

A HOSPITAL- BASED SURVEY ON THE POPULARITY AND THE PERCEPTION OF PATIENT RIGHTS IN RIYADH, SAUDI ARABIA

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ABSTRACT

The practice of patients' rights is an integral part of modern health care delivery systems. The aim of this study was to evaluate the level of awareness of patients' rights and to assess patients' perception of the implementation of their rights at the respective health care institution/ clinic.

The sample was drawn from patients attending ten private hospitals in Riyadh, Saudi Arabia for a cross-sectional survey using questionnaires. Data revealed that majority of respondents were females and non-Saudi nationals. Age, gender, level of education, occupation and nationality had a statistically significant influence on one or more of the following aspects of patient rights studied: awareness, right to information, level of satisfaction, decision making, consent or confidentiality.

In conclusion, the studied population appears to be well informed about patient rights. Further studies focusing on patients in governmental hospitals and those in rural Saudi population are essential for better understanding of the perceptions and practices of patient's rights. Studies should also aim for collecting information exclusively from dental patients by deriving study population from dental clinics rather than from general hospitals to have a profound insight into the level of understanding of rights among dental patients.

KEYWORDS: Patient rights, Consent, Cross-sectional survey, Questionnaires

INTRODUCTION

In 1992, Finland became the first country to enact a law focusing on patients' rights. In 1994, the Amsterdam Declaration on the Promotion of Patients' Rights in conjunction with the WHO indicated the citizen's right to respect, dignity, integrity, privacy, informed consent, confidentiality,

care and treatment, and the right to complain ⁽¹⁾. Informed consent, patients' autonomy, privacy and confidentiality are the most commonly discussed terms related to patients' rights in literature.

Respect for patients' autonomy, a principle that refers to the patients' right to choose or turn down a recommendation without intimidation

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or pressure, is considered to be the core factor of any clinical encounter in a healthcare setting. A medical professional should discuss a diagnosis by first educating the problem and then, by explaining the recommended treatment plan in plain words. The health care provider should also persuade the patient to carefully consider this information and offer answering questions, discussing the rationale for and risks, benefits and goals of the proposed treatment, as well as any alternative treatments or no treatment; with the eventual goal of actively assisting the patient in making an informed health care decision ⁽²⁾.

Informed consent, on the other hand, may be defined as "an autonomous authorization by individuals of a medical intervention or of involvement in research". The informed consent must include disclosure, understanding, voluntariness and competence to be considered as valid. In this context, competence or capacity for decision making is composed of four functional abilities: the ability to understand relevant information; the ability to appreciate the nature of a situation and its likely consequences; the ability to reason through the information and weigh options rationally; and the ability to communicate the choice ⁽³⁾. Beauchamp and Childress had pointed out that "from the moral viewpoint, informed consent has less to do with the liability of professionals as agents of disclosure and more to do with the autonomous choices of patients"⁽⁴⁾. Paternalism and coercion are adversative to the concept of informed consent ⁽⁵⁾.

The concepts of privacy and confidentiality are strongly linked. Privacy includes physical and informational privacy, protection of personal identity and the ability to make choices without any hindrance ⁽⁶⁾. Confidentiality refers to informational privacy and the obligation not to reveal any patient information without the authorization of the patient. Privacy and confidentiality, being basic rights, serves to further a trustful open relationship with the health care provider thereby improving patient

care ⁽⁷⁾. Most often, the ethical rights are over- or underestimated by the patient ^(7,8). Patients' rights balance the partnership between health care providers and the individual receivers of care. For patients, rights disclose the basis for the equality and participation in health care. For providers of care, they strengthen professional ethics and codes of conduct ⁽¹⁾.

Lawson and Adamson in 1995 found that the average subject lacked a clear understanding of the terminology found in consent forms and often, the subjects had a notion of what the word meant but not a true understanding ⁽⁹⁾. Büken and Büken reported that patients' rights are relatively unknown in Turkey. Some of the reasons are probably due to an underdeveloped consciousness of patients' rights, an absence of patient organizations, and insufficient ethical and legal regulations on patients' rights ⁽¹⁰⁾. Another study done by Kuzu et al also found that very few patients were aware of the patients' rights in Turkey ⁽¹¹⁾. However, one study conducted in the Netherlands concluded that a majority of the patients were aware of their right to be informed about several aspects of the treatment and of the obligation for the medical practitioner to ask their consent to the treatment. Least known was the right to be informed about alternative treatment options. Over one-third of the patients incorrectly assumed that their medical practitioner was not obliged to do so ⁽¹²⁾.

