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Respektowanie praw pacjenta w opiece okołoporodowej w województwie podlaskim – badania wstępne

Respecting patient rights in perinatal care in the Podlaskie Voivodeship – introductory study

Streszczenie

Cel pracy. Celem pracy była ocena przestrzegania praw pacjenta w szpitalach położniczych województwa podlaskiego.

Materiał i metody. Badanie ankietowe przeprowadzono wśród 1000 pacjentek publicznych zakładów opieki zdrowotnej w losowo wybranych 9 szpitalach.

Wyniki. Większość ankietowanych (75%) pozytywnie oceniła poród i pobyt w szpitalu. Życzliwość personelu izby przyjęć bardzo dobrze i dobrze oceniło 82% badanych. Pielęgowanie w atmosferze szacunku i poszanowania godności realizowane było w oddziałach w stopniu bardzo dobrym w 37% przypadków, w izbie przyjęć w 34%. Brak intymności w izbie przyjęć zgłosiło 23,5% badanych. Ponad połowa ankietowanych (53%) nie była informowana o obowiązujących prawach pacjenta. Procedury neonatologiczne w 39% przypadków były wykonywane bez obecności matki.

Wnioski. W badanych oddziałach odnotowano wiele pozytywnych praktyk, świadczących o tym, że personel stara się stwarzać warunki sprzyjające przestrzeganiu praw pacjenta. Najwięcej naruszeń dotyczy prawa do poszanowania intymności i godności, prawa do informacji i prawa do wyrażania zgody na interwencje medyczne.

Słowa kluczowe: jakość opieki, opieka okołoporodowa.

Summary

Aim of the study. The study aimed to evaluate respecting of patients' rights in obstetric hospitals in the Podlaskie Voivodeship

Material and methods. The inquiry was carried out among 1000 women of public healthcare units in randomly chosen 9 hospitals.

Results. Most of the examined patients positively evaluated the course of their labour and stay in hospital. The attitude of admission unit's staff to patients was assessed as very kind and kind by 82% of the women. Very good treatment with respect to patients' dignity was assured in the wards in 37% of the cases, in admission units – in 34%. Lack of privacy in admission units was reported by 23.5% of the surveyed patients. More than half of the surveyed women (53%) were not informed about the valid patient rights. Neonatological procedures in 39% were performed when a mother was absent.

Conclusions. In the examined wards many positive procedures were reported, which testifies to the fact that their staff attempt at creating patient-friendly environment. In most cases violation of patient rights is connected with the violation of the right to privacy and dignity, the right to information, and the right to agree to medical procedures.

Key words: patient rights, perinatal care.

INTRODUCTION

Inalienable human dignity is the basis of all human rights. Patients' rights are an integral part of wider human rights [1]. Similarly to other rights, they base on a recognition of inalienable dignity of a man, his or her autonomy and freedom. Patients' rights have been distinguished because of the particular situation in which there is a patient who "through illness falls into weakness and dependence, and therefore requires special protection" [2]. The protection of women in labour is a special issue of patient rights. As observations show, women's rights are not always respected during perinatal period despite the fact that those rights are guaranteed and regulated by a number of legal acts. Respecting patient rights is a crucial aspect of health care. It is especially important when the patients are both a woman and her baby. The international acts referring to human rights in general are The Universal Declaration of Human Rights, The Convention for the Protection of Human Rights and Fundamental Freedoms, European Social Charter, The International Covenant on Civil and Political Rights and WHO documents [3-5].

In Poland, it is The Constitution of the Republic of Poland adopted in 1997 that lays the foundations for the legal status of women during pregnancy, labour and puerperium. Article 68, sections 1 and 2 state that everyone is guaranteed the right to health care and the Polish citizens have equal access to state-funded medical services. Article 68 section 3 should be highlighted which obligates the authorities to provide pregnant women with special health care. Similarly, Article 71 section 2 states that before and after giving birth to a child, mothers have the right to special assistance from authorities [6, 7].

The patient rights have been enumerated in the Journal of Laws of 6th November, 2008 (2009, number 52 position 417). According to the recommendations of the Minister of Health, the list of Patient Rights should be placed in all medical facilities. It should be visible to the patients so that they could familiarize with them while the medical staff should at the same time know, understand and obey those rights. Women can claim their rights on the basis of this Act. Patient Rights are also regulated by the Medical Code of Ethics and the Code of Professional Ethics of Nurses and Midwives.

