Perceptions, Attitudes and Practices of Metro Manila Urban Poor Residents on Patients' Rights

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ABSTRACT

Urban poor residents have demonstrated a relatively high level of knowledge of their rights as patients as indicated by the mean scores generated from their responses to the various dilemmas presented in this exploratory study. A combination of factors including a relatively high level of education, exposure to the mass media and interaction with non-government organizations (NGOs) may be responsible for the level of awareness. However, knowledge does not necessarily translate into positive action where economically disadvantaged people are able to claim their right to health, particularly patients' rights. Implied in the reasons given by the respondents for the choices they have made is an attitude of subservience and passivity when relating with people vested with authority and power like health professionals. Thus, it is imperative to build on the people's knowledge and understanding of patients' rights by enhancing their skills and capabilities in negotiation, organization and advocacy to empower them in claiming and asserting their right to health, particularly their rights as patients. Moreover, there is a need to raise the health care providers' level of knowledge and understanding of patients' rights so they can help provide an enabling environment that will meet the health needs and concerns of the community.

Key Words — patients' rights, patient-provider relations, health behavior, urban poor

The promotion of patients' rights has been a growing concern of international organizations like the World Health Organization (WHO), the Joint United Nations Programme on HIV/AIDS (UNAIDS), and local non-government and people's organizations in the Philippines. This concern has been triggered by two things: the paradigmatic shift in viewing health as a human right and the growing number of cases of violations of patients' rights committed by health professionals and workers, particularly in developing countries.

It is a well-known reality that in the Philippines, as well as in other developing countries, a significant percentage of the population are not aware of their basic human rights, more so their rights as patients. Poverty as well as lack of education and access to information has brought about this state of ignorance. Concomitantly, the dominance of a culture of subservience and silence has persisted, particularly among the poor, when relating with people vested with authority and power like health professionals. Studies on patient-provider relations have shown that this factor influences the health behaviors of patients. Patients' perceptions and attitudes toward health facilities and health providers determine whether they would proceed to find out the causes of certain health problems, and subsequently affect their health behaviors or practices.[1-6] In the study of Jaramillo[3] on the health-seeking behavior of tuberculosis (TB) patients in Colombia, the poor quality of health care services was cited as a deterrent to its early diagnosis and treatment. Specifically mentioned were poor communication skills, complex organizational structure, negative attitudes and inadequate knowledge of the TB control strategy of health providers.

Based on anecdotal accounts, however, violations of patients' rights have become a common occurrence in many health care facilities, both private and public. In day-to-day health care settings, there have been reported instances of:

- emergency patients being denied admission to a hospital because of their inability to pay the required deposit;
- patients being made to undergo several unnecessary pre-operative tests/procedures like chest x-ray, blood tests, ECG, etc.;
- patients not properly oriented and informed about their condition and the procedure they are about to undergo;
- pregnant women who are made to undergo caesarian operation even though they can have normal deliveries;
- women abortees who suffer from profuse bleeding but are intentionally ignored by health providers in order to "teach them a lesson"; and
- patients, especially the poor ones, who are treated with disrespect and made to wait for hours before being seen by a health professional.

This study conducted by the authors from August 2003-February 2004 explored the state of awareness of patients' rights among 200 urban poor residents in two communities in Metro Manila. The limited number of study respondents were selectively recruited using the following inclusion criteria: male or female, 18 years and older; must have been a resident of the selected urban poor community for at least

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a year; expressed willingness to participate in the study; and was available at the time of the interview. They were asked to sign a consent form written in Filipino after its contents were read and discussed by the interviewer.

Using a structured interview schedule, the authors gauged the respondents' level of awareness about their rights as patients as well as their predisposition when faced with dilemmas either as patients or caretakers in the family by presenting 11 hypothetical cases with 15 dilemmas. To ensure clear understanding of the cases presented, the original interview schedule was written in Filipino, but translated into English by the researchers for this article.

For each dilemma, a four-point Likert scale was constructed with the following choices: *strongly disagree*, *disagree*, *agree* or *strongly agree*. The different hypothetical cases dealt with several patients' rights, including the rights to medical care and humane treatment, to information, to leave, to privacy and confidentiality, to express grievances, and to informed consent. The means of the scores per dilemma of all the interviewees was computed to measure the level of awareness about patients' rights.

To further enrich the data generated from the survey, one focus group discussion (FGD) was conducted in each of the study sites with some of the interviewees participating. The FGDs explored a number of critical issues or dilemmas related to patients' rights.

