Knowledge and Practice of Rights and Responsibilities among the Patients Attended at a Tertiary Care Hospital

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Abstract

Background: Patients' rights are integral to human rights, encompassing autonomy, privacy and dignified treatment. These rights are vital for vulnerable individuals within society and are essential for ethical healthcare practices. This study aims to explore the knowledge of patient rights among hospitalized patients and those attending Outpatient Departments (OPDs).

Materials and methods: A descriptive cross-sectional study was conducted during the period of June 2024 to September 2024 on 1000 hospitalized adult patients of Chattagram Maa-O-Shishu Hospital Medical College to find out the knowledge regarding patients' rights. 1000 respondents were selected by using convenience sampling technique. A pretested questionnaire was used and data analyzed by SPSS v.22.

Results: The survey showed most respondents were married (60%) and lived in urban areas (68%). Awareness of the Patient Rights Charter was high (70%), mainly via the internet. While 88% knew the right to choose a doctor and 93% valued compassionate care, only 60% felt hospitals upheld rights, citing negligence concerns.

Conclusion: The survey reveals strong awareness of patients' rights, yet only 60% feel these are upheld in hospitals due to privacy concerns linked to negligence. Improved communication and practices are needed to better protect and maintain patients' rights in healthcare.

Key words: Awareness; Confidentiality; Hospitalized patients; Practice; Patients' rights.

Introduction

Patients' rights is a crucial human right because patients are one of the most vulnerable groups in the society. The former encompasses the rights to autonomy, privacy, life, physical and mental

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Submitted on $\square \square 04.01.2025$ Accepted on $\square : \square 05.05.2025$ integrity and respect from medical professionals.¹ The rights of patients are fundamental tenets for delivering quality healthcare and encouraging moral medical behavior. As a result, upholding patients' rights is regarded as a crucial component of health services quality improvement initiatives and serves as a foundation for establishing clinical service standards.

The concept of patient rights was formed based on the idea of the person and the 1948 Universal Declaration of Human Rights, which affirmed the equality and basic dignity of all people. Since then, a number of proclamations and codes of ethics for professionals have attempted to guarantee the defense of basic human rights and to advance the humane care of every patient.² The set of guidelines that regulate how patients and healthcare providers interact is known as the patient's rights. Every patient is entitled to information about their rights and the obligations of healthcare professionals.³ An essential metric for evaluating the quality of health services is the application of patients' rights, which are an extension of human rights. Patients are entitled to continual, equal and easily available health care, information, freedom to pick their doctors and treatment options, privacy protection and respect for their spiritual and psychological beliefs.⁴

Rights of Patients:

- i. □ Access to health care facilities and emergency services regardless of age, sex, religion, social or economic status.
- ii. □Choice: To choose his own doctor freely.
- iii. Continuity: To receive continuous care for his illness from doctor/institution.
- iv. Comfort: To be treated in comfort during illness and follow-up.
- v. \Box Complaint: Right to complain and redressal of grievances.
- vi. Confidentiality: All information about his illness should be kept confidential.

- vii. Dignity: To be treated with care, compassion, respect without any discrimination.
- viii. Information: Should receive full information about his diagnosis, investigations, treatment plans, alternative therapy, procedures, diagnosis, complications and side-effects.
- ix. Privacy: To be treated in privacy.
- x.

 Refusal: Can refuse any specific or all measures.
- xi. Records: Can have access to his records and demand summary or other details.

Responsibilities of a Patient:

- i. He should furnish the doctor with complete information about the facts and circumstances of his illness
- ii. He should strictly follow the instructions of the doctor as regards diet, medicine and lifestyle.
- iii. He should pay a reasonable fee to the doctor.⁵

Maintaining the doctor-patient connection and avoiding the commercialization of the profession require an understanding of patients' rights. The patient believes that their pain is due to neglect. Medical lawsuits brought by disgruntled patients are on the rise. Confrontations between doctors and patients have also been on the rise lately. These days, patients don't think twice about suing their doctors. When they enter the healthcare setting, patients are now far more informed of what to anticipate from medical practitioners. The study's goal is to investigate how well-informed hospitalized patients and patients attending outpatient departments are about their rights.

To assess the patients of a tertiary care hospital regarding knowledge, perception and practice about patient's rightand responsibilities.

Materials and methods

A descriptive cross-sectional study was conducted at Chattagram Maa -O-Shishu Hospital Medical College (CMOSHMC) from June to September 2024 to evaluate hospitalized adults' knowledge of patients' rights. Using convenience sampling, 1,000 respondents completed a pretested, anonymized questionnaire covering topics like informed consent, confidentiality and access to care. Data analysis, performed using SPSS version 22, included descriptive and inferential

statistics. The study identified gaps in awareness and factors influencing knowledge levels, offering insights to enhance patient education. This research was conducted after getting ethical clearance from the CMOSHMC Review Board (IRB).