The crucial reproductive health aspects:

- **The right to medical care and treatment**
Medical services should be provided in accordance with the medical knowledge and the code of ethics, with due care, with the use of accessible means and methods (Article 4 of the Medical Profession Act, Article 30 of the Health Care Facilities Act, Article 18 of the Nurse and Midwife Professions Act)
- **The right to consideration for the respect of dignity and intimacy confidentiality**
Patient's dignity should be respected during medical treatment (according to Article 36 and article 19 paragraph 1 point 4 of The Medical Profession Act). While staying in hospital, women's right to privacy should be respected, especially during labour and other procedures (such as enema, internal examination, pubic shaving). Women have also the right to refuse treatments that threaten

their dignity. Apart from doctors and midwives, other members of medical staff need to be present during parturition. According to the Act, only indispensable staff members may assist during examination or labour. However, clinics and hospitals educating medicine students are exceptions to the rule.

- **The right to receive information**
(Article 31 of the Medical Profession Act; article 19, paragraph 1, point 2 of the Health Care Facilities Act; article 20, paragraph 2 of the Nurse and Midwife Professions Act)
It obliges medical staff to provide accessible information concerning women and their babies. It should include health condition, suggested diagnosis and treatment methods, possible effects of treatment or lack of it, results and prognosis.
- **The right to access to personal medical records**
Patients have right to review their personal records kept by medical facilities, doctors or midwives. Moreover, health care providers are obliged to protect patients' personal information and treat their medical records as confidential.
- **The right to participate in treatment decisions**
Doctors' duty is to provide patients with information related to the specific procedures or treatments and get patients' acceptance. Patients have the right to refuse a recommended treatment. It is possible for the doctor to ignore this duty when patient's health or life is threatened (articles 32, 33, 35 of the Medical Profession Act; Article 19, paragraph 1, point 3 of the Health Care Facilities Act)
- **The right to care and contact**
Since obstetric wards provide 24-hour care, patients have the right to have their relatives involved in their medical care. They also have the right to personal contact and communication via phone and mail. This right may be limited in the case of an epidemiological danger. Charging patients for family delivery is an obvious instance of the violation of this right.
- **The right to privacy and confidentiality**
(Article 40, paragraph 1 of the Medical Profession Act; article 21, paragraph 1 of the Nurse and Midwife Professions Act)
Doctors, nurses and midwives are obliged to treat patients' medical information as confidential [3-5, 8-11].

The 2001 Congress of Perinatal Medicine in Barcelona announced the "Declaration of Barcelona on the Rights of Mother and Newborn" [12]. This document not only highlights the rights of both mothers and their babies but also presents ways of implementing, promoting and respecting them.

AIM OF THE STUDY

The aim of the study was to evaluate respecting patient rights in obstetric hospitals in the Podlaskie Voivodeship

MATERIAL AND METHODS

The study was carried out among 1000 patients of obstetric wards in 9 randomly chosen public healthcare units. The

research based on a set of survey questions together with a standardized tool guaranteed by the Cracow Centre for Quality Monitoring in Health Care (the so called PASAT package). The Bioethics Committee of the Białystok University approved the research (certificate no R-I-003/310/2006). The data obtained from 942 correct questionnaires were statistically analysed by the Centre for Quality Monitoring with the use of the licensed PASAT program. The survey findings were presented graphically.

OUTCOMES

The characteristics of women participating in the survey.

Age

The average age of the respondents was 27,6 years (942 women). The youngest patient was 16 while the oldest one was 48. The most numerous groups comprised mothers aged 26-30 (330 women, accounting for 35%) and 21-25 (279 women, accounting for 30%). A group of 68 juvenile mothers (16-20) constituted 7%.

Education

One third of the respondents received higher and secondary education (300 and 304 women, accounting for 32%). Primary education was declared by 87 patients (9%) and 160 women (17%) received vocational secondary education.

Place of residence

Among 942 respondents 342 women (36%) lived in a county town, 339 (36%) lived in a village and 261 (28%) of patients came from a provincial capital.

RESPECTING SOME OF THE PATIENT RIGHTS

Reception units functioning

Patient's first impressions of perinatal care are strongly connected with the way hospital admittance function. The admission staff was found by 410 women (44%) very kind while 355 women (38%) perceived it as kind. The admission staff was unkind or very unkind according to 25 (2.3%) of the respondents (see Figure 1).

