We hear a lot about patients’ rights. Everyone’s right to access to healthcare is protected by the Constitution of our country. The National Department of Health took the rights of the patient further than merely access to healthcare. The Patients’ Rights Charter has set standards for healthcare since 1999. In addition, the Patients’ Rights Charter was adapted by the SA Pharmacy Council to be a Charter of Patients’ Rights in the Pharmacy.

This article will examine the Department of Health’s Charter, and in each case will give a few examples from the pharmacy. There are obviously going to be more opportunities to fulfil the patients’ rights, so you are welcome to send your suggestions to the editor.

The Patients’ Rights Charter

1. The right to a healthy and safe environment

“Everyone has the right to a healthy and safe environment that will ensure their physical and mental health or well-being, including adequate water supply, sanitation and waste disposal as well as protection from all forms of environmental danger, such as pollution, ecological degradation or infection.”

Obviously, this is a complex issue with many elements that may be beyond our control. In a pharmacy environment, for example, we cannot ensure that people will get adequate water supply, sanitation or waste disposal. There are however ways in which we and our patients can make their environment safer, from a pharmaceutical point of view.

Pharmacy layout is an example – there may be marketing and aesthetic reasons for how a pharmacy is arranged, but there are also safety issues. Limiting access to medicines in the dispensary is a safety measure that is taken to ensure that they are only handled by appropriately qualified staff. The requirement that there must be hand washing facilities is an aid to hygienic and safe practice, as is the requirement that a pharmacy must be designated as a non-smoking area.

Storage of medicines is important. They must be stored where children can’t get hold of them, which will protect the children from accidently ingesting something that may cause harm to them. This is why we tell people to store medicines in a safe place, away from the reach of children.

Medicines should also be stored in a cool, dry place so that the heat and moisture don’t cause them to degrade. And we need to make sure that the patient disposes of unwanted or expired medicines in a way that will not pose a threat to the environment.

“Everyone’s right to access to healthcare is protected by the Constitution of our country.”
2. The right to participate in decision-making

“Every citizen has the right to participate in the development of health policies and everyone has the right to participate in decision-making on matters affecting one’s health.”

Gone are the days when a healthcare professional could instruct a patient what to do. Those paternalistic days are gone forever. Nowadays, it is recognised that the ultimate decision lies with the patient. You can advise him or her until you’re blue in the face, but when the patient goes home, it is entirely his or her decision as to whether or not they will comply with your instructions. This is why patient counselling is so important – the patient must have and understand all the facts so that they know in advance what the consequences of not taking the medicine correctly will be.

When it comes to generic substitution, the decision is almost entirely in the patient’s hands. The patient cannot override the decision if the prescriber has written “No substitution” on the prescription, but in all other cases the dispenser must offer the patient the interchangeable multi-source medicine, i.e. the generic version of an innovator brand. The patient has the right to refuse to accept the generic, and may have to pay more for the original medicine than for the generic.

3. The right to access to healthcare

“Everyone has the right of access to health care services that include:

iv. receiving timely emergency care at any health care facility that is open regardless of one’s ability to pay;

v. treatment and rehabilitation that must be made known to the patient to enable the patient to understand such treatment or rehabilitation and the consequences thereof;

vi. provision for special needs in the case of newborn infants, children, pregnant women, the aged, disabled persons, patients in pain, person living with HIV or AIDS patients;

vii. counselling without discrimination, coercion or violence on matters such as reproductive health, cancer or HIV/AIDS;

viii. palliative care that is affordable and effective in cases of incurable or terminal illness;

ix. a positive disposition displayed by health care providers that demonstrate courtesy, human dignity, patience, empathy and tolerance; and

x. health information that includes the availability of health services and how best to use such services and such information shall be in the language understood by the patient.”

Look at the demands that this right makes on you, as a healthcare provider. You are to demonstrate courtesy, human dignity, patience, empathy and tolerance. Be very truthful with yourself. Are you always able to do this? Do we always ensure the human dignity of every patient? Are we always patient? Or tolerant? Or courteous? Or empathetic? Even when we’re rushed off our feet and irritated by even the smallest annoyances?

4. The right to knowledge of one’s health insurance/medical aid scheme

“A member of a health insurance or medical aid scheme is entitled to information about that insurance or medical aid scheme and to challenge, where necessary, the decisions of such health insurance or medical aid scheme relating to the member.”

If you work in the private sector, you will know that many, if not most, medical aid members do not understand the rules of their medical aid. Patients do not understand why their medical aid will pay for their medicines in some cases but not in others. They seldom know what a self-payment gap means. And many get confused by co-payments. It often falls to the healthcare professional to explain these concepts to patients.

