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Patient rights and self-assessment of their application by physicians employed in public healthcare facilities

Abstract

Aim. Patient rights are a set of rights granted to healthcare recipients. They include objective standards which inform patients about what they can expect from public authorities and institutions directly providing healthcare services. The main objective of the study was to assess the knowledge of physicians employed in public healthcare facilities about patient rights.

Material and methods. The study was conducted in the period between October 2022 and March 2023. The diagnostic survey method was employed, using a self-developed questionnaire. One hundred respondents employed in hospitals and primary healthcare facilities took part in the study. Microsoft Excel (Microsoft Office) was used to compile the data. The statistical analysis was conducted with the use of the Statistica 13.1 PL statistical software.

Results. 61% of physicians reported their knowledge of patient rights to be satisfactory, while 39% found it unsatisfactory. 33% of respondents were familiarized with patient rights in the course of their higher education, while 67% learned about them only in the workplace. Meanwhile, 51% of respondents were familiar with the Patient Rights and the Patient Rights Ombudsman Act. 79% indicated that they complied with patient rights in their professional practice, while 33% of respondents confirmed that they had witnessed violations of patient rights in their workplace.

Conclusions. Based on research, it can be concluded that there is a need to develop and implement a training program for medical personnel on patients' rights. Doctors' lack of knowledge about patients' rights influences the exercise or violation of these rights.

Keywords: knowledge, doctors, patient rights, public health care facilities.

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INTRODUCTION

As demonstrated by the 2022 report of the Patient Rights Ombudsman (RPO), which analyzed the quality of healthcare services provided by the National Health Fund (NFZ), in 2019-2021, violations of patient rights occurred during hospitalization. According to RPO data, the most frequently violated right of patients in hospital wards was the right to proper care in the provision of healthcare services. This was related to the standards of healthcare services provided, as well as complaints regarding the therapeutic process. The reported cases concerned the refusal to provide services as part of treatment monitoring, the refusal of qualification for hospital treatment, or the cancellation of planned procedures with long waiting times while not scheduling an appointment at a different date [1-3]. On the other hand, families of patients in hospitals complained about the ban on visits. In particular, they were complaints about the unauthorized establishment of the requirement to present a negative COVID-19 test in order to permit visits to gravely ill patients and the lack of infor-

mation about the health state of patients in the hospital [4]. Between 2019 and 2021, the most common issue encountered in cases handled by the RPO was the violation of the patient's right to healthcare services. The exercising of this right accounted for an average of 57% of the violations investigated. The next most commonly assessed right was the patient's right to medical records, whose potential violation was investigated in every fifth case assessed by the RPO. The incidence of confirmed violations of patient rights is higher than the number of unconfirmed violations, which highlights the need to undertake and investigate each reported case. The incidence of confirmed violations of individual patient rights in 2019 increased slightly compared to 2020. Meanwhile, a significant increase was noted from 2020 to 2021. In the years 2019-2021, a total of 4,014 violations of patient rights were reported, including the right to health services (2,292), the right to medical records (784) and the right to information and to consent to the provision of health services (684) [1-3].

Undoubtedly, in the period between 2020 and 2022, the most frequently reported issue related to healthcare access was

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a result of the COVID-19 pandemic. During this period, both patients and their families encountered difficulties in all types of healthcare services, including primary care, outpatient specialist care, and hospital treatment [4].

Regardless of the type of medical services provided, a modern healthcare institution should focus on the continuous improvement of the quality of those services. Medical facilities are among the institutions for which ensuring the highest quality of services is a priority. The quality of services affects safety, life and health of patients, and consequently, their trust in the medical facility. Nowadays, an effective diagnosis and subsequent treatment of patients are no longer sufficient on their own, and gaining the trust of patients, and consequently respecting their rights has increased in importance [5].

According to the study conducted in 2023 by the Public Opinion Research Center in Poland, patients positively rate the competence (70%) and commitment (63%) of their doctors, as well as the availability of primary care physicians (59%). The study also revealed that patients treated under the NFZ are treated with care, kindness, and equal respect, regardless of their health condition [6].

Research indicates that patient satisfaction with medical services offered by healthcare providers is a systemic product of variable factors, such as patients' expectations, communication quality, personnel conduct, and overall standards of medical care [7-9].

Patient rights regulate the relationship between the healthcare provider (medical entity) and the healthcare recipient (patient). They are important insofar as forming opinions about medical entities is concerned. Despite the fact that patient rights in Poland are regulated by law [10], there is still little information about the extent of knowledge of medical personnel, including doctors, in this area.

