

Patient's rights, duties and consent

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• <https://moh.gov.jo/ar/Albasheer/ServicesGuideDetails/29/157>

• <http://hospital.ju.edu.jo/Home.aspx>

<http://hospital.ju.edu.jo/Documents/%D8%AD%D9%82%D9%88%D9%82%20%D9%88%D9%88%D8%A7%D8%AC%D8%A8%D8%A7%D8%AA%20%D8%A7%D9%84%D9%85%D8%B1%D9%8A%D8%B6.pdf>

مستشفى الجامعة الأردنية
Jordan University Hospital

الرئيسية حول المستشفى المرضى و الزوار دوائر المستشفى العطاءات التعليم والتدريب الخدمات الالكترونية الاعلام اتصل بنا

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أوقات الدوام الرسمي
امر الادخال

عيل العلاجات الشهرية بالتعاون مع شركة ارامكس

لاطلاع

Patients' Rights

- *Information Disclosure (the right to know)*

Patients have the right to receive accurate and easily understood information about their health plan.

- *Participation in Treatment Decisions*

Patients have the right

- To know all their treatment options
- To participate in decisions about their care.
- Parents, guardians, family members, or other individuals that patients can choose who represent them if they cannot make their own decisions.

Patients' Rights

- Know the names/ titles of your healthcare providers.
- Request for a second opinion.
- Request a medical report and access your medical record as permitted by law.
- Be informed about financial responsibilities.
- Refuse, discontinue treatment or leave against doctor's advice as permitted by law.
- Provide your written consent prior any video recordings or other images are taken.

Patient's rights

- Receive care regardless of race, faith, color, national origin, gender, age or disability.
- Have his/her personal dignity, privacy, culture, psychosocial and personal values, beliefs and preferences respected.
- Be in a clean and safe environment.
- Have your pain assessed and managed in a timely manner.
- Access spiritual care services available in our community

Patients' Rights

- ***Confidentiality of Health Information***

- **Patients have the right to talk in confidence and to have their health care information protected.**

- **Patients also have the right to review and copy their own medical record and request that the physician correct their record if it is not accurate, relevant, or complete.**

Truth Telling

- Truth telling is the **ethical duty of physicians to communicate truthful information to patients regarding their health status and medical care.**
- It includes honesty about:
 - Diagnosis
 - Prognosis
 - Risks and benefits of treatment
 - Medical errors
 - Alternative treatment options
- Truth telling supports **informed consent**, shared decision-making, and trust in the physician–patient relationship.
- It based on the ethical principle “veracity” (**moral duty of healthcare professionals to be honest with patients**).

Ethical Basis:

Truth telling is grounded in several key ethical principles:

1. **Autonomy:** Patients have the right to know information about their own bodies and health so they can make independent decisions.
2. **Beneficence:** Providing truthful information helps patients make decisions that benefit their health.
3. **Non-maleficence:** Avoiding deception prevents psychological harm and mistrust.
4. **Fidelity and Trust:** Honesty strengthens trust between physician and patient, which is the cornerstone of medical practice.

Situations Where Truth Telling May Be Challenging

Truth telling is the standard however, certain situations create ethical dilemmas.

1. Therapeutic Privilege

A physician may temporarily withhold information if disclosure would cause **serious and immediate harm** to the patient (rare and controversial).

2. Cultural Considerations

- In some cultures, families may request that the patient **not be told about a serious diagnosis** such as cancer. Ethically, the physician should still try to respect the **patient's right to know** while being culturally sensitive.

3. Patient Preference

- Some patients **choose not to receive full information**. In this case, respecting autonomy means respecting their wish **not to know**.

Breaking bad news

- Sometimes there are bad news to the patient as disease recurrence, spread of disease or failure of treatment to affect disease progression, the presence of irreversible side effects, and revealing positive results of genetic tests.

What should you do?

The main reasons that doctors may not deliver unfavorable information to their patients include, but are not limited to, the following:

1. **Fear** (worry) about the patient's reaction to the information disclosed
2. A belief that it is "in the **patient's best interest**"
3. Lack of **adequate time** to properly explain to the patient

How to break bad news to patients?

A summary of the 6-step protocol, referred to as the **SPIKES**:

- 1. S: SETTING UP the interview includes** (Creating a favorable environment, Giving adequate time, Determining who else the patient would like present).
- 2. P - Assessing the patient's PERCEPTION** (Start the discussion by establishing what the patient and family know about the patient's health, With this information, determine if the patient and family will be able to understand the bad news).
- 3. I - Obtaining the patient's INVITATION:** Each patient has the right to
 1. Decline voluntarily to receive information
 2. Choose someone to communicate on his or her behalf.

How to break bad news to patients?

4. **K** - Giving **KNOWLEDGE** and information to the patient
 1. Deliver the information in a sensitive but straightforward manner. Say it as it is, then stop
 2. Avoid delivering all the information in a single, steady monologue
 3. Use simple language that is easy to understand
 4. Pause frequently, check for understanding
 5. Do not “soften the blow” as it may lead to vagueness and confusion

How to break bad news to patients?

