

Study of Awareness of Patients' Rights among Under-Graduate Medical Students

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ABSTRACT

Introduction: Patients' rights are those owed to the patient as a human being, by physicians and by the state. Patients' rights are influenced by country related and social factors of the area and thus vary in different countries. Medical students have important roles in helping patients to understand their health care rights, contributing to a safe and high quality health care system.

Aim: To study the awareness of patients' rights among under-graduate students in a government medical college. The goal was to sensitise the students about the importance of these rights in clinical practice and in research.

Materials and Methods: Based on literature search of previous research studies and guidelines by Medical Council of India, a pre-structured questionnaire with 12 questions about patients' rights was developed. Students studying in first, second and third professionals were asked to respond to this questionnaire on a three-point Likert scale— agree, neither agree nor disagree and disagree. The analysis included frequency table, percentages and association of variables based on Chi-square test. Yates' corrections were used for 2x2 contingency table or

method pooling and Fisher exact test was used (for higher order than 2x2 table). All statistical tests were seen at two-tailed level of significance ($p \leq 0.01$ and $p \leq 0.05$).

Results: A total of 339(84.75%) out of 400 students participated; 337 (99.4%) of students agreed that health care is a right; the least agreed upon statement 277(81.7%) was that the patients has right to know about his doctor's qualifications. The difference in the responses of the junior (first and second professional) and senior (final professional part I and II) students was found to be statistically significant in four statements; right to be told all the facts about his illness, right to agree or refuse to participate in research activities, right to address his grievances to respective medical councils courts, right towards his privacy while examination, irrespective of age and sex.

Conclusion: Students at our institute had a fair but not adequate understanding of patients' rights; more of senior students in comparison to junior students were in disagreement to certain patients' rights. Incorporating more information on patients' rights in undergraduate curriculum would enhance the quality of medical graduation as it will help curb the unethical practices in our profession.

Keywords: Healthcare rights, Knowledge, Medical graduates

INTRODUCTION

The WHO defines patients' rights as those owed to the patient as a human being, by physicians and by the state [1]. Patients' rights vary in different countries and are influenced by the country related and the social factors of the area. The sustainable development goals include many goals and targets related to promoting health, gender equality, and the ability to make decisions about one's own health [2]. So, as to contribute effectively to a safe and high quality health care system, medical students and health care providers play an important role in helping patients to understand rights related with their health care. The medical students thus need a good understanding of these rights to be able to uphold them.

The Medical Council of India published, in 2002, a Code of Ethics Regulations (COER) which emphasises on the duties and responsibilities of physicians in addition to certain rights of patients [3]. But this code does not represent patients' rights; those mentioned are incidental to the duties and responsibilities of physicians. However, at the time of registration with MCI, all medical practitioners have to sign a declaration which states "I shall abide by the code of medical ethics as enunciated in the Indian Medical Council (Professional conduct, Etiquette and Ethics) Regulator 2002". Thus those mentioned in the charter are incidental to duties of physicians and can be considered as rights of the patients. For example one of the clause of COER is "If a request is made for medical records

by the patients or authorised attendant or legal authorities, it may be duly acknowledged and documents are to be issued within 72 hours"; from this it can be concluded that the duty of the physician is to provide the patients' records to him and thus, the patient has the right to access his medical records and to receive a copy upon request [3].

The Consumer Guidance Society of India (CGSI) enlists eight specific rights of patients in the form of a comprehensive charter mentioned on its website [4]. These include right to be told all the facts about one's illness, right to be handled with consideration, right to know doctor's qualifications, right to compete confidentiality regarding one's illness, right to have a second opinion from any specialist, right to be told in advance about the operation and the involved risks; right to make choice of hospital and doctor and finally to have access to one's records. Despite the fact that patients' rights have been well listed in the charter, it is widely believed that patients' rights are still not honored in most medical establishments [5].

Health team members play an important role in implementation and the protection of patient's rights, a topic dealt with great care in medical ethics [6]. The globalisation of health care and movement of patients and health care providers around the world require that health care providers and students be introduced to these globally recognised rights as early as possible in their study and career [7].

In our country, different aspects of patients' rights have not been well-studied. There is an urgent need to assess the extent to which the rights of a patient are respected. This study aimed to study awareness of patients' rights among under-graduate students in a government medical college. The goal was to sensitise the students about the importance of the rights of a patient in clinical practice and in research.

MATERIALS AND METHODS

This medical school based cross-sectional, descriptive analytical survey was conducted in BPS Government Medical College, Khanpur Kalan, Sonapat over a two months period from August 2015 to September 2015 after taking permission from the Institutional Ethical Committee (IEC).

