

Review Article: Patient's Rights in Iran and Iraq



Murtadha Al-Khafaji¹ , Noorh Sajit¹ , Shabnam Bazmi^{2*} , Mehrzad Kiani²

1. Department of Nursing, School of Nursing and Midwifery, Shahid Bahshti University of Medical Sciences, Tehran, Iran.

2. Department of Medical Ethics, School of Traditional Medicine, Shahid Bahshti University of Medical Sciences, Tehran, Iran.



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ABSTRACT

Background: The aim of this study was to compare, review, and evaluate the studies on patients' rights in Iran and Iraq.

Methods: This is a review study conducted by searching the Iranian and Iraqi databanks, such as Scientific Information Database (SID), Iranian Research Institute for Information Science and Technology, Iran Medex, Iraqi Academic scientific journals, and Google Scholar for both Iranian and Iraqi articles from 2002 to 2017 using the keywords, such as "Patient Rights", "Patient Rights Charter", "Patient Rights Observance", "Iraq", "Iran", and "Patient Awareness and Rights".

Results: Of a total of 32 Iranian and Iraqi articles, only 25 articles met the aim of our study.

Conclusion: The growing number of articles published indicates that from 1999 onwards, this topic began to attract the attention of Iranian researchers in a gradual manner, as for the Iraqi researchers, their attention has been attracted from 2013 onwards. Also, despite the poor knowledge of physicians about the patients' rights in Iran, they have shown acceptable awareness and attitude regarding some patients' rights. The same is true for Iraqi doctors and health care providers, but they have shown unsatisfactory consequences for some of the rights of Iraqi patients. Patient education through media and careful observation of the patient rights charter, and educating healthcare professionals, and developing professional training on patients' legal rights by engaging them in educational sessions and lectures on patient rights is necessary. Adequate monitoring of practice according to the patient charter is strongly suggested.

* Corresponding Author:

Shabnam Bazmi, PhD.

Address: Department of Medical Ethics, School of Traditional Medicine, Shahid Bahshti University of Medical Sciences, Tehran, Iran.

Tel: +98 (912) 2575330

E-mail: sh_bazmi2003@yahoo.com

1. Introduction

The human rights declaration, which was written in 1948, emphasizes on the equality of all humans. In article 25 of the humans' right declaration, it is stated that "Everyone has the right to a standard of living adequate for the health and well-being of himself and his family, including food, clothing, housing, and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age, or other lack of livelihood in circumstances beyond his control". Article 12 of this declaration is about the right to privacy [1]. The concept of human rights has developed much since then affecting the rights of the more vulnerable people, including patients. The understanding and perception of patient rights differ across countries, and the cultures are strongly intertwined with social norms [2]. Supporting patient rights is one of the main concerns of healthcare systems and is reflected as an indicator of health status in each country [3]. Patient rights are considered as one of the important factors for measuring the standards of clinical care. Many countries have considered definite rights for patients and these rights must be observed by the health care systems [4-6].

Any developing country that wants to progress in developing the quality of health care should consider patient rights as an important part of human rights. Although the patient right is not performed completely, it is established worldwide. The patient rights charter varies in different countries, but there are main principles in common, which is agreed by most countries [7, 8]; for example, the right to access data noted in their medical records and having full information about the patients' condition, the right to choose freely, the right to proper treatment and care, and the right to respect privacy. It should be noted that cultural and socio-economic factors play an important role in people's understanding of rights in general and patients' rights in particular [9].

In return, patients have responsibilities and obligations that they must be recognized and acted upon, such as duties towards relatives, medical staff, and themselves. For example, patients should provide the information they need about their health when they visit a health center or notify the health center if their contact number or address changes [10].

In order to act according to the charter of patients' rights, governmental and non-governmental organizations must cooperate; however, there still seems to be a

wide gap between healthcare providers and patients in terms of familiarity with patient rights and how to decide on health matters, even in countries where there is not only a charter of patient rights but also guidelines and laws exists [4].

In Iran, the charter of patients' rights was written in 2002 and sent to affiliated centers by the Ministry of Health and Medical Education. The proposed and amended text of the patient rights charter was approved by the Policy Council of the Ministry of Health, Treatment, and Medical Education on November 25, 2009, and was communicated to the relevant centers by the Minister on November 30 [11]. The rights set out for patients in the charters of different countries are more or less the same; for example, the right to have their health-related information, confidentiality, informed consent, to be independent, to protest, and the right to compensation [12].