Therefore, testing the medical personnel's knowledge of patient rights and their compliance with them in the workplace will make it possible to determine the extent to which healthcare services respect patient rights and contribute to improving quality of care.

AIM

The aim of the study was to determine the level of knowledge and attitudes of physicians regarding patient rights in Poland.

MATERIALS AND METHOD

In the study, the diagnostic survey method was used, employing a self-developed questionnaire. The survey questionnaire was used to study various professional groups of medical personnel [2,11,12]. The research was conducted between October 2022 and March 2023 and was preliminary in nature. The study respondents were purposively sampled from the population participating in educational activities carried out by the RPO as part of the "Patient First – Patient Rights Ombudsman Action" training program. This sample consisted of doctors employed in public medical institutions such as hospitals and Independent Public Healthcare Centers (IPHC) contracted by the National Health Fund. A total of 120 respondents declared willingness to participate in the research. Only 100 of the returned questionnaires (correctly completed, with answers provided to all questions) were included in the final

analysis. The patients interested in participating in the study were given envelopes which contained the research tool and standardized instructions. Each participant was informed of the subject and aim of the study. Participation in the research was kept voluntary and anonymous. The questionnaires were distributed to those participating in training before the training started with a request to complete them and place them in a prepared box. The total of 83% questionnaires were returned and completed correctly. The study used a diagnostic survey method, with a self-developed questionnaire serving as the data collection tool (covering issues that allowed for the interpretation of the participants' level of knowledge regarding patient rights and their application). The questionnaire consisted of 17 items [2,11,12]. The first six questions concerned sociodemographic data, such as age, gender, length of service, education, job position, and place of work of the participants, while the second part included 11 questions related to issues concerning knowledge and exercise of patient rights in the daily practice of medical personnel. The study was carried out in accordance with the principles outlined in the Declaration of Helsinki [13]. Microsoft Excel (Microsoft Office) spreadsheet was used to compile and organize the data. The statistical analysis was conducted with the use of the Statistica 13.1 PL statistical software (licensed by the Jan Kochanowski University in Kielce). The chi-squared test was performed to analyze the collected quantitative data between the groups divided by workplace setting, with the established significance level of $\alpha = 0.05$. The Cramér's V was calculated to assess the effect size for the chi-square test of independence. A value below 0.2 indicates a weak correlation between variables, even though the result may still be statistically significant. Values between 0.2 and 0.6 indicate a moderate correlation between variables, while values above 0.6 indicate a very strong correlation between variables.

RESULTS

The research sample included people employed in public healthcare institutions (medical personnel) working in both hospitals and primary healthcare facilities. The age distribution of the respondents mainly included people in the 25-35, 36-45, and 46-55 age brackets, with a smaller proportion of people under 25 and over 55. Women constituted the majority of respondents. The length of work experience in the sample varied to include those with less professional experience (<5 years) as well as employees with many years of practice, including over 25 years. A detailed breakdown of the demographic data is presented in Table 1.

TABLE 1. Demographic data of the sample.

Sample		N = 100 (100.00 %)				
		<25 years	25-35 years	36-45 years	46-55 years	>55 years
Age		0 (0%)	29 (29%)	32 (32%)	24 (24%)	15 (15%)
Sex		F – Female			N = 63 (63%)	
		M – Male			N = 37 (37%)	
Work experience		<5 years	5-10 years	11-15 years	16-20 years	20-25 years
		12 (12%)	24 (24%)	16 (16%)	14 (14%)	21 (21%)
Workplace		Hospital			IPHC	
		N = 50 (50%)			N = 50 (50%)	

TABLE 2. Knowledge and exercise of patient's rights in day-to-day professional practice of respondents according to their workplace environment.

