

PHILIPPINE MEDICAL ASSOCIATION
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PHILIPPINE MEDICAL ASSOCIATION DECLARATION
ON
THE RIGHTS AND OBLIGATIONS OF THE PATIENT

INTRODUCTION

The time honored relationship between Filipino physicians, their patients and the community has undergone significant changes in recent times. The physician should always act according to his conscience, for the best interest of the patient, and must exert equal effort to guarantee patient autonomy, justice and participation in the decision making. The following Declaration represents some of the principal rights and obligations of the patient which the medical profession endorses and promotes, Physicians and other persons or bodies involved in the provision of health care have a joint responsibility to recognize and uphold these rights. Whenever legislation, government action or any other administration or institution denies patients these rights, physicians should pursue appropriate means to assure or to restore them. On the other hand, legislating these rights will erode the basic foundation that welds the patients and the physicians together — trust and respect, running counter to the best interests of the patients.

RIGHTS

1. Right to Good Quality Health Care and Humane Treatment

- a. Every person has a right to good quality health care without any discrimination and within the limits of the resources available for health and medical care.
- b. In the course of such care, his human dignity, culture, convictions and integrity shall be respected.
- c. If the patient has to wait for care, he shall be informed by the health professionals of the reason for the delay.
- d. The patient shall always be treated in accordance with his best interests. The treatment applied shall be in accordance with generally accepted medical principles.
- e. The patient has the right of continuity of health care.
- f. An emergency patient who is immediate threat of dying or losing life or limb shall be extended immediate medical care and treatment *without* any pecuniary consideration until the emergency situation is over.

2. Right to Dignity

- a. The patient's dignity, culture and value shall be respected at all times in medical care and teaching.
- b. Terminal ill patients are entitled to humane *terminal care to make dying as dignified and comfortable as possible*.

3. Right to Be Informed of His Rights and Obligations as a Patient

Every person has the right to be informed of his rights and obligations as a patient. The Philippine Medical Association (PMA) in coordination with health care providers, professionals and civic groups, the medical people's organizations, local government units, and other government agencies and non-governmental organizations shall conduct a nationwide information and education to make known to people their rights as patients as provided in this Declaration. The health care institutions shall inform patients of their rights as well as of the institution's rules and regulations that apply to the conduct of the patient while in the care of such institution.

4. Right to Choose His Physician

- a. The patient is free to avail of the services of a physician or health institution of his choice except when he chooses to be confined in a service ward. In this case, his attending physician shall be the one who was on duty and who made the admitting orders at the time of admission as appearing in the Doctor's Order Sheet of the Medical Record.
- b. The patient has the right to seek a second opinion.

- c. The patient has the right to change his physician or other health care provider.

5. Right to Informed Consent

- a. The patient has the right to self-determination, to make free decisions regarding himself. The physician shall inform the patient of the consequences of his decisions.
- b. Patient who is mentally competent and of legal age or in his incapacity or age of minority his legal representative, has a right to a clear explanation, in layperson's terms, of all proposed or contemplated procedures whether diagnostic or therapeutic, including the identity and professional circumstances of the person or persons who will perform the said procedure or procedures.

The explanation shall include that amount of information necessary and indispensable for him to intelligently give his consent which may include, but may not be limited to the benefits, risk and side effects, and the probability of success or failure, as a possible consequence of said proposed procedure or procedures, including the implications of withholding consent. In the explanation of the proposed procedure or procedures, the comprehensive ability of the patient shall also be considered taking into account his level of education, the dialect or language that he speaks and understands and if possible, the use of anatomic sketch, or otherwise the use of those materials or visual aids that may aid the patient or his legal representative, in fully understanding the proposed procedure or procedures. The right to informed consent shall likewise consider the voluntariness in which the patient or his legal representative has given his consent seeing to it that the patient or his legal representative was allowed to ask questions, or that he is given the chance to consult his kins, or to seek another expert opinion.

