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## **Patients' Rights in Europe as at June 1997**

**Draft for Consultation at the Gothenburg Workshop 18-19 August**

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### **1. Introduction**

During the last decade, the issue of patients' rights has absorbed increasing attention at national and international level. Many countries in Europe and elsewhere have incorporated certain patients' rights into their health care legislation. Because patients are reliant on the health care system and health care professionals and therefore vulnerable, they need to be protected by mechanisms to promote and protect their rights (1). Furthermore, in medical science recent extraordinary developments have serious ethical as well as physical implications for human beings. It is therefore necessary to reinforce the basic human rights to which every person is entitled with a set of specific rights reflecting the particular circumstances of the health care sector.

The World Health Organization Regional Office for Europe has developed a systematic approach to the issue of patients' rights. Studies addressing the rights of patients in different countries were carried out at the beginning of the 1990s and their results published in *The rights of patients in Europe* (2). A European Consultation on the Rights of Patients was held in Amsterdam in March 1994. The Consultation endorsed the *Principles of the rights of patients in Europe*, which laid down the framework for developing patients' rights at the level of their daily lives.

In June 1996, the Regional Office held a Conference on European Health Care Reforms in Ljubljana, Slovenia. One of the issues stressed at this Conference was citizens' choice and patients' rights in the context of health care reforms. A review analysing the trends in and prospects for the development of patients' rights in Europe was published as part of the background documentation for the Conference (3).

Recent developments in this area show the increasing consideration being given to the issue by national legislators, international organizations and the public in general. Some countries have adopted new legislation on patients' rights, while others have revised existing legal texts and brought them up to date. In November 1996, the Committee of Ministers of the Council of Europe, following opinion No 198 of the Parliamentary Assembly, adopted the Convention on Human Rights and Biomedicine. The Convention is the first internationally binding legal text addressing bioethical issues. It seeks to protect human beings against the possible misuse of new biological and medical techniques by safeguarding fundamental human rights and freedoms.

Changes in national legislation on patients' rights are difficult to monitor on a regular basis and are only sporadically reported in the relevant literature. This weakens the monitoring process and does not allow countries to learn from each others' experiences. The Regional Office Health Management unit therefore carried out a review of patients' rights in selected European countries in the spring of 1997, with the aim of updating some recent developments and making them available to the wider public as well as reflecting the progress achieved in some countries

## 2. The review

### 2.1 Collection of data

Three methods were used to gather relevant data. Firstly, legal texts or published documents on patients' rights in the area of developments in some countries (Bulgaria, Finland, France, Germany, Greece, Iceland, Israel, Lithuania, the Russian Federation, Spain and the United Kingdom) were analysed. Secondly, a questionnaire was sent to 19 Member States with the aim of identifying the countries where a law on patients' rights had been passed since the end of 1995 and those where such a law is under preparation. The purpose was to ascertain the contents of actual and draft patients' rights legislation, and the legal means available to deal with patients' rights in the absence of such legislation. Thirdly, a telephone survey was conducted of officers responsible for legal affairs in the ministries of health of Denmark, Iceland and Norway based on the questionnaire sent out to the other Member States. In all, some 25 countries were included in the review.

### 2.2 Overall findings and emerging trends

Countries are likely to use three main instruments to promote patients' rights (Table 1): a law providing for patients' rights, a set of patients' rights incorporated into existing legislation regulating the overall functioning of the health care system, or a patients' charter.

Table 1. Main instruments for promoting patients rights in selected European Member States

Law passed	Law in preparation	Patients' rights incorporated in various texts	Patients' Charter
Iceland	Belarus	Bulgaria	France
Israel	Estonia	Czech Republic	Ireland
Finland	Kazakhstan	France	Poland
Lithuania	Norway	Germany	San Marino
Netherlands	Russian Federation	Hungary	United Kingdom
	Slovenia	Slovakia	
	Sweden	Spain	
		Uzbekistan	

It is worth noting that countries embarking on specific patients' rights law did so in order to bring together separate components of patients' rights in different pieces of legislation, which in practice turned out to be difficult and of which especially patients themselves had difficulties to be aware of. Incorporation of patients' rights in different laws should therefore be understood as a preliminary stage before the framing of a specific law. In the same way countries which have drafted on a specific patients' rights charter have brought the different legislative regulations under one umbrella. The adoption of a charter instead of a separate law is in some cases more appropriate to a country's legislative structure and legal traditions.

