

*Full Length Research Paper*

# **An assessment of Tehran graduated general physicians' knowledge about the charter of patients' rights**

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**Patient's rights consist of all the duties a medical center is bound to do in dealing with the patient; and the charter of patients' rights insures the improvement of relationship between the patient and medical personnel. This study is a challenge to review these issues. This cross sectional study and was done in summer 2010. Questionnaire used to collect the information were approved after preliminary design and receiving experts' comments, and also after performing several of validity and reliability tests. The contexts included in the charter of patients' rights announced by Ministry of Health and Medical Education, were used as a guide to design the question forms. The data were analyzed using spss version 16 using  $\alpha < 0.05$  as the level of significance criterion. Among the general physicians there were 69 % male and 31% female. Majority of these physicians have a moderate knowledge about the charter of patients' rights including 240 items (68.4). There was a significant correlation between the physician's knowledge of patients' rights charter and their practice experience ( $p < 0.01$ ,  $r = 0.4$ ). Apparently not only the physicians and medical service providers knowledge regarding the patients' rights is not adequate, but they need to try to respect these rights properly.**

**Keywords:** Patient's rights, knowledge, general physician.

## **INTRODUCTION**

Perhaps, patients are one of the most vulnerable groups of the society, because a patient not only loses physical abilities of healthy times, but also comes under certain psychological, social and economic pressures special to the ailment conditions as well. Therefore, improving the rights of patients is considered as a priority for medical service providing system and also one of the medical indices for every society. In other words, patients' rights could be considered as a basic principle to describe clinical services standards. In light of daily increasing attention from international communities to human rights issues in recent years, patients' rights context has been receiving more attention as well (Anonymous 1999).

Previous studies showed that patients are becoming more aware of their rights, so they will react when their expectations are not fulfilled (Almond, 2001). This daily increasing awareness of health and medical issues is followed by increasing medical and healthcare services costs for the consumers on one hand, and has caused an active progressing movement among the medical and healthcare service demanders on the other hand (Ellis et al., 2007). Therefore, the need for protecting the patients and setting up the required laws and regulations to preserve their interests seems necessary (Joolaei et al., 2006).

Since morally appropriate provision of healthcare services implies consideration of patients' rights the charter of patients' rights was announced in Iran and sent from Ministry of Health and medical Education to all subsidiaries in 2002. Its text was revised in 2009 again (Parsapoor et al., 2010). Currently, the least action which

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can be done in order to enhance these rights is to inform the society on one hand and train healthcare service providers on the other. Also collecting data on these issues can help policy makers to take future steps in practical direction. Since the physicians are one of the main groups of healthcare service providers, Their knowledge level regarding patients' rights is very important and efforts have been made to address this issue.

## METHODOLOGY

This study was a cross sectional study including analytical descriptive aspects which was done in summer 2010. Since the physicians are required to score from Continuing Medical Education (CME) programs in order to extend their practice license validity time, sampling was done at a non-random basis on the available data from General Physicians CME National Conference. 142 eligible physicians participated in the study. Questionnaires were used to collect the data, which proved to be valid and reliable after initial design and experts' comments and also pilot performance test. The correlation coefficient obtained from Test re Test method was 0.71. The charter of patients' rights context announced by the Ministry of Health and Medical Education was used for designing the question form. This question form was consisting of two sections; first one included demographic information and second one was to evaluate general physicians' knowledge. Each correct choice in evaluation section resulted in 3 points, each "I don't know" choice evaluated as 1 point and no points were associated with wrong choices. Since the total points of knowledge had a normal distribution, its levels were determined through average points and standard deviation. Only personal unrecognizable characteristics were recorded due to moral ethics. Finally those data were analyzed using SPSS 16 and Correlation t test, and Anova with  $\alpha < 0.05$  as the statistical significance criterion.

## RESULTS

A study was conducted on 142 general physicians from all over the country to examine their knowledge level about the charter of patients' rights. 98 male (69%) and 44 female (31%) physicians were examined with minimum age of 27 and maximum 72 years old ( $42.1 \pm 9.03$ ). Also the minimum practice experience for them was 1 year and maximum 44 years ( $13.51 \pm 8.4$ ).

Amongst these participants, there were 52 physicians (36.6%) graduated from Tehran Medical Science University, 61 physicians (43%) graduated from Shahid Beheshti Medical Science University, and 29 physicians (20.4%) from Iran Medical Science University; 73 of them were already practicing at private clinics. Table 1 shows

the location of practice for the physicians.