Article 31 of the Iraqi Constitution (2005) guarantees health care for every Iraqi person, and the Ministry of Health has adopted a National Declaration of Patients' Rights in cooperation with USAID / Iraq. This statement includes the basic rights of the patient, which are also considered in many countries, such as the right to access information, the right to respect privacy, participatory decision-making, and access to care and treatment. It seems that by acting on the provisions of these statements, patient satisfaction can be increased and it is necessary for health care providers to be sufficiently aware of patients' rights [13, 14].

This study was conducted to review the Iranian and Iraqi research on the charter of patients' rights, and observance, and knowledge, and attitudes of those involved, including physicians, nurses, officials, and patients, and the impact of various factors in this field.

2. Materials and Methods

This is a review study conducted by searching databases, including Scientific Information Database (SID), Iranian Research Institute for Information Science and Technology, Iran Medex, Iraqi Academic Scientific Journals, and Google Scholar to collect Iranian and Iraqi studies related to the patient rights from 2017 to 2020 using the keywords, such as "Patient Rights", "Patient Rights Charter", "Patient Rights Observance", "Iraq", "Iran", and "Patient Awareness and Rights" were searched. There were 21 articles in Iranian databases and 11 articles in the Iraqi database, i.e. a total of 32 Iranian and Iraqi articles, but only 25 articles met the goal of our study.

The primary criteria for selecting articles were the relationship between patient rights and the presence of one of the keywords in the article title. The criteria for including and excluding studies included the following: 1. Articles related to the patient rights bill were not considered (articles, in which the patient rights charter was revised in specific groups, such as the charter for the rights of pregnant mothers, the charter for the rights of patients in anesthesia, the charter for the rights of mental patients, and the charter for the rights of patients in the Chemical War, etc.); 2. Articles must be in English, Persian, or Arabic; 3. The subject should have a complete scientific structure; 4. Articles published in scientific research journals; 5. The article should be of the type of research, case studies, or review (reports and letters were removed from the retrieved articles); 6. The article should contain a full text and it can be downloaded (articles that were not available except for its summary) were not considered.

3. Results

There were 21 articles in Iranian databases and 11 articles in the Iraqi database; a total of 32 Iranian and Iraqi articles were found, but only 25 of them were consistent with the purpose of our study, and the rest were related to aspects of patient rights that were inconsistent with our study. In addition to articles, there were a number of abstracts presented in journals or presented at conferences existed. Based on the purpose of this study, there were also nine English articles in international scientific databases, which dealt specifically with the issue of patient rights in Iran. Also two articles in English in international scientific databases, which specifically addressed the issue of patient rights were found in Iraq's international scientific databases. Persian and Arabic equivalents of the article that had been published in both Persian and Iraq scientific journals were already reviewed as part of our literature. Most studies in both Iran and Iraq were cross-sectional and performed during the last ten years. Only one study was a review type, which was published in 2014 and we reviewed 27 articles about patients' rights in Iran. These articles had studied different dimensions of this charter in these two countries. Most of the mentioned papers had evaluated this charter from patients', physicians', and nurses' viewpoints, and many of these articles showed that the process of obtaining consent is not favorable and total awareness of these groups from the content of this charter is not acceptable. The results are presented in [Tables 1](#) and [2](#).

4. Discussion

There are many regional and universal charters in patients right all over the world, e.g. WHO, Denmark, Scotland, Roma, etc., but few studies have concentrated on the content of these charters and also on awareness and satisfaction of patients and health care team in this regard [1, 2, 4-6]. A study conducted by Jazi and Nayeri [15] showed the lack of appropriate knowledge of patients, nurses, doctors, and students of the Iranian Patient's Bill of Rights. Also, the results of many studies have shown that a large percentage of patients, doctors, nurses, and students are not familiar enough with the patient bill of rights. Because patients also are not sufficiently aware of their rights in medical centers, their rights are ultimately not given enough attention. This study was similar to the study by Khalaf et al. [16], indicating that a greater percentage of the medical staff heard or read about the patient's rights document, but few of them have good actual knowledge of these rights. Also, 85.6% of the study population believed they know patients' rights but only 36% of participants knew at least one of the patients' rights bills, and only 2.4% of them know the four main rights. These findings suggest that the implementation of the patient bill of rights may be associated with some degree of difficulty, as there are clear differences between what they believe to know and what they already know.

Some studies in Iran have shown that there are similarities between the attitudes of patients, nurses, and physicians about patients' rights [17, 18]. While most patients do not know enough about their rights, one of the reasons may be a lack of delivered information [19, 20], inadequate information through mass media or insufficient information to patients in medical centers, which is in line with the results of Shukrya et al. [21] indicating that most Iraqi patients were unaware of the contents of their charter of rights, 72.3% of them wanted access to their medical records, and 76.6% of them were aware of their right to confidentiality. According to this study, a significant percentage of patients (53.8%) believed that it was better for them that physicians and medical staff make decisions about their health issues.