The Growing Recognition of Patients' Rights as Integral to the Right to Health

Following the gruesome and unforgettable experiences of concentration camp prisoners in the hands of Nazi physicians during World War II, there emerged a growing interest on the issue of patients' and human rights among medical/health professionals, academic communities and governments. Without their consent, concentration camp inmates in Nazi Germany were subjected to unethical medical practices such as their being used as guinea pigs in medical experiments and, in the process, being made to endure unnecessary pain and suffering. These incidents led to the recognition by the international community of the urgency and importance of developing ethical codes of conduct, guidelines and other measures that will address issues of patient-doctor relationship and rights of patients. The need to clearly define standards of ethical treatment of patients by health professionals guided by human rights norms and principles was also emphasized. Thus, the formulation of such instruments as the Nuremberg Code (1947), the Universal Declaration of Human Rights (1948), the Helsinki Declaration of the World Medical Association (1964) and the International Covenant on Civil and Political Rights (1966). All were aimed at providing guidelines for health care providers in the ethical conduct of their profession, particularly the treatment of patients, including the use of human beings in medical experiments and researches.

The Philippine government is a State Party to a number of important international human rights instruments, foremost of which is the International Bill of Rights. As a State Party, the Philippine government has recognized and adopted these international treaties and covenants as part of the country's laws and has passed relevant enabling laws. Concomitantly, it has committed to carry out the obligations to protect, respect and fulfill the human rights of its people.

Undoubtedly, all individuals have a right to health, with particular attention being given to the vulnerable and marginalized sections of the population. At the same time, all human beings are entitled to enjoy all other rights necessary for obtaining "the highest attainable standard of physical and mental health".[7] As a right, it should be universal and non-discriminatory, i.e., regardless of age, sex, gender orientation, ethnicity, religious and political belief, and economic status or capacity to pay.

Today, however, despite improvements and advancements in medicine and technology, people's right to health continues to be threatened and violated in many parts of the Philippines. In the name of competition and efficiency, tertiary and specialty government hospitals are gradually being privatized and have begun implementing user-fees programs. This means patients, including those classified as indigents, have to pay for every single item needed for their treatment, including patient's cards, cotton balls, syringes, etc. Consequently, the right to health is becoming a privilege reserved for those who could afford to pay the rising costs of medicines and hospitalization in the country.

The Philippines, lagging behind in economic development and burdened with huge debts and budgetary deficits, has seriously failed in fulfilling its human rights obligations to its people, specifically the right to health. Through the years, the health budget has consistently been reduced by the national government leaving the people, particularly the marginalized and economically disadvantaged, the burden of shouldering the rising costs of health goods and services. This condition makes the poor and uneducated people vulnerable to violations of their rights as patients in a country where the health care delivery system is characterized by a hierarchical and paternalistic structure, dominated by health providers who behave like gods, and health facilities run and managed like business enterprises.

Legal Bases of Patients' Rights in the Philippines

As human beings, patients have human rights, including the right to health, which are enshrined and guaranteed in a number of key treaties and instruments to which the Philippine government is a State Party. These include the International Covenant on Civil and Political Rights (ICCPR, 1966), International Covenant on Economic, Social and Cultural Rights (ICESCR, 1966), the Convention on the Rights of the Child (CRC, 1989), Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW, 1986) and Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT, 1984).

These key human rights instruments ratified by the Philippine government constitute the foundation and framework upon which laws, policies and programs on patients' rights are to be based. Patients' rights — such as the rights to appropriate medical care and humane

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treatment, to information, to informed consent, to privacy and confidentiality, to leave, to express grievances, to choose one's physical/health care provider, to choose alternative treatment and medicines, to refuse diagnostic and treatment procedures, to access medical records, to refuse participation in medical research/experimentation, to correspondence and to receive visitors —emanate from the fundamental rights and freedoms of human beings.

In addition to the international human rights instruments, the legal basis of patients' rights is also enshrined in the 1987 Philippine Constitution.[8]

The generally low levels of compliance of health care providers with ethical and human rights standards, especially in their dealings with patients who are impoverished and marginalized, explain why human rights violations abound in health care institutions. The inability of patients to assert their rights and demand respect and humane treatment from doctors, nurses, and other health workers make them more vulnerable to discrimination and unethical practices, further jeopardizing their already compromised health status. Thus, education and information dissemination on ethics and human rights should be directed, not only to patients, but also to health care providers at various levels of the Philippine health care delivery system.

Perceptions and Attitudes on Patients' Rights of Urban Poor Residents

The study undertaken by Simbulan and the Medical Action Group (MAG) covered 200 study participants, 84% of whom are female and the youngest being 20 years old while the oldest 78. The mean age was 37 years.

The respondents were predominantly (78%) married or have live-in partners while 10% percent were single. Among those married or with live-in partners, more than half (52%) had 1-3 living children while 26.5% had 4-6.

Close to half (41.5%) of the respondents' spouses/partners worked in the informal sector as tricycle/pedicab or jeepney drivers, sidewalk vendors or construction workers. A total of 18.5% were regular workers/employees, while 11% were self-employed.

