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NATIONAL STATEMENT OF **PATIENTS' RIGHTS** IN PRIMARY HEALTH CARE DEVELOPED IN IRAQ

DISCLAIMER

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Introduction

The Constitution of the Government of Iraq outlines specific, inalienable rights guaranteed to its citizens, including the right to security; the right to religious diversity; the right to social security and social assistance; rights of children, the elderly, and people with disabilities; the right to personal privacy; and the right to enjoy life. Specifically, in Article 31, the GOI establishes that Iraqis have the right to health care and that the State will maintain public health:

“First: Every citizen has the right to health care. The State shall maintain public health and provide the means of prevention and treatment by building different types of hospitals and health institutions.

Second: Individuals and entities have the right to build hospitals, clinics, or private health care centers under the supervision of the State, and this shall be regulated by law.”

Taken together, these rights aim to ensure that the Ministry of Health (MoH)’s national health services afford a high level of human rights protection to all Iraqis who use them. To better articulate what these human rights protections are and to ensure that all Iraqis are aware of their rights, the USAID-funding Primary Health Care Project in Iraq (PHCPI), in collaboration with the MoH, has drafted the following Patients’ Rights Charter.

Educating citizen clients about what rights they have to ethical, equitable, and fair treatment by their providers is as essential as educating the policy makers and health care providers themselves as to the type of treatment and respect users of the system are owed. By empowering patients to assert their rights, patients can play an important role in elevating the standards of care they receive and help to improve the overall healthcare system.

Guiding Principles:

The rights outlined in the Charter below are predicated upon the understanding and acceptance of the following statements as true:

- The Charter applies to all individuals utilizing the public health care system in Iraq.
- The Charter recognizes that individual health care needs may vary when certain factors, such as age, gender, religion, ethnicity, or socioeconomic factors are taken into account.
- The Charter defines rights as they are valid in the current situation in Iraq. It shall therefore be reviewed and modified as circumstances change, as well as with the

development of scientific knowledge and technology that may affect the delivery of quality health services.

- The rights contained herein must be respected independently of financial, economic or political constraints.
- The Charter is intended to apply principles of rights, duties and responsibilities upon both the service providers in the health care system and the patients utilizing it to the greatest extent possible.

Objectives

PHCPI's initiative to articulate the rights of the patient in the healthcare setting aims to support more interest in quality PHC services by the citizenry; to improve the communities' access to their own health information; and to improve communities' understanding of their own responsibility in taking action to promote healthy behaviors.

Ultimately, the Charter intends to:

- Protect the dignity and integrity of the patient, reaffirming his/her fundamental human rights as both a patient and a person;
- Outline a standardized set of principles of patients' rights to serve as a baseline for framing patient care policies;
- Maximize patient benefits from utilizing the primary health care system while minimizing the effects of any problems that might arise through use of that system;
- Encourage a more active form of patient participation in and ownership of his/her own health outcomes;
- Promote an interactive, respectful relationship between patients and providers that will promote and sustain beneficial relationships;
- Promote and protect the fundamental rights of and assistance to all patients, with special emphasis on vulnerable groups, including children, the elderly, psychiatric patients, internally displaced persons, and their families.

Patients' Rights Charter for Iraq

Right to Information:

- I. The patient has the right to receive information recorded in any of his/her medical records and to be fully informed about his/her health status.
- II. The patient has the right to direct access to his/her own health records, ask questions about their contents, and request copies of part or whole of their medical file.
- III. The patient has the right to confidentiality.
- IV. Information should be given to the patient taking into account the religious, ethnic, or linguistic specificities of the patient.
- V. The patient has the right to choose who receives information related to his/her health care.
- VI. The patient has the right to ask for the opinion of another physician at any stage of his/her care.
- VII. The patient has the right to be referred to other health service providers that provide diagnostic, curative and teaching facilities. In the event of transferring the patient from the treatment center to another facility, the patient must be given adequate explanation of the reasons, and a suitable place must be secured to continue treatment in another hospital or at home if possible.
- VIII. The patient has the right to know the procedures for lodging a complaint without fear of consequences.

Right to Treatment and Care:

- I. The patient has the right to choose and change the service provider in accordance with the health system of the country.
- II. The patient has the right to receive support from family and friends during treatment.

Right to make decisions:

- I. The patient has the right to make free decisions. The physician will inform the patient of the possible consequences of his/her decision.
- II. If the patient is unconscious or unable to express his/her will, informed consent must be obtained whenever possible from a legal representative.
- III. The patient has the right to refer to legal authorities in the event of decisions made by the service provider that were harmful to the patient.

