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# Awareness of medical students of the Patient's Bill of Rights

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## Abstract

**Introduction** Health care providers must develop awareness and understanding of the rights of patients in order to render quality care. The study aimed to assess the awareness of students of the College of Medicine of the Patient's Bill of Rights.

**Methods** Medical students selected by stratified sampling were asked to answer a questionnaire on patients' rights. Respondents with scores of at least 80% were considered "aware". The proportion of respondents who were "aware" was determined.

**Results** The results revealed that 84.6% of the respondents have >80% awareness level. More than 90% of the medical students sampled were aware of the right to choose a physician, followed by the rights to be shown respect, dignity, and consideration, to be provided healthcare service of best quality by skilled healthcare professionals, to be included in decisions and choices about one's care, and to religious assistance. Less than 70% were aware of the right of the unconscious or legally incompetent patient and right to access and transfer of care and continuity of care.

**Conclusion** More than 80% of medical students exposed to patients are aware of the Patient's Bill of Rights.

**Key words:** Patient's Bill of Rights, awareness, medical education

One of the main goals of health care providers is to provide all patients with high quality health care in a manner that clearly recognizes individual needs and rights.<sup>1</sup> To effectively accomplish this goal, the patient and the healthcare provider must work together to develop and maintain optimum health. As patients become more empowered with knowledge, they begin to judge health care providers on quality and outcomes.

Patient's rights are one of the important ethical issues that a healthcare professional should be aware

of. The Patient's Bill of Rights is a collection of rights which individuals have in the health care system and which healthcare providers are required to observe. However, according to studies, there seems to be a large gap between healthcare providers, patients and the general population in terms of awareness of patients' rights.<sup>2</sup>

To render quality care to patients, health care providers must develop awareness and understanding of the rights of the patients they care for. Observance of patient's bill of rights does not only protect the

patients from risk, but also shields the healthcare providers from the sanctions of law if errors occur. The Patient's Bill of Rights ensures that the rights and dignity of each person receiving medical services are respected and valued.<sup>3</sup> Health care providers must know these rights to be able to deliver excellent service to patients. This study aimed to assess the awareness UERMCCI medical students of the Patient's Bill of Rights.

Determining the awareness of patients' rights of medical students may be of benefit in establishing a formal ethics education for these future healthcare practitioners; this knowledge can help in designing curriculum and educational interventions that emphasize the improvement of student awareness regarding patients' rights. The results of the study will also provide an opportunity for conducting further investigations to enhance patient safety and quality of care, both at the level of beginning professionals such as medical students and of healthcare practitioners. Enhanced compliance of patients may also be achieved if they experience that their rights are well-protected which would ultimately result to better treatment outcomes.

## Methods

This was a survey of medical students who had any form of interaction (interview, physical assessment, intervention) with patients. Inclusion criteria included 1) enrollment in the College of Medicine of the University of the East Ramon Magsaysay Memorial Medical Center, Inc. for the school year 2015-2016 as a second, third, or fourth-year student, 2) an age of 20 years old and above. Those who refused to give consent for the study or refused to continue with the study after initial study enrollment were excluded.

The researchers used a stratified random sampling technique.<sup>4,5</sup> From a total of 1,065 eligible participants, stratification was done according to year level. Probability sampling was done to ensure that each member of the population would have equal chances of being a part of the sample. Slovin's Formula was used to determine a sample size of 382 respondents and the appropriate number for each year level.

The tool utilized in the study, which is composed of situations that measure the awareness on patients' rights, was developed through the triangulation of the 11 patients' rights from the Philippines, Turkey,

Europe, Israel, South Africa and Australia.<sup>6</sup> These include the right to 1) access and transfer of care and continuity of care, 2) good quality medical care, 3) be shown respect, dignity and consideration, 4) choose physicians and practitioners involved in the care, 5) be informed about services, treatment options, and costs in a clear and open manner, 6) be included in decisions and choices about the care, 7) informed consent, 8) religious assistance, 9) privacy and confidentiality, 10) the unconscious or legally incompetent patient, and 11) end-of-life care. The respondents were categorized as "aware" if their score was at least 80% of the highest attainable score, which is 20 points and "not aware" if their score was less than 80% of the highest attainable score.<sup>6</sup> The tool was devised in such a way that specific questions correspond to a specific patient right.

Instructions were given to respondents after they had given their informed consent. They were given sufficient time to answer the survey. The questionnaires with the responses were then gathered, collated, and subsequently analyzed by the researchers. Data collection was done over a span of four months. The proportion respondents who were aware of the Patient's Bill of Rights and for each specific right was computed using Microsoft Excel.

Informed consent was secured from all participants in the study. Anonymity was ensured using a coding system. Aside from general demographic data, no other personal information was collected from the respondents. The study was approved by the Ethics Review Committee.