No.	Item	Response	Workplace (w%) n=100 (100.00)		Chi-squared test	(p-value)*	Cramér's V size
			Hospital	IPHC			
			Total	n=50 (50%)			
1.	Where did you become familiar with patient's rights?	Higher education	12 (12%)	21 (21%)	3.664	0.056	-
		Workplace	38 (38%)	29 (29%)			
2.	How would you evaluate your knowledge of patient's rights?	unsatisfactory	22 (22%)	17 (17%)	1.051	0.305	-
		satisfactory	28 (28%)	33 (33%)			
WHO Patient's Rights Charter							
		yes	4 (4%)	8 (8%)	0.056	0.812	-
		no	46 (46%)	42 (42%)			
European Charter of Patients' Rights							
		yes	12 (12%)	11 (11%)	1.000	0.317	-
		no	38 (38%)	39 (39%)			
Act on the Patient's Rights and the Patient's Rights Ombudsman							
3.	Have you familiarized yourself with the legal act regulating patient's rights in Poland (more than one answer can be indicated)	yes	23 (23%)	28 (28%)	0.208	0.648	-
		no	27 (27%)	22 (22%)			
The Constitution of the Republic of Poland							
		yes	14 (14%)	12 (12%)	0.344	0.558	-
		no	36 (36%)	38 (38%)			
I do not know any such document							
		yes	1 (1%)	2 (2%)	0.344	0.558	-
		no	49 (49%)	48 (48%)			
4.	Are patients informed of their rights in your workplace?	yes	48 (48%)	50 (50%)	2.041	0.153	-
		no	2 (2%)	0 (0%)			
Sign on a notice board							
5.	How are patients informed of their rights in your medical facility? (more than one answer can be indicated)	yes	42 (42%)	48 (48%)	4.000	0.046	0.200
		no	8 (8%)	2 (2%)			
verbally by medical personnel							
		yes	24 (24%)	28 (28%)	0.641	0.423	-
		no	26 (26%)	22 (22%)			
Medical facility management							
		yes	45 (45%)	49 (49%)	2.837	0.092	-
		no	5 (5%)	1 (1%)			
Doctors							
		yes	48 (48%)	50 (50%)	2.041	0.153	-
		no	2 (2%)	0 (0%)			
Nurses							
6.	Please indicate to whom the patient's rights requirements concern (more than one answer can be indicated)	yes	47 (47%)	50 (50%)	3.093	0.079	-
		no	3 (3%)	0 (0%)			
Paramedics							
		yes	38 (38%)	24 (24%)	8.319	0.004	0.288
		no	12 (12%)	26 (26%)			
All medical personnel							
		yes	50 (50%)	50 (50%)	-	-	-
		no	0 (0%)	0 (0%)			
Medical facility management							
7.	Who is accountable for violation of patient's rights?	yes	50 (50%)	43 (43%)	7.527	0.006	0.274
		no	0 (0%)	7 (7%)			
Medical professional guilty of misconduct							
		yes	39 (39%)	46 (46%)	3.843	0.05	-
		no	11 (11%)	4 (4%)			

cont. TABLE 2. Knowledge and exercise of patient's rights in day-to-day professional practice of respondents according to their workplace environment.

No.	Item	Response	Workplace (w%)		Chi-squared test	(p-value)*	Cramér's V size			
			n=100 (100.00)							
			Hospital	IPHC						
8.	Please indicate the patient's rights you are familiar with (more than one answer can be indicated)	Total	n=50 (50%)	n=50 (50%)						
		The patient's right to health services								
		yes	50 (50%)	50 (50%)						
		no	0 (0%)	0 (0%)						
		The patient's right to information								
		yes	50 (50%)	50 (50%)						
		no	0 (0%)	0 (0%)						
		Patient's right to report adverse reactions to medicinal products								
		yes	39 (39%)	36 (36%)	0.480	0.488				
		no	11 (11%)	14 (14%)						
9.	Do you comply with patient's rights?	The patient's right to confidentiality of personal information								
		yes	38 (38%)	42 (42%)	1.000	0.317				
		no	12 (12%)	8 (8%)						
		The patient's right to consent to the provision of health services								
		yes	43 (43%)	41 (41%)	0.298	0.585				
		no	7 (7%)	9 (9%)						
		The right to respect of privacy and dignity of the patient								
		yes	38 (38%)	42 (42%)	1.000	0.317				
		no	12 (12%)	8 (8%)						
		The patient's right to medical records								
10.	Have you witnessed any violations of patient's rights in your workplace?	yes	39 (39%)	41 (41%)	0.250	0.617				
		no	11 (11%)	9 (9%)						
		The patient's right to raise an objection against the opinion or medical certificate issued by the physician								
		yes	21 (21%)	27 (27%)	1.442	0.230				
		no	29 (29%)	23 (23%)						
		The patient's right to respect of private and family life								
		yes	23 (23%)	29 (29%)	1.442	0.230				
		no	27 (27%)	21 (21%)						
		The patient's right to pastoral care								
		yes	28 (28%)	21 (21%)	1.961	0.161				
		no	22 (22%)	29(%)						
		The patient's right to store valuables in the depository								
		yes	44 (44%)	24 (24%)	18.382	0.001	0.429			
		no	6 (6%)	26 (26%)						

