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An important ethical and medicolegal issue; projecting the need for medical education about patient rights among the hospital staff

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ABSTRACT

The aim of this study was to evaluate the need for medical education about patient rights among hospital staff and in the light of the study findings a curriculum map were designed on this issue. A self-administered questionnaire about patient's rights was hand-delivered to 124 university hospital personnel who accepted to fill a questionnaire before education program settled in 29 March 2012. Ninety-two (74.2%) respondents were female and thirty-two (25.8%) were male. The mean age was 34.71±7.5 years. 80 personnel (64.5%) stated that they have received training concerning patient rights during their education while 40 personnel (34.5%) stated that they did not. Sixty tree (50.8%) of the participants stated that they had not read any legislation related to patient's rights. In the light of present study findings, it is important to do postgraduate training activities about patient rights. Considering that there are 1727 non-doctors personnel working in Ondokuz Mayıs University Hospital, to be able to run effective training programs require ample utilization of computer technology and the social media.

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1. Introduction

Patient's right is a set of concepts guaranteed by the national and international laws for receiving appropriate health care for patients according to universal ethical values. The success of a health system is depended on the medical personnel equipped with the requisite knowledge, skills and attitudes towards patient rights. First regulations to protect patient rights in medical research activities have been well demonstrated in Declaration of Helsinki, 1964 (Griffin et al., 2013). Basic principles of patient-doctor relationship have been identified in Lisbon declaration in 1981 and after Lisbon, World Medical Association has revised the declaration in Bali in 1995 and finalized in 2005 in Santiago, Chile and declaration of Lisbon brought up issues such as the importance of informed consent (Griffin et al., 2013).

The right to a healthy life is an important human right and guaranteed by the governments. In this respect, for protecting the right to healthy living, entire medical staff is needed to perform their works adequately in coordination with each other. Living right is the most basic human right and an error in the medical system during administration of health services might cause loss of a patient's life. Therefore, not only doctors and nurses but also all health care personnel should have the adequate knowledge and skills before approaching a patient. In directive of patient rights, main principles to be followed regarding the rights of the patients were issued in 1998 in Turkey. Since the enactment of the regulation of patient rights in Turkey, a couple of studies were published about knowledge level of doctors on the patient rights issue (Hakan et al., 2006; Özer and Günay, 2007; Duran et al., 2008; Eker et

^{*} Some part of the study results presented at 22. Annual Meeting of International Legal Medicine, 05-08 July 2012, Istanbul, Turkey.

Table 1. Answers of hospital staff about Patients' Rights Directive of Turkey				
	True	False	Not know	No answer
The participants were asked if they have to give information about your identity, duty and title if demanded by the patient	87.9% n=109	9.7% n=12	2.4% n=3	=
Patients have right to choose the health personnel, change his physician and ask for a consultation	71% n=88	22.6% n=26	6.5% n=8	-
The life of the terminally ill patient who is in great pain cannot be terminated even if demanded by the patients or next of kin	86.3% n=107	8.9% n=11	4.0% n=5	0.8% n=1
Patients have a right to demand written and verbal information about their illness with its consequences and treatment modalities	98.4% n=122	-	-	1.6% n=2
Patients can ask copy of all medical records about their health from the health institutions	94.4% n=117	2.4% n=3	2.4% n=3	0.8% n=1
Patient's information may not be declared under any circumstances unless it is demanded by a court of law.	81.5% n=101	9.7% n=12	7.3% n=9	1.6% n=2
No medical procedure can be performed without patient's consent	91.9% n=114	4.8% n=6	3.2% n=4	=
Health institutions will provide adequate religious facilities for patients to perform their rituals	86.3% n=107	1.6% n=2	12.1% n=15	-
Any patient that refused treatment in an institution has a right to ask for treatment in the same institution	86.3% n=107	4% n=5	9.7% n=12	-
Medical information and explanations using a translator if required are given to the patients in a simple, clear and gentle very beyond any doubt without using medical jargon.	96% n=120	1.6% n=2	1.6% n=2	-

al., 2012). In the literature, there are few studies investigating the awareness level of nurses and other health professionals about patient rights in Turkey (Hakan et al., 2006; Bostan, 2007). Nurses do most of the medical and administrative procedures in healthcare institutions related to the patients. It is stated that nurses and other medical staff (medical secretaries, security guards) are directly communicating with the patients so the attitudes of these healthcare personnel on patient rights are also important (Bostan, 2007; Duran et al., 2008). The aim of this study was to evaluate the need for medical education about patient rights among hospital staff working in various positions at a university hospital. In the light of study findings, we designed a curriculum map for patient rights.

2. Material and methods

The biggest city in the Black Sea region of Turkey is Samsun in terms of population. It is located in the north part of the country with a population of approximately 1.2 million (in year 2012). As a regional Center, University hospital serves surrounding cities as well totaling approximately six million people. An education program concerned with ethical and legal issues about patient rights settled in 29 March 2012 for the university hospital staff. In the beginning of the program, a self-administered questionnaire about patient rights was hand-delivered to 124 university hospital personnel. The study was designed to examine the knowledge level of university hospital personnel and project the need for education about patient rights. Pearson's chi-square test was conducted to identify the statistically significant factors. We designed a curriculum map in the light of study findings.

3. Results

Of the 124 personnel who participated in completing questionnaires, 92 (72.4%) were female and 32 (25.8%) were male. The mean age was 34.21 ± 7.45 for females, 36.09 ± 7.6 for males and overall 34.71 ± 7.5 for both sexes.

