


<p>SUBJECT: Patient's Rights and Responsibilities Policy and Procedure</p>	
<p>DEPARTMENT: Intensive Care Services</p>	<p>Page: 1</p>
<p>REFERENCE # 01-01-0120</p>	<p>Of: 12</p>

INTRODUCTION

The role of patient care service staff is integrated with the organization's responsibility for the Patient Rights function. Sample policies and procedures are included that may currently be located in your Hospital Wide Policy Manual. If you include such policies and procedures in your ICU Manual, assure that they have been accepted as organization wide policy. If you have not developed an integrated system for referencing administrative policies and procedures, you may want to include and/or cross reference policies supporting the patient rights function.

World Medical Association Resolution on Human Rights


Adopted by the 42nd World Medical Assembly Rancho Mirage, California, USA, October 1990 and amended by:

- 45th World Medical Assembly, Budapest, Hungary, October 1993
- 46th General Assembly, Stockholm, Sweden, September 1994
- 47th General Assembly, Bali, Indonesia, September 1995

Having regard to the fact that:

1. The World Medical Association and its member associations have always sought to advance the cause of human rights for all people, and have frequently taken actions endeavouring to alleviate violations of human rights.
2. Members of the medical profession are often amongst the first to become aware of violations of human rights.
3. Medical Associations have an essential role to play in calling attention to such violations in their countries.

<p>Director of Department</p>	<p>Director of Medical Administration</p>	<p>Program Director</p>

SUBJECT: Patient's Rights and Responsibilities Policy and Procedure	
DEPARTMENT: Intensive Care Services	Page: 2
REFERENCE # 01-01-0120	Of: 12

The World Medical Association again calls upon its member associations:


1. To review the situation in their own countries so as to ensure that violations are not concealed as a result of fear of reprisals from the responsible authorities and to request strict observance of civil and human rights when violations are discovered.
2. To provide clear ethical advice to doctors working in the prison system.
3. To provide effective machinery for investigating unethical practices by physicians in the field of human rights.
4. To use their best endeavours to ensure that adequate health care is available to all human beings without distinction.
5. To protest alleged human rights violations through communications that urge the humane treatment of prisoners, and that seek the immediate release of those who are imprisoned without just cause.
6. To support individual physicians who call attention to human rights violations in their own countries.

World Medical Association Declaration on the Rights of the Patient

Adopted by the 34th World Medical Assembly, Lisbon, Portugal, September/October 1981, and amended by the 47th WMA General Assembly, Bali, Indonesia, September 1995, and editorially revised at the 171st Council Session, Santiago, Chile, October 2005

PREAMBLE

Director of Department	Director of Medical Administration	Program Director

SUBJECT: Patient's Rights and Responsibilities Policy and Procedure	
DEPARTMENT: Intensive Care Services	Page: 3
REFERENCE # 01-01-0120	Of: 12


The relationship between physicians, their patients and broader society has undergone significant changes in recent times. While a physician should always act according to his/her conscience, and always in the best interests of the patient, equal effort must be made to guarantee patient autonomy and justice. The following Declaration represents some of the principal rights of the patient that the medical profession endorses and promotes. Physicians and other persons or bodies involved in the provision of health care have a joint responsibility to recognize and uphold these rights. Whenever legislation, government action or any other administration or institution denies patients these rights, physicians should pursue appropriate means to assure or to restore them.

PRINCIPLES

1. Right to Medical Care of Good Quality:

- a. Every person is entitled without discrimination to appropriate medical care.
- b. Every patient has the right to be cared for by a physician whom he/she knows to be free to make clinical and ethical judgments without any outside interference.
- c. The patient shall always be treated in accordance with his/her best interests. The treatment applied shall be in accordance with generally approved medical principles.
- d. Quality assurance should always be a part of health care. Physicians, in particular, should accept responsibility for being guardians of the quality of medical services.
- e. In circumstances where a choice must be made between potential patients for a particular treatment that is in limited supply, all such patients are entitled to a fair selection procedure for that treatment. That

Director of Department	Director of Medical Administration	Program Director

<p>SUBJECT: Patient's Rights and Responsibilities Policy and Procedure</p>	
<p>DEPARTMENT: Intensive Care Services</p>	<p>Page: 4</p>
<p>REFERENCE # 01-01-0120</p>	<p>Of: 12</p>

choice must be based on medical criteria and made without discrimination.

- f. The patient has the right to continuity of health care. The physician has an obligation to cooperate in the coordination of medically indicated care with other health care providers treating the patient. The physician may not discontinue treatment of a patient as long as further treatment is medically indicated, without giving the patient reasonable assistance and sufficient opportunity to make alternative arrangements for care.


2. Right to Freedom of Choice:

- a. The patient has the right to choose freely and change his/her physician and hospital or health service institution, regardless of whether they are based in the private or public sector.
- b. The patient has the right to ask for the opinion of another physician at any stage.