The practice of patients' rights is an integral part of advanced health care delivery systems. In the rapidly changing health care system, many factors have affected how the delivery of care is practiced. However, Patients' rights practices in Saudi Arabia has not been assessed or documented so far. In this perspective, the aims of this study were to a) evaluate the level of awareness of patients' rights and b) assess patients' perception of the implementation of their rights at the respective health care institution/ clinic.

MATERIAL AND METHOD

The sample was drawn from patients attending ten private hospitals in Riyadh, for a cross-sectional survey using questionnaires, which were reviewed and approved from the College of Dentistry Research Centre (CDRC) Ethical Sub-Committee. The survey was carried out between April and September 2011. The subjects were volunteers who gave their consent to take part in the study and all information was collected anonymously. The medical practitioner/dentist providing clinical care was not associated with the study. Patients requiring emergency medical/dental care were excluded from the study.

Apart from the demographic data, questions pertaining to patient rights included 1) Are you aware of your rights as a patient? 2) Have you seen or read patient rights written or exhibited anywhere in this hospital/institution? 3) Were you informed about the diagnosis of your disease/condition personally by the doctor? 4) Were you informed about the treatment alternatives/procedures before you agreed to proceed? 5) Was the information given by the doctor clear and understandable? 6) Did the doctor answer all your questions up to your satisfaction? 7) Did you give the consent for treatment by yourself? 8) Is confidentiality an important right for you? 9) Was the consent verbal or written?

The statistical analysis was done using SPSS software version 16.0. Chi-square test was done to test the association between various socio-demographic characteristics and research questions. The level of significance was set at P value < 0.05 . For the purpose of statistical analysis, participants were grouped into four age groups: 15-29 years, 30-44 years, 45-59 years and those above 60 years. According to their level of education, they were grouped into those with elementary school education, junior high school, high school, bachelors and those with masters/PhD. The participants were also categorized into six broad occupational groups: health care, other professionals, academics, general, students and unemployed. Since some of the

participants were students and some unemployed, they were categorized as separate groups. Medical and allied professionals like nurses and pharmacists were grouped under 'health care'. Engineers, bank employees, and lawyers were grouped under 'other professionals'. Teachers and professors were grouped under 'academics'. Laborers, drivers, watchmen etc were grouped under 'general'.

RESULTS

835 patients responded to the questionnaire enquiry, 39 were incomplete with 5 or more variables missing and thus, were eliminated from the statistical analysis, leading to 796 valuable responses. Among the 796 responses analyzed, 353 (45.3%) were males and 426 (53.5%) were females (missing=17). More than two thirds of participants were non-Saudis ($n=545$; 69.7%) whereas less than one third were Saudis ($n=237$; 30.3%). Table 1 shows the relative distribution of the survey sample according to their socio-demographic characteristics.

TABLE (1) Frequency and percentage according to socio-demographic characteristics

	Number	Valid percentage
Gender		
Male	353	45.3
Female	426	53.5
Total	779	100
Missing	17	
Level of education		
Elementary	60	7.8
Junior high school	125	16.2
High school	274	35.6
Bachelors	205	26.6
Masters/PhD	106	13.8
Total	770	100
Missing	26	
Nationality		
Saudi	237	30.3
Non-Saudi	545	69.7
Total	782	100
Missing	14	

Even though the questionnaire contained a session concerning the participants' monthly income, only 294 responded and was thus eliminated from the statistical analysis. Table 2 displays the response in percentage to the questions concerning patient rights regarding awareness and

right to information (Q1 to Q4) according to the socio-demographic characteristics. Furthermore, Table 3 shows the response in percentages to the questions concerning level of satisfaction, decision making and confidentiality (Q5 to Q8) according to socio-demographic characteristics.

TABLE (2) Response (%) to questions concerning awareness of patient rights and right to information according to socio-demographic characteristics (*P value <.05)