On the other hand, majority (52%) of the interviewees were unemployed or housewives while 19% were in the informal sector. Close to half (49%) of the study participants reached high school while 25.5% and 21% had reached college and elementary education, respectively.

More than a third (38%) of the interviewees had an estimated family income of at most Php5,000 per month, 41% earned between Php5,001-8,000 a month, while the remaining 21% earned at least Php8,001 family income a month.

The study explored the participants' health behavior, knowledge on patients' rights, and their concept/understanding of patients' rights. Among the major findings revealed in the study are the following:

Health behavior

Almost half (43.5%) of the study participants said they usually bring a sick member of the family to the *barangay* or community health center; 29.5% said they usually go to a private doctor/clinic for consultation. Availability of free consultation and free medicines were the most common reasons given by those who said they commonly bring a sick member of the family to the *barangay* health center. They also cited the proximity of the center to their place of residence as another factor.

For those who bring a sick member to a private doctor/clinic, the skillfulness of the doctor and the proximity of the clinic to their house were the most frequently cited reasons given by the interviewees. (See Table 1)

While close to a third (30.5%) of the participants did not indicate any problems with the health center staff, the most common (21%) complaint given was the long waiting time at the center. Almost one-third (32.5%) said they have never been to the center. (See Table 2)

A total of 11 hypothetical cases with 15 dilemmas were presented to the interviewees for their evaluation. For each dilemma, the respondents were asked to indicate whether they *strongly agree*, *agree*, *disagree* or *strongly disagree* with the behavior/action of a particular person in the situation presented. The different cases dealt with a number of patient's rights including the right to information, right to medical care and humane treatment, right to leave, right to informed consent, right to privacy and confidentiality, right to express grievances and the right to be informed of his/her rights and obligations as a patient. Table 3 presents a summary of the cases and dilemmas involved, the patients' right(s) being addressed in the situation, and the weight/value given per choice/response, i.e. from 1-4 with the score of four (4) given to the most appropriate or preferred response.

In a range of 1 to 4 points, depending on the closeness of the choice made to the appropriate/preferred response, the highest mean attained was 3.14 for Dilemma 11 (which deals with the right to privacy and confidentiality) and Dilemma 12 (which deals with the right to express grievances). On the other hand, the lowest mean was 2.50 for Dilemma 14 on the right to information.

As shown in Table 4, the means were clustering near the midpoint of 2.5, an indication that the study participants were generally aware of what they are entitled to as patients. The results revealed that the urban poor respondents were aware that they have a claim to privacy and confidentiality as illustrated in Dilemma 11. Close to 86 percent of the respondents chose *strongly disagree* or *disagree* with regard to the doctor's behavior of narrating to a neighbor the condition of the patient, Aida. Among those who strongly disagreed or disagreed with the doctor's behavior, 73% reasoned out that patients have the right to confidentiality.

In Dilemma 12, the group of respondents also obtained the highest mean of 3.14. Close to 96% of the respondents either strongly agreed or simply agreed with Gloria's behavior of complaining to the health center physician about the preferential treatment given by the nurse to a relative. Seventy percent (70%) of those who chose *strongly agree* or *agree* said everyone should fall in line even if they happen to be relatives of the staff.

Dilemma 2, which is about the patient's right to medical care and humane treatment, got the third highest mean

Table 1: Where sick family members are taken and the reasons for this, January 2004

Reasons	Health facility where sick family member is usually taken (n=200)									
	Barangay health center		Private doctor/clinic		Government hospital		Have never consulted		No response	
Free consultation/medicines; fees are reasonable	72	6.0	6	3.0	19	9.5	1	.5		
Attentive to our needs/at ease with health workers	1	.5	9	4.5	0		0			
Skilled staff	1	.5	16	8.0	2	1.0	0			
Have been consulting here ever since	2	1.0	9	4.5	3	1.5	0			
Proximity to residence	11	5.5	16	8.0	0		0			
Common illness	0		0		1	.5	7	3.5		
Self-medication	0		0		0		3	1.5		
No experience consulting	0		0		0		10	5.0		
No response	0		3	1.5	1	.5	1	.5	6	3.0
Total	**87**	**43.5**	**59**	**29.5**	**26**	**13.0**	**22**	**11.0**	**6**	**3.0**

Knowledge on Patients' Rights

Table 2: Complaints/problems with the barangay health center staff, January 2004

Complaints/Problems	Frequency (n=200)	Percentage (%)
Long waiting line	42	21.0
Poor service/no help received/ doctor not always available	12	6.0
Favoritism/giving priority to friends/relatives	7	3.5
Unapproachable/aristocratic staff	4	2.0
Always rushing/no time for patients/staff spends time telling stories	4	2.0
Strict in giving out medicines	5	2.5
Never been to the BHC	65	32.5
No problems, no complaints	61	30.5

Knowledge on Patients' Rights

of 3.10. Except for 16 participants, 92% said they *strongly disagree or disagree* with the arrogant behavior displayed by the midwife in dealing with the patient "Tess". According to the respondents, it is not correct to treat patients with disrespect.

