



Implementation of Patient's Rights Charter: a Report from Ministry of Health and Medical Education, Iran

*A R Parsapoor¹, P Salari¹, *B Larijani²*

1. *Medical Ethics and History of Medicine Research Center, School of Medicine, Tebran University of Medical Sciences, Tebran, Iran*
2. *Endocrinology and Metabolism Research Institute and Medical Ethics and History of medicine Research Center, Tebran University of Medical Sciences, Tebran, Iran.*

***Corresponding Author:** Tel: +9821-66953832 Email: mehr@tums.ac.ir

(Received 18 Mar 2012; accepted 11 Oct 2012)

Abstract

At the aim of explaining the rights of health care recipients and upgrading ethical observance in the field of treatment-the most important field of health care-, the Patient's Rights Charter was declared by Ministry of Health and Medical Education to all medical universities in September 2009. This paper provides a report of strategic planning for implementation of Patient's Rights Charter and a summary of other projects.

Keywords: Patient's bill of Right, Medical ethics, Hospital, Ethics, Iran

Introduction

Physical, mental, spiritual and social health are considered as the most important dimensions of individuals and according to the article 29 constitution of Iran its development is one of the most important commitments of Iranian government (1). Accordingly the Ministry of Health and Medical Education (MOH), Iran takes the responsibility of providing proper health care for society.

Efficient health system needs active participation and relationship between health care providers and health care recipients. Health care centers should believe health care recipients, their families, physicians and other health care providers, respect them and their rights (2).

With this in mind and at the aim of explaining the rights of health care recipients and upgrading ethical observance in the field of treatment-the most important field of health care- Patient's Rights Charter was compiled in three years. After approval by the Council of Policy Making of MOH,

the Patient's Rights Charter was declared to all medical universities in September 2009 (3).

This paper provides a brief report of strategic planning for implementation of Patient's Rights Charter in addition to summary of other projects.

Process of strategic planning for implementation of Patient's Rights Charter

One of the issues which were asked of the medical universities and the other related organizations to feedback the obstacles and solutions of implementation of each right of Patient's Rights Charter. After awhile their comments were gathered and returned back to them. Then the executives sent back their comments and suggestions to the Council of Policy Making of the MOH. Those comments were collected into two parts; general and specific. The general part consisted of generalized views and the comments to each specific clause of the bill were considered as specific (4). In continuation teamwork in Medical Ethics and History of Medicine Research Center,

codified the first draft of the strategies of the MOH for implementation of Patient's Rights Charter. Then in July 2010 the draft was explained in a workshop in the meeting of the presidents of selected medical sciences universities, selected staff members of MOH, the invited experts in professional ethics and medical ethics. After reviewing, the final strategies were defined and announced by MOH.

Strategies of the Ministry of Health and Medical Education for implementation of Patient's Rights Charter

1. Codifying Iranian Code of Medical Ethics at the aim of determining framework of medical professionalism
2. Codifying the Comprehensive Document of Pharmacy Ethics including the code of ethics of pharmaceutical, and medical supplies industries, distributors, pharmacies and their affiliated centers
3. Codifying Nursing Code of Ethics
4. Designing specific informed consents to promote informed consent process
5. Establishing the national and academic Hospital Ethics committees under supervision of the higher council of medical ethics at the aim of supervising, monitoring, and evaluating hospital ethics committees
6. Necessitating ethical evaluation of all rules and regulations of health care system especially hospitals and clinics according to the observance of patients rights and principles of medical ethics by the Higher Council of Medical Ethics
7. Re-evaluating disciplinary regulations of medical profession by considering ethical violations
8. Following ethical evaluation of the regulations of insurance companies based on physician- patients relationship
9. Re-evaluating the regulations of archiving medical documents in hospitals based on patients privacy and confidentiality
10. Designing communication skills courses based on patients rights for physicians, nurses, students, residents, hospital staffs, etc.
11. Re-evaluating medical ethics curriculum for undergraduate students