### *2.2.1 Legislation in force*

**Finland** was the first country in Europe to enact a law on patients' rights: the Act on the Status and Rights of Patients entered into force on 1 March 1993 (3). The need for such a law was first discussed in the early 1980s. The Act laid down provisions covering:

- patients' rights to good health care and treatment when needed;
- access to treatment;
- the right to be informed and to self-determination;
- the status of minor patients;
- emergency treatment;
- the powers of patients' representatives in certain situations;

The law also provided for new rights associated with a complaints procedure and the patients' ombudsman.

In 1996, three years after the promulgation of the law on patients' rights and injury to patients, the Ministry for Social Affairs and Health assessed the experience gained in implementing the law. Its report concluded that the law was influencing the overall functioning of the health care system, making people more aware of their rights in using the health care services and having an impact on the attitudes of health care professionals (4). The younger generations of health professionals already appeared to be more willing to adopt new behaviour towards their patients. However, the authors of the report criticized the way the law dealt with the question of informed consent as vague. Two specific issues, patients' access to information and the right to self-determination, were identified as needing further consideration.

**The Netherlands** adopted the Medical Contract Law in 1995 on the recommendation of the advisory committee of the National Council for Public Health (5). The law contains provisions on informed consent, information, access to and retention periods for medical data, and confidentiality. Subsequently a second Act on Complaints was passed, complementing existing

legislation and providing for complaints procedures. It is worth noting that the different approaches in Finland and the Netherlands stem from the structures of their health care organizations, the first being a tax-based municipal system and the second insurance-based.

In 1996, **Israel** and **Lithuania** enacted patients' rights legislation (Annex 1). The Act on Patients' Rights, defining the doctor/patient relationship, came into force in Israel on 12 August 1996. Its provisions are being implemented in health care establishments throughout the country. In September 1996, Lithuania adopted a law on Patients' Rights and Injury to Patients. This was not, however, the first legal instrument dealing with patients' rights in Lithuania. Patients' are mentioned in the Health System Law and were included in the draft law on health insurance discussed at government level in 1995 (6).

Finally, **Iceland** adopted a Bill on the Rights of Patients on 17 May 1997. The Act entered into force on 1 July 1997 (Annex 1), and "ensures specific rights for patients in accordance with general human rights and human dignity and thus strengthens their legal status regarding the health service, and to support the confidential relationship which must exist between patients and health workers" (Article 1).

### 2.2.2 Legislation before parliament

In **Denmark**, **Estonia**, **Norway** and **the Russian Federation** draft laws have been prepared and are being put before the respective Parliaments.

In the **Danish** legal system, patients' rights are embodied in a variety of legislation. The Ministry of Health is considering whether to redraft a law for submission to Parliament at the end of 1997. The Ministry of Social Affairs in **Estonia** submitted a draft law on patients' rights to Parliament for first reading in December 1996 (Annex 1), but it has not yet been debated.

In **Norway**, a draft law on patients' rights has been circulated to various ministries and a wide range of lay organizations for discussion and opinion. It will then be debated in public hearings organized by the Ministry of Health, starting in July 1997 and lasting for three months. The results of these discussions will be reflected in an amended draft, which Parliament will be expected to vote into law at the beginning of 1998.

However, in Russia Patients' rights in **the Russian Federation** are mainly addressed by the Foundations of the Russian Federation Law on Protection of Citizens' Health. The rights of specific categories of patients are incorporated in the 1993 law on Psychiatric Care and Guarantee of Citizens' Rights while Providing It, the 1991 Law on Sanitary and Epidemiological

Welfare of the Population and the 1995 Law on the Prevention of Spreading in the Russian Federation of Disease Caused by the Human Immunodeficiency Virus (HIV–infection).

In the **Russian Federation** A specific draft law on patients' rights, based on the principles of the 1994 WHO Declaration on the Promotion of Patients' Rights in Europe, was drafted in 1995 and is still before Parliament.

### 2.2.3 Legislation in preparation

In **Belarus, Kazakstan** and **Slovenia**, discussions about legislation for patients' rights are pointing towards the preparation of such legislation. In **Belarus** a draft law on patients' rights is under discussion in the Ministry of Health and is due to be put before Parliament in November 1997. Patients' rights legislation is also under discussion in the Ministry of Health in **Kazakstan**.

In **Slovenia**, consideration has been given to the need for patients' rights legislation but no law has been passed or prepared. However, such rights are included in other legislation, in recommendations of the Slovene Consumer Association and in regulations of the Institute of Health Insurance. A draft law on patients' rights is under discussion involving health care users and providers.

