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PATIENT RIGHTS IN IRAN'S LEGAL SYSTEM BY LOOKING AT THE PATIENT'S RIGHTS CHARTER

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ABSTRACT

Patient's rights are one of the main axes in defining standards for the administration of clinical services. In 2002, for the first time, the Patients' Rights Bill was drafted in Iran and was presented by the health department of the Ministry of Health and Medical Education. Considering the necessity of compiling a comprehensive text on patients' rights, the Patients' Rights Charter in Iran was developed with a new and comprehensive look at the purpose of explaining health care providers and observing ethical standards in the field of treatment. It should be noted that although the drafting and notification of the charter Patient's rights are a valuable step towards the rights of patients, but when it comes to its provisions, it is hoped that the necessary arrangements for proper culture, full attention to the rights of all stakeholders, the identification of barriers, the ways in which the charter is implemented, as well as the observance of patients' rights as One of the evaluation indicators of centers Provide health services.

Keywords: *Patient's Rights, Patient's Rights Charter, Responsibility, Satisfaction*

INTRODUCTION

The patient's rights consists of a task that has a treatment center for the patient, that is, observing the physical, psychological, spiritual and social needs that are formulated in accordance with the medical laws and regulations, and the medical group is responsible for its implementation (Dawati et al., 2010, p. 82). In different countries, including our country, these laws and regulations have been published in the form of patient bill of rights (Rangraz Jeddi, Rabiee, 2007, p. 41). Today, in spite of the efforts of physicians and staff in the health and medical sectors, and the wide possibilities of dissatisfaction and complaints of patients is rising. Undoubtedly, most of the satisfaction in medical centers is related to their rights by the staff at the medical centers and their assistance in meeting their needs. Thus, taking into account the patient bill of rights, patients can be treated more effectively. Failure to observe the patients' rights and their dissatisfaction from the provided services will slow down the improvement, increasing hospitalization, irritability and the cost of treatment. Therefore, increasing the observance of patients' rights is one of the main goals of medical group activities, which will play a significant role in promoting health (Mousavi et al., 2011, p. 55). The patient's rights are also one of the main topics in defining standards for the administration of clinical services. Like any other person, the patient has vital needs. Because of illness, patient may not fully meet his/her needs, and he/she needs help from others. By knowing the needs of the patient, they can be better identified and a better way to help them. (Mosaddegh rad, Asnaashar, 2004, p. 45). Since the observance of patients' rights is the first priority in the field of medical ethics in the country and one of the most important components of providing

humanitarian and ethical care. Health staff without the awareness of ethical concepts and related themes, including patient rights, may not face the challenges ahead and will not be able to match themselves with the needs of demographic and technological changes of 21st century. Therefore, these concepts are important to provide care with good quality (Rahimikian, 2006, p. 8).

The patient's rights have different aspects, such as the right to life, the right to secrets, etc., which will provide below:

The right to life: One of the rights of the patient is the right to life which is one of the most fundamental rights that each individual possesses, so that the existence of other rights depends on it. The right to life is one of the fundamental rights underlying other human rights. That is why, in the early cases of the Universal Declaration of Human Rights, it has been pointed out that the issue has also been highlighted in the International Covenant on Civil and Political Rights (Ehsani Motlagh, 2015, p. 125-138).

Privacy: Another patient-related right is privacy-protecting. Privacy is one of the most important and fundamental rights of every human being and has a direct and close relationship with his/her personality. Despite the importance of this issue, when a person is admitted to the hospital, he/she is not always able to control the privacy and his/her privacy is violated during different treatment settings by the medical staff for a variety of reasons. Privacy-protecting of patients create dignity and the range of mutual beliefs for them that would lead to a safe and secure environment to mental and physical well-being, which would speed up his/her recovery and early discharge from the hospital. The confidentiality of personal data in all countries is considered to be the right of all patients, and the transfer of confidential information to a third party must be made with the consent of the patient. However, in cases where secrecy endangers the health or life of a patient or community, the physician is not required to be secretive (Grosian, 2014, p. 10)

The patient bill of rights was drafted by the Ministry of Health and Medical Education in 2002, which included 10 paragraphs. The patient bill of rights had shortcomings, and a reassessment of the patient rights topics was made and the new bill was issued by the Ministry of Health and Medical Education in November 2009 and was announced to all universities. The patient bill of rights is to protect human rights in order to protect its dignity to ensure that, in the event of illness, in particular in medical emergencies without discrimination of age, gender, and financial strength of his/her body, ghost, and health is sufficient and this care will be provided in an environment that is rich in respect and desirable quality (Sedeghiani, 1998, p. 118). The observance with the patients' bill of rights improves the acceleration of the relationship between the patient and the health care staff (Mosadegh Rad, Asnaashar, 2004, p. 45-63), which is done for the better and faster treatment of the relationship between the medical staff and the high-performance hospital. This will be beneficial for the patient and the physician at the expense and the every difficulty (Mosaddegh Rad, Asnaashar, 2004, p. 45-63; Zali, 1998, p. 209, 449, 512).