## Results

A total of 382 medical students from 2nd to 4th year were included in the study. Two-thirds of respondents were female and the mean age of the respondents was 23.4 years (range 20 - 28 years) as seen in Table 1. More than 80% of respondents were aware of the Patient's Bill of Rights, with the sophomores having the highest percentage and the clinical clerks having the lowest percentage of "aware" respondents, as seen in Table 2.

Nine out of 10 second year respondents demonstrated awareness of the rights of a patient to: choose a physician, be provided health care service of best quality by skilled healthcare professionals, be shown respect, dignity and consideration, and be included in decisions and choices about one's care.

**Table 1.** Distribution of respondents per year level according to socio-demographic characteristics

Characteristics	2nd Year (n = 135)	3rd Year (n = 123)	4th Year (n = 124)	Overall (n = 382)
Sex				
Male	50 (37.0%)	39 (31.7%)	51 (40.8%)	140 (36.9%)
Female	85 (63.0%)	84 (68.0%)	73 (59.2%)	242 (63.1%)
Age (yr)				
Mean	22.4	23.3	24.2	23.4
Range	20-27	20-27	21-28	20-28

**Table 2.** Distribution of "aware" and "not aware" respondents per year level

Year Level	Aware No (%)	Not Aware No (%)
2nd Year	117 (86.7%)	18 (13.3%)
3rd Year	105 (85.4%)	18 (14.6%)
4th Year	101 (81.7%)	23 (18.3%)
Total	323 (84.6%)	59 (15.4%)

On the other hand, only two-thirds of second year students showed awareness for the patient's right to access and transfer of care. Around 70% of them were aware of rights of the unconscious or legally incompetent patient. At least 90% of the third year students sampled were aware of the same rights plus the right to religious assistance. They were least aware of the rights of the unconscious or legally incompetent patient and the right to access and transfer of care. More than 90% of the clinical clerks were aware of the same rights as the third year respondents and less than 70% of them were aware of the rights of the unconscious or legally incompetent patient and the right to access and transfer of care. (Please refer to Table 3.)

As reflected in Table 3, more than 90% of the medical students sampled were aware of the right to choose a physician, followed by the rights to be shown respect, dignity, and consideration, to be provided healthcare service of best quality by skilled healthcare professionals, to be included in decisions and choices about one's care, and to religious assistance. The rights which less than 70% the students were aware of were the right of the unconscious or legally

incompetent patient and the right to access and transfer of care.

## Discussion

Overall, 8 to 9 respondents were aware of the Patient's Bill of Rights, with the second year medical students having the highest percentage among the year levels sampled. More than 90% of the medical students sampled were aware of the right to choose a physician, followed by the rights to be shown respect, dignity, and consideration, to be provided healthcare service of best quality by skilled healthcare professionals, to be included in decisions and choices about one's care, and to religious assistance. Around six out of 10 respondents were aware of right of the unconscious or legally incompetent patient and the right to access and transfer of care.

Awareness of patients' rights has been established to be essential for professionals involved in providing health care. Patients' rights are important as they maintain patient dignity and protect patients when they become exposed to the weaknesses of the health care system. UERMMMCI medical students are expected to provide health care to patients in different settings, with a tertiary hospital being one of these areas. Thus, they are also expected to be aware and become advocates of patients' rights to promote the welfare of and protect their patients. However, the study demonstrated that there were several rights that the medical students were not fully aware of, such as the right of the unconscious or legally incompetent patient, followed by the right to access and transfer of care, and the right to informed consent.

While medical students from the United States had consistently positive views on end-of-life care education, students reported that end-of-life care

**Table 3.** Percent distribution of "aware" respondents per year level for each patient right

Specific patients' right	Proportion of "aware" respondents			Overall
	2nd Year	3rd Year	4th Year	
Right to be included in decision and choices about one's care	93.2	94.9	92.5	93.4
Right to be provided health care service of best quality by skilled healthcare professionals	96.8	97.4	89.6	94.2
Right to informed consent	77.9	77.3	77.5	77.6
Right to religious assistance	89.5	93.8	93.3	92.3
Right to end-of-life care	79.5	78.4	77.9	78.5
Right to be informed about services, treatment options, and costs in a clear and open manner	89.5	92.8	81.7	87.5
Right to choose a physician	98.4	96.9	94.2	96.3
Right to be shown respect, dignity, and consideration	95.3	94.8	93.8	94.6
Right to privacy and confidentiality	78.4	75.3	80.8	78.4
Right of the unconscious or legally incompetent patient	71.6	60.3	62.1	64.4
Right to access and transfer of care	67.4	63.4	73.3	68.4

received minimal attention in medical education.<sup>7</sup> Many students and residents reported being "not very well" or "not at all" prepared to address a patient's thoughts and fears about dying, cultural issues related to care at the end of life and spiritual issues; manage their own feelings about a patient's death; or help families during bereavement. Barriers to awareness described in a previous study involving nurses include a lack of information on end-of-life care in current nursing texts, with 62% saying that overall content of end-of-life care in basic nursing education is inadequate.<sup>8</sup> Suggested changes that would most improve end-of-life care education and awareness are inclusion in the curriculum, rotations in hospice or palliative care, and more exposure to dying patients and their families in hospital and hospice settings.<sup>7</sup>

Results of the present study showed a low percentage of awareness of the right of unconscious or legally incompetent patients among respondents across year levels. A study found that medical students at the University of Bern could accurately describe the principles of patient autonomy, substituted judgement, and non-imposition of physician values.<sup>9</sup> However, results also suggested that it was difficult

for them to apply it in clinical practice. The difficulty was thought to be due to the overlap of clinical and ethical reasoning, such as balancing the medical indications, the physician's view of the patient's interest, and the proxy's wishes.