A pre-structured questionnaire which included 12 questions about patients' rights was developed by four researchers (the authors) as per guidelines by Medical Council of India and CGSI [3]. Also, literature search of related previous research studies was undertaken [5-9] and the desirable response to each question was decided by the researchers together based on the literature search. Thereafter, to ensure content validity, the questionnaire was discussed and desirable changes were done in a meeting by the faculty members of the Medical Education Unit of the Institute. The questionnaire contained 12 close-ended questions on 'awareness of MBBS students about rights of a patient' e.g., patients' right to confidentiality, right to privacy during examination, right to treatment without discrimination, right to access his/her medical records, right to refuse in research etc. To ensure reliability of the questionnaire, it was pre-tested on 10 under-graduate students who were attending clinical posting in the subject of Community Medicine; the necessary modifications were carried out in the questionnaire based on the result of this pilot testing to improve validity. For final validation of the questionnaire, a last discussion was undertaken among the MEU faculty members and the final questionnaire was proposed.

Convenient sampling was used to enroll students for this study. The inclusion criteria were that the student must be studying in any professional of MBBS, has voluntarily agreed to participate in this survey and completed the given questionnaire. Since the enrollment was voluntary, those students who did not give consent to be included in the study were excluded.

Students studying in the first, second and third professionals were contacted to answer this self-administered semi-structured questionnaire. The students were contacted during their regular classes and a 30 minutes session was planned of which 10 minutes were dedicated to inform the students about the purpose of the study and informed verbal consent was taken from those who chose to participate in this study. All the students present during that period who volunteered were given the questionnaire and given 20 minutes to respond to the questionnaire on a three-point Likert scale – agree, neither agree nor disagree and disagree; depending on their individual extent of agreement to the concerned patient right. Filled up forms were collected at the end of the session; complete anonymity was ensured.

Among the total of 400 students in the college at the time of study, a total of 339 students participated in this survey; the whole process was kept anonymous with the investigators' knowing only about the professional/semester of the student.

Data were fed into Microsoft Excel & compiled. The statistical analysis was carried out using IBM SPSS (Statistical Package for Social Sciences) statistical version 20. The analysis includes frequency table, percentages and association of variables based on Chi-square test. Yates' corrections were used for 2x2 contingency table or method pooling and Fisher-exact test was used (for higher order than 2x2 table). All statistical tests were seen at two-tailed level of significance ($p \leq 0.01$ and $p \leq 0.05$).

RESULTS

A total of 339 out of a total of 400 students participated in this survey; 74(21.8%) students from first professional, 83(24.6%) from second and 91(26.8%) each from final professional part I and II. Being an only girls' medical college, all the study participants were females; mean age of participants was 21.6 ± 1.2 years. A total of 337 (99.4%) of students were in agreement to the fact that health care is a right; the fact that the patients has right to know his doctor's qualifications was the least agreed upon statement with 277 (81.7%) being in agreement.

It was observed that the maximum number of students agreed that health care is a right 337(99.4%), female patients has right to expect another women to be there while undergoing medical examination 336(99.1), patient has right towards his privacy while being given a physical examination irrespective of age and sex 333(98.2%) irrespective of their year of study [Table/Fig-1]. The least agreed upon statement was that the patients have right to know his doctor's qualifications 277(81.7%).

Proportionately more of senior students as compared to junior students were in disagreement to the fact that the patient has right to be told all the facts about his illness, patients have the right to agree or refuse to participate or use his photographs in research/experimental activities and patient has right to address his grievances to respective medical councils courts as compared to the senior students; while all of them agreed that patients have right towards his privacy while examination, irrespective of age and sex. The difference in the responses of the junior and senior students was found to be statistically significant in these four statements about patients' rights ($p \leq 0.05$) [Table/Fig-2]. The difference in responses of junior and senior students with respect to rest of the statements in the questionnaire was found to be statistically non-significant [Table/Fig-3].

DISCUSSION

Patient's rights refer to the human rights to which patients are entitled while they are in the care of health services [1,8]. Health professionals are expected to know patients rights, to put these rights into practice, and even to advocate for their patient's rights [9].

