Marzec Alicja, Pluta Agnieszka, Faleńczyk Kamila, Budnik-Szymoniuk Maria, Lewicka Marta. Rights and obligations of the patients in the primary health care. Journal of Education, Health and Sport. 2019;9(6):301-307. eISNN 2391-8306. DOI http://dx.doi.org/10.5281/zenodo.32469

http://ojs.ukw.edu.pl/index.php/johs/article/view/7025

The journal has had 7 points in Ministry of Science and Higher Education parametric evaluation. Part B item 1223 (26/01/2017). 1223 Journal of Education, Health and Sport eISSN 2391-8306 7 © The Authors 2019; This article is published with open access at Licensee Open Journal Systems of Kazimierz Wielki University in Bydgoszcz, Poland Open Access. This article is distributed under the terms of the Creative Commons Attribution Noncommercial License which permits any noncommercial use, distribution, and reproduction in any medium, provided the original author (s) and source are credited. This is an open access article licensed under the terms of the Creative Commons.org/licenses/by-nc-sa/4.0/) which permits unrestricted, non commercial use, distribution and reproduction in any medium, provided the work is properly cited.

The authors declare that there is no conflict of interests regarding the publication of this paper.

Received: 05.05.2019. Revised: 25.05.2019. Accepted: 16.06.2019.

Rights and obligations of the patients in the primary health care

Prawa i obowiązki pacjenta w podstawowej opiece zdrowotnej

Alicja Marzec, Agnieszka Pluta, Kamila Faleńczyk, Maria Budnik-Szymoniuk, Marta Lewicka

Division of Community Nursing, Faculty of Health Sciences, Ludwik Rydygier Collegium Medicum in Bydgoszcz of the Nicolaus Copernicus University in Toruń, Poland Łukasiewicza 1 Street, 85-821 Bydgoszcz, Poland Correspondence to: Alicja Marzec Division of Community Nursing, Faculty of Health Sciences, Ludwik Rydygier Collegium Medicum in Bydgoszcz of the Nicolaus Copernicus University in Toruń Łukasiewicza 1 Street 85-821 Bydgoszcz, Poland phone: +48 52 5855813 e-mail:alicja.marzec@cm.umk.pl

Abstract

The rights patient as a set of rights due to the use of health services in Poland result from the Constitution of the Republic of Poland. They are regulated by the whole regulations. The aim of this work is to present the rights patient and duties in primary care.

Key words: patient rights, health care, primary health care

Streszczenie

Prawa pacjenta definiowane sa jako zespół uprawnień przysługujących człowiekowi z tytułu korzystania ze świadczeń zdrowotnych. W Polsce wynikaja z Konstytucji Rzeczypospolitej Polskiej i Karty Praw Pacjenta. Odwołują się do głównych dokumentów międzynarodowych. Uregulowane są przez przepisy szczegółowe.

Celem niniejszej pracy jest przedstawienie praw i obowiązków pacjenta - świadczeniobiorcy w podstawowej opiece zdrowotnej.

Słowa kluczowe: prawa pacjenta, świadczenie zdrowotne, podstawowa opieka zdrowotna

Introduction

Rights of patients are an important part of broadly understood human rights. They are defined as a set of human rights due to the use of health services [1]. In Poland, they result from the Constitution of the Republic of Poland [2], which guarantees citizens the right to health protection and the Act of 6 November 2008 on patient rights and the Patient Rights Ombudsman in 2017 [3]. The above legal acts refer to ratified international agreements. Patients 'rights were found in international documents such as the Universal Declaration of Human and Citizens' Rights of 1948, the Geneva Convention of 1949, the Convention on the Protection of Human Rights and Fundamental Freedoms of 1950. When talking about human rights one cannot omit an extra-legal act which is the European Charter of Patient's Rights of 2002. From international legal acts, the Patient Rights Charter of 1996 is adopted.