Inclusion criteria

Adults (18+) admitted to Chattagram Maa-O-Shishu Hospital Medical College (June–September 2024) capable of informed consent, completing the questionnaire and voluntarily participating in the study.

Exclusion criteria

Patients under 18, unable to consent, unwilling to participate or critically ill and unable to complete questionnaires.

Results

The sample population consisted of individuals from various age groups, with the majority (60%) being married, followed by single (28%) widowed (8%) and divorced (4%) individuals. A greater proportion of respondents resided in urban areas (68%) compared to rural areas (32%). In terms of education, 12% were illiterate, 16% could read and write, 14% completed primary education, 30% secondary education and 28% universitylevel education. The majority of participants were unemployed (46%) followed by professional workers (28%) students (14%) manual laborers (6%) and clerical workers (6%). Approximately 70% of respondents knew about the Patient Rights Charter, with the primary sources of information being the internet (30%) mass media (28%) books (10%) and friends or relatives (8%).

Section 1 Knowledge about patients' right

	Question	Response P	ercentage (%)
i)□	To freely select his own physician. □	Yes□	88
		No□	12
ii)□	Regardless of age, sex, religion, economic		
	condition or social standing, access to		
	healthcare services.□	Yes□	92
		$No \square$	8
iii)□	To receive compassionate, considerate,		
	dignified and nondiscriminatory treatment.	Yes□	93
		$No \square$	7
iv)□	To receive private treatment during therapy		
	and consultation. □	Yes□	80
		$No \square$	20
v)□	All details on his condition and any others		
	will be kept private. □	Yes□	88
		$No\square$	12

	Question	Response P	ercentage (%)
vi)	To be fully informed about his diagnosis, the		
	course of his research, his treatment options		
	and other intentions. \square	Yes□	86
		No□	14
vii)□	Along with the facilities offered within the		
	institution and elsewhere, the right to knowledge	9	
	should cover the safety of procedures, diagnosis	,	
	therapy modalities, problems, side effects and		
	anticipated outcomes. □	Yes□	88
		No□	12
viii)[The right to be informed on daily developments,		
	treatment plans, diagnosis and prognoses. □	Yes□	90
		No□	10
ix)□	Right to accept or reject any or all of the		
	measures.	Yes□	89
		No□	11
x)□	You can ask for a second opinion at		
	any moment. \square	Yes□	92
		No□	8
xi)□	Access to his documents and request a		
	summary or other relevant information. □	Yes□	84
		No□	16
xii)□	Should get ongoing medical attention for his		
	condition from the doctor or facility. \square	Yes□	91
		No□	9
xiii)[To receive comfortable medical care when		
	unwell and during follow-up.□	Yes□	85
		No□	15
xiv)	Right to file a complaint and have		
	concerns corrected.□	Yes□	81
		No□	19
xv)□	Obtain damages for negligence or		
	medical injuries. □	Yes□	95
		No□	5

Section 2 Responsibilities of a patient

	Question	$Response \square$	Percentage (%)
i) 🗆	The patient should fully notify the physician		
	about his medical history, family history and		
	the specifics of his current condition. \square	Yes□	91
		No□	9
ii)□	The patient should adhere closely to the		
	doctor's recommendations regarding their		
	medication, nutrition, lifestyle etc.□	Yes□	95
		No□	5
iii)□	The doctor should be paid a fair fee by the patient. \Box	Yes□	89
		No□	11
iv)□	It is the patients' responsibility to attend		
	appointments. □	Yes□	68
		No□	32
v)□	It is the duty of patients to respect other		
	people's property and rights. □	Yes□	80
		No□	20
vi)□	It is the patients' responsibility to help		
	regulate the amount of noise and visitors		
	in their rooms. □	Yes□	82
		No□	18

Out of the respondents, 60% believe that patients' rights are maintained in the hospital, while 10% do not, 18% are unsure and 12% have no comment. Those who feel that privacy is not upheld cite negligence as the primary reason.

Discussion

Patient rights stem from human rights, which set minimum standards for how individuals should be treated. Ethics, in contrast, define customary standards for how people ought to treat others. These concepts are interconnected, as every right is rooted in one or more ethical principles. Over time, as ethical norms evolve, so do rights. A right becomes established when an authoritative organization enforces an ethical standard, ensuring its application in practice. This dynamic underscores the relationship between rights and ethics in healthcare.

