# Calendar 2016 Patients' Rights



# About this calendar

This year's calendar is aimed at creating awareness about patients' rights.

It builds upon the patients' rights movement in India and draws upon the "Charter of Patients' Rights" published by CEHAT in 2008 and "Charter of Patients' Rights and Responsibilities" prepared in 2011 through a collaboration of representatives of patients, Rugna Hakka Samiti-Pune & Jan Aarogya Abhiyan and doctors' representatives, Indian Medical Association (IMA), Pune & Federation of Obstetricians and Gynecologists (FOGSI).

These rights should be actively promoted and codified in the law.

# **About Patients' Rights Website**

'Patients' Rights - enabling patients for better health care' is an informative and interactive platform for people seeking information related to patients' rights, providing the opportunity to share their experiences with health care providers and health insurance providers. It has been developed and maintained as a joint initiative by CEHAT-IKF.

The website aims to disseminate knowledge about various Indian laws and regulations, research, reports, articles and news around patients' rights.

The website allows people to contribute their encounters while seeking health services to help others become aware of malpractices in healthcare and ways to tackle them. They can also seek guidance for grievance redressal through our expert panel.



### **Centre for Enquiry into Health and Allied Themes**

# **About CEHAT**

CEHAT was established 20 years ago when a group of researchers and healthcare professionals decided to create an alternative health research institution which is at the interface of activism and academics. CEHAT comprises of a multi-disciplinary team such as doctors, lawyers, social workers, public health experts and counselors.

CEHAT through its research, intervention, education and advocacy, has been addressing issues of the right to health care to all as well as preventing violence and responding to the needs of survivors of violence. All projects are periodically reviewed for scientific rigor and ethical compliance by external review committees. A democratic mode of decision making is the cornerstone of CEHAT's functioning.

CEHAT is the research centre of Anusandhan Trust. All donations to be made in the name of "Anusandhan Trust". Anusandhan Trust is registered as a Public Charitable Trust under Bombay Public Trust Act, 1950. All donations made to Anusandhan Trust are eligible for exemption under section 80G of Income Tax Act, 1961.

# RIGHT TO EMERGENCY MEDICAL CARE





- As per the Supreme Court judgement (28.08.1989), "Every doctor whether at a Government Hospital or otherwise has the professional obligation to extend his (sic) services with due expertise for protecting life".
- The patient should get emergency treatment to stabilize his/her condition, irrespective of lack of facilities or any legal or financial considerations.

# **JANUARY 2016**

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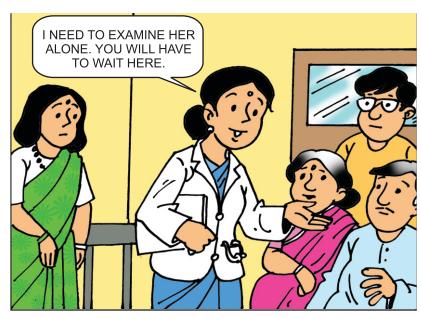
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### RIGHT TO PRIVACY AND CONFIDENTIALITY



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- The patient is entitled to examination in a private environment with any person present on his/her request.
- During physical examination of a female patient by a male medical attendant, a female caregiver or female staff member must be present.
- All the records of the patient must be restricted to the team treating the patient. This information cannot be disclosed to anyone else without the consent of the patient.

## **MARCH 2016**

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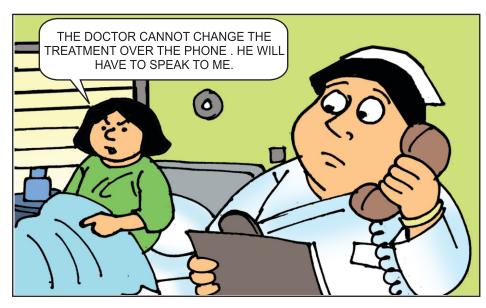
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# RIGHT TO AUTONOMY AND DECISION MAKING



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- Informed consent should be sought from the patient before being given anesthesia, blood or blood product transfusions and any invasive/ highrisk procedures/ treatment. In case of a minor or unconscious patient, consent should be obtained from a close relative.
- The patient has a right to refuse treatment and must be informed of the health consequences of refusal.
- The patient has a right to a second opinion. The current physician should co-operate by providing necessary information to the second physician and the second opinion should be in written form.