In the category of discussed rights, two basic aspects can be distinguished: a positive aspect that gives patients guarantees that their rights will be respected and a negative aspect that protects patients against unauthorized interference with their autonomy, self-determination, freedom and law [4]. The previously mentioned Patient Rights and Patient Rights Ombudsman [3] contains 10 basic patient rights:

- 1. Patient's right to health services.
- 2. Patient's right to information.
- 3. The patient's right to confidential information related to him.
- 4. The patient's right to consent to the provision of health services.
- 5. The right to respect the intimacy and dignity of the patient.
- 6. Patient's right to access medical records.
- 7. Patient's right to object to an opinion or doctor's decision.
- 8. The patient's right to respect for private and family life.
- 9. Patient's right to pastoral care.
- 10. The patient's right to store valuables in a deposit.

The personal data processing is strictly related to patient rights. On 24 May 2016, the European Parliament and the Council of the European Union adopted a new regulation concerning the processing of personal data - RODO [5]. In accordance with these provisions, the Act on the Protection of Personal Data of 10 May 2018 [6] was adopted in Poland, imposing special requirements on health care entities and medical workers.

Primary health care (POZ) is a major part of the health care system that provides health benefits for the general population in outpatient and home settings in the prevention of illness and health promotion, diagnostic, treatment, care and rehabilitation benefits [7]. The above-mentioned benefits are provided by the POZ team consisting of a doctor, nurse and midwife. They are regulated by the Act on healthcare benefits financed from public funds [8]. The condition for using the services under the POZ is the declaration by the beneficiary (patient / customer) of the choice of the beneficiary provider: doctor, nurse and midwife POZ. In the case of minors, the declaration of choice is made by the child's parent / legal guardian. The current legal provisions regarding primary health care in the health care system include a model of coordinated care and refer to the primary care physician as coordinator of patient care [9]. Any team members of the POZ team has a specific range of benefits, so-called "basket of guaranteed benefits". The Act on Primary Health Care of 2017 [9] includes new forms of provision of benefits, including nursing advice, including physical and physical examination, and prescriptions.

The regulation of the President of the National Health Fund (NFZ) [10] regulates the maximum number of beneficiaries. According to the above-mentioned legal act, a doctor POZ and a nurse POZ can take care of a maximum of 2,500 recipients, a midwife of 6,600 women and babies of both sexes up to 8 weeks of age. The implementation of POZ benefits is

provided from Monday to Friday between 8:00 and 18:00. From 18:00 to 8:00 and public holidays, benefits from 1 December 2017 are provided by night and holiday health care, which is available to the public [11].

In POZ the full Patient Rights Card is respected, but due to the specificity of the provision of benefits, the greatest concentration is on the patient's rights to health services, the right to information, the right to information secrets, the right to consent to the benefit, intimacy and patient dignity, the right to access medical records, the right to object to the doctor's opinion. Respecting the patient's right to respect for his private and family life is particularly important during services provided at home.

Other rights, such as the right to pastoral care and the right to keep valuables in a deposit are not neglected.

The Act on health care services financed from public funds and the Act on basic health care [8, 9] contain provisions of patient's rights, but also indicate the duties of a person as a health care benefits provider in POZ.

The aim of this article is to presentation the patient's rights and duties in primary care.

Health benefis

The Constitution of the Republic of Poland by article 68 confer the right to protect the health of citizens, regardless of their financial situation, public authorities ensure equal access to publicly funded healthcare services and are obliged to provide special health care for children, pregnant women, disabled people and the elderly The public authorities support the development of physical culture, especially among children and adolescents [2]. Public authorities are obliged to fight epidemic diseases and prevent negative consequences of environmental degradation.

The right to health benefits means that the patient has the right to health care benefits provided in accordance with the current state of medical knowledge, and this right results in the obligation to raise qualifications and update the competences of medical personnel. The NFZ as contractor of financial resources concludes contracts with service providers fulfilling the conditions of substantive preparation of personnel (qualifications, competences) and fulfilling housing conditions and technical equipment. Qualifications of individual members of the POZ team are subject to legal regulations [9].

Health benefits in accordance with the provision of the Act of 27 August 2004 on health care benefits financed from public funds [8] - action for prevention, maintenance, rescue, restoration or improvement of health and other medical effects resulting from the treatment process or separate provisions governing the rules for their granting and include:

• medical examination and advice,

- treatment,
- medical rehabilitation,
- taking care of a pregnant woman and a child,
- •diagnostic tests,
- caring for the ill and disabled, and caring for them,
- health prophylaxis,

• adjudicating and giving opinions about the state of health,

• technical activities in the field of prosthodontics and orthodontics as well as supply of orthopedic items and auxiliary materials.