The study highlights a diverse demographic among participants, with most being married, living in urban areas, and holding secondary or university-level education. Notably, 70% of respondents were aware of the Patient Rights Charter, with the internet being a primary source. This contrasts with studies in Egypt and Saudi Arabia, where hospitals and healthcare providers were the main avenues for disseminating such information.^{6,7} This finding underscores the growing influence of digital access on awareness of patients' rights, an area less emphasized in regions relying on traditional communication channels.

Participants demonstrated a robust understanding of their fundamental rights. Over 90% were aware of their right to respectful and compassionate care, while 88% understood their rights to confidentiality and choosing a physician. Similarly, 86% were familiar with the right to full disclosure on diagnosis and treatment options. However, gaps persisted in informed consent practices and awareness of alternative treatments, aligning with findings from Saudi Arabia. This similarity suggests a global challenge in educating patients about their active role in healthcare decisions.

The high awareness levels in this study parallel findings from Rupandehi, Nepal, where participants exhibited strong knowledge of their rights. 8 In contrast, studies in Egypt and Riyadh

revealed that only a fraction of patients were familiar with core rights such as respectful care and the right to make decisions about their treatment. ^{5,7} Similarly, in Iran less than half of the participants were aware of their rights, highlighting the influence of geographical and socio-cultural factors on patient awareness. ⁹ These disparities point to the need for both global and regionally tailored educational strategies to promote patients' rights.

Awareness of patient responsibilities also emerged as a significant finding. A substantial 91% of respondents recognized the importance of providing accurate medical and family histories, while 95% understood the necessity of following doctors' instructions. Other responsibilities, such as paying reasonable fees (89%) and respecting hospital property, were also well acknowledged. These results align with studies in Iran and India, which emphasize the link between patient accountability, improved health outcomes and adherence to treatment protocols. 9,10 Encouraging patients to take an active role in their responsibilities can enhance engagement and satisfaction with care.

Despite these encouraging levels of awareness, the study revealed concerns about the implementation of patient rights. Only 60% of respondents felt that their rights were upheld in hospitals, with privacy violations frequently cited as an issue. Similar dissatisfaction was reported in Turkey, Russia and Egypt, where limited communication within healthcare settings hindered rights observance. 11-13,6 For instance, 40% of Turkish patients were unaware of regulations regarding their rights, and in Russia around half of the respondents lacked knowledge of basic entitlements. 12,13

These findings reveal both shared challenges and unique differences across regions. Studies from Mangalore, India and Lithuania emphasize the correlation between urban residency and higher education with increased awareness. 10,14 Similarly, in Iran and Bangladesh, urban populations scored higher in patient rights knowledge due to better access to information. 15,16 The current study supports this finding, with some participants expressing uncertainty about their right to informed consent

and understanding of alternative treatment options. This issue was also observed in studies across Iran, Iraq, and Greece, where patients commonly lacked awareness of their right to actively participate in treatment decisions. ¹⁷⁻¹⁹ Such findings focus the importance of improving informed consent practices to ensure that patients feel adequately involved in their care.

Limitations

This study's findings may not be fully generalizable due to a limited sample size. Self-reporting bias may also have influenced responses, as participants might provide socially desirable answers. Furthermore, the study did not examine the depth of knowledge regarding specific rights, restricting insights into potential areas of misunderstanding.

Conclusion

This study underscores both strengths and areas for improvement in patients' understanding of their rights and responsibilities. While many respondents demonstrated a strong awareness of fundamental rights, such as the choice of healthcare providers, respectful treatment, and privacy, only a moderate perception existed regarding the consistent enforcement of these rights in hospitals. This highlights a gap between policy and practice that must be addressed. Bridging these gaps requires healthcare providers to prioritize clear, ongoing education about patient rights and responsibilities. Digital media, public outreach, and in-hospital resources can play pivotal roles in ensuring diverse patient groups are well-informed, fostering trust, satisfaction, and patient-centered care.

Recommendations

Healthcare institutions should implement comprehensive patient education programs and train healthcare providers on rights and effective communication. Future studies with larger, more diverse samples are necessary for better insights. Feedback mechanisms like surveys and focus groups should be introduced to identify gaps and ensure patients' rights are upheld.

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Contribution of authors

MD-Conception, design, acquisition of data, data analysis, drafting and final approval.

RPC-Acquisition of data, data analysis, drafting, critical revision and final approval

MM-Acquisition of data, data analysis, interpretation of data, drafting and final approval.

SD-Acquisition of data, data analysis, critical revision and final approval.

Disclosure

All the authors declared no competing interests.

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