Research results showed that 61% of physicians reported their knowledge of patient rights to be satisfactory, while 39% found it unsatisfactory. Among the respondents, 33% were familiar with patient rights in the course of their higher education, while 67% learned about them only in the workplace. Meanwhile, 51% of respondents were familiar with the Patient Rights and the Patient Rights Ombudsman Act. Of all respondents, 79% indicated that they complied with patient rights in their professional practice, while 33% of respondents confirmed that they had witnessed violations of patient rights in their workplace. The most frequently violated patient

rights were the right to respect of one's privacy and dignity and respect of one's private and family life (31%), the right to pastoral services (28%), as well as the right to object to a doctor's opinion or decision (26%). The most common means of informing patients about their rights in medical facilities is displaying them on a notice board, as indicated by 90% of respondents, while 52% of the respondents reported that such rights were communicated verbally by medical personnel.

No statistically significant differences were found between employees working in hospitals and those working in primary healthcare during a comparative analysis of most aspects of

cont. TABLE 2. Knowledge and exercise of patient's rights in day-to-day professional practice of respondents according to their workplace environment.

No.	Item	Response	Workplace (w%)		Chi-squared test	(p-value)*	Cramér's V size			
			n=100 (100.00)							
			Hospital	IPHC						
11.	Do patient's rights violations by medical personnel occur in your workplace? If yes, please indicate the type of violation (more than one answer can be indicated)	Total	n=50 (50%)	n=50 (50%)						
		The patient's right to health services								
		yes	9 (9%)	6 (6%)	0.706	0.401	-			
		no	41 (41%)	44 (44%)						
		The patient's right to information								
		yes	8 (8%)	2 (2%)	4.000	0.046	0.200			
		no	42 (42%)	48 (48%)						
		The patient's right to report adverse reactions to medicinal products								
		yes	3 (3%)	0 (0%)	3.093	0.079	-			
		no	47 (47%)	50 (50%)						
		The patient's right to confidentiality of personal information								
		yes	16 (16%)	8 (8%)	3.509	0.061	-			
		no	34 (34%)	42 (42%)						
		The patient's right to consent to receiving health provision of services								
		yes	12 (12%)	3 (3%)	6.353	0.012	0.252			
		no	38 (38%)	47 (47%)						
		The right to respect of privacy and dignity of the patient								
		yes	28 (28%)	3 (3%)	29.219	0.001	0.541			
		no	22 (22%)	47 (47%)						
		The patient's rights to medical records								
		yes	3 (3%)	0 (0%)	3.093	0.079	-			
		no	47 (47%)	50 (50%)						
		The patient's right to raise an objection against the opinion or medical certificate issued by the physician								
		yes	21 (21%)	5 (5%)	13.306	0.001	0.365			
		no	29 (29%)	45 (45%)						
		The patient's right to respect of private and family life								
		yes	19 (19%)	12 (12%)	2.291	0.130	-			
		no	31 (31%)	38 (38%)						
		The patient's right to pastoral services								
		yes	28 (28%)	0 (5%)	38.889	0.001	0.624			
		no	22 (22%)	50 (50%)						
		The patient's right to store valuables in the depository								
		yes	14 (14%)	0 (0%)	16.279	0.001	0.403			
		no	36 (36%)	50 (50%)						

knowledge and exercising of patient rights in everyday professional practice. This signifies that regardless of the type of workplace, the level of knowledge and declared conduct regarding patient rights are comparable in most cases (Table 2).

However, significant differences were observed in several areas, which may carry practical implications. First, informing patients about their rights via notice boards was significantly more common in IPHCs than in hospitals (Cramér's V = 0.200; small effect), suggesting a different organizational approach to this form of communication. Secondly, according to hospital employees, paramedics were more often the ones informing patients of their rights (Cramér's V = 0.288; moderate effect). Differences were also noted in the attribution of responsibility for patient rights violations, with hospital employees more often holding the management of the facility responsible (Cramér's V = 0.274; moderate effect).