Patient Rights Instances in the Patient-Protecting Bill of Rights

1. Getting the optimal health care is right for the patient. The provision of health services should: 1. It is worthy of human dignity and with respect to values of cultural and religious beliefs. Jarvis and Naurscatt (1987) saw the behavior of followers of 9 major religions and achieved a significant result in two major areas. They found religion to



reduce the risk of illness or death in two methods. 1. Behavioral prescription prevents illness or death, or help to the treatment. 2. Prohibiting the behavior that is harmful to life or obstructs treatment. The services are based on honesty and kindness. The service is free of any discrimination, including ethnic, cultural, religious, type of disease and gender. The services are based on the excellence of patient benefits.

2. Information should be provided to the patient in an appropriate and sufficient manner. The criterion for identifying the adequacy of information is two types including common and typical. The health literacy, the degree of ability and capability of an individual to process information and understand the health and services needed to the decision making about health (Sharifirad, 2015, pp. 199-208). Information content should include:
 - 1) Going of the patient to the admission department with the order of the physician or referral patient with the patient's case if there is a history of admission to the health clinic. It is not enough to install the banner alone and necessary information should be provided to the patient or with him/his accompanying person (Sharifirad, 2015, pp. 199-208).
 - 2) The hospital's predictable costs and criteria, including medical and non-medical services, and insurance criteria and the introduction of supportive systems at the time of admission.
 - 3) The name, responsibility and professional rank of the members of the responsible medical team for continuing care including the physician, nurse and student, and their professional relationship with each other.
 - 4) Diagnostic and therapeutic methods and the advantages and weaknesses of each method and its possible complications, the diagnosis of the prognosis illness and its complications as well as all the information affecting the patient's decision-making process.
 - 5) How to access to the physician and the main members of the medical team during treatment.
 - 6) All actions which have the nature of research: The first principal of Nuremberg Codes states that the volunteer's consent of patient is not necessary. The subject must have the knowledge and understanding of the components of the topic for which he/she has been investigated for it in order to enable him/her to make informed and thoughtful decision-making. (Farhanchi, Rahimi, 2013, p. 5).
 - 7) Essential education for continuing treatment: How to use medical equipment: Use sterile instruments for each injection. 2. Use a new disposable syringe for each injection. 3. Use a new disposable sterile syringe and iota for each inoculation of any vaccine and pregnancy. 4. Prevent the contamination of instruments. 5. Before the injection procedure, all injectable drugs should check the expiry date and if any of these items observed, repel them correctly.



How to Provide Information:

1. Information should be provided for patient at the appropriate time and in accordance with the patient's conditions, including anxiety and its characteristics, including the language of education and the ability to understand unless the delay in the treatment by providing the above information causes injury to the patient.

2. The patient can access all information contained in his clinical file and receive its image and request correction of the errors contained therein.
3. The right to choose and decision-making freely the receipt of health care services should be respected: the range of choose and decisions-making are as follows: 1. Choose a physician and providing center of health services within the framework of the criteria. 2. Choosing and consulting a second physician as consultant. 3. The participation and Lack of participation in any research with the assurance that his/her decision-making will not have an effect on the continuity and quality of receiving health services. 4. Accept or reject proposed treatments after adverts of the probable complication of admission or rejection, unless in suicide cases or in cases where the refusal to treat another person is at serious risk; 5. Announcing the patient's previous opinion about the future medical actions is recorded when the patient has not the capacity to make decisions and as a guide to medical treatment in the absence of his decision-making capacity, with observing the statutory requirements of healthcare providers and alternative patient decision-maker. The choose and decision-making condition is as follows: 1. The patient's choose and decision-making must be free and informed on the basis of adequate and comprehensive information. 2. Provide the patient with sufficient time to make decision. 4. The provision of health services should be based on respect to the privacy and principle of confidentiality. Privacy: Everyone's privacy is a sensation that every adult has their own autonomy and space in relation to their identity (Grosian, 2014, p. 6). The observance the principle of confidentiality is mandatory for all patient information except for cases in which the law has been excepted from it. 2. In all steps of care, including diagnosis and treatment, the patient's privacy must be respected. To this end, it is necessary to provide facilities to ensure the patient's privacy. 3. Only the patient and the medical group and authorized persons by patient and those who are permitted by law may access the information.
4. The patient has the right to have his/her committed person at the diagnostic stage, including examinations. The accompaniment of one of the child's parents in all stages of the treatment is the right of the child, unless this is contrary to medical necessities.
5. Access to an effective system for dealing with a patient's right to the complaint: 1. Every patient has the right to sue competent authorities in case of claiming breach of his/her rights under this bill. 2. Patients have the right to be informed in the complaints results and how to handle a complaint; 3. The damage caused by the failure of the health service provider must be compensated as soon as possible after the handling and proof of compliance according to the law.