In the present study, 99.4% of our students agreed that health care is a right. In an Indian study on relationship of physician and

	N	%
Health care is a right	337	99.4%
Patients have right to complete confidentiality	326	96.2%
Patients have right to be told all the facts about his illness	317	93.5%
Patients have right towards his privacy while being given a physical examination irrespective of age and sex	333	98.2%
Female patients have right to expect another women to be there while undergoing medical examination	336	99.1%
Patients have right to know his doctor's qualifications	277	81.7%
Patients have right to told in advance details of procedure planned and possible risks	325	95.9%
Patients have right to second opinion about his diseases from another specialist	314	92.6%
Patients with diseases like HIV have right to be treated equally without discrimination	324	95.6%
Patients have the right to access his medical records and to receive a copy upon request	335	98.8%
Patients have the right to agree or refuse to participate or use his photographs in research/ experimental activities	319	94.1%
Patient have right to address his grievances to respective medical councils courts	310	91.4%

[Table/Fig-1]: Frequency of correct responses by the students (n=339).

Patients Right	Group				Fisher's Exact Test	p-value
	Junior(n=157) (1 st & 2 nd prof)	Senior(n=182) (Final 1&2)				
Patients have right to told all the facts about his illness						
Disagree	2	1.3%	14	7.7%	8.592	.008**
Neutral	2	1.3%	4	2.2%		
Agree	153	97.5%	164	90.1%		
Patients have right towards his privacy while examination, irrespective of age and sex						
Disagree	3	1.9%	0	0.0%	6.270	.009**
Neutral	3	1.9%	0	0.0%		
Agree	151	96.2%	182	100.0%		
Patients have the right to agree or refuse to participate or use his photographs in research/ experimental activities						
Disagree	2	1.3%	11	6.0%	8.256	.015*
Neutral	1	.6%	6	3.3%		
Agree	154	98.1%	165	90.7%		
Patient have right to address his grievances to respective medical councils courts						
Disagree	1	.6%	10	5.5%	8.050	.014*
Neutral	6	3.8%	12	6.6%		
Agree	150	95.5%	160	87.9%		

[Table/Fig-2]: Frequency of correct responses by the junior and senior students.

**p-value<.01 = highly significant, *p-value<.05 = significant

communication about HIV testing, Datye V et al., identified a number of gaps between policy and practice with regard to communications about HIV testing in private sector [10]. The authors analysed 27 interviews conducted with private medical practitioners managing HIV patients in Pune city and observed that confidentiality was often breached during disclosure. They suggested a bottom up approach to policy development which is actually grounded in actual process of health care provision. In another Indian study by Madhivanan P et al., interviews were conducted in 14 HIV positive females who had recently delivered a baby about their general experience with antenatal healthcare and special experience about HIV counseling and testing [11]. The authors found that HIV testing were often done without consent, there was little privacy and breach in confidentiality was common. They also observed that violation of human rights occurred more commonly in private than public health care setting. Our students had a fair understanding of rights of patient with regard to patients' privacy (98.2%) and confidentiality (96.2%); also about 96% of them agreed that patients with diseases like HIV have right to be treated equally without discrimination.

Geevarghese F et al., made use of structured knowledge questionnaire to analyse knowledge and attitude of nursing personnel regarding patient safety and rights in hospitals in Delhi and found that nursing staff working in private hospitals had greater knowledge of patients' rights and safety [12]. In a multicentre study, Chopra M et al., studied status of knowledge and attitude to healthcare ethics among doctors and nurses of three medical colleges in Northern India and identified gaps in the knowledge about practical aspects of health care ethics among physicians and nurses [13]. They suggested measures of workplace education like sensitisation workshops, CMEs, conference on healthcare ethics etc could assist in bridging this gap to a certain extent. Though, the students at our centre had a fair understanding of a few patients' rights, we also agree to the fact that incorporation of this part into undergraduate medical curriculum will definitely make them more ethical graduates.

In a study conducted by Alghanim SA, among 242 Saudi physicians and nurses, only 66.1% were aware of the MOH Patients' Bill of Rights [14]. In another study carried out in Saudi Arabia, Al-Amoudi SM et al., observed that medical students at their centre were not