	Q1		Q2		Q3		Q4	
	Yes	No	Yes	No	Yes	No	Yes	No
Age								
15-29	75.8	24.2	65.4	34.6	70.2	29.8	59.0	41.0
30-44	88.4	16.6	66.9	33.1		20.5	69.6	30.4
45-59	80.2	19.8	70.0	30.0	73.9	26.1	69.7	30.3
Above 60	86.7	13.3	80.0	20.0	66.7	33.3	57.1	42.9
P value	.113		.564		.061		.024*	
Gender								
Male	80.7	19.3	66.8	33.2	71.6	28.4	60.9	39.1
Female	78.8	21.2	66.7	33.3	77.1	22.9	67.6	32.4
P value	.511		.996		.078		.051	
Level of education								
Elementary	76.7	23.3	74.6	25.4	67.8	32.2	77.6	22.4
Junior high school	84.8	15.2	69.6	30.4	68.0	32.0	59.2	40.8
High school	74.5	25.5	64.2	35.8	72.5	27.5	56.8	43.2
Bachelors	84.8	15.2	71.1	28.9	77.9	22.1	70.6	29.4
Masters/PhD	79.8	20.2	56.8	43.2	84.1	15.9	69.0	31.0
P value	.025*		.071		.036*		.002*	
Occupation								
Health care	93.0	7.0	72.1	27.9	83.7	16.3	76.7	23.3
Other professionals	81.1	18.9	64.9	35.1	86.8	13.2	70.3	29.7
Academics	76.3	23.7	60.4	39.6	72.2	27.8	62.9	37.1
General	75.3	24.7	61.2	38.8	80.3	19.7	63.2	36.8
Students	73.9	26.1	67.2	32.8	60.3	39.7	50.3	49.7
Unemployed	81.2	18.8	68.2	31.8	75.0	25.0	74.4	25.6
P value	.100		.553		.000*		.000*	
Nationality								
Saudi	69.6	30.4	60.9	39.1	66.5	33.5	62.8	37.2
Non-Saudi	83.8	16.2	68.9	31.1	77.0	23.0	64.6	35.4
P value	.000*		.028*		.002*		.640	

TABLE (3) Response (%) to questions concerning level of satisfaction, decision making and confidentiality according to socio-demographic characteristics (*P value <.05)

	Q5		Q6		Q7		Q8	
	Yes	No	Yes	No	Yes	No	Yes	No
Age								
15-29	70.7	29.3	66.4	33.6	65.2	34.8	75.3	24.7
30-44	73.0	27.0	70.5	29.5	70.2	29.8	81.3	18.7
45-59	74.8	25.2	65.4	34.6	55.0	45.0	77.5	22.5
Above 60	73.3	26.7	66.7	33.3	53.3	46.7	80.0	20.0
P value	.822		.690		.034*		.343	
Gender								
Male	75.1	24.9	70.7	29.3	70.8	29.2	83.9	16.1
Female	71.1	28.9	66.8	33.2	62.5	37.5	73.2	26.8
P value	.212		.246		.015*		.000*	
Level of education								
Elementary	73.7	26.3	71.9	28.1	61.8	38.2	76.3	23.7
Junior high school	77.4	22.6	67.5	32.5	64.0	36.0	76.6	23.4
High school	66.3	33.7	65.3	34.7	63.7	36.3	76.2	23.8
Bachelors	74.8	25.2	68.8	31.2	67.3	32.7	77.3	22.7
Masters/PhD	77.5	22.5	73.0	27.0	69.3	30.7	85.4	14.6
P value	.075		.659		.793		.467	
Occupation								
Health care	77.3	22.7	70.5	29.5	67.4	32.6	95.3	4.7
Other professionals	71.1	28.9	78.9	21.1	73.0	27.0	97.4	2.6
Academics	71.1	28.9	63.9	36.1	62.9	37.1	64.9	35.1
General	79.1	20.9	74.4	25.6	76.9	23.1	88.0	12.0
Students	65.6	34.4	55.0	45.0	50.6	49.4	62.8	37.2
Unemployed	64.7	35.3	68.2	31.8	60.3	39.7	75.9	24.1
P value	.035*		.002*		.000*		.000*	
Nationality								
Saudi	68.9	31.8	68.2	31.8	60.0	40.0	78.8	21.2
Non-Saudi	73.8	26.2	68.5	31.5	67.7	32.3	77.4	22.6
P value	.164		.932		.040*		.674	

Analysis showed that the association between age and whether the participant were informed about the treatment alternatives/procedures was

whether they had given consent by themselves was found to be statistically significant with regard to the age group 30-44 years in comparison to

and whether confidentiality was an important right (males, P value <0.05).