### 2.2.4 Charter or code of patients' rights

The **Czech Republic, France** and the **United Kingdom** have approached the issue of patients' rights in similar extra-parliamentary ways. The British and French Governments have promulgated patients' charters (England, Wales, Scotland and the Northern Ireland have separate charters) and the Czech Government has drawn up a Code of Patients' Rights .

In the **Czech Republic**, patients' rights are contained in two documents: the Code of Patients' Rights prepared by the Central Ethical Commission set up by the Ministry of Health and approved by the latter on 25 February 1992 (Annex 1); and the Ethical Code of the Physicians prepared by the Conference of the Czech Chamber of Physicians in November 1992, which lays down physicians' duties and indirectly addresses patients' rights.

In **France**, the concept of patients' rights was first recognized in 1936 by a Supreme Court judgement in the case of *Mercier*. The Court ruled that the relationship between a doctor and a patient constituted a contract for health care, according to which the patient had the right to expect treatment reflecting scientific progress at the time and the physician became responsible for his/her patient. The first French text dealing with patients' rights as such was a ministerial circular (Ministerial Note laying down instructions) dated 20 September 1974, which introduced

a Charter for Hospitalized Patients focusing on patients admitted to hospital for inpatient treatment. However, this charter concentrates on the obligations incumbent upon health care establishments rather than on the rights of patients within them. Thus, although it remains the first comprehensive text dealing with patients' rights in France, the Charter has limited efficiency and is narrow in scope.

The Charter was revised and a new version issued on 6 May 1995. This emphasized at the outset that public hospital services must be accessible to all, particularly the most vulnerable patients. In order to ascertain the level of their satisfaction with the health care services, patients are required to comment on their stays in health care establishments. A copy of the Charter must be given to every patient admitted for treatment in any health care establishment.

In **Sweden** the Federation of County Councils has prepared a draft patients' charter, which is being sent out to all county councils for comment. Endorsement of the Charter is likely in October–December 1997.

The commitment to patients' rights in **the United Kingdom** is enshrined in the Patients' Charter, which is part of the Citizens' Charter initiative. The Government first issued the Patient's Charter in 1991 with the aim of creating a better National Health Service. The Charter lays down ten rights and ten national standards (Annex 1), which are not legal rights but reflect the aim of the National Health Service to provide additional services to its users, "as circumstances and resources allow" (7). In 1995 a revised version of the Charter was issued, extending it to include new health services such as dental, ophthalmological and community pharmaceutical services.

Patients' rights in **Poland** are mainly embodied in legal documents forming the corpus of the civil law: the Constitution, the Civil Code, the Public Health Institutions Act, the Medical Practitioners' Act, the Nurses' and Midwives' Act, the Medical Ethics Code, and the Nurses and Midwives' Ethics Code. The 1991 Public Health Institutions Act established a Patients' Rights Charter applying to hospital and outpatient clinics. Each health care establishment has its own Charter based on a standard patients' rights charter published by the Ministry for Health and Social Welfare. The Public Health Institutions Act is being updated and a draft law will be submitted to Parliament, hopefully before the end of 1997, which will include a separate chapter on patients' rights. Meanwhile, the Medical Chamber, which has been obliged by law to create a Medical Ethics Code, has included a set of patients' rights in this code.

#### 2.2.5. Different legal texts

**Belarus, Bulgaria, France, Greece, Germany, Hungary, Slovakia, Spain and Uzbekistan** have incorporated regulations on patients' rights into different laws and regulations governing

their health sector. All the countries considered in this section have constitutional principles laying down rights relevant to health care. In the majority of cases their Constitutions provide for social rights such as health protection and access to health care services, the right to receive health care services and the right to equal treatment regardless of sex, race, ability to pay, or other social denominators.

In many central and eastern European countries as well as Uzbekistan in central Asia a movement began in the mid-1990s towards incorporating a set of specific individual patients' rights into legislation regulating the health care systems. In **Belarus**, the 1996 Law on Health refers to a set of patients' rights (Annex 1). In **Bulgaria**, there is no specific patients' rights law but these rights are principally included in the Bill on Public Health, which was first promulgated on 8 November 1973 and has been amended several times since (most recently in March 1997). According to the law, the rights to which patients are entitled are more social than individual.