The disagreement of the respondents with the behavior of the midwife was corroborated during the FGDs in the two communities. The FGD participants stressed that since the case involved an emergency, priority should have been given to the problem of Tess, the patient. Moreover, frowning and shouting were considered inappropriate behavior, especially from an educated person like the midwife.

Meanwhile, Dilemma 14, which dealt with the right of patients to information, got the lowest mean of 2.50. It is important to note, however, that Dilemma 14 was formulated differently from the others since the appropriate/correct response is inseparable from and contingent on the reason(s) given for the choice.

In Dilemma 14, 60% of the interviewees said they *strongly disagree* or *disagree* with Roger's decision to stop taking the anti-TB drugs despite the side effects he was experiencing. They reasoned out, quite validly, that he should have consulted the doctor before stopping his medication. The answer given for Dilemma 14 is therefore not as important as the reason justifying it. It is also important to point out that more than half of the respondents (at least 63 percent) chose the appropriate/preferred choice in every dilemma.

As shown in Table 5, the dominant reasons given by the interviewees who chose the appropriate/preferred responses indicate their awareness of certain rights of patients. At the very least, they know what they deserve to get as patients and when dealing with health care providers.

In Dilemma 3, majority of the respondents said that the couple should not have left the hospital but instead insisted on appropriate medical care be given to Ana who was about to give birth. However, it can be deduced from the response that the respondents did know there is a law, Republic Act 8344[9] or "An Act Prohibiting The Demand Of Deposits Or Advance Payments For The Confinement Or Treatment Of Patients In Hospitals And Medical Clinics In Certain Cases".

The respondents were also aware that it is all right to ask questions or seek clarifications to instructions given by physicians as reflected in the dominant answers given for Dilemmas 4, 6, 7, 14 and 15. All these cases dealt with the patients' rights to information and to choose cheaper or generic medicines instead of those prescribed by the doctor. Fatima's case showed how the right was exercised when she asked for a cheaper medicine for her husband's infected wound.

Table 3: Summary of Cases, Patients' Rights & Weights per Choice/Response, January 2004

Summary of Cases	Patients' Rights	Weights Per Choice/Response
Case 1: Aling Tess who rushed her son bitten by a dog to health center went straight to the front of the line to get medical assistance but was told by the irritated and frowning midwife to go to the end of the line. She humiliatingly followed the instruction of the midwife. ***Dilemma 1:*** Do you (choices) with the behavior Aling Tess of keeping quiet with the treatment she received from the midwife?	Right to medical care & humane treatment	Strongly agree – 1 Agree – 2 Disagree - 3 **Strongly disagree – 4**
Dilemma 2: Do you (choices) with the way the midwife treated Aling Tess?	Right to medical care & humane treatment	Strongly agree – 1 Agree – 2 Disagree - 3 **Strongly disagree – 4**
Case 2: Ana was rushed to the hospital when her bag of waters broke but was not admitted to the hospital when they could not pay the deposit. The couple looked for another hospital. ***Dilemma 3:*** Do you (choices) with what the couple did of just looking for another hospital?	Right to medical care & humane treatment	Strongly agree – 1 Agree – 2 Disagree - 3 **Strongly disagree – 4**
Case 3: Fatima accompanied her husband to the health center to have his infected arm treated. The doctor prescribed a strong & expensive antibiotic. Fatima asked if the doctor can prescribe a cheaper brand of antibiotic since they cannot afford to buy the medicine. ***Dilemma 4:*** Do you (choices) with the behavior of Fatima of asking the doctor for a cheaper brand of medicine?	Right to information	**Strongly agree – 4** Agree – 3 Disagree - 2 Strongly disagree – 1
Case 4: It is Elena's first time to go for prenatal check-up at the health center. When it was her turn, she was instructed by the nurse to remove her underwear, open her legs wide at the examination table. The physician inserted a speculum in her vagina & after doing the examination, left the room. The nurse then instructed her to put on her underwear and go to the doctor's table for her medicines. The doctor gave her the medicines and was told that the check-up is done. ***Dilemma 5:*** Do you (choices) with the behavior of the doctor?	Right to information Right to informed consent	Strongly agree – 1 Agree – 2 Disagree - 3 **Strongly disagree – 4**
Dilemma 6: Do you (choices) with the behavior of Elena of not asking questions with the procedure she underwent & the medicines given to her?	Right to information Right to informed consent	Strongly agree – 1 Agree – 2 Disagree - 3 **Strongly disagree – 4**
Case 5: Celia rushed her niece experiencing severe stomach pain to the hospital. The doctor informed Celia that her niece needs to be confined for observation. Celia asked if that is necessary & if there is an alternative like taking medicines since they cannot afford the hospital expenses. ***Dilemma 7:*** Do you (choices) with what Celia did of asking the doctor if there is another option besides the hospitalization of her niece?	Right to information	**Strongly agree – 4** Agree – 3 Disagree - 2 Strongly disagree – 1