Level of education was statistically significant with regard to the question about whether they were aware of their rights as a patient (bachelors, P value <0.05), whether they were informed about their disease/condition personally by the doctor (Masters/PhD, P value <0.05) and whether they were informed about the treatment alternatives/procedures before agreeing to proceed with treatment (elementary school, P value <0.05). In the occupation categories, 'other professionals' had a statistically significant influence with regard to the questions relating to whether they were informed about the diagnosis of their disease/condition personally by the doctor, whether the doctor answered all their questions up to their satisfaction and whether confidentiality was an important right for them (P value <0.05). Patients under the 'health care' category had a statistically significant influence with regard to the question concerning whether they were informed about the treatment alternatives/procedures before agreeing to proceed with the treatment (P value <0.05) whereas, patients under 'general' category had a statistically significant influence with regard to the questions concerning whether the information given by the doctor was clear and understandable and whether they had given the consent for treatment by themselves (P value <0.05). The number of non-Saudis answering the questions regarding the awareness of their rights as a patient, whether they had seen or read about patient rights at the hospital/institution and whether they gave consent for treatment by themselves was statistically significant (P value <0.05).

Table 4 shows the response in percentage to the question regarding whether the participants'

males and females, participants in all educational groups and both Saudi and non-Saudi participants gave a written consent for their respective treatments. The various socio-demographic variables had no statistically significant influence on the mode of consent given for treatment (verbal or written) as demonstrated in table 4.

TABLE (4) Response (%) to Q9 according to socio-demographic characteristics

	Verbal	Written	P value
Age			
15-29	36.1	63.9	
30-44	40.2	59.8	
45-59	33.6	66.4	
Above 60	57.1	42.4	0.253
Gender			
Male	35.0	65.0	
Female	39.2	60.8	0.234
Level of education			
Elementary	43.9	56.1	
Junior high school	36.9	63.1	
High school	30.3	69.7	
Bachelors	39.9	60.1	
Masters/PhD	39.8	60.2	0.118
Nationality			
Saudi	33.3	66.7	
Non-Saudi	38.5	61.5	0.173

DISCUSSION

The present study was designed with a purpose to assess the level of awareness and implementation of patient's rights. Physician error is a major reason for patient rights being discussed in any country and hence these rights are not understood fully. It is

there is a medical error since the understanding of taking ownership of their own acts have not been well promoted ⁽¹⁰⁾. Majority of participants in this research were aware of their rights as a patient, which was extremely high compared to the results of other studies conducted in this field in Turkey, Greece and Finland ^(10,13,14). This contrasting difference in the results might be greatly influenced by the type of questionnaire which was distributed. The questionnaire in this study dealt with the available rights in general compared to other studies where the questions were more specific for each right ^(10,13,14). It is also hypothesized that a higher level of awareness about patient rights may be due to the fact that this study was conducted in private hospitals and in an urban population which may have a higher level of education, awareness and understanding when compared to the rural population.

Right to information constitutes one of the major sign of the patients' satisfaction ⁽¹⁵⁾ and a motive for legal actions ⁽¹⁶⁾. Though majority were positive about their right to information (question number 3 and 4), the negative responses may be due to various factors such as lack of effective communication and/or time, or the doctors being too busy to inform their patients about the diagnosis and treatment options meticulously ⁽¹⁴⁾. In this study, well educated patients and professionals had a positive response regarding their right to information, probably due to their higher level of understanding. The level of satisfaction was also higher in this group as the questions concerning diagnosis and treatment were answered to their contentment by the attending doctor/s. The reluctance to seek information by some patients may be attributed to their great trust in the health care provider or possibly they choose not to learn about the unpleasant details of their situation due to emotional and coping difficulties ⁽¹⁴⁾. In the case of right to decision making (question number 7), majority of the patients had given consent to treatment by themselves. This is in contrast with other studies where most patients entrusted their

right to decide in favor of their attending doctor thereby preferring to leave the final decision making to their doctors ⁽¹⁷⁾.

The majority of participants giving written consent in this study are in consensus with the results of studies conducted in U.S and Europe ^(18, 19). Since this study population was derived from private hospitals, a higher percentage of participants giving written consent compared to verbal consent may be due to the fact that written consent is mandatory for documentation as per the protocol of these hospitals, or as part of their financial control systems. The importance of the right to confidentiality was favored by majority of the participants in this study, particularly males. This may be due to the fact that confidentiality allows them to avail treatment without any hesitation owing to a trustworthy doctor-patient relationship.

In this survey, a higher percentage of male subjects had given consent to treatment by themselves. This may be, in actuality, due to males being more independent. As far as the females are concerned, the final approval for proceeding with the treatment may rest on the male counterpart. More number of participants with higher education was aware of patient rights which may be due to the influence of education in general. More number of participants with higher education was also informed about their disease/condition and this may, in reality, be due to doctors finding it easier to discuss about the patient's disease/condition, probably using medical terminology, to a well-educated person.