- c. The unconscious patient
 - 1) If the patient is unconscious or unable to express his will, informed consent must be obtained whenever possible from a legal representative.
 - 2) When medical intervention is urgently needed, consent of the patient may be presumed.
 - 3) Physicians should always try to save the life of a patient unconscious due to a suicide attempt.
- d. The legally incompetent patient
 - 1) If a patient is a minor or legally incompetent the consent of a legally representative is required. Nevertheless the patient must be involved in the decision making to the fullest extent allowed by his mental capacity. A patient, who is eighteen years of age and above, shall be considered, for purposes of this declaration, to be of legal age.
 - 2) If the legally incompetent patient can make rational decisions, his decisions must be respected, and he has the right to forbid the disclosure of information to his legally representative.
 - 3) If the patient's legal representative, forbids treatment but, in the opinion of the physician contrary to the patient's best interest, the physician may challenge this decision in court. In case of emergency, the physician will act in the patient's best interest.
- e. In case of emergency, when there is no one who can give consent in his behalf, the physician can perform any emergency diagnostic or treatment procedure in the best interests of the patient.

6. Right to REFUSE DIAGNOSTIC AND MEDICAL TREATMENT

- a. The patient has the right to refuse diagnostic and medical treatment procedures, provided that the following conditions are satisfied:
 - 1) He is of age twenty one and above, and mentally competent;
 - 2) He is informed of the medical consequences of his refusal;
 - 3) He releases those involved in his care from any obligation relative to the consequences of his decision; and
 - 4) His refusal will not jeopardize public health and safety.
- b. An adult with a sound mind may execute an advance directive for physicians not to put him on prolonged life support if, in the future, his condition is such that there is little or no hope of reasonable recovery and the physician shall therefore allow the natural course to happen. The qualifications listed as 1, 2, 3, and 4, of the preceding provision 6,a., shall be considered as satisfied if a patient whose condition makes him unable to express his will, has executed an advance directive.

7. Right to Refuse Participation in Medical Research

The patient has the right to be advised of plans to involve him in medical research that may affect the care or treatment of his condition. The proposed research shall be performed only upon the written informed consent of the patient.

8. Right to Religious Belief and Assistance

The patient has the right to receive spiritual and moral comfort including the help of a minister of his chosen religion.

9. Right to Privacy and Confidentiality

The patient has the right to privacy and protection from unwarranted publicity. This right to privacy shall include the patient's right not to be subjected to exposure, private or public, either by photography, publications, video-taping, discussion, medical teaching or by any other means that would otherwise tend to reveal his person and identity and the circumstances under which he was, he is, or he will be, under medical or surgical care or treatment.

- a. All identifiable information about a patient's health status, medical condition, diagnosis, prognosis and treatment and all other information of a personal kind, must be kept confidential, even after death. Except, in cases when descendants may have a right of access to information that would inform them of their health risks.

- b. All identifiable patient data must be protected. The protection of the data must be appropriate as to the manner of its storage. Human substance from which identifiable data can be derived must be likewise protected.
- c. Confidential information can be disclosed in the following cases:
 - (1) when his mental or physical condition is in controversy in a court litigation and the court in its discretion orders him to submit to physical or mental examination by a physician;
 - (2) when the public health and safety so demand;
 - (3) when the patient or, in his incapacity, his legal representative expressly gives the consent;
 - (4) when his medical or surgical condition, without revealing his identity, is discussed in a medical or scientific forum for expert discussion for his benefit or for the advancement of science and medicine.
 - (5) when it is otherwise required by law.