Case 6: Clara & Romy have 8 children and she is pregnant with their 9th child. While Clara was undergoing labor pains, the doctor asked Romy if he would agree to having Clara ligated after the delivery so she does not get pregnant again, to which Romy gave his consent. After delivery, Clara learned that she was ligated & kept quiet. ***Dilemma 8:*** Do you (choices) with the reaction of Clara of keeping quiet after learning she was ligated?	Right to informed consent	Strongly agree – 1 Agree – 2 Disagree - 3 **Strongly disagree – 4**
Dilemma 9: Do you (choices) with what the doctor did of asking the permission of the husband regarding the ligation of Clara?	Right to informed consent	Strongly agree – 1 Agree – 2 Disagree - 3 **Strongly disagree – 4**
Case 7: Carol visited her friend's clinic and saw Aida, her neighbor, rushing out of the clinic. She inquired from her friend what was the problem with Aida & the doctor said she has STD whom she might have gotten from her husband who is a seaman. Their maid heard Carol sharing the problem of Aida to her husband, whom the former shared to other maids in the neighborhood, until it reached Aida who just kept quiet about the whole thing. ***Dilemma 10:*** Do you (choices) with Aida's reaction of just keeping quiet?	Right to privacy & confidentiality	Strongly agree – 1 Agree – 2 Disagree - 3 **Strongly disagree – 4**
Dilemma 11: Do you (choices) with what Aida's doctor did of telling Carol about her disease?	Right to privacy & confidentiality	Strongly agree – 1 Agree – 2 Disagree - 3 **Strongly disagree – 4**
Case 8: Aling Gloria went early to the health center to have her child immunized. After 30 minutes of waiting, she observed that the nurse called in her relative who just arrived. When it was Aling Gloria's turn to be seen by the doctor, she complained to the doctor about the incident. ***Dilemma 12:*** Do you (choices) with what Aling Gloria did of telling the doctor about what she observed?	Right to express grievance	**Strongly agree – 4** Agree – 3 Disagree - 2 Strongly disagree – 1
Case 9: Gloria is due to deliver but because of her high blood pressure, the doctor advised her to deliver in a hospital instead of the health center. Due to complications, Gloria stayed in the hospital for more than a week after delivery which drained their savings. When she was allowed to leave the hospital, they had a balance of P3,000 which her husband promised to settle in installment. The doctor did not allow them to take home the baby until they are able to pay the balance. So the couple left the hospital without their baby. ***Dilemma 13:*** Do you (choices) with what the couple did of leaving their baby in the hospital?	Right to leave	Strongly agree – 1 Agree – 2 Disagree - 3 **Strongly disagree – 4**
Case 10: Roger is positive for TB so the nurse advised him to get his free ration of anti-TB drugs at the center. The nurse instructed him how and when to take each of the medicines he received, and when the next schedule of visit to the center is. When Roger started taking his medicines, he started to experience stomach pains and shaking of his hands. He observed that he started not feeling well after taking his anti-TB drugs. So he decided to stop taking his medicines. ***Dilemma 14:*** Do you (choices) with what Roger did of stopping taking his medicines?	Right to information	**Strongly agree – 4** Agree – 3 Disagree - 2 Strongly disagree – 1

Case 11: Mando experiences painful urination so he decided to consult a doctor. He was asked to collect his urine for examination & told to return after 3 days for the results. When Mando returned to the clinic, the doctor gave him a prescription for antibiotic & was instructed to come back to the clinic after all the medicines have been taken for another check-up. Mando took the prescription and left the clinic. ***Dilemma 15:*** Do you (choices) with the behavior of Mando of not asking the doctor what his sickness is?	Right to information	Strongly agree – 1 Agree – 2 Disagree - 3 **Strongly disagree – 4**

Table 4: Summary of the cases/dilemmas, right(s) involved & means per dilemma, January 2004