Health benefits include health benefits include medicines, medical devices, orthopedic items and auxiliary measures related to the treatment process and accompanying benefits, i.e. accommodation and adequate food for a state of health in a hospital or other medical facility, as well as accommodation outside such a facility if the need to provide accommodation

results from the conditions specified for a given guaranteed benefit. These are also sanitary transport services. Medical entities operating in general and specialist POZ.

The POZ therapeutic entity may carry out activities at the general and / or specialized level. Currently, there is a trend of expanding the availability of benefits at the diagnostic and therapeutic stage, where some of the benefits are provided in outpatient settings in a clinic or as part of outpatient one-day care, as exemplified by endoscopy. The coordinator of the treatment and patient care process, including those requiring specialist care, is a doctor POZ; in accordance with the Act on basic health care in 2017 [9].

Each patient expects to perform the benefit in a short, convenient time. Due to the specified possibilities, the provider may propose a time to provide a benefit based on the patient / client case definition as a sudden, urgent or stable case. In urgent cases, the benefit is provided immediately, regardless of the limits set in the agreements with the NFZ [17]. There is a system of electronic verification of entitlements of beneficiaries (e-WUŚ), which enables identification of the patient's status in the social health insurance system. In the absence of confirmation of entitlements by the e-WUŚ and lack of documents confirming the right to free benefits, the patient may submit a statement about his or her rights. On the basis of such a document, full benefits will be provided free of charge, including the possibility of obtaining a refunded prescription. According to the new wording of art. 50 paragraph 16 of the Act on health care services financed from public funds, a person who has been provided with health services in the field of primary health care - despite the lack of this right - will not be called to pay for services provided.

The beneficiary has the right to choose the date and time of the visit, he may register in person, by phone or in an electronic system. The POZ doctor to whom the patient has made a declaration of choice is responsible for the entire treatment process of a given patient. In the absence of the selected doctor in the clinic, the patient has the opportunity to take advantage of the services provided by other POZ doctors employed in the facility. The same is the right for a patient using the services of a nurse and midwife POZ.

The patient has the right to health benefits, which are implemented regardless of the organizational form of the medical entity. The scope of these benefits is included in the socalled basket of guaranteed benefits. At the POZ level, diagnostic, treatment, nursing, rehabilitation and prevention services as well as health promotion are guaranteed [11]. The POZ team is obliged to perform the above-mentioned benefits. The nurse and midwife, after completing the services for the ward, benefit from professional autonomy and legal provisions that enable self-employment without a medical order [12-14]. Since 2016, a nurse after a physical examination of the patient has the right to write a prescription for some medicines (continuation of treatment), prescribing medicines, writing a referral for part of diagnostic tests and applying for equipment and medical supplies [15]. Legislative work is currently underway to introduce a new form of care, namely nursing advice. The main assumption of this benefit is to provide nurses with some of the responsibilities of doctors and, as a result, to improve the work of doctors in outpatient clinics and to limit visits to the doctor, so-called "after the prescription". This nurse's benefit is particularly targeted at chronically ill patients. Possibilities of expanding the availability of health services are benefits with the use of advanced information technologies: e-medicine, e-diagnostics, E-nurturing. Telemedicine is aimed at reducing the costs of patient treatment, reducing the frequency of hospitalization of

chronically ill patients (instead of periodic visits to the clinic, you can send the results of tests from devices to which the patient has access at home and get on-line consultation). These solutions are aimed at facilitating access to documentation and facilitating the transfer of documents.

In the implementation of health services, medical personnel should respect the patient's right to respect for dignity and intimacy. The patient should be treated subjectively in

accordance with the principles of the culture of the word and generally accepted rules of behavior. This right can be maintained by creating appropriate conditions during the visit: without the presence of third parties in the subject and subject examination, and limiting to the necessary minimum situations when the patient is exposed.