Saeed and Al-Jawadi [22] indicated that there is an intentional or unintentional ignorance of Iraqi patients' rights from the physicians and only 41.7% of the sample considered that most of the populations have trusted the physicians. On the other hand, more than three-quarters of the sample (77.1%) showed no agreement about physicians' scientific qualifications, and capabilities are more important than ethical and humanistic

Table 1. Summary of included studies regarding patient rights in Iran

Author(s)	Title	Method	Sample & Data Collection	Results
Parsapoor et al. (2009) [11]	The necessity of observing patients' rights: surveying patients', physicians' and nurses' attitudes toward it	Descriptive analytical, Cross-sectional	143 patients, 143 nurses, and 82 doctors.	Service providers, especially the medical department, should be aware of the rights associated with the need to provide information to patients and pay attention to their choice and decision-making. While the two groups (patients and nurses) agreed on the necessity of the rights of most patients, no significant difference was observed regarding the position of the two.
Joolaei et al. (2009) [18]	The lived experiences of patients, physicians, and nurses with patients rights practice in Iran: A phenomenological research	Phenomenology	Purposeful sampling. 9 patients and 3 companions, 8 nurses, and 5 physicians were interviewed	Patients and their accompanying relatives, as well as physicians and nurses, have similar understandings of patients' rights and interpret them based on their own experiences.
Mosadegh Rad and Asna Ashari (2004) [19]	Physician and patients' awareness of observation of patient rights in Shahid Beheshti hospital	Cross-sectional, descriptive	160 patients and 30 physicians in a hospital of Isfahan, Iran	The awareness of patients of their rights was 0.32 ± 0.17 out of 1. Also, 40% of patients had very weak, 41.9% weak, and 18.1% average awareness of their rights in hospital. The awareness of physicians of patient's rights was 0.90 ± 0.12 out of 1, ranking excellent. More specifically, the awareness of physicians of patient's rights was weak in 3.7%, average in 7.4%, good in 11.1%, and excellent in 77.8% of the physicians evaluated.
Hasaniyan (2005) [23]	Investigating nurses' perception of observation of patient rights in Hamadan University of Medical Science hospitals	Cross-sectional, descriptive	75 nurses in hospitals of Hamadan, Iran were selected via convenience sampling	The positive attitude of nurses was 58% towards the right of respect, 67.7% towards the right of accepting or declining treatment, 64.3% towards the right of confidentiality, and 60.7% towards the right of patients in human researches. There was a correlation between nurses' attitude toward the patient's rights and the work experience of nurses.
Farzianpour et al. (2016) [24]	Relationship between patient's rights charter and patients' satisfaction in gynecological hospitals.	Cross-sectional, descriptive-analytical	304 patients, included patients in gynecological hospitals of TUMS	It was found that patients' satisfaction was below the mean and its different aspects were higher than the mean level. However, the services of physicians and feeding recorded the highest and lowest satisfaction, respectively.
Jazi and Nayeri (2014) [15]	Barriers in the Performance of Patient's Rights in Iran and Appropriate Offered Solutions Review Article	Review and analysis of the previous studies	27 articles were found suitable for the study	The most important factors mentioned in these articles were barriers to the observation of patients' rights, including patients, nurses, physicians, and students' lack of awareness on patient's bill of rights and lack of comprehensive agreement on performance of patient's bill of rights in Iran.
Mastaneh and Mouseli (2013) [14]	Patients' Awareness of Their Rights: Insight from a Developing Country	A cross-sectional descriptive and analytical	The research sample consisted of 200 patients	In 30.5% of cases, the total awareness of patients was weak, in 59.4% was moderate, and in 10.1% of them was good. The most awareness was about trust and assurance to the confidentiality of the treatment team, and the least was about providing sufficient information about treatment options and their complications.
Bazmi et al. (2015) [26]	Assessment of patients' awareness of their rights in teaching hospitals in Iran	Cross-sectional descriptive	202 patients	Patients' knowledge was at its lowest level regarding the need for consent for the treatment process and was highest regarding the patient's right to know the expertise of the treatment team. The mean of patients' knowledge was 77.56%.
Ansari et al. (2013) [28]	Respect to the Bill of Patients' Rights in the Educational Hospitals in Ahvaz, Iran	Cross-sectional	500 out and in-patients in three educational hospitals	Most of the participants (93.5%) did not get any information regarding patients' rights. Most patients believed that their rights about knowing the name and specialty of physician have been ignored by health providers. This study showed that patients' information and attitude about the bill of patients' rights are not at the satisfactory level.