Next, the knowledge level of physicians regarding the charter of patients' rights was examined and the results show that highest rate of correct answer is about necessity of informing the patient about possible side effects of the treatment, which were 136 (95.8%) correct answers and the lowest rate in contrary was about the patient's right to allow other people be present at his/her bed. The correct answers were 38 (26.8%) of total. Table 2 shows the physicians' knowledge level for other items included in the charter of patients' rights for each question.

In next stage, total points were split into three levels according to the method described in methodology section; and the results show that the level of majority of physicians regarding the charter of patients' rights is at moderate level with score of 104 (73.3%) which is shown in figure 1.

The t Test showed that there is no significant relation between the physicians' level of knowledge about charter of patients' rights and their sex as the points for male and female physicians are almost equal.

Pearson Correlation Test showed that there is a significant relation between the physicians' level of knowledge about charter of patients' rights and their length of practice background so that as the precedence increases, total score of their knowledge and insight increases too ( $p < 0.01$ ,  $r = 0.4$ ). The Anova test did not show any significant relation between the physicians' level of knowledge about charter of patients' rights and their place of study.

Table 3 shows the general physicians knowledge score about the charter of patients' rights separated by sex, type of practice location, and the university they attended for study.

## DISCUSSION

The results of some studies have shown that the level of patients' un-satisfaction and complains is increasing by trend despite the efforts made by clinical and healthcare personnel and vast facilities availability. The side effects resulting from medical actions which cause the patients to file lawsuits have deep and serious impacts on patients' personal and family lives and leave long term and undesirable trail of bitterness on their career and social lives and even can cause the patient to get anxious, overstressed, hypochondriac and secluded. Undoubtedly, a great deal of patients' satisfaction of medical centers is related to clinical institutes' personnel upon preserving their rights and helping them to fulfill their needs. Preserving the charter of patients' rights could lead to more effective protection of the patients. The receivers of medical and healthcare services demand for preservation and application of patients' rights and expect their rights to be respected while

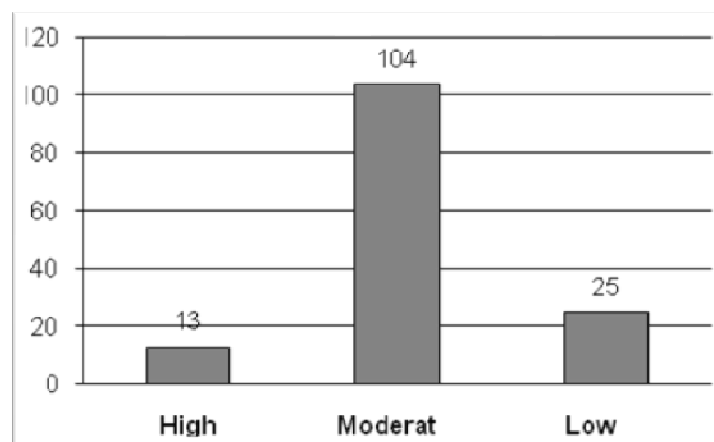
**Table 1.** Frequency distribution for participant general physicians

Location	Number	percent
Private clinic	73	51.4
Public policlinic	25	17.6
Private policlinic	21	14.8
Hospital	15	10.5
*Other	8	5.7

\* Institutes like charity organizations and NGOs

**Table 2.** Frequency distribution of general physicians' knowledge level about the charter of patients' rights

Patients' right	Correct answer	Wrong answer	I don't know
Patient being aware of diagnose and treatment phases	133(93.7)	4 (2.8)	5 (3.5)
Patient being aware of treatment steps at emergency situations	65 (45.8)	46(32.4)	31 (21.8)
Choosing final treatment method by physician without consulting patient	100 (70.4)	31 (21.8)	11 (7.7)
Patient being aware of possible side effects of treatment	136 (95.8)	3 (2.1)	3 (2.1)
Stopping the treatment by patient with self-content at any stage	39 (27.5)	86 (60.6)	17 (12)
Patient's information to be confidential even at legal inquiry	78 (54.9)	34 (23.9)	30 (21.1)
Patient can allow people be present at his/her bed	38 (26.8)	77 (54.2)	27 (19)
Patient's access to the physician after release	126 (88.7)	3 (2.1)	13 (9.2)
Patients' right to abstain from any research activity	91 (64.1)	28 (19.7)	23 (16.2)
Patient being aware of educational activities at educational hospitals	59 (41.5)	62 (43.7)	21 (14.8)
Patient being aware of insurance conditions in destination clinic if referred	133 (93.7)	5 (3.5)	4 (2.8)
Relatives to know about patient's treatment phases	117 (82.4)	11 (7.7)	14 (9.9)
Patient being aware of treatment team's proficiency	113 (79.6)	10 (7)	19 (13.4)
Patient being acquainted with other treatment team members	98 (69)	18 (12.7)	26 (18.3)
The effect of racial/religious factors on treatment	91(64.1)	28 (19.7)	23 (16.2)