One of the benefit in POZ is medical certification. The patient has the right to object to an opinion or a medical certificate. The objection is directed to the Medical Commission within 30 days from the date of the ruling in writing and must contain justification [16]. In providing comprehensive patient care, it is essential to keep medical records (in paper or electronic version) as a form for recording the therapeutic process for the whole team [17, 18]. It allows you to control the health services and individual medical benefit provided to monitor the quality of services provided. It is also of particular importance as evidence in the assessment of the correctness of the diagnostic and therapeutic actions undertaken in relation to the patient in the medical error processes [19].

The basic right of the patient is the right to access medical records. The patient, his statutory representative and subjects indicated in the Patient Rights and Patient Rights Rights Act have access. The patient may indicate a person authorized to access. In addition, the patient may make a statement about authorizing another person to obtain information about their state of health and health benefits provided to them. The patient therefore has the possibility to submit two statements - authorizing a third party to access their medical records and authorizing a third party to obtain information about their health [3]. The patient has the right to apply for a copy of the medical documentation (photocopy or scan compatible with the original).

A very important right is the right to information. Each health benefit can be provided after obtaining consent for providing a benefit. In order for the patient to be able to express such consent, he must obtain full information and knowledge about the planned procedure. The information provided also allows the patient to consciously participate in the diagnostic and therapeutic process. The doctor should explain to the patient the purpose and type of surgery and its usual consequences, so that the patient makes the decision to agree to the procedure with full awareness. Information must be accessible, that is, it should be presented in a form that takes into account the intellectual level of the recipient and also understandable for him. The medical professional is obliged to answer all questions asked by the patient. A person who is under 16 cannot consent to a health service, however, a medical professional provides him with information necessary for the proper course of treatment and listens to his opinion. To agree, one of the parents submits a declaration of will as part of his parental authority [16].

In providing comprehensive patient care, it is essential to keep medical records (in paper or electronic version) as a form for recording the therapeutic process for the whole team [17, 18]. It allows you to control the health benefits and individual medical benefits provided to monitor the quality of services provided. It is also of particular importance as evidence in the assessment of the correctness of the diagnostic and therapeutic actions undertaken in relation to the patient in the medical error processes [19].

The basic right of the patient is the right to access medical records. The patient, his statutory representative and subjects indicated in the Patient Rights and Patient Rights Act have access. The patient may indicate a person authorized to access. In addition, the patient may make a statement about authorizing another person to obtain information about their state of health and health benefits provided to them. The patient therefore has the possibility to submit two statements - authorizing a third party to access their medical records and authorizing a third party to obtain information about their health [3]. The patient has the right to apply for a copy of the medical documentation (photocopy or scan compatible with the original).

A very important right is the right to information. Each health benefit can be provided after obtaining consent for providing a benefit. In order for the patient to be able to express such consent, he must obtain full information and knowledge about the planned procedure. The information provided also allows the patient to consciously participate in the diagnostic and therapeutic process. The doctor should explain to the patient the purpose and type of surgery and its usual consequences, so that the patient makes the decision to agree to the procedure with full awareness. Information must be accessible, that is, it should be presented in a form that takes into account the intellectual level of the recipient and also understandable for him. The medical professional is obliged to answer all questions asked by the patient. A person who is under 16 cannot consent to a health service, however, a medical professional provides him with information necessary for the proper course of treatment and listens to his opinion. To agree, one of the parents submits a declaration of will as part of his parental authority [16]. The right to information is related to the patient's right to respect for private and family life; this applies in particular to confidentiality of information related to the patient's private life. It is the patient who decides who will be informed about their health condition.

Every medical worker is obliged to keep professional secret. This obligation is connected with the fundamental right of the patient to the secret of information about him. The secret concerns the whole diagnostic and therapeutic procedure, the methods of therapy undertaken and its course, and negotiations. It also includes information from the patient's environment. The secret includes verbal and written information about the patient, information entrusted to him, as well as information that arises from the doctor's own findings and which will not always be disclosed to the patient [16].

The Patient Rights Card, in addition to its rights, provides for certain obligations. A patient is expected to be responsible as a patient and as a human being, including, but not limited to, active, responsible participation in the therapeutic process, timely and punctual submission to designated examinations and treatments. One of the duties is the patient's compliance with therapeutic recommendations, here it is advisable to adopt a healthy lifestyle that would enhance the effects of therapy. It is an indispensable duty of the patient to respect the rules, regulations in force in the medical facility and general principles of social functioning.