In addition to its Charter for Hospitalized Patients, **France** has enacted several other laws addressing patients' rights and referring to patients' participation in biomedical research, to hospital management, and to the ethical implications of medical technologies. Finally, the Social and Economic Council has adopted (in 1996) an opinion on the *Evin Report* on patients' rights strongly recommending that patients' rights should be given high priority in national legislation.

In **Germany**, patients' rights are specifically dealt with under the provisions in the constitutional law that are relevant to patients' rights and refer to the right to life and to physical integrity. Patients' rights are also enshrined in the 1983 health insurance law and in the Social Code. However, the Advisory Council recommended in 1992 that existing provisions for patients' rights should be brought together in a Patients' Rights Charter.

In **Greece**, patients' rights were indirectly addressed in the Code on the Practice of Medicine (1939) and the Regulation of Medical Deontology (1995). Both texts placed the obligation on physicians to provide treatment in full respect of patients' dignity and religious freedom and to respect medical secrecy. In 1992, the Act on Modernization and Organization of the Health System (No. 2071/92, section 47) directly provided for patients' rights to physical security, information and freedom of choice, and the right to complain. An all-party Parliamentary Committee has now given an opinion, following which a charter addressing the rights of patients will be drafted.

The **Hungarian** Parliament adopted a new law in May 1997 on the handling and protection of medical data. This lays down rules regarding to patients' rights to have access to medical data and prohibits the transfer of medical data to certain persons and bodies. A new Act on Health Care has been drafted by the Ministry of Welfare and discussed by the Government, prior to



submission to Parliament, hopefully in June 1997. Chapter 2 of this draft Act deals with patients' rights (Annex 1).

**Slovakia** has no specific legislation on patients' rights but such rights are included in the Act on Health Protection of People, in the Act on Health Care and in the Act on Therapeutical Order (Annex 1). The Association of Hospitals of Slovakia has prepared a strategic document on patients' rights, which is awaiting government consideration.

In **Spain**, patients' rights are dealt with in the 1986 General law on Public Health and in the 1994 Charter of Rights and Duties of Patients. In addition, the General Council of the Medical Order of Spain has recognized patients' rights in Chapter III, "Relations of the physician with the patients", of the Code of Deontology.

Finally, in **Uzbekistan** the article 24 (the Rights of Patients) of the 1996 Bill on Protection of the Health of the Citizens lays down several provisions for patients' rights (Annex 1).

### 3. Discussion

International initiatives addressing patients' rights have conveyed a strong message to countries in the WHO European Region on this issue. There has been a positive response in the moves made by Member States towards developing such rights. Fig. 1 illustrates the common patterns discernible in these moves. The line on the left follows the process of endorsement of a patients' rights charter, which can either be at countrywide level or result from initiatives at institutional level by competent authorities, chambers of physicians or other institutions dealing with health matters. The line on the right indicates the steps towards elaboration of a law on patients' rights.

The analysis of patients' rights distinguishes between social and individual rights (8). The former refer to a set of rights collectively enjoyed, such as the right to receive health care or the right to equal access to health care. The latter are more readily expressed in absolute terms and are inherent to the individual as a human being. Although a great majority of European countries are committed to a wide-ranging set of social rights, current tendencies may endanger their commitment. The need to contain costs has led to a narrowing in the scope of collectively financed health care services and increasing numbers of people being left out of formal health care provision, while the scarcity of resources is forcing countries to make patients share the costs either officially through copayments or unofficially through under-the-table payments. These two trends underline the fact that the provision of social rights reflects what is possible in a given country at a particular time, whatever the country's commitment to them may be.