12. Emphasizing on professionalism and medical ethics in continuous medical education programs.
 13. Comprehensive society informing activities for all beneficiaries including patients, physicians, and nurses by educational movies, posters, pamphlets, and lectures (The rights of health care providers and recipients should be considered in parallel).
 14. Establishing palliative care clinics in large hospitals at the aim of patients welfare
 15. Considering patients rights observance in hospital ranking
 16. Establishing educational courses in palliative care for health care providers
 17. Attention to the patients interests in designing physical space of health care centers at the aim of establishing a proper relationship between internal and external elements
 18. Establishing information centers in order to promote health care accessibility
- Now the affiliated institutions to the above mentioned strategies especially the Higher Council of Medical Ethics of Ministry of Health and Medical Education are following the issue. It has to be noted that in some instances the goal was achieved such as Nursing Code of Ethics and some other issues such as designing specific informed consent forms, Iranian Act of Medical Ethics, etc are on the way.

A brief report of some strategies for implementation of Patient's Rights Charter Codifying Iranian Code of Medical Ethics

Iranian Code of Medical Ethics is codifying in Medical Ethics and History of Medicine Research Center of the Tehran University of Medical Sciences from 2006 on. Firstly the last code of American Medical Association was considered as a baseline and a hundred and fifty topics were selected. Secondly the expert working group prepared the first draft of the code according to national and Islamic believes and values. Group discussion by expert panels composed the second draft after more than thirty meetings. The second draft consists of more than fifty topics. The expert panels included academic members of the departments of medical ethics, clinicians, lawyers, and PhD students.

Thirdly the draft was assessed by the department of medical ethics and education of Academy of Medical Sciences and participation of MOH, Medical Council, and medical associations. After final evaluation, the code will be published.

Comprehensive Document of Pharmacy Ethics

Complexity in health care and science development require more pharmacists contributions in patients care which is the basis of revolution in pharmacy profession (5-7). From the other point the high amount of money transfer in pharmacy system has created a business dimension for pharmacy. More contribution of pharmacists in health care and also trading make ethical challenges in pharmacy profession inevitable (8). Pharmacists are facing with ethical dilemmas in their everyday work which necessitates providing ethical guidelines as well as upgrading their ethical knowledge (9-11). Teaching pharmacy ethics has been initiated in faculty of pharmacies less than a decade ago, so most of the pharmacists who are working as technical managers are not aware of ethical challenges and the way of solving ethical problems. Furthermore economical obstacles mostly affect their ethical decision making. In order to provide an ethical framework for Iranian pharmacists working in different fields of their profession the Medical Ethics and History of Medicine Research Center codified and compiled the Comprehensive Document of Pharmacy Ethics based on the principles of bioethics and professionalism. It consists of five codes and guidelines including pharmacists' code of ethics, code of ethics for manufacturers, code of ethics for drug importer companies, code of ethics for drug distributors and code of ethics for policy makers. The document finally was approved by High Council of Ethics of Ministry of Health in July 2012 and will be published in the near future.

Specific informed consent forms

The principles and dimensions of informed consent show its influence on every level and stage of treatment.

In spite of general agreement about providing enough information and getting informed con-

sent; it seems that its implementation is far different qualitatively and quantitatively. Although informing patients depends on their knowledge but providing acceptable standards of medical profession may help.

In this regard the specific informed consent forms were drafted based on available resources and each form was evaluated by expert consultation. After all the re-assessed forms as a collection was delivered to the executives of health system for further evaluation. The Higher Council of Medical Ethics will double check those forms.

