient's rights in *developed countries* (12).

In light of cultural diversity, there are compelling reasons to develop a unique *patient's rights charter* in every country instead of adopting another country's or an international charter of *patient's rights* (if one exists). The reasons can be listed as follows:

A) Although international agreements on *patient's rights* are common in most principles, cultural backgrounds behind each principle are different in each society in terms of their values. This has to be taken into account in the implementation of the *patient's rights charter*. For instance, in our Islamic society, the observance of confidentiality in human behavior has been emphasized in Islamic teachings, and Muslim physicians are encouraged to respect *patient's* confidentiality.

B) Undoubtedly, general consensus over relevant ethical principles is the basis for drafting an international document. However, such an international document may deprive local communities from a very crucial ethical principle which is accepted in that community. Therefore, a national patient's rights charter can guarantee that such accepted ethical norms will be observed. However, conducting a comparative study will be very helpful for the implementation of the charter.

C) Examining various national and international documents of *patient's rights* is crucial in drafting a national *patient's rights* charter. However, conducting field studies, collecting the opinion of medical professionals and the public would bring a better understanding and also better participation of all stakeholders in developing patient's rights charter.

D) This is one of the main factors for social acceptance and optimization of such charter.

It must be noted that in a comprehensive approach, observing the rights of healthcare providers must be

Patient's rights charter in Iran

done in parallel with observing patient's rights. Considering patient's rights *per se*, and ignoring the rights of health-care providers can create a hindrance to realization of such a charter. Every social group has commitments that may be against their own rights, and sole emphasis on the rights and neglecting commitments would deter constructive interaction and relations with other social groups.

The paper suggests that in the next step, strategies on how to implement the patient's rights charter should be developed. In conclusion, the observation of patient's rights and its implementation not only needs a political will in the national level but it is also very crucial to provide education in the general public as well as professional levels to make sure that patients' right is applicable to the healthcare system.

Acknowledgements

The authors wish to thank all representatives of patient advocacy groups who shared their views on the Charter, Drs. Alireza Milanifar, Kiarash Aramesh, Fariba Asghari for their valuable comments, and staff of the Medical Ethics and History of Medicine Research Center, Ms. Kobra Aghaie, Zeinab Karimi, Fatemeh Babakhani and Azam Khazaie for their administrative help.

References

1. Hippocratic Oath. Available: http://en.wikipedia.org/wiki/Hippocratic_Oath(accessed in Feb. 2014).
2. Post SG (ed). Encyclopedia of Bioethics. 3rd edition. New York: Thomson Gale 2004;P. 2655-6.
3. Larijani B. Pezeshk va molahezate akhlaghi [Health care professional and ethical issues] (In Farsi). First edition. Tehran: Baraye-farda Pub 2004;P. 9.
4. Cohen J, Ezer T. Human rights in patient care: A theoretical and practical framework. Health and Human Rights 2013; 15:2.
5. Emami razavi S.H, Standardhaye etebarbakhshi bimarestan dar Iran [Hospital Accreditation Standards in Iran] (In Farsi). Tehran: Seda Pub 2011; P. 21.
6. Joint Commission International Accreditation Standards for Hospitals, 5th Edition, 2014, http://store.jointcommissioninternational.org/assets/1/14/JCIH14_Sample_Pages.pdf (accessed in Feb. 2014).
7. Constitution of Islamic Republic of Iran, article 29, 1980. Available: http://en.wikipedia.org/wiki/Constitution_of_the_Islamic_Republic_of_Iran (accessed in Feb. 2014)
8. Zahedi F, Emami Razavi SH, Larijani B. A two-decade Review of Medical Ethics in Iran, Iranian J Public Health 2009;38(Suppl. 1):40-46.
9. Rangraz jeddi F, A study on the attitude of physicians and nurses of Kashan Hospitals about the charter of patients' right. 2003, KAUMS Journal (FEYZ) 2006;10(1):62-71.
10. Parsapoor A, Mohammad K, Malek afzali H, et al. Observance of Patient's Rights: A Survey on the Views of Patients, Nurses, and Physicians. J Med Ethics Hist Med 2012; 5:5.
11. Parsapoor A, Mohammad K, Malek afzali H, et al. Necessity of Observing Patient's Rights: A Survey on the Attitudes of Patients, Nurses, and Physicians. J Med Ethics Hist Med 2012; 5:2.
12. Kuzu A, Erqin A, Zencir M. Patients awareness of their rights in a developing country. Public Health 2006; 120(4). pp; 290-6.