Another study showed that Saudi medical students are very aware of their Patient's Bill of Rights, privacy and confidentiality.<sup>10</sup> It was pointed out that this might be due to religious and cultural issues as most of them are Muslims. Islamic health professionals ensure that they maintain and protect confidentiality as their duty to their clients. However, for 2nd and 3rd year respondents the awareness of the patient's right to privacy and confidentiality was noted to be lower.

In this study, it was also noted that only 67.4% (2nd year), 63.4% (3rd year), and 73.3% (4th year) of the participants were aware of the patient's right to access of care and transfer. The lack of awareness may be due to the complex processes involved in both inter-hospital retrievals and transfers for specialist care, which entail identification of medical teams and beds to take over care of the patient, identification and coordination of the most

appropriate transfer modality and stabilization of the patient for safe travel between the facilities.<sup>11</sup>

A study found out that health care providers in Iran are aware of the right to be provided sufficient information about the patient's disease and its progress.<sup>12</sup> However, they withhold information as they think it limits their authority over patients. Results of the present study show that a good number of students are aware of this right regarding informing patients about services, treatment options and costs in a clear and open manner.

Based on the results of the study, 8 to 9 respondents were aware of the Patient's Bill of Rights. More than 90% of the medical students sampled were aware of the rights to choose a physician, to be shown respect, dignity, and consideration, to be provided healthcare service of best quality by skilled healthcare professionals, to be included in decisions and choices about one's care, and to religious assistance. Around six out of 10 respondents were aware of right of the unconscious or legally incompetent patient and the right to access and transfer of care.

The researchers recommend an analytic investigation relating awareness of the patients' rights with factors that may affect the awareness of these rights such as demographic variables, length of clinical exposure, undergraduate course, and length of time these concepts are taught to students, since these were not analyzed in the study. Including first year medical students in the study would also be recommended, as their awareness of the Patients' Bill of Rights can be used to establish the baseline level for further research.

## References

1. Timbreza F. *Bioethics and Moral Decisions*. Quezon City: C & E Publishing, Inc, 2007.
2. Joolae S, Tschudin V, Nikbakht-Nasrabadi A, Parsa-Yekta Z. Factors affecting patients' rights practice: the lived experiences of Iranian nurses and physicians. *Int Nurs Rev* 2008; 55: 55-61.
3. World Health Organization. *Constitution, preamble, proceedings of the International Health Conference, 19-22 July 1946*; New York: World Health Organization, 1946.
4. Bhattacharyya GK, Johnson RA. *Statistical Concepts and Methods*. New York: John Wiley & Sons, 1977.
5. Fuller S. Data use: Selection of a stratified sample. 1993. Available from: <http://www.ncbi.nlm.gov/articles/data-use-selection-of-a-stratified-random-sample>.
6. Reyes KR, Rodriguez MH, Salem AF, Serquina BN, Tiongo AR, Zapanta R. Validity testing of a tool measuring awareness of patients' rights in a tertiary hospital. *University of the Philippines Manila College of Nursing*, 2013.
7. Sullivan AM, Lakoma M, Block SD. The status of medical education in end-of-life care: A national report. *J Gen Int Med* 2003; 18(9): 685. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1494921/>.
8. Hebert K, Moore H, Rooney J. The nurse advocate in end-of-life care. *Ochsner J* 2011; 11(4): 325-9. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3241064/>.
9. Curlin FA, Lawrence RE, Fredrickson J. An ethical façade? Medical students' misconceptions of substituted judgment. *PLoS ONE* 2009; 4(2).
10. El-Sobkey SB, Almoajel AM, Al-Muammar MN. Knowledge and attitude of Saudi health professions' students regarding Patient's Bill of Rights. *Int J Health Policy Man* 2014; 3(3): 117-22. doi:10.15171/ijhpm.2014.73.
11. Clinical Excellence Commission. *Retrieval and Inter-Hospital Transfer*. Sydney South NSW: Clinical Excellence Commission, 2013. [Retrieved Sept 6, 2016].
12. Mastaneh Z, Mouseli L. Patients' awareness of their rights: Insight from a developing country. *Int J Health Policy Man* 2013; 1(2): 143-6. doi:10.15171/ijhpm.2013.26.