Table 2. Summary of included studies regarding patient rights in Iraq

Author (s)	Title	Method	Sample & Data Collection	Results
Khalaf et al. (2014) [21]	Assessment of Patients' Knowledge and Awareness about their Rights and Duties	Cross-sectional	886 out of 1010 patients invited to participate in the study in the Basra city	Most patients (77.2%) did not know about the existence of patients' list of rights, even though they were aware of some of their rights, 72.2% of them disagreed to be prevented from access to information related to their health status, and 76.6% of them were aware of the privacy of such information. Most of the patients (73.5%) disagreed to withhold some information relevant to their health conditions, and 83.2% of them agreed to notify the PHC Center if they change their residential address.
Saeed and Al-Jawadi (2017) [22]	Social Groups' View Points Pertaining to Medical Ethics Practice in Mosul	Cross-sectional	Respondents of the University of Mosul, primary and intermediate schools, and various governmental and private enterprises.	From 48 respondents 54.2% agreed that there is an intentional or unintentional ignorance of patients' rights from the physicians. While half of the study sample (50%) was not sure that most of the physicians have a clear vision about their commitment to patients and society.

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aspects of medical practice. While most Iranian studies were the opposite, where the study by Hasaniyan et al. [23] showed that patients who are hospitalized in Tehran are more satisfied with the observance of the charter of patients' rights by physicians and nurses and their satisfaction with the performance of physicians was twice that of nurses. In the study by Farazianpour et al. [24], patients' satisfaction with "health-related services" was more than average. In the study conducted by Nemati et al. [25], satisfaction with "medical services" was reported to be more than the average. Bazmi showed that awareness of patients about the need for consent by the medical staff to perform therapeutic measures was the lowest and the highest was their awareness about the patient's right to know about the expertise of the treatment team [26]. Society perspectives and suggestions are an important item to improve medical ethics practice and to restructure the trust of the medical profession in general. Attention to patient rights should be considered not only in clinical practice but also in research practice by the treatment team and researchers [27, 29].

5. Conclusion

The increase in the number of studies and articles published by Iranian researchers in international and Iranian journals shows more attention to patients' rights, which has been emphasized by the Ministry of Health and Medical Education, but in order to achieve a better result in terms of implementing the provisions of the Patient rights' charter, it is necessary to consider education in this field during medical and nursing education and other related matters. While the Iraqi researchers attracted the issue of patient rights since 2013 a few studies have been

done during this period due to the security and economic situation of the country, as well as the impact of the ongoing wars in Iraq from 2003 until now, which causes a clear weakness in the provision of health care services, in addition to the deterioration of ill health services provided in health institutions. Therefore, this may lead to neglecting the patient's rights. It is clear that Iraqi studies and research regarding the patient's rights are few and suffer from severe neglect by researchers.

The results of this study indicated a low level of knowledge in the rights of Iraqi patients and also somehow in Iranian patients' right charter and areas of unsatisfactory attitudes towards some rights among health professionals in hospitals. The most important reasons for the low level of knowledge of the physicians and nurses are as follows: (1) lack of supervision over the implementation of the charter of patients' rights, (2) lack of standard research to determine the drawbacks of the charter of patients' rights, (3) excessive work that prevents the implementation of the provisions of the charter of patients' rights and adequate attention to patients, and (4) lack of necessary facilities, such as insufficient access to sufficiently valid and up-to-date articles and books in this regard.

The current study indicated that despite the poor knowledge of physicians about the patients' rights in Iran, they showed almost good awareness and attitude regarding some patients' rights in Iranian. Being aware of patients' rights is not necessarily accompanied by practical protection of such rights due to the existence of external interfering factors, which are out of physicians' control in many cases. In addition to low levels of public knowledge, lack

of adequate legal protection, resource constraints, disregard for nurses' and physicians' rights, such as insufficient income, the inadequate proportion of medical staff to patients, and a workplace with adequate job security.

Recommendation

Since previous studies have shown the need to increase the level of knowledge of medical staff and patients about patients' rights, it seems necessary to consider educational activities in this field more effectively, and in this regard, the mass media can play an important role. Continuous evaluation of the treatment staff is required to evaluate the effectiveness of the relevant training. This training may be in person or by attending the classes or congresses, or virtually, or by introducing related books and articles. In addition to the charter of patients' rights, communication skills and ethical principles of dealing with patients need to be seriously considered. More involvement of ethicists in clinical practice can be helpful in this regard [29].

Ethical Considerations

Compliance with ethical guidelines

This article is a review with no human or animal sample.

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Author's contributions

Conceptualization and supervision: Shabnam Bazmi; Methodology: Shabnam Bazmi, Murtadha Al- Khafaji; Investigation, writing – original draft, and writing – review & editing: All authors.

Conflict of interest

The authors declared no conflict of interest.

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