3. Right to Self-determination:

- a. The patient has the right to self-determination, to make free decisions regarding him/her. The physician will inform the patient of the consequences of his/her decisions.
- b. A mentally competent adult patient has the right to give or withhold consent to any diagnostic procedure or therapy. The patient has the right to the information necessary to make his/her decisions. The patient what should understand clearly what is the purpose of any test or treatment, the results would imply, and what would be the implications of withholding consent.
- c. The patient has the right to refuse to participate in research or the

<p>Director of Department</p>	<p>Director of Medical Administration</p>	<p>Program Director</p>

SUBJECT: Patient's Rights and Responsibilities Policy and Procedure	
DEPARTMENT: Intensive Care Services	Page: 5
REFERENCE # 01-01-0120	Of: 12

teaching of medicine.


4. The Unconscious Patient:

- a. If the patient is unconscious or otherwise unable to express his/her will, informed consent must be obtained whenever possible, from a legally entitled representative.
- b. If a legally entitled representative is not available, but a medical intervention is urgently needed, consent of the patient may be presumed, unless it is obvious and beyond any doubt on the basis of the patient's previous firm expression or conviction that he/she would refuse consent to the intervention in that situation.
- c. However, physicians should always try to save the life of a patient unconscious due to a suicide attempt.

5. The Legally Incompetent Patient:

- a. If a patient is a minor or otherwise legally incompetent, the consent of a legally entitled representative is required in some jurisdictions. Nevertheless the patient must be involved in the decision-making to the fullest extent allowed by his/her capacity.
- b. If the legally incompetent patient can make rational decisions, his/her decisions must be respected, and he/she has the right to forbid the disclosure of information to his/her legally entitled representative.
- c. If the patient's legally entitled representative, or a person authorized by the patient, forbids treatment which is, in the opinion of the physician, in the patient's best interest, the physician should challenge this decision

Director of Department	Director of Medical Administration	Program Director

<p>SUBJECT: Patient's Rights and Responsibilities Policy and Procedure</p>	
<p>DEPARTMENT: Intensive Care Services</p>	<p>Page: 6</p>
<p>REFERENCE # 01-01-0120</p>	<p>Of: 12</p>

in the relevant legal or other institution. In case of emergency, the physician will act in the patient's best interest.

6. Procedures Against the Patient's Will:


Diagnostic procedures or treatment against the patient's will can be carried out only in exceptional cases, if specifically permitted by law and conforming to the principles of medical ethics.

Intensive Care Services

7. Right to Information:

- a. The patient has the right to receive information about himself/herself recorded in any of his/her medical records, and to be fully informed about his/her health status including the medical facts about his/her condition. However, confidential information in the patient's records about a third party should not be given to the patient without the consent of that third party.
- b. Exceptionally, information may be withheld from the patient when there is good reason to believe that this information would create a serious hazard to his/her life or health.
- c. Information should be given in a way appropriate to the patient's culture and in such a way that the patient can understand.
- d. The patient has the right not to be informed on his/her explicit request, unless required for the protection of another person's life.

<p>Director of Department</p>	<p>Director of Medical Administration</p>	<p>Program Director</p>

SUBJECT: Patient's Rights and Responsibilities Policy and Procedure	
DEPARTMENT: Intensive Care Services	Page: 7
REFERENCE # 01-01-0120	Of: 12

e. The patient has the right to choose who, if anyone should be informed on his/her behalf.


8. Right to Confidentiality:

- a. All identifiable information about a patient's health status, medical condition, diagnosis, prognosis and treatment and all other information of a personal kind must be kept confidential, even after death. Exceptionally, descendants may have a right of access to information that would inform them of their health risks.
- b. Confidential information can only be disclosed if the patient gives explicit consent or if expressly provided for in the law. Information can be disclosed to other health care providers only on a strictly "need to know" basis unless the patient has given explicit consent.
- c. All identifiable patient data must be protected. The protection of the data must be appropriate to the manner of its storage. Human substances from which identifiable data can be derived must be likewise protected.

9. Right to Health Education

Every person has the right to health education that will assist him/her in making informed choices about personal health and about the available health services. The education should include information about healthy lifestyles and about methods of prevention and early detection of illnesses. The personal responsibility of everybody for his/her own health should be stressed. Physicians have an obligation to participate actively in educational efforts.

Director of Department	Director of Medical Administration	Program Director

SUBJECT: Patient's Rights and Responsibilities Policy and Procedure	
DEPARTMENT: Intensive Care Services	Page: 8
REFERENCE # 01-01-0120	Of: 12

10. Right to Dignity:

- a. The patient's dignity and right to privacy shall be respected at all times in medical care and teaching, as shall his/her culture and values.
- b. The patient is entitled to relief of his/her suffering according to the current state of knowledge.
- c. The patient is entitled to humane terminal care and to be provided with all available assistance in making dying as dignified and comfortable as possible.

11. Right to Religious Assistance:


The patient has the right to receive or to decline spiritual and moral comfort including the help of a minister of his/her chosen religion.

POLICY:

RKH and medical staff have adopted the following statement of patient rights. This list shall include but not be limited to the patient's right to:


- Become informed of his or her rights as a patient in advance of, or when discontinuing, the provision of care. The patient may appoint a representative to receive this information should he or she so desire.
- Exercise these rights without regard to sex or cultural, economic, educational or religious background or the source of payment for care.