10. Right to Disclosure of, and Access to Information

- a. In the course of his treatment and hospital care, the patient has the right to be informed of the result of the evaluation of the nature and extent of his disease. Any other additional or further contemplated medical treatment and surgical procedure or procedures.
- b. Disclosure of information maybe withheld if the information to the patient will cause mental suffering or further impair his health. Such disclosure may be withheld or deferred at some future opportune time upon due consultation with the patient's immediate family.
- c. Information must be given in a way appropriate to the local culture and in waiver the patient can understand.
- d. The patient has the right not to be informed on his explicit request, unless required for the protection of another person's life.
- e. The patient has the right to choose who, if anyone, should be informed on his behalf.
- f. The patient has the right to examine and be given an itemized bill of the hospital and medical services rendered.
- g. The patient or his legal representative, has the right to be informed by the physician or his delegate of his continuing health care requirements following discharge, including instructions about home medications, diet, physical activity and all other pertinent information.

11. Right to Correspondence and to Receive Visitors

The patient has the right to communicate with relatives and other persons and to receive visitors subject to reasonable limits prescribed by the rules and regulations of the health care institution.

12. Right to Medical Records

The health care institution and the physician shall ensure and safeguard the integrity and authenticity of the medical records.

- a. Upon the request of patient, the physician shall issue a medical certificate, a clinical abstract to the patient upon discharge from the institution. Any relevant document that the patient may require for insurance claims shall also be made available to him within a reasonable period of time.
- b. He has the right to view the contents of his medical records with the attending physician explaining contents thereof and at his expense.
- c. The patient may obtain from the health care institution a reproduction of his medical record at his expense.

13. Right to Health Education

Every person has the right to health education that will assist him in making informed choices about personal health and about the available health services. The education should include information about healthy lifestyles and about methods of prevention and early detection of illnesses. The personal responsibility of everybody for his own health should be stressed. Physicians should have an obligation to participate actively in educational efforts.

14. Right to Express Grievances

The patient has the right to express only valid complaints and grievances about the care and services received. Patients may express their complaints and grievances with the Ethics Committee of the Philippine Medical Association through its component societies which shall afford all parties concerned with the opportunity to settle amicably all grievances.

Societal Rights of Patients

In addition to the individual rights of patients, patients have societal rights which are as follows:

- 1. Right to Health** — The patient has the right to access quality health care and to physicians who are free to render clinical and ethical judgment without interference or outside pressure. The patient has the right to regain and/or acquire the highest attainable standard of health, in a non- discriminatory, gender sensitive, and equal manner, which health authorities and health practitioner must progressively contribute

to realize.

- 2. Right to Access to Quality Public Health Care** — The patient has a right from the national and local government a comprehensive and integrated health care delivery system, providing the necessary manpower and facility resources. The patient has the right to functioning public health and health care facilities, goods and services and programs needed and sufficient quantity. They shall likewise be provided with health facilities and services with adequate provision of essential drugs, regular screening program, appropriate treatment of prevalent diseases, illnesses, injuries and disabilities, including provision of public health insurance. Towards this end, the government shall approximate the international standard allocation for the health sector as set by the World Health Organization.
- 3. Right to Healthy and Safe Workplace** — The patient has the right to a healthy natural workplace environment with adequate supply of safe and potable water and basic sanitation, industrial hygiene, prevention and reduction of exposure to harmful substances, preventive measures for occupational accidents and diseases, and an environment that discourages abuse of alcohol, tobacco use, drug use and other harmful substances.
- 4. Right to Medical and Education Information and Programs** — the patient has the right to prevention, medical information and education programs on immunization, prevention, treatment and control of diseases, behavior-related concerns, and disaster relief and emergency situations during epidemics and similar health hazards. The government shall endeavor to provide these information through lectures, symposia, tri-media, posters and the like.
- 5. Right to Participate in Policy Decisions** — the patient has the right to participate in policy decisions relating to patient's right to health at the community and national levels.
- 6. Right to Access to Health Facilities**
The patient has the right to be admitted to any primary, secondary, tertiary and other specialty hospitals when appropriate and necessary.
- 7. Right to Equitable and Economic Use of Resources**
The patient has the right to demand that government health facility resources must be equitably distributed in all regions of the country.
- 8. Right to Continuing Health Care**
The patient has the right from the national and local government programs to ensure continuity of care in the form of hospice care, rehabilitation, chemotherapy, and radiotherapy and similar modalities.
- 9. Right to Be Provided Quality Health Care in Times of Insolvency**
The patients who are paupers have the right from the national and local government provisions for quality medical care in spite of insolvency. The national and local government must provide for a system of payment to health care facilities and providers for all the valid and necessary medical expenses of their poor and marginalized citizens.