5. **E** - Addressing the patient's **EMOTIONS** with empathetic responses
6. **S** - **STRATEGY AND SUMMARY:**

Establish a plan for the **next steps**, which may include:

- Performing further **tests**
- Treating current **symptoms**
- Arranging for appropriate **referrals**

Patients' Responsibilities

- **To provide information about their health, including past illnesses, hospital stays and use of medicine.**
- **To ask questions when they do not understand information or instructions.**
- **To tell their doctor if they believe that they cannot follow through with their treatment.**

Patients' Responsibilities

- **To follow hospital rules and regulations affecting patient care and conduct.**
- **To be considerate of the needs of other patients, staff and the hospital. This includes controlling noise, smoking and the number of visitors.**
- **To provide information about their insurance and to work with the hospital to arrange payment, when needed.**

Informed Consent

الموافقة المستنيرة



Case scenario 1:

- An 80-year-old, fully conscious, and competent man with advanced incurable cancer needed palliative chemotherapy. The family objected when the doctor wanted to obtain informed consent from the patient because that would involve disclosing the diagnosis, which would make the patient very sad and depressed. The family wanted to make the decision without informing the patient. What should the doctor do? Provide your moral reasoning.

Case scenario 2:

- A 30-year-old woman presented with classical signs of acute appendicitis. She consented to an operation to open the abdomen and remove the inflamed appendix. The surgeon found a previously undiagnosed ovarian cyst and decided to remove it. The removal was a simple and safe procedure that would not have increased the duration of the operation. The head nurse refused because the patient had not given consent. What should the surgeon do? Provide your moral reasoning.

What is consent ?

- "... the principle that a person must give permission before they receive any type of medical practice.
- It includes **history taking**, medical examination, **investigations** or **treatment**".
- The patient has the right to accept or refuse the proposed procedure.
- Both consent and refusal must be **informed**.

Forms/types of consent



Implied (ضمني)

- When a person comes to visit a doctor or asks the physician to visit him.
- Includes basic clinical examination only (inspection, palpation, auscultation).
- Further examination as rectal, vaginal, or blood test needs expressed consent.

Expressed

1. Oral (verbal): is used for minor techniques as withdraw blood sample, therapeutic events.
2. Written: it covers
 1. All major diagnostic or therapeutic procedures as endoscopy.
 2. General anaesthesia.
 3. Operations.
 4. Research.

Other forms

- **Advance treatment directives** are instructions on treatment, or its withdrawal made by a competent patient, to be applied when competence is lost. Such directives are best made in writing and with witnesses.
- **Substitute or proxy decision makers** are the persons who are authorized to make decisions on behalf of a patient who does not have the intellectual competence to decide for him or herself.

Consent, assent, paternalism

- **Autonomy is the basis of informed consent.**
- **Age of consent: 18 years old.**
- Children with some degree of competence can **assent** to treatment, which signifies their agreement with what their parents, their legal decision makers, have decided.
- **Paternalism** is a negative attitude that was common among physicians and has now almost disappeared. The paternalistic physician assumes that he knows what is best for the patient and should make treatment decisions without reference to the patient. Paternalism is a violation of the patient's autonomy rights.

3 key elements to obtain correct/valid consent

- **Capacity** usually refers to the mental competencies that are needed for a human to make rational decisions, which includes the ability to understand the information about an intended intervention (or medical condition), appreciate the risks associated with the proposed intervention (medical condition, or research).
- **Disclosure.** the information given to the patient, who is supposed to take a decision are simple and understandable. Disclosure includes **risks, benefits and alternative lines** of treatment.
- **Voluntariness** refers to the importance of having the freedom to take these decisions without any pressure the emotional and social pressure conveyed by other family members or the health care team.

Elements of informed consent

- **Risks and benefits** of the treatment or procedures.
- Risks and benefits of the **alternatives**.
- Prospect of **Success** or failure.
- **Nature** of the illness.
- Purpose and **nature** of the treatment and procedures.
- **Acceptance or refusal** (informed refusal) of the treatment.
- **Prognosis** of absence of intervention.

Scope and limitations of consent

- Consent should be **specific** for what it is taken for.
- Any permission to undertake medical procedures must specify the **part of the body** to be treated and the **type of procedure** to be carried out within **a specified time**.
- The medical professional can go beyond these limits only by getting **new permission** from the patient.
- The patient's autonomous right to decide **which profession** can treat him.
- The patient has a right to **reject** any professional procedure without having to give a reason.

Scope and limitations of consent

- The patient has the right to **withdraw** the permission at any time without being required to explain why.
- Consent has **a limited time**.
- Consent given in one admission will have to be **repeated** on **re-admission**.
- If a long time elapses, consent needs to be repeated because **circumstances might have changed**.

Consent and the protection of the physician

- Consent is not only patient's right, it also, **protects the physician in case of side effects.**
- This is because the medical intervention was legal and carried out after consent and authorization by the patient.
- **The legal protection for the medical practitioner is, however, limited.**
- **Consent does not protect a physician from prosecution in the event of professional errors and malpractice.**
- In case of patient injury, the practitioner will be under less legal liability if proper consent was litigation but cannot be totally free of blame.

What if I neglect patient consent?

- To examine or treat patient without consent is considered as an assault (battery) even if it was beneficial for patient health.
- If physician took a consent after insufficient disclosure, he may be charged by medical negligence.

Informed refusal

- Is where a person has refused a recommended medical treatment based upon an understanding of the facts and implications of not following the treatment.
- Carefully document the refusal. It must be **written with signature of the patient, doctor and a witness.**

Exceptions for consent

- In life-threatening emergencies where there is not enough time to obtain consent.
- Prisoners.
- Food dealers.
- Referred by the court.

Consent is invalid in the following:



(1) Unlawful act

ex: Criminal abortion.

(2) Operations with no medical indication

ex: Amputation of finger to be unfit to military service.

(3) Consent given by one has no right to give

ex: minors (below age), mental patients. consent could be obtained from a substitute or guardian

(4) Consent obtained by fraud

ex: convincing the patient that the operation is necessary to save his life while this is not true.