Cases/Dilemmas	Mean	1 1.5 2 2.5 3 3.5 4
1 – Tess keeping quiet about how she was treated by midwife (Right to medical care & humane treatment)	2.75	
2 – Midwife's shabby treatment of Tess (Right to medical care & humane treatment)	3.10	
3 – Ana & husband leaving the hospital because they did not have money for deposit (Right to information)	2.88	
4 – Fatima asking the doctor for a cheaper medicine for her husband (Right to information)	2.67	
5 – Doctor not explaining to Elena the prenatal procedures done to her (Right to information and right to informed consent)	2.89	
6 – Elena keeping quiet about the prenatal procedure done on her (Right to information & Right to informed consent)	2.96	
7 – Celia asking the doctor for another option for her niece other than hospitalization (Right to information)	2.64	
8 – Clara keeping quiet after learning that her husband had agreed to have her ligated without her consent (Right to informed consent)	2.76	
9 – Doctor asking the permission of Romy to ligate Clara (Right to informed consent)	2.95	
10 – Aida keeping quiet after learning that neighbors know about her infection (Right to privacy & confidentiality)	2.79	
11 – Doctor telling Carol about Aida's infection (Right to privacy & confidentiality)	3.14	
12 – Gloria complaining to doctor about the nurse prioritizing her relative (Right to express grievance)	3.14	
13 – Couple leaving their baby in the hospital because they could not pay the balance (Right to leave)	2.98	
14 – Roger stopping his anti-TB drugs after experiencing side effects (Right to information*)	2.50	
15 – Mando not asking questions about his disease (Right to information)	2.99	

* **NOTE:** The formulation of Dilemma 14 is not parallel with the rest of the dilemmas since the appropriate response depends on the reason(s) given for the choice made.

Table 5: List of dilemmas and the dominant reasons given for agreeing or disagreeing with the behavior of the patient and/or caretaker, January 2004

Dilemma	Dominant reason(s) given for *Strongly Disagree/Disagree* response	Dominant reason(s) for *Strongly Agree/Agree* response
1 – Tess keeping quiet about how she was treated	* It's an emergency case, it should be given priority, immediate attention & treatment.	She should really fall in line, wait for her turn because it is the policy.
2 – Midwife's treatment of Tess	* The midwife should have talked to Tess properly, explained or referred her to another health worker.	It's okay since the patient was the one asking a favor & since falling in line is a policy of the center.
3 – Ana & husband leaving the hospital because of lack for money to pay for deposit	* They should not have left but instead talked to the staff. They should have looked for a way.	Just look for another hospital because they were not being attended to & it is the policy.
4 – Fatima asking the doctor for a cheaper medicine for her husband	That was the prescription of the doctor and it was for the good of the patient.	* They do not have money to buy the expensive medicines since they are poor.
5 – Doctor not explaining to Elena the prenatal procedures performed on her	* The doctor should have asked the patient & explained to her the procedure.	The doctor knows what she is doing & may get mad if the patient asks questions.
6 – Elena keeping quiet about the prenatal procedure done on her	* The patient should have asked the doctor; she should have reacted, complained & asked for an explanation from the doctor.	She should follow and trust the doctor who knows the condition of the patient.
7 – Celia asking the doctor for another option for her niece besides hospitalization	She should follow the doctor so that the patient can be observed & her disease determined.	* It's okay to avoid expenses. Life is hard.
8 – Clara keeping quiet after learning that her husband agreed to her ligation	* The doctor should have informed the patient first and respected her decision.	It was for the good of the family since they already have many children.
9 – Doctor asking the permission of Romy to ligate Clara	* The doctor should have first asked the woman for her approval.	They already have many children. Anyway, it was her husband who made the decision.
10 – Aida keeping quiet after learning that the neighbors know about her infection	* She should face the problem. She should confront those spreading the rumor.	Just keep quiet. Avoid trouble; anyway it is true. Get treatment.
11 – Doctor telling Carol about Aida's infection	* Confidential. The doctor should not have told others. The patient has a right.	The doctor was just telling the truth so that others may also avoid getting sick.
12 – Gloria complaining to doctor about the nurse giving priority to a relative	That's okay. That is really the system in government.	* Patients should really fall in line. Nobody should be allowed to go ahead even if he/she is a relative.
13 – Couple leaving their baby in the hospital because they could not pay the balance	* The couple did not do the right thing. They should not have left the child. They should have pleaded and looked for a way.	It's okay. They could not do anything. That was the hospital's policy and they could not pay.
14 – Roger stops taking anti-TB drugs after experiencing side effects	He should not have stopped his medication. He should have gone back to his doctor to explain what he feels.	* The medicines are probably those that he doesn't need. But he should have gone back to the center.
15 – Mando not asking questions about his disease	* He should have asked questions; otherwise, how would he learn about his ailment?	The doctor knows what he is doing.