The occupation distribution of the participants were 51 (41.1%) medical secretaries, 32 (25.8%) nurses, 20 (16.1%) auxiliary staff and 20 (16.1%) various (chemists, technicians, security personnel and biologists). One person did not specify his/her occupation. The education level distribution of the participants were as fallows; 65 (52.4%) university, 43

(34.7%) high school, 12 (9.7%) college, 2 (1.6%) primary school. One person did not reply to this question.

Among the hospital personnel who participated in this study, 80 personnel (64.5%) stated that they have received training concerning patient rights during their education while 40 personnel (34.5%) stated that they did not. Four personnel (3.2%) did not answer to this question. Answers of hospital staff about Patients' Rights Directive of Turkey is shown in Table 1 where total number of participants is 119 instead of 124 due to 4 person declined to answer this question and one person did not specify his occupation.

The participants were asked whether they had read any legal documents on patient rights, 59 (47.6%) participants stated that they did while 63 (50.8%) participants stated they did not. Two (1.6%) participants refused to answer to this question.

The participants were asked if they knew the type of the legislation that came into effect in 1998 (patient rights directive). Fifty seven (46%) participants chose the right answer, while 24 participants (19.4%) chose a wrong answer. Thirty nine percent (31.5%) participants said they did not know and one person gave no answer. Statistic analyses showed that number of female participants who correctly answered to this question was significantly higher (OR=2.86, p=0.017).

The knowledge and awareness level of university hospital staff about patient rights is evaluated and shown in Table 1.

4. Discussion

Among the hospital personnel who participated in this study, 80 personnel (64.5%) stated that they have received training concerning patient rights during their education. In a study done by Duran et al. (2008) 25.8% of the study population stated that they had attended courses on patient rights during their education. Raising awareness level of patient rights among the general public and patient populations in Turkey might lead to this improvement.

In the present study, 55.6% of the participants declared that they have received training concerning patient rights while they were in service. Duran et al. (2008) reported likely similar rate (62.7%) in Turkey. After raising public awareness about patient rights, the Health Ministry of Turkey had settled patient rights units in hospitals since year 2004.

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This development had led to increase in educational activities about patient rights in health institutions. This might cause an increase in training activities about patient rights.

In the present study 47.6% of participants declared they had read legal documents about patient rights. Hakan et al. (2006) stated that this rate was 37% in doctors and 48.6% in midwives and nurses (Hakan et al., 2009). It is stated that the ratio to this question was 52.2% (Özer and Günay, 2007).

Seventy one percent participants stated that patients have right to change the doctors and other health service providers according to the directives. It is stated that right response rate to this question was 96% among midwife and nurses in Izmir (Hakan et al., 2009).

According to the patient rights, legislation in Turkey, title, and identity and duty information of personnel should be given to the patients on demand. As 11.4% of the participants do not have the adequate information about this issue, in our opinion, in-service training activities are warranted to remedy this problem. In a former study in Turkey, it is found that 92.3% participants had adequate knowledge about this issue (Özer and Günay, 2007).

In the present study, 86.2% of participants stated, "the life of the terminally ill patient who is in great pain cannot be terminated even if demanded by the patients or next of kin". Euthanasia is a crime according to Turkish law. The life of a patient cannot be terminated under any circumstances. Any action against this law is regarded as a violation of basic human rights of life and can results in serious legal consequences for the hospital and its personnel. Sixty seven point five percent of the personnel had reasonable knowledge about this issue in a study done in Kayseri (Özer and Günay, 2007). Hakan et al., (2009) reported that 48% of the participants stated that life could not be terminated in any circumstances. Within the last 5 years, the increasing rate of adequate answers about euthanasia might be arisen due to the growing sensitivity and awareness level in the public about this issue. However, we reckon that this development is not good enough. As 13% of the participants displayed that they do not have any information about this issue, there should be training programs designed to equip hospital personnel with the skills and knowledge related to legal aspects of euthanasia.

There is an ethical code of doctors and medical staff that privacy of the patient's information should be respected all the time. Any violation of this code is punishable by the Turkish criminal laws. As 18.5% personnel were found to have inappropriate information on this issue, we reckon that this topic should also be included in future medical education programs.

Ninety four point four percent of the participants stated that patients had right to inspect and/or obtain a copy of their health information. Hakan et al., (2009) reported a similar rate 89% in Turkey.

In our study, 91.9% of participants confirmed that no medical intervention could be undertaken without obtaining legal consent of the patient. In the study among nurses and midwives, Hakan et al., (2009) reported that 93% of the participants stated that informed consent had to be taken before doing any medical intervention.

Present study encompassed only 124 hospital personnel who attended an education seminar about patient rights. All of the personnel in the hospital invited to the education program but the ones who interested in this topic came to the seminar. So the success rate of the participating hospital personnel is expected probably to be higher than the whole personnel.

People who work in health services are under obligation to abide the national and international rules and regulations concerning patient centered approach and patient rights. Therefore, higher awareness and updated level of knowledge is required. In our study, we observed that important portion of the non-doctor health service providers implied that they did not have any education concerning patient rights during their studying and working-life. Education activities for health personnel should be carried out henceforth in a systematic way to bring up their knowledge. These efforts can help hospital personnel preparing to improve capability to deliver respectful and culturally sensitive care.

There is a constant need for surveying whole of the personnel is to evaluate their level of knowledge towards patient rights and the updated legal requirements. According to present study results, male medical staff knew less about the type of the legal regulation concerning patient rights. We reckon that education programs for the patients to update their knowledge of their rights would be useful especially on target populations like male staff. Considering that there are 1727 non-doctors personnel working in Ondokuz Mayıs University Hospital, to be able to run effective training programs require ample utilization of recent developments in medical education and computer technology.

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