Director of Department	Director of Medical Administration	Program Director

SUBJECT: Patient's Rights and Responsibilities Policy and Procedure	
DEPARTMENT: Intensive Care Services	Page: 9
REFERENCE # 01-01-0120	Of: 12


- Considerate and respectful care, provided in a safe environment, free from all forms of abuse or harassment.
- Remain free from seclusion or restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff.
- Knowledge of the name of the physician who has primary responsibility for coordinating his/her care and the names and professional relationships of other physicians and healthcare providers who will see him/her.
- Receive information from his/her physician about his/her illness; his/her course of treatment and his/her prospects for recovery in terms that he/she can understand.
- Receive as much information about any proposed treatment or procedure as you may need in order to give informed consent or to refuse the course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in the treatment, alternate course of treatment or non-treatment and the risks involved in each and to know the name of the person who will carry out the procedure or treatment.
- Participate in the development and implementation of his or her plan of care and actively participate in decisions regarding his/her medical care. To the extent permitted by law, this includes the right to request and/or refuse treatment.
- Formulate advance directives regarding his or her healthcare, and have hospital staff and practitioners who provide care in the hospital complied with these directives (to the extent provided by state laws and regulations).
- Have a family member or representative of his or her choice notified promptly of his or her admission to the hospital.

Director of Department	Director of Medical Administration	Program Director

<p>SUBJECT: Patient's Rights and Responsibilities Policy and Procedure</p>	
<p>DEPARTMENT: Intensive Care Services</p>	<p>Page: 10</p>
<p>REFERENCE # 01-01-0120</p>	<p>Of: 12</p>

- Have his or her personal physician notified promptly of his or her admission to the hospital.
- Full consideration of privacy concerning his/her medical care program. Case discussion, consultation, examination and treatment are confidential and should be conducted discretely. The patient has the right to be advised as to the reason for the presence of any individual involved in his or her healthcare.
- Confidential treatment of all communications and records pertaining to his/her care and his/her stay in the hospital. His/her written permission will be obtained before his/her medical records can be made available to anyone not directly concerned with his/her care.
- Access information contained in his or her medical record within a reasonable time frame (usually within 48 hours of request).
- Reasonable responses to any reasonable request he/she may make for service.
- Leave the hospital even against the advice of his/her physician.
- Reasonable continuity of care and to know in advance the time and location of appointment as well as the physician providing the care.
- Be advised of the hospital grievance process, should he or she wish to communicate a concern regarding the quality of the care he or she receives or if he or she feels determined discharge date is premature. Notification of the grievance process includes: whom to contact to file a grievance, and that he or she will be provided with a written notice of the grievance determination that contains the name of the hospital contact person, the steps taken on his or her behalf to investigate the grievance, the results of the grievance and the grievance completion date.
- Be advised if hospital/personal physician proposes to engage in or perform human experimentation affecting his/her care or treatment. The patient has the

<p>Director of Department</p>	<p>Director of Medical Administration</p>	<p>Program Director</p>

SUBJECT: Patient's Rights and Responsibilities Policy and Procedure	
DEPARTMENT: Intensive Care Services	Page: 11
REFERENCE # 01-01-0120	Of: 12

right to refuse to participate in such research projects.


- Be informed by his/her physician or a delegate of his/her physician of the continuing healthcare requirements following his/her discharge from the hospital.
- Examine and receive an explanation of his/her bill regardless of source of payment.
- Know which hospital rules and policies apply to his/her conduct while a patient.
- Have all patient's rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient.

All hospital personnel, medical staff members and contracted agency personnel performing patient care activities shall observe these patients' rights.

Patient Responsibilities:

- The care a patient receives depends partially on the patient himself. Therefore, in addition to these rights, a patient has certain responsibilities as well. These responsibilities should be presented to the patient in the spirit of mutual trust and respect.
- The patient has the responsibility to provide accurate and complete information concerning his/her present complaints, past illnesses and hospitalizations and other matters relating to his/her health.
- The patient is responsible for making it known whether he/she clearly comprehends the course of his/her medical treatment and what is expected of him/her.

Director of Department	Director of Medical Administration	Program Director

SUBJECT: Patient's Rights and Responsibilities Policy and Procedure	
DEPARTMENT: Intensive Care Services	Page: 12
REFERENCE # 01-01-0120	Of: 12

- The patient is responsible for following the treatment plan established by his/her physician, including the instructions of nurses and other health professionals as they carry out the physician's orders.
- The patient is responsible for keeping appointments and for notifying the hospital or physician when he/she is unable to do so.
- The patient is responsible for his/her actions should he/she refuses treatment or not follows his/her physician's orders.
- The patient is responsible for assuring that the financial obligations of his/her hospital care are fulfilled as promptly as possible.
- The patient is responsible for following hospital policies and procedures.
- The patient is responsible for being considerate of the rights of other patients and hospital personnel.
- The patient is responsible for being respectful of his/her personal property and that of other persons in the hospital.

Director of Department	Director of Medical Administration	Program Director