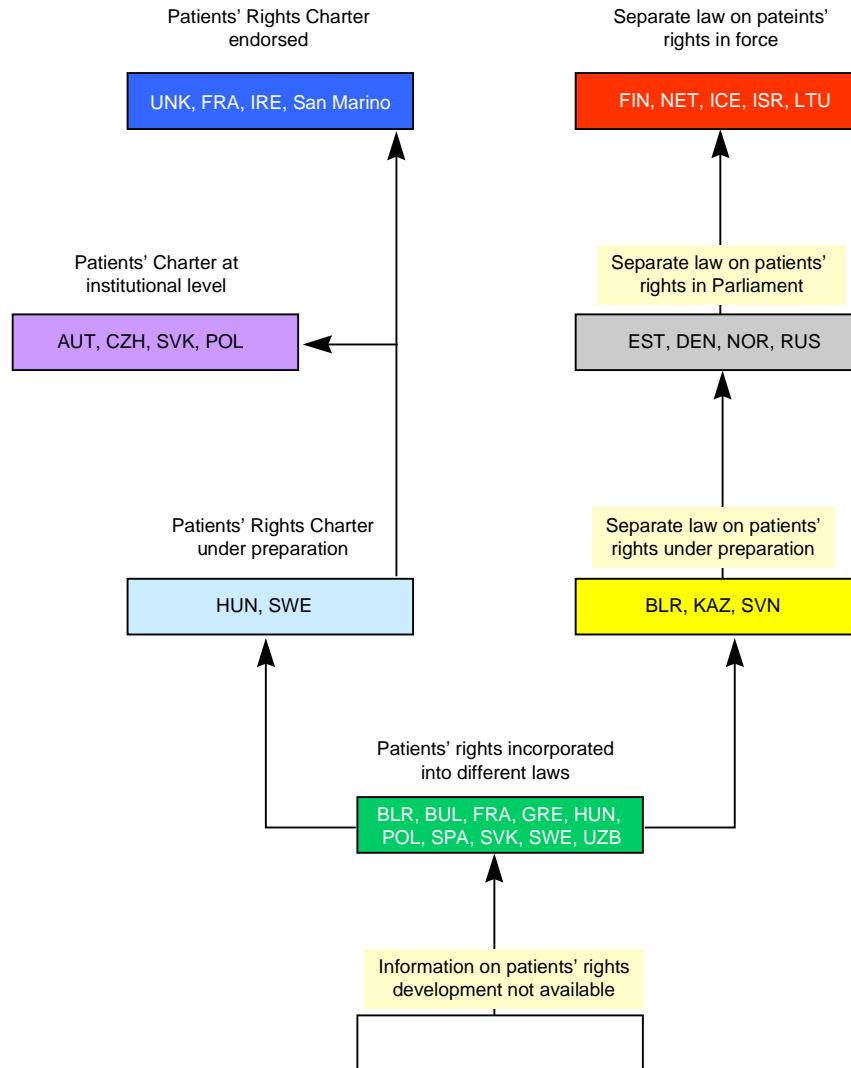


Fig. 1. Patterns of patients' rights development in Europe

Even so, central and eastern European countries are making real advances in introducing new rights relevant to information, consent, confidentiality and privacy, and care and treatment, of the individual, while others are moving towards reviewing and reinforcing existing individual patients' rights. Instruments designed to promote patients' rights need to be revised and updated in the light of the experience gained in implementing them, in order to reflect the rapid changes taking place in the health care sector.

The recent developments described in this document show that a majority of countries have followed the path marked out at the Amsterdam Consultation on Patients' Rights in 1994 and have incorporated the principles for promoting patients' rights into their legislation (Table 2). As far as matching the Amsterdam principles with national law is concerned, countries refer to human rights and values in health care in their constitutions. The rights to information, consent, confidentiality and privacy, and care and treatment are provided for in different legal instruments in force in Member States. Patients are directly entitled to these rights in countries with a specific

patients' rights law. In other countries, patients' rights are laid down in different pieces of legislation in the form of obligations incumbent upon physicians. In the case of the right to consent, the relevant Amsterdam principle states that "the informed consent of the patient is a prerequisite for any medical intervention". However, it appears that in some countries consent is limited to cases of organ removal and sophisticated operations. Annex 2 illustrates the development of patients' rights on the European scene.

Table 2. Implementation of the principles of patients' rights in selected European Member States <sup>a</sup>

	<b>Human rights and values in health care</b>	<b>Right to information</b>	<b>Right to consent</b>	<b>Right to confidentiality and privacy</b>	<b>Right to care and treatment</b>
Belarus	Constitutional guarantee	Yes	Insufficient information	Insufficient information	Yes
Bulgaria	Constitutional guarantee	Indirect right to information laid down through obligation on physicians	Consent to organ removal, to complex operations and diagnostic procedures	No	Yes
Czech Republic	Constitutional guarantee	Yes	Yes	Yes	Yes
Estonia	Constitutional guarantee	Yes	Consent to organ removal	No	Yes
Finland	Yes	Yes	Yes	Yes	Yes
France	Constitutional guarantee	Yes	Yes	Yes	Yes
Hungary (draft law)	Constitutional guarantee	Yes	Yes	In the law on medical data	Yes
Iceland	Yes	Yes	Yes	Yes	Yes
Israel	Yes	Yes	Yes	Yes	Yes
Lithuania	Constitutional guarantee	Yes	Yes	Yes	Yes
Slovakia	Constitutional guarantee	Yes	Yes	Insufficient data about privacy	Yes
Uzbekistan	Constitutional guarantee	Yes	Yes	Yes	Yes

<sup>a</sup> This table presents information on countries for which a law or draft was available.