Establishing the Hospital Ethics committees

In parallel with other countries Tehran University of Medical Sciences appointed hospital ethics committees as official part of university ethics committees to provide ethical guides and recommendations for hospital executives as well as ethical consultations. Tehran University of Medical Sciences is pioneer in activating/re-activating hospital ethics committees. In a higher level of performance hospital ethics committee can develop a committee at the university level in the near future the same as our research ethics committees which are operating at different levels including research centers, departments, faculties and university.. The responsibilities of these committees are described in four levels as below:

1. Proving educational services for physicians, hospital staff, nurses in medical ethics issues
2. Providing consultation services for health care providers and recipients
3. Policy making and ethical evaluation of policies and regulations of hospitals based on patients rights
4. Ethical assessment of human studies in special circumstances

According to, hospital medical ethics committees were activated. Hopefully these committees will begin new practices in the field of clinical ethics.

Re-evaluating medical ethics curriculum for undergraduate students

Undergraduate students should be familiar with medical ethics principles and solve patient's problems accordingly. In order to upgrade students'

ethical knowledge in the different levels and make it practical and standardizing health care services, the curriculum was re-assessed in several experts meetings and finally 33 topics was chosen for residents which were approved by the Higher Council of Medical Ethics of MOH.

Outlook

It has to be noted that most of the mentioned strategies have advanced. The Higher Council of Medical Ethics as the higher institution for policy making intends to support researches and applicable plans based on the mentioned strategies. It seems that in spite of several obstacles and difficulties in providing the best health care services, it is possible to qualitatively upgrade patient's right status by paying enough attention, and proper short term teachings. From the other side there is the hope that realization of those strategies provides a new evolution in observing patients rights, although achieving the high level of patient's rights components needs utilization of human and financial resources as well as re-assessing present regulations.

Ethical considerations

Ethical issues (Including plagiarism, Informed Consent, misconduct, data fabrication and/or falsification, double publication and/or submission, redundancy, etc) have been completely observed by the authors.

Acknowledgements

The authors wish to thank all participants from medical universities and the other related organizations for their feedback about obstacles and solutions of implementation of Patient's Rights Charter and who shared their views on the strategies for its implementation, and also wish to thank Dr. Namazi, and Dr Shojaee for their valuable comments about codifying the first draft of strategies. The authors declare that there is no conflict of interest.

References

1. Constitution of Islamic Republic of Iran, article 29, 1980. Available: http://en.wikipedia.org/wiki/Constitution_of_the_Islamic_Republic_of_Iran
2. Larijani B, Delavari A, Damari B, Vosoogh Moghadam A, Majdzadeh R (2009). Health policy making system in Islamic Redpublic of Iran: review an experience. *Iranian J Publ Health*, 38(Suppl 1): 1-3.
3. Parsapoor AR, Bagheri AR, Larijani B (2009). Patient rights in Iran. *Med Ethics Hist*, 27 (special issue): 39-47 (in Persian).
4. Health Policy Council report- Ministry of Health and Medical Education of Iran, Result of medical universities and the other related organizations comments about obstacles and solutions of implementation of Patient's Rights Charter, July 2010.
5. Shafiee A, Farsam H (2008). Teaching and learning pharmaceutical code of ethics as a syllabus. *Iranian J Publ Health*, 37(1): 47-49.
6. Kalvemarm S, Høglund AT, Hansson MG, Westerholm P, Arnetz B (2004). Living with conflicts-ethical dilemmas and moral distress in the health care system. *Soc Sci Med*, 58:1075-1084.
7. Harrison J, Scahill S, Sheridan J (2012). New Zealand pharmacists alignment with their professional bodys vision for the future. *Res Soc Admin Pharm*, 8:17-35.
8. Smith F (2009). The quality of private pharmacy services in low and middle-income countries: a systematic review. *Pharm World Sci*, 31:351-361.
9. Wingfield J, Bissel P, Anderson C (2004). The scope of pharmacy ethics—an evaluation of the international research literature, 1990-2002. *Soc Sci Med*, 58:2383-2396.
10. Latif DA (2004). An assessment of the level of moral development of American and Canadian pharmacy students. *Int J Pharm Pract*, 68:1-10.
11. Latif DA (2000). The relationship between ethical dilemma discussion and moral development. *Am J Pharm Educ*, 64:126-133.