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# RIGHT TO INFORMATION





- The patient has the right to be informed and demand information about his/her illness, causes, investigations & treatment plan, alternative options, costs, likely complications and the consequences of not complying with the treatment.
- The patient has the right to know the fees and rates of various services in the hospital beforehand.
- The patient can have access to his/her clinical records at all times.
- At the time of discharge, the patient should get a discharge card containing the summary of clinical findings, investigations, diagnosis, treatment, health status at the time of discharge and follow-up advice.

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# RIGHT TO SAFE AND QUALITY CARE





- The patient is entitled to receive safe and good quality care.
- In case of clinical trials involving human beings, documented policies and procedures should guide all research activities in compliance with ICMR guidelines.

# SEPTEMBER 2016

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### PATIENT REDRESSAL AGENCIES

**MEDICAL COUNCILS**: Medical Councils are statutory bodies created by an Act of the Parliament/legislature to monitor/govern the medical profession. The council has only ethical jurisdiction and cannot give compensation to the complainant or punish the doctors. The councils are empowered, however, to cancel the registration of the healthcare professional either temporarily or permanently.

**CONSUMER COURTS**: Under the Consumer Protection Act 1986, complaints against the medical profession can be filed in the consumer courts. These courts can only give compensation within the monetary limits under jurisdiction of each consumer court.

District Consumer Court - Up to Rs 20 lakhs

State Commission - Rs 20 lakhs to Rs 1 crore

National Commission - Above Rs 1 crore

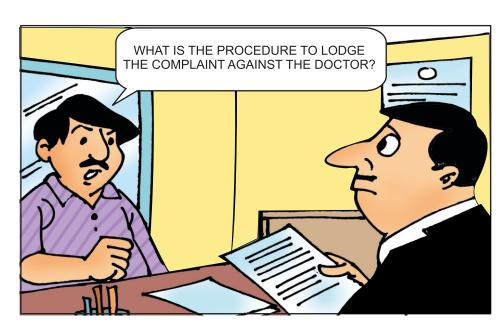
**CIVIL COURTS**: A case of civil negligence is filed to bring an action for damages in civil court against the medical attendant for an injury suffered because of negligence or unskilled treatment. The necessary conditions for a case of civil negligence are: (i) the nature of injury suggests by common knowledge or expert evidence that without negligence, it does not occur, (ii) the plaintiff must not contribute to his own injury, and (iii) the defendant must be in exclusive control of instrumentalities.

**CRIMINAL COURTS**: A case of criminal negligence can be filed under a criminal court for death of a patient due to gross negligence or incompetence of the medical attendant showing disregard for life and safety of the patient.

**NATIONAL HUMAN RIGHTS COMMISSION**: The Commission investigates cases of violence of Human Rights or negligence, including under medical services provided if a complaint is made within one year of occurrence of event. The Commission can recommend actions to the State government but they are not legally binding.

# **RIGHT TO REDRESSAL**





- The patient has a right to complain about any aspect of service provided and get it investigated by a competent authority if any, or a court of law.
- Every hospital should display prominently, information about the existence of grievance redressal system along with the name, address and telephone number of persons to be contacted.

Patients can use the National Consumer helpline number 1800 11 4000 for guidance on filing complaints against any defaulting medical service provider.

# **NOVEMBER 2016**

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## **DECEMBER 2016**

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### PATIENT RESPONSIBILITIES

- Provide accurate health related information including medical history.
- Cooperate with doctors during examination and treatment.
- Follow the doctor's instructions as per the treatment plan, and follow up as required.
- Pay hospital fees on time.
- Respect dignity of doctors and other hospital staff.
- In case of grievance, use appropriate channels for redressal. Never resort to violence.

(Images by Savio Mascarenhas)

### **CONTACT US**

Visit us at



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Follow us on:



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