## 4. Conclusions

It is evident that the Amsterdam Consultation on Patients' Rights in 1994 and the Ljubljana Conference in 1996 strengthened the movement towards further development of patients' rights, even in countries where the issue had not previously been given much attention. A motivating factor has been the desire to clarify patients' rights in one law. Two Member States have enacted laws on patients' rights since the Ljubljana Conference and six are likely to do so in the near future. Two others have included patients' rights in different instruments regulating the functioning of their health care systems. However, difficulties in monitoring developments in this area highlight the need for countries to discuss and agree on the criteria for evaluating them.

Approaches to patients' rights in Europe vary between the drafting of a law or patients' charter, and incorporation of patients' rights into existing legal instruments. The choice depends on a country's legal traditions and probably reflects political priorities. Drafting a law on patients'

rights requires more time and resources, so that countries engaged in other reforms often prefer to incorporate a set of patients' rights into their existing legislation rather than to create a new law. However, when these are set out in one legal document it is much easier both for beneficiaries to know their rights and for those rights to be monitored and revised.

The promotion of patients' rights, being a dynamic process, is difficult to monitor on a continuous basis. Medical progress and the concomitant challenges to the rights of patients, combined with changes in society and countries' legal frameworks, necessitate an assessment of the experience gained in promoting these rights. Existing instruments dealing with patients' rights will then need to be revised and updated in order to ensure that they are constantly protected and respected and to prevent them being violated.

## **ANNEX 1**

### **Laws and draft laws on basic patients' rights**

## **Belarus**

The main patients' rights spelled out in the Law on Health (18 June 1996) refer to:

- the right to receive health care services free of charge in public health establishments;
- the right to free choice of physician;
- the right to information about health status;
- the right of children under the age of 14 to stay in hospital together with their parents; and
- the right to receive emergency health care services in any health care establishments.

## **The Czech Republic**

The Code of Patients' Rights (25 February 1992) states that patients are entitled to:

- the right to respectful and professional treatment given by qualified workers;
- the right to know who is in charge of them, respect for their privacy, and the presence of their own families;
- the right to be informed so as to be able to make proper decisions regarding the health care provided;
- the right to refuse treatment under circumstances laid down by law;
- the right to respect of their privacy and their agreement to students participating in the curative process;
- the right to confidential medical records and designation of a person to have access to them;
- the right to continuity of treatment after discharge;
- the right to information when the physician will use non-standard or experimental treatment and to refuse to participate in any stage of an experiment (informed consent is necessary for participation in research into therapies);
- the right for dying patients to respectful care, taking account of personal wishes in accordance with the law;
- the right to know and the obligation to respect the internal order of the health care establishment where treatment is provided.

## Estonia

The main patients' rights enshrined in the draft law on Patients' Rights submitted to Parliament are:

- the right to be treated and to medical aid;
- the right to receive emergency treatment and aid;
- the right to obtain information;
- the right to declaration of will;
- the right to consent to organ and tissue removal for transplantation and scientific research purposes.

## Hungary

Chapter 2 of the draft Act on Health Care to be submitted to Parliament gives everyone the right to:

- receive medical treatment;
- receive medical treatment which respects human dignity;
- make decisions regarding treatment modalities;
- obtain information concerning him/herself and informed consent;
- refuse medical treatment;
- have access to medical records.

## Iceland

The fundamental provisions of the Bill on Patients' Rights voted by the Icelandic Parliament in May 1997 are as follows:

- **Chapter I. Introduction.** Article 3 refers to the quality of the health service. It lays down the right to equal health services, to the best available treatment at each time, and to continuous treatment. Access to information on the rights of patients is dealt with under Article 4, which states that the Ministry of Health and Social Security shall ensure that the information concerning patients' rights, patients' associations and social security schemes is available and made accessible to patients.