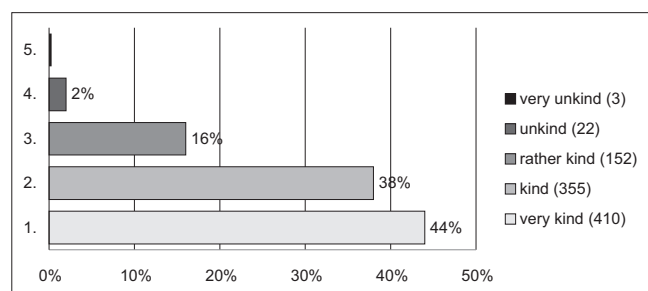


FIGURE 1. Reception staff kindness.

The right to respect patient's privacy and dignity Care with respect and sense of dignity

The majority of patients, that is 724 women (77%), positively assessed medical staff, taking into consideration respectful care and the respect of dignity. The nursing care was described as respectful and dignified by 346 of the respondents (37%). Medical care was perceived as good by 378 women (40%) (see Figure 2).

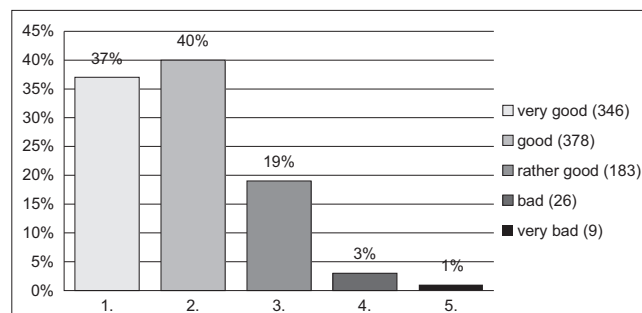


FIGURE 2. Nursing staff evaluation – care with respect and sense of dignity.

The sense of privacy in hospital admission units

According to 319 patients (34%), hospital admission staff provided them with privacy to a very good extent. Other respondents described privacy conditions as good (398 women, 42%) and rather good (177 women, 19%). Some objections pertaining to the hospital privacy conditions were raised by 46 patients (4.5%) (see Figure 3).

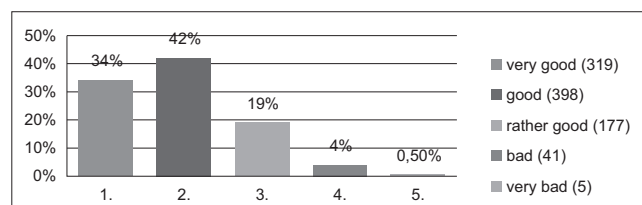


FIGURE 3. Sense of privacy in hospital reception units.

The right to receive information concerning patient rights

Information concerning patients rights was not provided to 415 respondents (52%) while 252 of them (32%) were informed. "Rather yes" was confirmed by 124 women (16%) and 151 patients (16%) found it unnecessary to know their rights (see Figure 4).

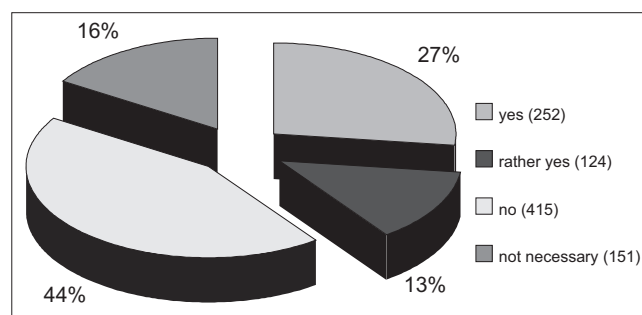


FIGURE 4. Information concerning patient rights.

