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*Realisation of patients' rights  
in the Internal Diseases Department  
of the Provincial Specialistic Hospital in Lublin*

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Realizacja praw pacjentów w Oddziale Internistycznym  
Szpitala Wojewódzkiego w Lublinie

Health protection is one of the basic rights of man including medical services consisting in giving information, prophylactics, therapy and rehabilitation (1, 5). The mentioned tasks make up the so-called catalogue of patient's rights, i.e. the possibilities of making use of the medical services meeting the needs of the current medical know-how.

Patient's rights are formally collected in the so-called Patient's Rights Chart, where we can find the following record: "anyone referring to the assigned health care institution or to a person for medical service, has the rights which are to meet the perceived health care need" (1, 6).

#### METHOD

The aim of the study was to find out the way of realising the basic rights of patients in the hospital ward.

The investigation was carried out in the Internal Diseases Department of the Provincial Specialistic Hospital in Lublin in the form of interview from December 1997 till April 1998. There were interviewed those patients who had been staying in the hospital for several days, i.e. after establishing initial diagnosis and performing basic tests. The investigation was realised by the physicians – the co-authors of the paper.

There were examined 250 patients, overall, aged 16–82; mean age was 57 years. The studied group included 49.6% of women and 50.4% of men. The majority of the respondents came from the city of Lublin – 56.4%, from other towns – 10.8% and from villages – 32.8%. 37.6% of the investigated subjects had elementary education, 43.6% had secondary vocational and general education and 18.8% had higher education. The medical diagnosis showed that majority of patients were staying in the hospital due to circulatory system diseases – 32.4%, respiratory system diseases – 24.4% and endocrinological diseases – 31.2%. They were mostly (56%) the subsequent stays in the hospitals. About 20% of the studied subjects stayed in the hospital for the first time and for the second time – 24%.

The following issues were considered in the evaluation of patients' rights realisation: 1) Knowledge of patients about their rights in relation to the medical services. 2) The way of patients' rights realisation by the medical personnel. 3) Protection of patients' dignity and privacy.

## RESULTS AND DISCUSSION

### KNOWLEDGE OF PATIENT'S RIGHTS

The results of investigations concerning the knowledge of patients' rights indicate that the range of dissemination is far insufficient and unequal among the patients of internal diseases ward. The patients with higher education – 27.66% and with secondary education – 16.51% have the knowledge about patients' rights. Only 5.32% of the patients with elementary education knew the patient's rights (Table 1). The patient's rights were not known to 6.38% of the subjects with higher education, 22.94% – with secondary education and 53.19% – with elementary education. In all of the groups there was a high percentage of those subjects who have heard about the patient's rights but according to them the problem is not significant for the treatment process.

During the studies it was very important to ask a question concerning understanding of patients' rights (Table 2). Distribution of answers was diverse and depended on education.

For the subjects with higher education the patient's rights were mainly perceived as the set of principles allowing for patients' active participation in the treatment process (55.32%). The same answer was received from the 30.28% of subjects with secondary education and from 19.15% of subjects with elementary education.

The respondents also understood the patient's rights as the set of principles related to the patients' behaviour in the ward. A small per cent of the subjects – (4.26% – with elementary education, 4.59% – with secondary education and 5.2% – with higher education – answered that it is the set of conduct principles of health care personnel.

Table 1. Knowledge of patients' rights

Answer	Elementary education (%)	Secondary education (%)	Higher education (%)
Yes, I know	5.32	16.51	27.66
I've heard but I'm not interested	41.49	60.55	65.96
I don't know	53.19	22.94	6.38

Table 2. Understanding of patients' rights according to the studied subjects

Answer	Elementary education (%)	Secondary education (%)	Higher education (%)
Ethical principles for medical personnel	4.26	4.59	5.20
Principles of patient's behaviour in a ward	69.19	40.37	23.40
Record allowing the patients' participation in treatment	19.15	30.28	55.32
Other	7.4	24.76	16.08

## KIND OF INFORMATION COMMUNICATED TO A PATIENT

The most important record of the patient's rights concerns the problem of awaiting information. In many health care settings there is an established range of information that should be given to patients. It mainly concerns the healthy behaviours, such as: diet, physical activity, rest, the way of drugs taking, etc.

The other ones, including the very treatment process and diagnosing as well as behaviour in illness, are given more sparingly and lie mainly in the physician's hands. Most often the extensive information in the subject was received by the patients with higher education – 48.94%, next with secondary education – 34.86%, and most rarely the patients with elementary education – 28.72% (Table 3). Also the biggest per cent of patients who were not given any information, was constituted by the subjects with elementary education – 35.11%. With relation to patient's right such information was given about the treatment methods and their consequences (Table 4).

From among the studied subjects the physician or the nurse informed most frequently about the above issues those patients with higher education (53.4%), next with secondary education (30.28%) and the smallest number of informed patients were those with elementary education (20%). In this group however more frequently the relatives were informed (70.15%), similar situation was with the group of patients with secondary education (50%).

Table 3. Kind of information communicated within the patients' rights (diagnosis, health condition)

Answer	Elementary education (%)	Secondary education (%)	Higher education (%)
Physician gave full information	28.72	34.86	48.94
Information was general	36.17	40.37	38.30
No information was given	35.11	24.77	12.76

Table 4. Kind of information communicated within the patients' rights  
(method of treatment and their consequences)

Answer	Elementary education (%)	Secondary education (%)	Higher education (%)
Physician gave me exact information	20.00	30.28	53.40
My family has been informed	70.15	50.00	35.32
No-one has informed me	9.85	19.72	11.28

A small number of the respondents (up to 20%) did not receive any information on the methods of treatment and the consequences of the applied therapy.

