

Patients Have Rights

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"In our medical practice, we are aware of own professional rights and responsibilities to patients and the community. But patients also have their right and responsibilities and our acceptance of these contributes to a more satisfactory doctor-patient relationship.

Every patient selects his doctor mainly on the basis of his reputation and experience, not just because his name is on a medical register. His choice of you is therefore a subtle compliment and you usually accept him on your roster of appointments. His is the right to select his doctor and yours the freedom to accept him. This become obligatory only if his is an emergency case when you have to treat him or make arrangement to send him to hospital.

A patient has expectation when you see him; that he be provided with the best possible care and you try to do this. When unsure of the diagnosis or treatment, it is your ethical duty to seek a second opinion. Sometimes the patient requests this himself, and we should not then misunderstand him or take offence. Often he needs reassurance. But if you are sure of your diagnosis, you could dissuade and save him some money. In any case the law does not bind you to provide a second opinion, but when in doubt it is best to do so.

A patient has the right to obtain from his doctor complete current information about his diagnosis and treatment with the results of investigations. This medical report provides for continuity of care and enables a patient to seek a second opinion or see a specialist of his choice. I understand that nowadays some doctors charge a fee for such medical reports. This to me is wrong. A medical report (except to insurance firms) is part of the consultation service we provide our patients.

All of us are aware that written consent must be obtained before an investigative procedure or operation. Often we forget that it must be informed consent and all information must be given to enable the patient to make a decision. Investigative procedures and operations should be done by those with sufficient expertise. The extent of this is established in medical practice and not by law. Can we say how many times of the procedure in question must have one observed or assisted or how many done independently before the doctor is accepted as an expert? The patient has the right to know the name of the person responsible for the procedure and his experience. The patient's first concern is "is he safe"? , then only "will be cure"?

If we accept the credo that patients must assume responsibility for their own health, why do we not inform them of what they have been suffering from or what was revealed at operation or on investigation? This is a common omission in our patient communication. Why do we refrain from telling them? Patients have the right to know about themselves and we are doing them a disservice by withholding relevant and important information.

The patient has the right of privacy concerning his illness and papers relevant to his care including medical records. We generally respect this confidentiality and so should our nurses and medical students. The patient has the right to know about the cost of his consultation, his treatment and investigations. He needs to know how much he may have to pay. Furthermore; he has the right to an explanation of the cost of items on his bill regardless of the source of its payment.

When patient die we should help them to do so with dignity and as little suffering as possible. In incurable illness like cancer this problem arises frequently. If we listen to patients they will tell us, implore us to stop treatment and let them go. It is their right to choose to die and we should respect this decision. When there is nothing else to do, we still have kindness to give! "