Even though these data and analyzes are useful, they do have limitations. The limitations include a) a large and more representative sample is required if the data are to be represented nationally and to analyze complex relationships, b) collection of data by observation is comparatively more accurate than self-reporting of data ⁽²⁰⁾, c) the questionnaire did not contain questions concerning right to object when his/her rights are violated d) this study was hospital based and thus did not ask about dental patients'

rights in particular e) the inability to generalize the findings to the Saudi population (f) this study group was a convenient sample and was not randomized.

In conclusion, the studied population appears to be well informed about patient rights. Further studies focusing on rural Saudi population as well as those visiting public hospitals and clinics are essential for better understanding of the awareness and acceptance of rights. Studies should also aim for collecting information exclusively from dental patients by deriving study population from dental clinics rather than from general hospitals to have a profound insight into the level of understanding of rights among dental patients.

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REFERENCES

1. Rider ME and Makela CJ: A comparative analysis of patients' rights: an international perspective. *Int J Cons Studies*; 27: 302-315, 2003.
2. Reid KI: Respect for patients' autonomy. *J Am Dent Assoc*; 140: 470, 2009.
3. Taiwo O and Kass N: Post-consent assessment of dental subjects' understanding of informed consent in oral health research in Nigeria. *BMC Med Ethics*; 10: 11, 2009.
4. Beauchamp TL and Childress JF: *Principles of Biomedical Ethics*. Oxford University Press, USA, New York city, 2001.
5. Humayun A, Fatima N, Naqqash S, Hussain S, Rasheed A, Imtiaz H and Imam S: Patients' perception and actual practice of informed consent, privacy and confidentiality in general medical outpatient departments of two tertiary care hospitals of Lahore. *BMC Med Ethics*; 9: 14, 2008.
6. Geiderman JM, Moskop JC and Derse AR: Privacy and confidentiality in emergency medicine: obligations and challenges. *Emerg Med Clin N Am*; 24: 633, 2006.
7. Sankar P, Mora S, Merz JF and Jones NL: Patient perspectives of medical confidentiality. *J Gen Intern Med*; 18: 659-669, 2003.
8. Bhurgri H and Qidwai W: Awareness of the process of informed consent among family practice patients in Karachi. *J Pak Med Assoc*; 54: 398-400, 2004.
9. Ghafurian R: Dental school patients' understanding of informed consent. *J Dent Educ*; 73: 1394, 2009.
10. Büken NÖ and Büken E: Emerging health sector problems affecting patient rights in Turkey. *Nurs Ethics*; 11: 610, 2004.
11. Kuzu N, Ergin A and Zencir M: Patients' awareness of their rights in a developing country. *Public Health*; 120: 290-296, 2006.
12. Schouten B, Hoogstraten J and Eijkman M: Dutch dental patients on informed consent: knowledge, attitudes, self-efficacy and behaviour. *Patient Educ Couns*; 46: 47-54, 2002.
13. Leino-Kilpi H and Kurittu K: Patients' rights in hospital: an empirical investigation in Finland. *Nurs Ethics*; 2: 103, 1995.
14. Merakou K, Dalla-Vorgia P, Garanis-Papadatos T and Kourea-Kremastinou J: Satisfying patients' rights: a hospital patient survey. *Nurs Ethics*; 8: 499, 2001.
15. Blanchard CG, Labrecque MS, Ruckdeschel JC and Blanchard EB: Physician behaviors, patient perceptions, and patient characteristics as predictors of satisfaction of hospitalized adult cancer patients. *Cancer*; 65: 186-192, 1990.
16. Beckman HB, Markakis KM, Suchman AL and Frankel RM: The doctor-patient relationship and malpractice: lessons from plaintiff depositions. *Arch Intern Med*; 154: 1365, 1994.
17. Sutherland HJ, Llewellyn-Thomas HA, Lockwood GA, Tritchler DL and Till JE: Cancer patients: their desire for information and participation in treatment decisions. *J Roy Soc Med*; 82: 260, 1989.
18. Mazur DJ: What should patients be told prior to a medical procedure? Ethical and legal perspectives on medical informed consent. *Am J Med*; 81: 1051-1054, 1986.
19. Roscam-Abbing H: Information and consent. World Health Organization, Regional Office for Europe. Promotion of the rights of patients in Europe. The Hague: Kluwer Law International: 57-62, 1995.
20. Manski R and Cooper P: Dental care use: does dental insurance truly make a difference in the US? *Community Dent Health*; 24: 205, 2007.