The right to obtain information concerning a baby The right to get information from a nurse or a midwife on neonatal care procedures

Information concerning neonatal care procedures was given to 80% of obstetric wards patients (750 respondents). Such information was not given to 20 % of mothers (191 respondents) (see Figure 5). Only 156 mothers (17%) partici-

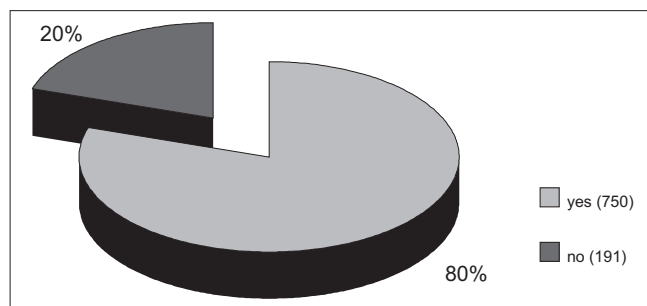


FIGURE 5. Information on baby care obtained from nurses or midwives.

pated in those procedures. During some of the procedures 416 respondents (44%) were present and the group of 370 women was absent while their babies were undergoing standard procedures, such as medical examination or vaccination (see Figure 6).

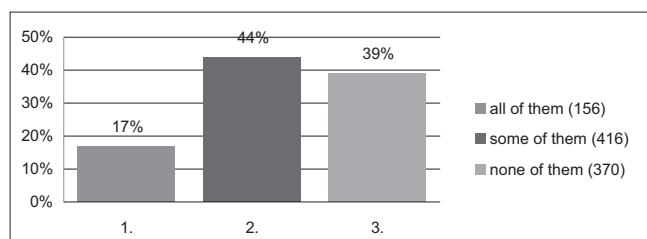


FIGURE 6. Were nursing care procedures conducted in the presence of a baby's mother?

DISCUSSION

The right of a human being to the highest possible level of health is the main objective of The World Health Organization. Consequently, each person should have the right to the best health care. It means both an easy access to medical services and providing patients with high quality medical care [6]. In Podlaskie Voivodeship, perinatal care is based on the regional referential system. Most childbirths take place in I° and II° units (81.9%).

Information obtained from the questionnaire analysis show that over 75% of women perceive childbirth and hospitalization as a positive experience. At the same time, the same group of women signals cases of patient rights violation. This may indicate their lack of awareness and the acceptance of staff behavior.

The kindness of admission staff has been assessed positively by 82% of respondents. County town hospitals have more kind medical staff (over 60% of them have very kind staff members). The respondents of 2006 "Childbirth with Dignity" campaign described the reception staff as very kind (74%) [13].

Nursing care was given with due respect and dignity in 37% and in reception units in 34%. The right to obtain information on patient rights was recognized in Podlaskie Voivodeship hospitals in 51%.

According to the Patient Bill of Rights, women have the right to medical care and treatment together with the right to a conscious decision as far as any medical intervention is concerned [4].

The majority of respondents (78%) agreed to suggested procedures such as internal and external examination or the use of pulse monitoring device.

In the study of Moskal et al, 2002, conducted in Lubuskie and Opolskie Voivodeships, 44% of respondents claimed they were not asked by the nursing staff about the consent to any care procedures [14].

Satisfaction is one of the key factors in evaluating medical care quality. It has also a great impact on mother-child and parents-child relations. Own investigation outcomes confirm there was a satisfactory personal care provided in most cases (69%). What is worth highlighting, the ward staff members were constantly available. One-fourth of respondents described the care provided as periodical.

Kubicka-Kraszyńska and Otfinowska include a similar question in their survey, namely "Did you get satisfactory care from the nursing staff?" to which 68% of patients confirmed that the hospital personnel provided care on their own initiative, 18% had to demand such care and 14% had to count on themselves [11]. As far as neonatal care procedures are concerned, 30% of women were comprehensively educated, 36% found such education sufficient and 34% received no instructions. The Foundation for Childbirth with Dignity conducted research according to which 64% of mothers were offered help and guidance as far as baby care is concerned, 19% had to demand assistance and 17% had to count on themselves. Own investigations indicate that 63% of patients underwent breastfeeding training. Szamotulska and Mierzejewska's surveys show that 80% of women considered the breastfeeding training satisfactory [15]. Kubicka-Kraszyńska and Otfinowska state that the maternity wards staff instructed 67% of patients, 21% of them had to demand training and 12% had to count on themselves [11]. The supervision of newborn babies was rated by the women on a ten-point scale. The rating revealed that the arithmetic mean for medical supervision is 8,16 and it is 8,35 for nursing supervision.

CONCLUSION

A number of positive practices have been observed in all of the investigated wards. It proves that the hospital staff makes their best to create the atmosphere in which patient's rights are recognized and respected. Most cases of patient's rights violations concern the right to privacy and dignity together with the right to information and participation in treatment decisions.

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