Summary

Patients' rights include everyone regardless of whether they are healthy or ill, but ask for health benefits. Every patient in the POZ should be familiarized with the Patient Rights Card with which he / she will use it in a skillful way. This will ensure partnership cooperation between the patient and the POZ team.

References

Konstytucja Rzeczypospolitej Polskiej z dnia 2 kwietnia 1997r. (Dz.U. nr 78. poz. 483).

3. Ustawa z 6 listopada 2008 r. o prawach pacjenta i Rzeczniku Praw Pacjenta (Dz.U. z 2017 r. poz. 1318 ze zm.).

4. Karkowska D. Ustawa o prawach pacjenta i Rzeczniku Praw Pacjenta. Komentarz Warszawa 2012.

5. Rozporządzenie Parlamentu Europejskiego i Rady (UE) 2016/679 z dnia 27 kwietnia 2016 r. w sprawie ochrony osób fizycznych w związku z przetwarzaniem danych osobowych i w sprawie swobodnego przepływu takich danych oraz uchylenia dyrektywy 95/46/WE (ogólne rozporządzenie o ochronie danych).

6. Ustawa o ochronie danych osobowych z dnia 10 maja 2018r.(Dz.U. 2018 poz. 1000).

7. Pluta A, Marzec A, Faleńczyk K et al. Primary health care tasks related to the care of chronically ill children. J. Educ. Health Sport 2018; 8(3): 208-2019.

8. Ustawa z dnia 27 sierpnia 2004 r. o świadczeniach opieki zdrowotnej finansowanych ze środków publicznych (Dz.U. z 2004 r. nr 210 poz. 2135 z późn. zmianami).

9. Ustawa z dnia 27 października 2017 r. o podstawowej opiece zdrowotnej (Dz. U. z 2017 r. poz. 2217).

10. Zarządzenie Nr 50/2016/DSOZ Prezesa Narodowego Funduszu Zdrowia z dnia 27 czerwca 2016 r. w sprawie warunków zawarcia i realizacji umów o udzielanie świadczeń opieki zdrowotnej w zakresie podstawowej opieki zdrowotnej.

11. Rozporządzenie Ministra Zdrowia z dnia 24 września 2013 r., w sprawie świadczeń gwarantowanych z zakresu podstawowej opieki zdrowotnej (Dz. U. z 2016 r. poz. 86 z późn. zmianami).

12. Marzec A, Pluta A. Zadania pielęgniarki podstawowej opieki zdrowotnej zgodnie z aktualnymi zapisami prawnymi. Med. Ogólna Nauki Zdr. 2018; 24(1): 44-48.

13. Rozporządzenie Ministra Zdrowia z dnia z dnia 28 lutego 2017 r. w sprawie rodzaju i zakresu świadczeń zapobiegawczych, diagnostycznych, leczniczych i rehabilitacyjnych udzielanych przez pielęgniarkę albo położną samodzielnie bez zlecenia lekarskiego (Dz.U. z 2017r. poz. 497).

14. Ustawa z dnia 15 lipca 2011 roku o zawodach pielęgniarki i położnej (Dz. U. z 2011r. poz. 1039 ze zm.)

15. Rozporządzenie Ministra Zdrowia z dnia 28 października 2015 r. w sprawie recept wystawianych przez pielęgniarki i położne. Dz.U. z 26 listopada 2015 r. Poz. 1971.

16. Jacek A, Ożóg K. Respecting patient's rights by medical Staff. Hygeia Public Health 2012, 47(3): 264-271.

17. Sadowska M, Bazylewicz A, Halytsky D, et al. The rules for documenting health benefits. European Journal of Medical Technologies 2015; 4(9): 34-44.

18. Rozporządzenie Ministra Zdrowia z dnia z dnia 8 maja 2018 r. w sprawie rodzajów elektronicznej dokumentacji medycznej(Dz. U. z 2018 r. poz. 941).

19. Rozporządzenie Ministra Zdrowia z dnia 9 listopada 2015 r. w sprawie rodzajów, zakresu i wzorów dokumentacji medycznej oraz sposobu jej przetwarzania (Dz. U. z 2015 r. poz. 2069).