* **Appropriate/Preferred Choice/Response**

The right to information on the medical treatment and the procedure to be performed on the patient was, however, violated in the case of Elena who underwent prenatal examination without any explanation given by both the health center nurse and the physician. The right to avail oneself of alternative treatment or procedures was exercised by Celia but the right to be informed about the side effects and after-effects of the treatment or medication was violated in Roger's case. Likewise, Mando's right to be given an explanation about the nature of one's disease and the medical treatment necessary was not observed by his attending physician.

The right to informed consent was also recognized by majority of the interviewees. Most of them believe that patients like Elena (Dilemmas 5 and 6) and Clara (Dilemmas 8 and 9) have the right to ask the doctor to explain the procedures they would be going through. At the same time, they also believe the doctor has the obligation to ask the permission of the patient before subjecting him/her to any medical procedure such as an internal examination in the case of Elena and ligation in the case of Clara. Both women were of legal age and sound mind at the time the procedure was being done.

The patient's right to informed consent tackled in Dilemmas 8 and 9 was further affirmed by the FGD participants. As pointed out by one FGD participant, it is the right of a patient to receive an explanation from the doctor about the procedure he/she is about to undergo and for the doctor to ask the patient's permission before proceeding with this. One respondent also pointed out the duty of the doctor to introduce himself/herself to the patient before starting any examination. Another FGD participant said that a doctor should also explain how a certain medicine should be taken, its frequency and dosage, as shown in Dilemma 6.

The right to privacy and confidentiality was another patient's right acknowledged by the participants as can be seen from their reasons for disagreeing with the behavior of the doctor who told a common friend about Aida's condition. They asserted that the doctor had no right telling others about the condition of a patient.

Although not clearly stated as a right of the patient, more than half of the participants firmly held the view that the couple in Dilemma 13 did not do the right thing when they left their newborn in the hospital because of their inability to settle their bills. They said the couple should have pleaded with the hospital and done something so they could take the baby home with them.

The results nevertheless revealed there are information gaps that emphasize the need to educate the public on patients' rights:

• Many of the dominant reasons given by the participants for their choices in Dilemmas 1, 2, 3, 12 and 13 reflect their sense of powerlessness in confronting and changing the situation they find themselves in. This can be observed especially when dealing with persons in authority and with public institutions that have policies/rules that are intended to guide people's behavior. Such passivity is particularly observable among the poor and marginalized with more than three-fourths (79%) belonging to lower income groups, i.e. earning at most Php8,000 a month for a family composed of 4-5 members, in Philippine society. Because they are economically disadvantaged, their usual reaction when treated with disrespect by people in authority is either to keep quiet and follow what they have been instructed to do or to refuse to go back to the health center to avoid embarrassment or shame.

• The reasons in Dilemmas 4, 5, 6, 7, 11 and 15, on the other hand, are indicative of a prevalent view and attitude held by many Filipinos, especially the poor. This attitude views the doctor or health professional as someone who is infallible, almost god-like. Doctors continue to be held in high regard because people have so much trust and faith in their ability to always act in the best interest of patients. Such a perception has often resulted in people entrusting everything to the doctor and abandoning their rights as patients. Concretely, this is manifested in the failure of patients and/or caretakers to ask questions or seek clarification, allowing the doctor to decide for the patient, and agreeing to everything the doctor says or recommends. The hierarchical and paternalistic relationship between patients and health care providers, which characterize the dominant culture within the Philippine health care system, has contributed to the continued disempowerment of Filipino patients.

• The reasons explaining the inappropriate choices made in Dilemmas 8 and 9 illustrate gender inequality and the inferior status of women, particularly in decision-making within the family and even in matters pertaining to their own bodies. Some participants believe the husband can decide for the wife even if the decision involves the wife's body and will affect her health. Many believe a man can do such things because "he is the husband". Such a view has surfaced during the FGDs in the two barangays. Some of the women participants believed that since the husband is the breadwinner and head of the family (*padre de familia*), he can make decisions for his wife.

One FGD participant even said that what would be wrong is for the wife to have herself ligated without the husband's permission. This would reportedly give the husband reason to suspect that his wife might be playing around since she could no longer get pregnant.

Concept/Understanding of Patients' Rights

The last question in the structured interview schedule was on the respondents' concept/understanding of patients' rights. As presented in Table 6, the three (3) most common responses of the interviewees can be classified into the following:

1. the right to ask questions and express grievances/complaints;
2. the right to medical care and humane treatment; and
3. the right to informed consent.

The concepts of the study participants as shown in Table 6 reveal a level of knowledge of patients' rights which are commonly held by people on the basis of their being humans. This means that people are conscious and expect to be accorded with respect and dignity by health care providers because this is how humans are to be treated.