- **Chapter II. Information and consent**, contains provisions for information on health and treatment, and the relevant exemptions from this principle. The duties of health workers faced with patients refusing treatment and exemptions from the consent to treatment are set out in articles 8 and 9. Articles 10 and 11 deal with consent to scientific research and participation in the teaching of students.
- **Chapter III. Confidentiality and professional secrecy**, prescribes the rights to confidentiality and professional secrecy and the relevant exemptions (articles 12 and 13).
- **Chapter IV. Handling of information in clinical records**, lays down the specific rights to access to clinical records (article 14) and to comments on information in the clinical record (article 16).
- **Chapter V. Treatment**. Article 17 stresses the patient's right to respect for human dignity. This chapter deals with waiting times for treatment (article 18) and gives the patient the right to know the reasons for the delay, as well as the estimated waiting time. Articles 20 and 21 prescribe the right to an empowered choice of health worker and declares the patient responsible for his own health. Article 22 lays down provisions for admission and discharge of patients. Articles 23 and 24 give patients the rights to an easing of their suffering and the presence of their family and friends, and deal with treatment of dying patients.
- **Chapter IV. Special rules on sick children**, makes provisions for sick children as regards information on their health and treatment, consent to treatment and other rules.
- **Chapter VII. Right to complaint**, specifies the rules allowing patients to complain about their treatment.

## Israel

The Act on Patients' Rights (1 May 1996) is divided into nine chapters dealing with specific issues.

- **Chapter 1** sets out the aim of the law to establish the rights of every person who requests medical care or who is in receipt of medical care, and to protect his dignity and privacy.
- **Chapter 2. Interpretation**, deals with the definitions of several terms used in the text.
- **Chapter 3. The right to medical care**, regulates the delivery of medical care in non-urgent and urgent circumstances, prohibits discrimination among patients, entitles the patient to obtain a second opinion, and ensures the continuity of medical care and respect for the patient's dignity and privacy.
- **Chapter 4. Informed consent to medical care**, provides for informed consent; the Act determines the extent of the information to be given to patients, and exceptions to the rule.



- **Chapter 5. Medical records and medical information**, sets out a framework for the obligation of staff to keep information concerning the patients confidential.
- **Chapter 6. Committees**, regulates the setting-up of different committees and rules for their procedures. An Investigative Committee inquires into a patient's complaints or exceptional incident in the giving of medical treatment. A Control and Quality Committee evaluates and improves the quality of medical care. An Ethics Committee puts the Act into effect, and has different duties from the Ethical Committees of each health care establishment.
- **Chapter 7. Responsibility for the observance of patients' rights in a medical facility**, provides for an ombudsperson.
- **Chapter 8. Provisions with regard to the security forces**, provides for the Act to apply to the Security Forces.
- **Chapter 9. Miscellaneous.**

## **Lithuania**

The law on Patients' Rights and Injury to Patients (September 1996) consists of four parts and 25 articles.

- **Part I. General provisions**, defines of the terms used in the law and sets out the purpose of the law.
- **Part II. Patients' rights**, lays down the rights to appropriate health care, to urgent and easily accessible health care, to choice of provider of health care services and establishment, to information, to participation in the process of teaching and scientific research, to refuse treatment, to complain, to privacy and to compensation for injury to patient's health;
- **Part III. Patients' documents**, provides for the keeping of medical records and documents concerning patients and sets out the circumstances in which patients may have access to medical records and documents.
- **Part IV. Grounds for and procedure in the case of compensation for injury to patients**, defines injury to patients, and the ways it should be assessed, provides for compulsory insurance of physicians and other care providers against compensation for possible injury to patients, and sets out the procedure regulating the payment of compensation to injured patients.

## **Slovakia**

According to the Act on Health Care (No. 277/1994), the basic patients' rights are:

- the right to health care provision;
- the right to choose physician and health care establishment with the exception of people doing military service or in prison;
- the right to physical and mental integrity;
- the right to be informed about health status, treatment, prognosis and confidentiality of all medical records (however, the physician decides on the content of the information);
- the right to refuse health care with the exceptions provided for in the Act;
- the right to be relieved from pain;
- the right to informed consent for any medical intervention- patient refuses an intervention he/she is bound by a written statement; treatment may be applied without seeking the patient's consent in conditions spelt out by the Act;
- the right of access to medical records and to comment on them;

## **United Kingdom**

The rights included in the 1991 Patients' Charter are<sup>1</sup>:

- to receive health care on the basis of clinical need, regardless of ability to pay;
- to be registered with a GP;
- to receive emergency medical care at any time;
- to be referred to a consultant and to receive a second opinion under particular circumstances;
- to an explanation of any treatment proposed ;
- to have access to health records;
- to choose whether to participate in medical research and student training;
- to information on local health services (quality standards and waiting times);
- to admission for treatment within two years from registration on a waiting list;
- to receive a full and prompt written reply to complaint

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<sup>1</sup> The revised version of the Patients' Charter from 1995 was not available at time this review was carried out.