Declaration of Obligations

The Obligation of Patients — Patients shall at all times fulfill their obligations and responsibilities regarding medical care and their personal behavior.

- 1. Obligation to Know Rights** — the patient shall ensure that he/she knows and understands what the patients' rights are and shall exercise those rights responsibly and reasonably.
- 2. Obligation to Provide Adequate, Accurate and Complete Information** — the patient shall provide, to the best of his knowledge, adequate, accurate and complete information about all matters pertaining to his/her health, including medications and past or present medical problems, ailments, medical history, consultation with other physicians, results of Diagnostic work-up and treatment to his/her health care provider.
- 3. Obligation to Report Unexpected Health Changes** — It shall be the duty of every patient to report unexpected changes to his/her condition or symptoms, including pain, to a member of the health care team.
- 4. Obligation to Understand Purpose and Cost of Treatment** — The patient shall ensure that he/she understands the purpose and cost of any proposed treatment or procedure before deciding to accept it. He/she shall notify the health care provider or practitioner if he/she does not understand any information about his/her care or treatment. The patient shall insist upon explanations until adequately informed and consult with all relevant persons before reaching a decision.
- 5. Obligation to Accept Consequences of Own Informed Consent** — the patient shall accept all the consequences of the patient's own informed consent. If he/she refuses treatment or do not follow the instructions or advice of the health care provider or practitioner, he/she must accept the

consequences of his/her decision. He is obligated to forever free the physician of liability in his exercise of his right to self determination.

6. Obligation to Settle Financial Obligations — the patient shall ensure that financial obligations of his/her health care fulfilled as promptly as possible, otherwise he/she shall make appropriate arrangements to settle unpaid bills in the hospital and/or professional fees of the health care provider. Failure is considered estafa. Patients must seek support from the national and local government to provide a system of payment to health workers and facilities.

7. Obligation to Respect the Rights of Health Care Providers

Patients are required to give due respect to the rights of health care providers most especially their human rights. He is under obligation that his actions must be considerate, cooperative and must never infringe on the rights and property of the health care provider.

8. Obligation to Respect the Rights of Health Institutions

The patients are required to give due respect to rights of health care provider institutions and must never infringe upon their rights. This includes the obligation to know and follow the health institution's policies, rules and regulations.

9. Obligation to Respect the Rights of Other Patients — the patient is obligated to conduct himself/herself in harmony with, respect to and must not interfere with the rights and property of other patients.

10. Obligation to Self

The patient is obligated to maintain a state of wellness.

11. Obligation to Have Adequate Health Information and Actively Participate in His Treatment

The patient is obligated to know the basic health information. This adequate knowledge is subsumed when a patient signs an informed consent. Patients are obligated to actively obtain the necessary information to enable him to actively participate in the formulation of his diagnostic and treatment plans.

12. Obligation to Respect the Right to Privacy of Health Workers and Institutions

Patients have the obligation to address grievances to the proper authorities or venue and not resort to unwarranted publicity in the media. Patients shall not disclose to the public any alleged complain against health provider and institution not fully decided by a court or administrative tribunal of proper jurisdiction.

13. Obligation to Exercise Fidelity on Privileged Communication

A patient-physician relationship is a fiduciary one where mutual trust, respect and confidence is executed. All communications are privileged and the patient is obligated not to breach this privileged communication especially if it involves a third party.