**Figure 1.** Frequency of knowledge level

fulfilling their medical and healthcare needs (Goic, 2008). The physicians' level of knowledge is evaluated as moderate in this study. Also Lopez et al. study concluded

that Mexican physicians' knowledge about patients' rights and legal aspects of medical activities are at low level (Lopez, 1995). Ducinskiene reported that 85% of medical

**Table 3.** Comparison of general physicians' knowledge score vs. sex, practice location type, and attended university

		Knowledge score	test	P value
Sex	Male	31.8	T test	>0.05*
	Female	31.39		
University	Tehran	31.59	Anova	>0.05*
	Shahid Beheshti	32		
	Iran	31.86		
Practice location type	Private clinic	31.285	Anova	>0.05*
	Public polyclinic	29.26		
	Private policlinic	30.9		
	Hospital	33.8		
	other	33.71		

\*no significant

personnel were aware of patients' rights but ignored them (Ducinskiene et al., 2006). Borgan has reported the physicians' knowledge level about the moral codes to be inadequate (Brogen et al., 2009). Ozdemir et al. have shown that 40% of physicians were not aware of legal issues of patients' rights and 60% of them never studied these topics (Ozdemir et al., 2006). Also a study in Pakistan stated that the knowledge level of surgery team about patients' rights is just low (Shiraz et al., 2005).

The location type of conducted study seems to be one of the reasons causing difference in results, such that the studies which are done in smaller research populations like a hospital reported higher knowledge level while wider span studies including our study have reported their knowledge to be at moderate level. However, apparently the important issue is to believe and practically preserve the items of the patients' rights charter; and sole awareness does not seem enough. Being aware of patients' rights is not accompanied by practical preservation due to existence of external interfering factors; and preserving patients' rights requires some necessities which are out of physicians control in many cases (Joolaei et al., 2006). Ledo reported that although 84% of the nurses are aware of patients' rights, but only 65% of them considered them in their activities (Ledo et al., 1998).

In our study, the physicians were more aware of patients' right to know about possible side effects of treatment during diagnostic phases in comparison to other items of the charter of patients' rights. Hariharan study also showed higher frequency of awareness about diagnostic activities and steps (Hariharan et al., 2006). It seems that the awareness level is higher for those items of patients' rights which violating them could lead to filing lawsuits against physicians and medical personnel. Information should be provided and culture should be established in all the scopes.

In this research, the only significant correlation was found between knowledge level and their practice experience; also other study shows that there is a

significant relation between physicians' awareness of moral codes and the number of years passed since the time of their graduation (Brogen et al., 2009).

It seems that practice precedence, experience and more relation with the patients are the most important variables contributing to increase of knowledge level; and other variables could not have a big effect. And if some studies find a significant relation to sex, it is caused by research environment and larger number of female personnel in those studies. It seems rational to follow medical morality subjects training more seriously at the university studies so that young physicians could have the adequate knowledge regarding these issues right after the graduation; such that preserving patients' rights would not be dependant to the practice experience time. Woogara also proposed to consider patients' rights as a curriculum subject for the university students and CME programs for those who graduated (Woogara, 2005).

The important issue as coming to mind is the level of belief and practical implementation of charter of patients' rights; and sole knowing does not seem to be enough. Due to existence of some external mediating factors, knowing the patients' rights is not followed by practical observance in many cases. Keeping patients' rights requires some necessities which are beyond physicians control in many cases (Joolaei et al., 2008).

Finally it seems that patients and medical and healthcare service providers' higher awareness of patients' rights and obligations would lead to clarify the relations amongst them which consequently prevent emerging possible legal lawsuits. Just physicians and service providers being aware of patients' rights is not enough, but efforts have to be made in order to preserve these rights.

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