Research has shown that patient preparation and participation in decision-making for treatment improves their rights and reduces the patient's stay in the hospital (Linin, 1996). Patient satisfaction from provided services is major important of activities of medical team that will have a significant impact on the health of the patient (Mosaddeghrad, Asnaashar, 2004, pp. 45-63).

Service and health organizations must make every effort to remain on the competitive market. One of the strategies that help to this organization is to increase patient satisfaction. One patient's satisfaction is an indicator of the effectiveness of efficiency and the efficiency and quality of health and medical services.



Physician's Commitment: Physicians have multiple commitments to patients, and this differs according to the expertise of physicians and the type of illness (Al-Zahili, 2006, p. 319).

1. Having medical knowledge in treatment: The physician should have enough knowledge about the treatment of the patient.
2. Preserving the secrets of the patient: The physician may aware from issues of the patient during treatment which is considered confidential in terms of community or patient opinion, in this case, in accordance with the Professional Medical Ethics Act, the physician should preserve the secrets of the patient. The legislator considers the disclosure of these secrets to the criminal responsibility of the physician.
3. Performing surgical operations in the following cases: (Al-Shanghiti, 1994, p. 105)
4. Application of the basic principles in the medical treatment (Al-Gharehdaghi, 1035, p. 110)
5. Caring for patients during and after treatment.
6. Providing advice to patients after treatment

The hospital as a health care center should do the following items:

1. Creating medical records: A summary of the patient's condition should include the most important and most significant events that occurred in the hospital and the original registered copy must be preserved for at least 10 years (Roach, 2004, 42). Hospitals are required to create a patient record and lack of create this history is responsible for them and the complainant can complain on the basis of the negligence of the hospital staff (Roach, 2004, 42).
2. Getting permission before treatment: Getting of permission for action may be explicitly or implicitly granted.

Actual and valid satisfaction characteristics: a) voluntary; b) It is issued by a competent person; c) It is given with awareness; d) It is linked to the alleged action (Roch, 2004, p. 416);

3. Providing the patient's treatment contexts: Establishing appropriate contexts for providing services for patients are essential commitments of hospitals.

The compensation method for disadvantages caused by medical affairs: Physicians and surgeons may be liable as a result of their professional practices and mistakenly in identifying illness or surgical procedures. Healthcare staff members can insure their responsibilities. (Isanlou, 2004, p. 10). It is better to compensate for the damage caused by accidents without seeking a guilty plea, that is, several systems are foreseeable especially when the guarantee fund or the compensation is rising (Isanlou, 2004, p. 10)

Responsibilities of hospitals: Hospitals are also one of the centers responsible for caring for patients; the responsibility of medical centers in the Iranian legal system in cases where there is no contract between the hospital and the patient is based on the guilty plea (Isanlou, 2004, p. 10).

In cases where the patient chooses a particular method for treatment and the physician departs from this particular method and in another way, there is no difference from the juridical point of view in the medical guarantee that he/she treats without the consent of the patient or his/her parents (Tabatabai, 1997, p. 371). Since the most patients does not know the methods of treatment method and the treatment is given with special motivation, such as a little pain or low risk, the physician should not abandon it and, in case of inattention, is responsible, but if



the result is not possible except by using other methods, in this case, the physician will not be responsible (Negatim, 2005, pp. 112-115)

CONCLUSIONS

The physicians are morally, ethically and legally committed to treating patients. The awareness of how services are provided and the probable side effects induced by treatment actions that lead to a patient's member violation or death are the rights of patients and physicians will be required to clarify the conditions and possible complications to complete dissatisfaction and innocence. In view of this, the legislator considers it necessary in paragraph C, Article 58 of the Islamic Penal Code and the paragraph 3 of the patient bill of rights of 2009 to obtain consent as the basis for the initiation of medical treatment, and given the provision of the Islamic Penal Code and the sources leading to the need for satisfying education, the punishment, the payment of the atonement by the physician will be performed only if the patient receives no explicit consent from patient, and the New Islamic Penal Code will be subject to the provision of a guarantee or non-guarantee to the lack of a fault in the therapist, and getting innocence does not adequate and getting innocence or not will not have any effect on his/her responsibility. This is while getting innocence for the physician's failure to take responsibility for the damage he has suffered without his/her guilty plea. The legal systems adopted in the advanced countries, particularly those in the Common Law regime on civil liability of hospitals, are much more advanced than the Iranian legal system for liability insurance and proof of guilty plea. If the legislator of our country in the laws and legal systems take actions in order to observe more closely with the rights of patients based on the assurance of safety and the theory of pure responsibility, certainly many of the problems in the Iranian law will be reduced in this field.

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