## **Uzbekistan**

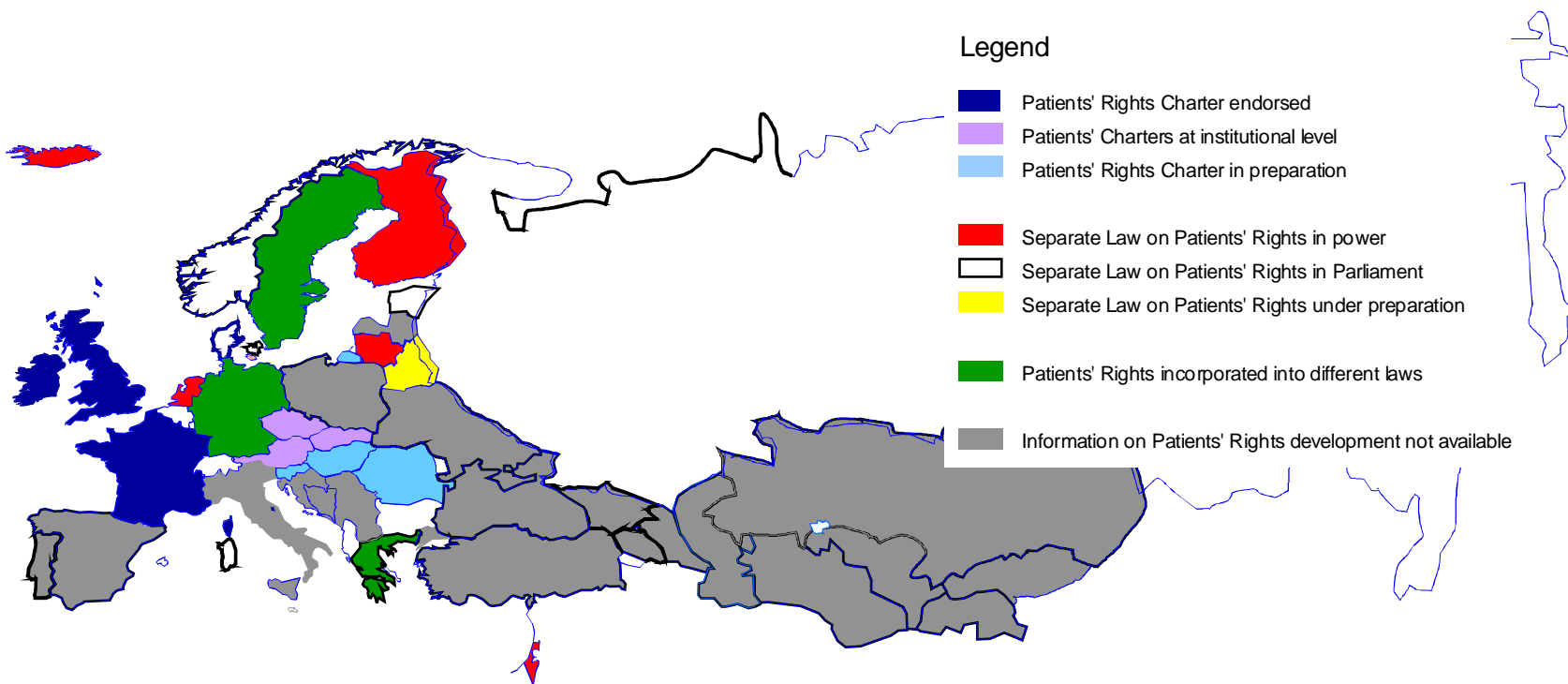
Article 24 of the Bill on Protection of the Health of the Citizens (14 September 1996) spells out the following patients' rights:

- the right to respectful and humane care from the health care personnel;
- the right to choice of physician and of health care establishment;
- the right to request consultation with other physicians and specialists;
- the right to keep confidential all information and data about the reason for requesting health care services, his/her own health status, medical condition, and diagnosis;
- the right to consent to and to refuse any medical intervention;
- the right to receive any information related to his/her rights, duties and health status, as well as to designate a representative for this purpose;
- the right to receive health care services within the framework of the voluntary health insurance system;
- the right to have access to a lawyer or other legal representative for defence of his/her rights.

## **ANNEX 2**

### **The development of patients' rights on the European scene**

## Patterns of Patients' Rights Development in Europe



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