	Group					p-value
	Junior	Senior	Test-value			
Health care is a right						
Disagree	2	1.3%	0	0.0%	.666 ^b	.414
Neutral	0	0.0%	0	0.0%		
Agree	155	98.7%	182	100.0%		
Patients have right to complete confidentiality						
Disagree	0	0.0%	5	2.7%	4.541 ^c	.101
Neutral	3	1.9%	5	2.7%		
Agree	154	98.1%	172	94.5%		
Female patients have right to expect another women to be there while undergoing medical examination						
Disagree	0	0.0%	1	.5%	1.058 ^c	1.000
Neutral	1	.6%	1	.5%		
Agree	156	99.4%	180	98.9%		
Patients have right to know his doctor's qualifications						
Disagree	13	8.3%	26	14.3%	3.160 ^a	.206
Neutral	12	7.6%	11	6.0%		
Agree	132	84.1%	145	79.7%		
Patients have right to told in advance details of procedure planned and possible risks						
Disagree	4	2.5%	5	2.7%	1.332 ^c	.572
Neutral	1	.6%	4	2.2%		
Agree	152	96.8%	173	95.1%		
Patients have right to second opinion about his diseases from another specialist						
Disagree	9	5.7%	10	5.5%	1.332 ^c	.572
Neutral	1	.6%	5	2.7%		
Agree	147	93.6%	167	91.8%		
Patients with diseases like HIV have right to be treated equally without discrimination						
Disagree	4	2.5%	5	2.7%	2.00 ^c	.403
Neutral	1	.6%	5	2.7%		
Agree	152	96.8%	172	94.5%		
Patients have the right to access his medical records and to receive a copy upon request						
Disagree	0	0.0%	2	1.1%	1.616 ^c	.751
Neutral	1	.6%	1	.5%		
Agree	156	99.4%	179	98.4%		

[Table/Fig-3]: Correct responses by junior and senior students.

a=Pearson Chi-Square

b= Yates Continuity Correction

c=Fisher's-Exact Test

well aware of women's health rights, reproductive health rights and rights of potentially vulnerable patients [9]. It was an interesting observation in their study that 42.3% of students were not aware that a female patient has right to provide her own consent for surgery. The authors suggested inclusion of subject of patient health rights in curricula of schools of medicine, nursery, pharmacy and other health fields. In an Indian study also, gender has been defined as a decisive factor in physician's dominance in their communication and relations with patients [15]. Solomon S observed that in India, physicians have always held disproportionate powers over their patients and as a rule; there is classical paternalism in physicians' behaviour [16]. It has also been observed that in Indian medical practice, there is deep mutual distrust between private health sector and public health sector; this hampers standardisation of quality of care and affects patients' rights as a whole [17].

In our study, 93.5% students in total agreed that a patient has the right to be told all the facts of his disease. On comparing the response of junior and senior students it was astonishingly found

that 7.7% senior students disagreed with this statement. This could be because they might be seeing their teachers hiding/manipulating a few facts from the patients during their clinical posting. This difference in the response of junior and senior students was found to be statistically significant ($p < .008$). A study done in Saudi Arabia also concluded that teaching staff serves as a role model, their behaviour with patients during clinical practice sessions is a hidden curriculum that can enhance the students' knowledge regarding patient's rights and can also develop a positive attitude towards it. Knowledge and attitude of teaching staff towards patients' rights would affect the amount and type of information delivered to students regarding patient's rights [18].

What the students feel about disclosure of information to patients has a varied response in different studies. In the Saudi Arabia study, 53.9% of participants were aware that disclosure of full information to the patient is his right, which is similar to the responses of medical students in other studies [19,20]. About 67.8% participants believed that it's the patient's right to hide this information from his family and 14% believed that the patient had no such right [9]. In a study done in nursing students in Turkey, 58.8% believed that truth must be told to the patients, 98.7% students agreed that healthcare is a right, 84.5% believed that patients have the right to see and copy their own medical records, 97.1% agreed that patients should be informed of their disease and the treatment [5].

In the present scenario, patients' rights in clinical research are being closely looked at, with institutional ethical committees, scientific review committees and data safety and monitoring boards regularly monitoring patients involved in drug trials [21]. In our study, more of senior students in comparison to junior students disagreed to the fact that patient has right to refuse in research activity and that patients have right to approach the medical councils to address their grievances. Ghooi RB in their research article have reported that in India there is no automatic respect for patients' rights and in case of their violation, approaching the consumer courts is the only recourse for patients [7].

Our study is one of the few studies done in India which tried to explore the views of medical students about patients' rights. Social and personal beliefs of the students might have influenced the results to an extent. There is an urgent need to assess the extent to which the rights of patients are respected. More such studies are required as many aspects of patients' rights have not been studied so as to sensitise the students about this important aspect of medical ethics.

CONCLUSION

Today's students are tomorrow's healthcare providers. This study shows that our students had a fair but not adequate understanding of patients' rights. Surprisingly more of senior students as compared to junior students were in disagreement to certain patients' rights. This could be attributed to the perceptions they have made on their own watching their mentors in clinical settings since no formal exposure to this is given in our undergraduate curriculum. Incorporating more information on patients' rights will enhance

the quality of medical graduates as it will help curb the unethical practices in our profession. This can be done by sensitising the newly-inducted medical students by incorporating some information on these desirable topics during their foundation orientation course in the form of lectures/role-play; later on reinforcement of these messages can be done during community postings.

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