14. Obligation Not to Force Physicians to Treat Him/Her

While patients have the right to choose their physicians, these patients are likewise obligated to respect the physician's decision to choose whom he is going to serve or to treat.

15. Obligation to Respect the Physician's Decision on Medical Reasons on His Right to Religious Beliefs

Patients are obligated to respect and obey the health care provider's decision on matters referable to medical reasons on his children not yet of legal age but whose lives and health are affected by the parents' rights to religious belief. Patients are obligated to respect the physician's religious beliefs.

16. Obligation to Medical Records

Patients are obligated to ensure the integrity and authenticity of his medical records. Any attempt to alter his records is a criminal offense subject to the provisions to this bill and to the Revised Penal Code.

17. Obligation to Participate in the Training of Competent Future Physicians

Training of competent future physicians is a necessary development in the health care delivery system of the country. Patients are, therefore, obligated to participate in the training of these future health workers provided the necessary information are provided him and the necessary ethical considerations employed.

18. Obligation to Inform

Patients are obligated to inform the health worker to any perceived or alleged infraction of his rights by the health worker or institution through proper channels. This is to provide a system of immediate rectification to promote mutual trust, respect and confidence between the doctor and patient.

19. Obligation to Use Due Process and Exhaust Grievance Mechanisms

All grievances of patients must be coursed through proper channels and process. The patient shall exhaust the grievance mechanism provided in this Act before filing any administrative or legal action.

Grievance Mechanism

Mediation — Any written complaint arising from violation of any of the right and obligations of patients shall first be submitted to mediation with the Ethics Committee of the Philippine Medical Association through its component societies which shall afford all parties concerned with the opportunity to settle all grievances amicably.

The hearing procedure shall not be adversarial in nature. The patient and the health care provider or practitioner shall be given the opportunity to discuss the cause of complaint and efforts shall be made for its amicable settlement. No monetary compensation shall be involved during this stage and neither shall a legal counsel be present. The ethics committee of the local component societies shall be constituted by three members of the said society, 3 members of the specialty society corresponding to the case and one representative from the public or private or religious sector.

The aggrieved party shall be given sixty (60) days from occurrence of incident to file his/her written complaint to the appropriate grievance mechanism level.

Upon receipt of written complaint, the Chairperson shall give notice to the respondent. Upon receipt of the written complaint, due notice to the respondent and conciliation meeting, the Mediation Committee shall be given thirty (30) days to resolve the said complaint. Otherwise, the complainant shall have the option to proceed to the next level of grievance system. The Committee shall now constitute themselves into an arbitration committee to hear and resolve the complaint.

Arbitration — if and when the complaint is not resolved through mediation within the prescribed period, the complainant shall file a case of arbitration. Only complaints with physical injuries shall proceed to the arbitration process.

The Committee shall base its decision on documentary evidence including depositions. The Committee shall render a decision within thirty (30) days from receipt of the position papers of both parties. The decision is binding to all parties.

Process — The Philippine Medical Association shall ensure the establishment of these grievance mechanism and issue the necessary rules and regulations for its proper operation and implementation.

These grievance mechanisms shall be seniquanon before filing any complaint with the judicial body. All parties to the complaint shall be bound by the rules on confidentiality on all levels of the Grievance Mechanism. All minutes of the committee shall not be disclosed to any party unless authorized by the court of law.

Prescriptive Period — the time during which the case is submitted for mediation shall toll the running of the prescriptive period for the filing of a civil or criminal case under the Revised Penal Code or any administrative case.

Miscellaneous Provisions

Inclusion in School Curriculum and Licensure Examinations — the provisions of the Act shall be included in the medical and medical related school curriculum and licensure examinations.

Rules and Regulations — The Philippine Medical Association, in consultation with the Secretary of Health, Philippine Hospital Association and concerned people's organizations like the People's Health Watch, shall promulgate the rules and regulations for its implementation.

Presented and submitted during the public hearing at the House of Representative on August 16, 2005.



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