Right to Privacy:

- I. All information related to the patient must be kept confidential even in the event of his/her death. Under the law, it is permitted to disclose some information with the request of a legal authority.
- II. The patient has the right to request information and copies of medical documents concerning his/her health care. The health center or hospital is not permitted to release any personal information, reports, or documents concerning the patient's health to family members or other parties for further diagnosis and treatment without his/her written approval.
- III. The patient has the right to privacy and confidentiality of information and socio-medical data and can only be seen by those who have a direct relation to his/her treatment and for the purposes of medical visits, improvement of treatment, performance and quality.
- IV. Publication of information related to the patient requires written consent unless his/her life is subject to imminent risk according to the legal measures in force or infected with a reported communicable disease.

Patient's Responsibilities

- I. The patient must provide all information related to his/her health including medication being taken, previous diseases, communicable diseases, allergies and any other health information.
- II. The patient must inform the physician if he/she does not wish to continue treatment.
- III. The patient must follow all rules and instructions of the health center including commitment to appointments and any financial obligations related to his/her care.
- IV. The patient must cooperate in following instructions related to treatment provided by the health staff.
- V. The patient has no right to infringe upon other patient's rights or disclose confidential information or harm their dignity.
- VI. The patient must inform the health center when he/she changes residential address or leaves the country.
- VII. The patient must take into account rights of the other patients and staff of the health center.

Implementation Plan

Successful application of the rights outlined above requires commitment from a number of different actors involved in the delivery of health services and protection of citizen rights. Legal frameworks, economic conditions, and social, cultural and ethical values are all involved in translating the Charter into actionable rights protection. The following components must be involved in the process of upholding and protecting rights in the health care system:

- **Legislation:** The rights, responsibilities, and entitlements of patients, service providers, and clinics must be specified and upheld by the legal system. The rights outlined in the Charter may be incorporated into national laws and regulations in full in order to make the goal of protecting patients' rights an ordinary part of public policies.
- **Communication and advocacy:** better training in skills for health professionals as well as for patient groups, in order to further the development of a proper understanding of the perspective, responsibilities, and roles of all parties;
- **Information and Education:** To inform and educate citizen users of the health system as well as health care service providers, the Patients' Rights Charter should be promoted in health care centers, hospitals, medical colleges and universities, and among any national or international non-governmental organizations working in a health care setting. Special attention should be devoted to training and educational activities for doctors, nurses and other health care stakeholders.
- **Support:** Commitment to upholding the Charter and support for its policies should be garnered from major health care stakeholders, including the MoH, medical universities, and professional staff working with patients.
- **Monitoring:** The Charter may also be used as a means of monitoring the state of patients' rights. A periodic report could be published to further awareness of the situation and outline new objectives.
- **Dialogue:** A dialogue among the stakeholders can be pursued on the basis of the Charter's contents, in order to work out policies and programs for the protection of patients' rights. Such a dialogue would take place among governmental authorities, public and private companies involved in health care, as well as professional associations and labor unions.

Roll-out Strategy for Patients’ Rights Charter

A communication plan for raising awareness of patients’ rights is an integral part of the roll-out strategy. The Charter will be pilot-tested in both urban and rural PHC facilities using the following channels and methods. The timeline for activities and phases in the plan should be subjected to ongoing review by the MoH and partner organizations.

Action Plan to Raise Awareness for Patients’ Rights in PHC Centers				
Channel	Print Media	Mass Media	Community Mobilization	Advocacy
Context	Posters w/ PR Charter Take home brochure Banners	Radio and TV favored by communities in Iraq TV Spots Newspapers Facebook SMS messaging	-Multiple social networks, including CSOs, religious groups, and clubs and community gatherings will promote PR using IPC (inter-personal communication --talking and discussing). It will be crucial to involve community leaders, volunteers, and health workers.	A number of key actions are needed to influence high-level decision makers to promote PR
Examples of Key Activities	Displayed on PHC reception area, hospitals, community centers, mosques, public transport and any place where people ‘wait’. “Patients’ Rights Week” to coincide with other opportunistic events in the community	Broadcast a weekly radio show on PR with the participation of health workers and community leaders, celebrities Broadcast regular public service announcements on radio and TV that reinforce PR. PR messages via FB and SMS during campaign week	Train health care providers on the use of print materials. Strengthen the skills of community volunteers to serve as effective communication and agents in the context of PR Produce a health education kit, w/ PR messages for clinic staff and LHCs	Seek endorsement from the Media Dept./MOH and To endorse PR campaigns. Negotiate with public and private mass media to identify mutually beneficial opportunities for designing, producing and broadcasting on PR Lobby for the support of government programs outside the MOH to promote PR.