5. The right to choose health services

“Everyone has the right to choose a particular health care provider for services or a particular health facility for treatment provided that such choice shall not be contrary to
the ethical standards applicable to such health care providers or facilities, and the choice of facilities in line with prescribed service delivery guidelines."

This can be a difficult right to implement. Can a person who relies on public sector health services demand to see a different healthcare professional or to attend a different clinic? Do medical aid members demand the right to go to the pharmacy of their choice when their medical scheme has appointed a different pharmacy as the designated service provider?

In an ideal world, the answer to these questions would be, “Yes, of course!” In reality, however, this option is only available to those people who can afford to pay for the service.

6. **The right to be treated by a named health care provider**

“Everyone has the right to know the person that is providing health care and therefore must be attended to by clearly identified health care providers.”

Now you know why it’s important for you to wear your name badge! And although it can result in disciplinary action if you do something wrong, it can equally protect you from being blamed for someone else’s mistakes.

7. **The right to confidentiality and privacy**

“Information concerning one’s health, including information concerning treatment may only be disclosed with informed consent, except when required in terms of any law or an order of the court.”

This is another reason why Pharmacy Council has rules about the layout of a pharmacy. There must be both semi-private and private counselling areas. Semi-private in this case means that although both healthcare professional and patient can be seen by other people, their conversation cannot be overheard.

In recent times, there has been a lot of discussion about confidentiality in the pharmacy being breached by people who throw unused labels or incorrectly printed prescription copies into an ordinary rubbish bin. The Good Pharmacy Practice rules now require pharmacies to shred these items.

Sharing of patient information via computer networks could also be problematic if unauthorised people are given access to information.

8. **The right to informed consent**

“Everyone has the right to be given full and accurate information about the nature of one’s illnesses, diagnostic procedures, the proposed treatment and the costs involved, for one to make a decision that affects anyone of these elements.”

It is also important to make sure that the patient understands the information that has been given because the wrong decision will negatively impact on the patient’s life.

9. **The right to refuse treatment**

“A person may refuse treatment and such refusal shall be verbal or in writing provided that such refusal does not endanger the health of others.”
Again, the assumption is that the person understands the consequences of refusing treatment. It also raises the question of a person acting on behalf of very young or very old people, who cannot make decisions on their own behalf. What would you do if a parent refused treatment for a child?

10. The right to be referred for a second opinion

“Everyone has the right to be referred for a second opinion on request to a health provider of one’s choice.”

Again, is this choice available to people who cannot afford to pay for it themselves? Theoretically, yes. In practice?

11. The right to continuity of care

“No one shall be abandoned by a health care professional worker or a health facility which initially took responsibility for one’s health.”

Sometimes it may be beyond the control of the professional or the facility, when someone dies or a facility is closed. It usually makes news headlines when a health facility turns a patient away.

12. The right to complain about health services

“Everyone has the right to complain about health care services and to have such complaints investigated and to receive a full response on such investigation.”

I must admit that I would have worded this differently! I cannot agree that everyone has the right to complain about health care services. I totally agree that everyone has the right to complain about poor quality health care services, or shoddy service, or non-existent service.

In pharmacy, many patients have been the ones to complain to the Pharmacy Council about poor service, rude pharmacy personnel or dispensing errors. What is your reaction if someone complains about you and the service you offer? How do you handle it?

Responsibilities of the patient

With every freedom comes a duty. With every right comes a responsibility. If we don’t meet our responsibilities, we limit our rights. Please note that the responsibilities listed on the Patients’ Rights Charter toss a lot of the rights back to the patient. If someone has an allergic reaction to penicillin, who is to blame? You, for dispensing it without asking about allergic reactions? The pharmacist who didn’t discuss allergies with the patient? The pharmacist who didn’t tell you about it? All of you? Clearly in this case both you and the pharmacist will be held responsible because neither of you identified the risk to the patient. And you should know better than to give out penicillin without checking for allergies.

Every patient or client has the following responsibilities:

• to advise the health care providers on his or her wishes with regard to his or her death.
• to comply with the prescribed treatment or rehabilitation procedures.
• to enquire about the related costs of treatment and/or rehabilitation and to arrange for payment.
• to take care of health records in his or her possession.
• to take care of his or her health.
• to care for and protect the environment.
• to respect the rights of other patients and health providers.
• to utilise the health care system properly and not abuse it.
• to know his or her local health services and what they offer.
• to provide health care providers with the relevant and accurate information for diagnostic, treatment, rehabilitation or counselling purposes.

It may feel tedious to have to comply with protecting the patient’s rights, but by becoming involved in the pharmacy profession, you have committed yourself to do your best in the interests of the patient. You can take a little time to meet that commitment every time you interact with a patient, or you can ignore it and spend a long time making up for your negligence. The choice is yours.