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92 – Patients' Rights and the Views of Family Doctors

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In democratic countries, the rights of patients have in general evolved in parallel with the recognition of the role of citizens in society, and have been favoured not only by the influence of health institutions and organizations, but also by the impetus of civil society and by scientific developments (1). However, in recent decades, the growing complexity of health systems, the development of science and health-related technology, the growing bureaucracy, team work and broader general access have led to medical practice becoming more risky, impersonal and dehumanized. All this means that patients' rights need restructuring and reviving as a key feature of the doctor-patient relationship. In addition, there is a growing need to establish new ways of ensuring patients' rights to protection in the face of new developments in information technology, genetics and the globalization of clinical research (2).

Under no circumstances can we claim excellence in assistance by simply applying maximum scientific rigour if, at the same time, we do not accept the norms, particularly those related with the protection of patients' rights. Nevertheless, despite its importance, there are few studies which consider professionals' attitude in general, and those of family doctors in particular, towards patients' rights.

In 2007 we carried out a descriptive, cross-sectional study based on a postal questionnaire answered by 227 family physicians randomly selected from 72 Health Centres in the province of Murcia (south-eastern Spain)(3). The questionnaire included social and professional variables, and an evaluation of job satisfaction and of importance to patients' rights (both based on a Likert scale of 1-5; 5 being the highest level of satisfaction/importance).

The most valued right in the overall view of the doctors questioned was the right to suitable health care within a humane framework (4.86; 95%CI, 4.81-4.91), while the least valued right was the access to medical records (3.91; 95% CI, 3.76-4.05). These results contrast with those obtained 15 years ago, when the most valued rights were complete technical assistance and the freedom to decide on treatment, while the least valued was assistance in a humane framework. It seems that, over this period of time, professionals have chosen to prioritize the human quality of the doctor-patient relation over scientific-technical quality. Indeed this right has evolved from being the least appreciated to becoming the most valued one.

In contrast with the generally held opinion concerning the dehumanization of modern medicine, these results underline a growing tendency to recognize the real importance of personal values and of recovering the human aspect of health assistance.

The least valued right is patients' access to their medical records, which seems to point to a certain lack of awareness on the part of professionals' concerning current Spanish law (Law 41/2002), which, as in most countries, establishes the patients' right to access medical records and to obtain a copy of the same. As has been documented

in other countries, it seems necessary for healthcare providers to be better informed of the patients' rights to access information (4).

We found statistically significant differences in the assessment of patients' rights, which depended on various social and professional factors; for example, a direct association between doctors' satisfaction and their views on patients' rights; and a significant correlation between the overall evaluation of rights and total satisfaction ($P=.039$). Older doctors attribute more importance to certain rights. Probably their longer work experience has shown that the greater the patient's involvement in deciding their treatment and the greater the understanding of the risks and benefits of the same, the more profitable the doctor-patient interaction is and the greater the likelihood of compliance with the treatment, resulting in an improved quality of any assistance (5).

Doctors working in an urban environment have a higher overall view of patients' rights, while those working in a rural environment tend to attribute more importance to the right to privacy. Family doctors are frequently the doctor not only of the patient in question, but also of their relatives, which on occasions can become a source of conflict, especially regarding the rights related to confidentiality. It seems that this a harder task to comply with in a rural environment.

On the other hand, the right to information, to choose doctors and the access to medical records are more valued in the urban environment, where the concept of autonomy is more widely accepted. Work overload is associated with some rights being less valued, and doctors with fewer patients on their lists give them more importance.

It is evident that quality health assistance requires the respect of people's autonomy, which implies having the time to listen, inform, obtain consent and record the symptoms in health history, which is difficult with the growing pressures of health services.

Physicians working in a centre accredited for teaching value patients' rights more, especially those involving a better knowledge of law (choosing doctors, treatment acceptance, access to medical records, etc.).

The mean job satisfaction of family doctors was 2.79 (95% CI, 2.71-2.87). The importance of analysing professionals' degree of satisfaction lies in the fact that, among other factors, the quality of health services is directly related with the degree of satisfaction of those working in it. The overall degree of satisfaction of the family doctors in the present study was lower, consistent with other authors' findings. There is a direct and significant association between professional satisfaction and the value given to patients' rights: family doctors who are more satisfied give more importance to patients' rights (6).

While recent years have seen advances in doctors' recognition of patients' rights, there is insufficient evidence concerning the effectiveness of such advances, and further investigation is necessary in this respect. The first goal in ensuring that health policy revolves around the patient is to guarantee respect for patients' rights (7, 8). This involves a sense of obligation and cooperation on the part of all health professionals. It is necessary to increase awareness of the importance of patients' rights and the responsibility that all carers share in respecting the same.

Take Home Messages

- Overall, family doctors attach a lot of importance to patients' rights.
- Physicians should be better informed of some patients' rights, e.g., patients' rights to access medical records.
- Supplementary training to observe some patients' rights is necessary.
- Social and professional characteristics seem to have some influence on their attitudes of family doctors to patients' rights.
- The doctors with greatest professional satisfaction tend to attach greater importance to patients' rights.

Original Abstract

<http://www.woncaeurope.org/content/bp6-patients%E2%80%99-rights-and-views-family-doctors>

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