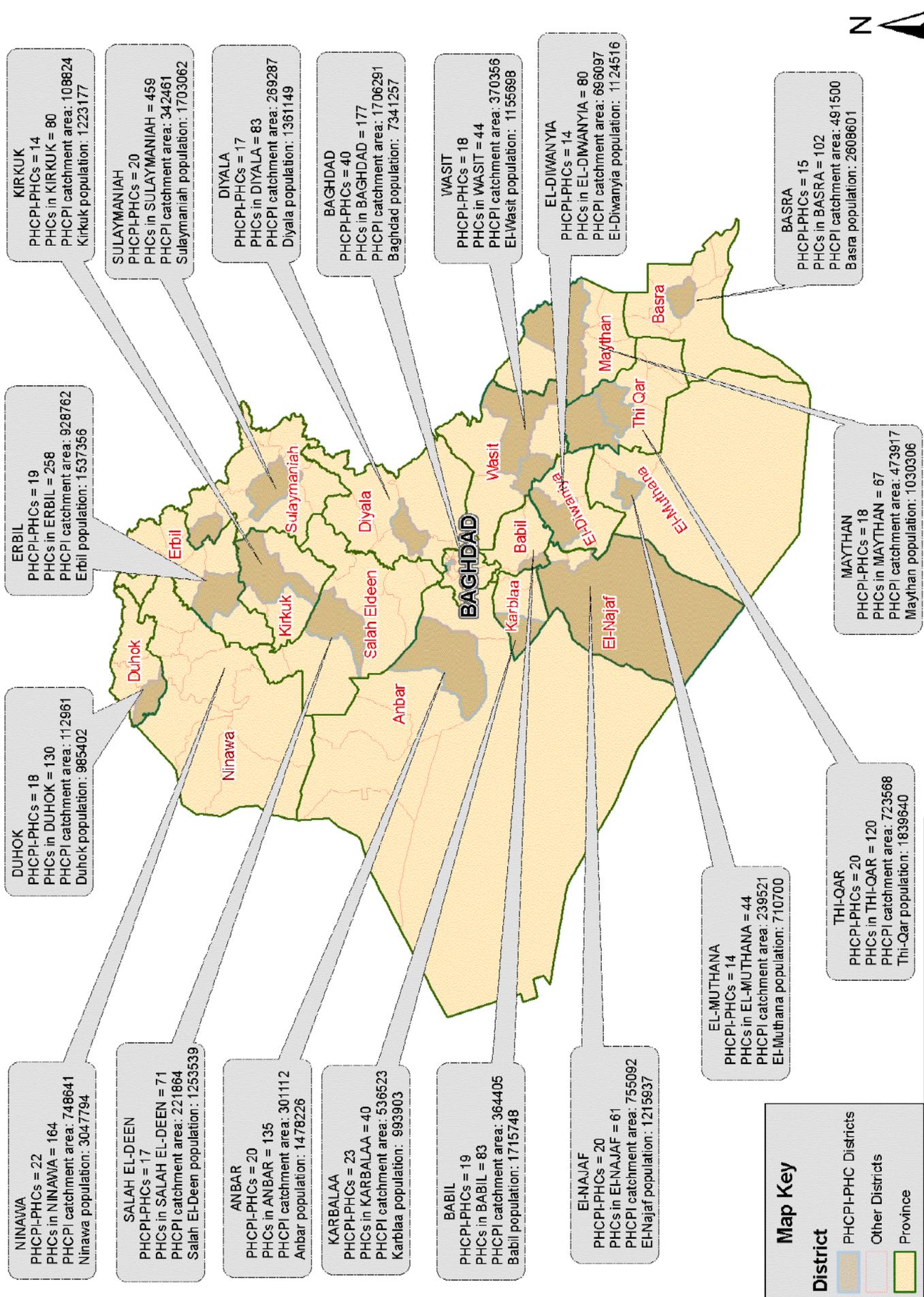
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- **Health leaderships of PHC Departments listed below:**
 - ❖ **Directors of Public Health Departments (representatives of the DGs).**
 - ❖ **Managers of the PHCPI-targeted Health Districts.**
 - ❖ **Managers of (360) PHCPI-targeted PHCCs from all DoHs.**
 - ❖ **Media Section Managers of all DoHs**
 - ❖ **Health Promotion Section Managers of all DoHs**
 - ❖ **Quality Management Section Managers of all DoHs**
 - ❖ **Community Initiatives Section Managers of all DoHs**
 - ❖ **MoH Coordinators at all DoHs.**

PHCPI-PHCs population mapped to IRAQ population



Map Key

District

- PHCPI-PHC Districts
- Other Districts
- Province

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