#### METHOD OF COMMUNICATING INFORMATION

In respecting patients' right the way of communicating information and the informant himself/herself are extremely important. In national polls (CBOS – Centre of Testing Public Opinion 1966) we find a situation that shows physicians more willing to get in contact with patients from upper social stratum. In our case this statement was confirmed (Table 5) in relation to patients with higher education.

Table 5. Informants on patients' rights

Answer	Elementary education (%)	Secondary education (%)	Higher education (%)
Physician	25.53	16.51	74.47
Nurse	28.72	24.77	8.51
Hospital noticeboard	2.13	3.67	10.54
Other patient	43.62	55.05	6.48

This regularity is proved also by the distribution of positive replies (74.47%), showing the patients' inclusion into the decision making process concerning their health status. Considerably a smaller number of subjects with elementary education (25.53%) confirmed their subjectivity in the course of therapy. Also the method of communicating information was more favouring those patients with higher education (Table 6). This group of patients (59.57%) confirmed that they had been informed about the patient's rights and the performed examinations kindly and exactly. However the patients with secondary education (54.13%) and elementary education (67.02%) were treated friendly but were not generally informed about the patient's rights and the treatment process.

Table 6. The way of communicating information on patients' rights in hospital ward.

Answer	Elementary education (%)	Secondary education (%)	Higher education (%)
Treated kindly and given some information	23.40	32.11	59.57
Treated kindly but not given any information	67.02	54.13	36.17
Treated indifferently and not given any information	9.58	13.76	4.26

Table 7. Patients' consent to suggested treatment

Answer	Elementary education (%)	Secondary education (%)	Higher education (%)
Complete	27.62	33.86	58.84
Limited	37.28	41.37	28.20
Treatment should be decided by the medical personnel	35.1	24.77	12.96

The patients' rights assure the patients a possibility of giving consent to the proposed treatment (Table 7). Mostly patients with higher education (58.84%) and with secondary education (33.86%) wanted to take advantage of these rights. The patients with elementary education (35.1%) preferred the physician to decide about their health and did not necessarily have to know and understand the diagnosing and treatment process.

Another classic issue for patients' rights is the need of privacy, which is not often met during hospitalisation. The majority (66%) of the studied subjects confirms that they did not feel any shame during the examination, and the subsequent subjects (10%) – hardly ever. 24% of the respondents thought differently.

The distribution of replies frequency shows that with relation to the respect of human dignity and privacy, the patients' rights were mostly observed and respected.

## CONCLUSIONS

1. The respondents who showed the highest awareness in the patients' rights were those subjects who demonstrated their independence in taking advantage of their rights, had higher education and attributed great significance to patients' rights.

The remaining ones only to some extent could see the need for respecting patients' rights in the course of treatment.

2. There is a need for medical information with relation to the patients' rights. This need concerns mainly health behaviours, such as: diet, physical activity, taking drugs and prognosis of the illness. The patients were less interested in the process of treatment and diagnosis itself, leaving it in the health care personnel's hands.

3. The optimistic fact is that the majority of patients had the feeling of respecting their rights as concerns privacy and dignity by the health care personnel of the internal diseases ward during diagnostic examinations.

4. The way of communicating information shows that not all of the patients from internal diseases ward were actively included in the decision making process concerning their health. Definitely realisation of patients' rights was respected among the patients with higher education, who were interested and active in getting the information concerning their own rights.

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#### STRESZCZENIE

Ochrona zdrowia jest jednym z podstawowych praw człowieka, obejmującym świadczenia medyczne w zakresie informowania, profilaktyki, terapii i rehabilitacji. Wymienione zadania tworzą tzw. katalog praw pacjenta, czyli możliwości korzystania ze świadczeń zdrowotnych odpowiadających wymaganiom aktualnej wiedzy medycznej. Celem pracy było poznanie sposobu realizowania podstawowych praw pacjentów oddziału szpitalnego. Badania przeprowadzono w Oddziale Internistycznym Szpitala Wojewódzkiego w Lublinie metodą wywiadu. Ogółem zbadano 250 pacjentów w wieku 16–

–82 lata, średnia wieku 57 lat. Z rozpoznania lekarskiego wynikało, że większość pacjentów przebywała w oddziale z powodu chorób układu krążenia, układu oddechowego oraz chorób endokrynologicznych.

W ocenie realizacji praw pacjenta uwzględniono następujące zagadnienia: a) wiedzę pacjentów o ich prawach w zakresie świadczeń medycznych, b) sposób realizowania praw pacjentów przez personel oddziału internistycznego, c) ochronę godności i intymności pacjenta. Z rozkładu odpowiedzi wynikało, iż wiedza pacjentów o ich własnych prawach była niewielka. Większość nie korzystała z karty praw pacjenta. Pacjenci w wielu przypadkach nie byli pytani o zgodę na leczenie, natomiast informacje o stanie zdrowia udzielane były przez lekarza głównie rodzinie. Nie wszyscy pacjenci byli informowani o przysługujących im prawach, większość dowiedziała się o nich od lekarza, a kilka procent zapoznało się z prawami umieszczonymi na tablicy ogłoszeń szpitalnych. Większość zabiegów i badań diagnostycznych w oddziale była wykonywana z zachowaniem praw intymności i poszanowania godności pacjentów.

