

Right to Health and Proportion of Right to Health Information in the Patient's Right Charters

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ABSTRACT

Health is not lack of disease. It is an incomplete condition of psychological, physical and public welfare. Therefore to benefit from highest norms of healthiness is one of the most fundamental and necessary rights of human being. According to the Article 25 of the Universal Declaration of Human Rights 1948 "Everyone has the right to a standard of living adequate for the health, and wellbeing of himself and his family." United Nations. (2012). This paper reviews the proportion of right to health information in international, regional and national legislations and examines the patients' right to information in patients' right charters. This study is qualitative study it reviews the patients right charters to follow the portion of right to right to health information. International, regional, and national conventions along with the patients' right charters of five countries from the five continents were examined against the right to health and right to health information. The Britain patient's right charter more than other countries in this study has considered and dealt with right to information, about 4 out of 7 of its total articles refer to right to information. In contrast South Africa was assigned as the country which gives less priority to right to information among the other countries. Four out of 11 articles in the patients' right charter of this country deals with right to health information. Iranian Patients' right charter stood in the fourth rank after Britain, US and Australia for respecting the patients' right to information, 2 out of 5 articles.

Keyword: *Health Information, International Conventions, Patient Rights, Patients' Right Charters, Right to Health, Right to Health Information*

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INTRODUCTION

Need for information arise from the imbalance between certainty and uncertainty (Kikuchi S.; Tailal; 2008) in making a decision the lack of balance provokes the need for information. Preventable uncertainty creates trepidation and anxiety. When information is accessed and perceived one's knowledge becomes organized and the confidence and ability to make decisions emerges. Being ignorant the right to access health and medical information tends to impact the process of acquiring information about therapeutic interventions and making informed choices.

New approaches in medicine advocates the patient's right to receive evidence based health information and to share in medical decision making (Carretier et al., 2009). Studies show that patients are most interested in receiving health information and sharing in decision making (Oliver et al., 2011; D'Alessandra et al., 2004; Koonce, 2011; Coberly et al., 2010, Gavgani, 2011; Siegel et al., 2006; Leisey & Shipman, 2007; Hand et al., 2008; Beaudoin et al., 2011; Davies & Yeah, 2012; Gavgani & Mahami, 2012). There are multiple deviations in respecting a patient's right to information. This may be affected by various factors such as the patient's lack of knowledge about his/her right to ask for information, doctors reluctance in giving information to their patients, or a patients' disinclination for asking for information. Author's personal observation indicate that, in Iran, the majority of individuals as a patient are unaware of their right to health information, beside repeated revisions on patients' rights charters which reinforce this right. Therefore; it is essential to elicit and demonstrate to which degree patients can ask for information based on legal issues. This will empower the public to participate in health care shared decision making and to establish effective patient-doctor relationships.

REVIEW OF LITERATURES

A review of literature showed a research gap in comparing the proportion of right to health information in international, national (Iranian nation) conventions and patients' right charters. Most of the published studies dealt with the perception of right to informed consent or in other words right to information rather than right to health information in particular. A brief synopsis of studies from different aspects of right to information is presented here.

A Japanese study (Hattori et al., 1991), showed that legal rules and doctor's opinions using questionnaire survey concerning informed consent showed that even though Japanese physicians are willing to obtain informed consent from patients, the discretion of the physician to provide information is still prevalent. Japanese physicians believe that information regarding the treatment to be administrated should be fully disclosed both in cases when the treatment is still experimental and when it is established among specialists. Finally, the survey showed that despite the liberal attitude of the Japanese physicians toward informed consent, they are reluctant to make medical records accessible to the patients.

A study of patients right to information in the Iranian charter (Gavgani & Tabrizi, 2012) using a descriptive and documentary methods showed that the latest revision of Patient's Rights Charter of Iran (1388=2009) includes 5 principles and 38 articles. Out of total 38 articles about 16 (42%) discuss the presentation of health information to patients from which 18.5% is about quality of information delivery and sufficiency of information and 10.5% is about efficacy of information in an informed decision making and informed choice. Regarding to the perception of right to health, information and access to the health care service, a study of internally displaced persons (IDPs) in Uganda showed that most IDPs are aware about human

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