In regard to direct experience of patient rights violations firsthand was concerned, hospital employees significantly more frequently reported witnessing patient rights violations (Cramér's V = 0.447; moderate-large effect) and the particular violation of the patient's right to deposit valuables (Cramér's V = 0.403; moderate-large effect). Additionally, hospital workers more often reported violations of the patient's right to information (Cramér's V = 0.200; small effect), as well as violations in terms of upholding patient privacy and dignity (Cramér's V = 0.541; large effect), providing pastoral care (Cramér's V = 0.624; very large effect), ensuring patients have the right to consent to health services (Cramér's V = 0.252; small-moderate effect), and allowing patients to object a doctor's opinion or decision (Cramér's V = 0.365; moderate effect).

DISCUSSION

Medical personnel's self-assessment of knowledge of patient rights constitutes an issue that is simultaneously important and insufficiently researched in this professional group. The number of publications in this area is inadequate, given the gravity of the problem.

According to the literature review on the subject of self-assessment of medical personnel knowledge and attitudes towards patient rights reveals that it has been hitherto studied in various contexts, and the most commonly conducted research involves patients's self-assessment of healthcare professionals knowledge and respect for patient rights [14,15].

The present study provided data that allowed for a more in-depth understanding of the level of medical personnel's knowledge of patient rights and identified the rights the exercising of which proved most difficult for the respondents. Overall, the study found that medical personnel employed in hospitals report a greater knowledge of this subject than the personnel employed in IPHCs (independent public healthcare centers).

Gotlib et al.'s results indicate that only 19% of doctors rated their knowledge of patient rights as very good. Among the doctors, 78% surveyed were familiar with the Act on Patient Rights and the Patient Rights Ombudsman, and 64% confirmed that they had witnessed violations of patient rights in their workplace [14].

One of the greatest threats to patient rights in Poland may be resistance from the medical community and healthcare managers. Certain physicians believe that compliance with certain patient rights is unfeasible. An example of a right often referred to as such is the right to medical records, which is considered to be an issue exclusive to doctors, since patients are unable to fully comprehend the information contained in such records. Another example is the medical community's reluctance to accept patient objections and their right to a second opinion. There are countless examples of non-compliance with these rights, but increasing public awareness in this area has led most healthcare providers to adapt [16].

Research shows that breaches of professional confidentiality by medical personnel, including doctors, nurses, medical assistants and paramedics, by disclosing information to unauthorized persons, including information about patients, most often occurred in internal medicine departments and emergency rooms [17].

Research conducted by Czajkowska et al. shows that despite their awareness of patient rights, medical personnel would witness situations in which, those rights were violated [18]. This correlates with the results of the present study, in which 33% of the respondents reported witnessing violations of patient rights in their workplace.

Research conducted by Beltran-Aroca et al. indicated that doctors in all departments committed breaches of confidentiality, especially in the department of internal medicine and the emergency department (54.8%). Other medical personnel groups committed violations less frequently; in particular, 24.8% of violations were committed by residents working in the department of internal medicine and the emergency department. The study revealed that most breaches of confidentiality (or incidents involving the disclosure of confidential information) occurred mainly in public places such as corridors, elevators, and stairways (37.9%). Doctors were found to be responsible for the highest number of such breaches (51.4%) [17].

To conclude, the study results according to the medical personnel's knowledge of patient rights are in many ways comparable to the research findings of other authors. However, there are issues that constitute difficulty regardless of the workplace setting, as presented in the article . The present research results indicate the need to place special emphasis on ethical education, which would include knowledge of patient rights in force, especially the patient's right to respect of their privacy and dignity, respect of their private and family life, their right to pastoral services, the right to object to a doctor's opinion or decision, and the right to confidentiality of information related to the patient. The results obtained in the present research confirm the advisability and necessity of continuing research on this topic [14,19].

CONCLUSIONS

1. The research findings indicate that physicians' level of knowledge about patients' rights is satisfactory. However, this does not mean that all physicians know and respect their rights.
2. The research demonstrated the need for educational campaigns on patients' rights aimed at medical personnel and the need for continued research in this area.
3. Regularly conducted research on compliance with patients' rights in the provision of medical services will improve their quality.

Study limitations

It is important to remember the limitations of the study when interpreting the results. The study group consisted exclusively of purposefully selected physicians who agreed to participate in the study. The sample is not representative of all physicians employed in public healthcare facilities. Based on the obtained results, it is only possible to present overall conclusions covering this professional group. Future studies should increase the representativeness of the sample and include a larger number of questions related to the broader issue of respect for patient rights.

Declaration

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