Table 6: Frequency Distribution of Study Participants' Concepts of Patients' Rights, January 2004

Concepts of Patient's Rights	
Right to ask questions & express grievances	105
Right to medical care & humane treatment	84
Right to information	44
Right to free medical service	26
Tell the doctor the truth about one's condition; follow doctor's orders	16
Right to informed consent	7
Right to confidentiality	4
Don't know	7

Note: Multiple answers. Percentages are based on the total sample (n=200).

Thus, regardless of their economic status, they are entitled the right to ask questions and express grievances, the right to medical care and humane treatment, and the right to information.

Two interrelated concepts considered by the respondents as rights but are more accurately described as responsibilities of a patient are those of providing the physician accurate and complete information about one's condition and following doctor's orders. Another response that does not appropriately fall under the classification of patients' rights is receiving free medical service from the government. Although the Philippine government has the obligation to promote the people's right to health, public health programs and services need not be free. What the state should do as part of its obligation to promote the people's right to health is to ensure the accessibility and affordability of quality health goods and services to the poor and marginalized.

The study participants closely associate the concept of right to the idea of what should be or "*nararapat*". It is likewise closely linked to their ideas of what is moral. This would explain why the participants believe it is correct to assert something that patients should have or should enjoy like information, humane treatment, confidentiality and consent.

Gap between knowledge and practice

The results reveal that the study participants are generally aware of their rights or what is due them as patients. At the cognitive plane, most of them know how they should behave in the hypothetical situations presented. A combination of factors may be responsible for this state of affairs.

The relatively high level of educational attainment of the group of respondents where 49 percent reached high school is one such factor. The exposure to mass media like television, radio and newspapers which are accessible to urban poor residents is another explanation why the participants have demonstrated an appreciation for the appropriate behavior when confronted with health-related dilemmas, particularly when dealing with health care providers in health facilities. The interaction with non-government organizations (NGOs) working or providing services like education and training programs in their communities may have likewise contributed to the level of awareness of the study respondents on their rights as patients. The interplay of these various factors had made urban poor residents particularly in the study sites understand the concept of rights, particularly patients' rights.

However, although they may be cognitively aware of their rights as patients, being able to assert and exercise these rights in their interactions with health care providers is an entirely different matter. This can be deduced from the reasons given by the respondents as justification for the inappropriate choices made like the general attitude of the infallibility of the doctor, and inflexible implementation of hospital rules and policies as in the case of advanced deposit. (See Table 5) As indicated in the reasons given, there is generally an undercurrent of passivity and powerlessness among the urban poor residents although they may know what the appropriate behavior is vis-à-vis the hypothetical cases presented.

Earlier studies have shown a weak correlation between health knowledge and health behavior especially among people of low socio-economic status.[10-11] These studies have pointed out that knowledge has a limited role in behavior change and that knowledge does not necessarily lead to behavior change. For instance, according to Williams in his article, "Socioeconomic Differentials in Health: A Review and Redirection," the relationship between socio-economic status and health-enhancing activities is not simply the result of an increase in health knowledge. Health behaviors are determined by one's position in the social ladder and engaging in risky or inappropriate health practices like the inability to exercise one's rights may be a way of the poor in coping with the problems of day-to-day survival and in recognizing their disadvantaged position in society.

The observation about the disposition and behavior of poor people is likewise consistent with studies focused on the dealings of economically disadvantaged individuals with those in authority or position of power.[11& 1] According to Williams, the plight of the poor is worsened by their attitudinal orientation, such as their belief about personal control. Generally, the poor have low sense of personal control. They suffer from a sense of powerlessness and indifference, making it difficult for them to assert their rights and effectively cope with problems. On the other hand, Rubel and Garro recognized the role of socio-cultural factors, specifically the people's health culture, in influencing health behavior and attitudes.[1]

The need to assist urban poor residents in empowering themselves in order to translate their awareness on patients' rights to concrete action is necessitated by the dominant features that characterize their social environment. These include low self-esteem and lack of self-confidence. Moreover, the poor, due to decades of economic and cultural impoverishment and marginalization, have generally existed in an environment of silence, passivity and dependence.

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These have become the norms that have guided these people when dealing and relating with the rich, powerful and those in authority. These have likewise contributed to their continued state of powerlessness and the violation of their rights both as individuals and patients.

Although, there is recognition that knowledge will not necessarily translate to individual and collective action, it is an essential ingredient in the empowerment of people and communities, particularly in the exercise and defense of their right to health. It is a necessary condition for informed action and decision-making. It will also serve as a preventive measure against possible abuse and misuse of authority, especially in medical/health institutions with their highly hierarchical and paternalistic social structures. Thus, education and information work on human rights among urban poor residents continue to be a relevant activity.

Concomitantly, training and enhancing the skills like negotiating, organizing and advocacy skills of urban poor residents can build on their level of awareness of patients' rights. The strategy will be instrumental in bridging the gap between the cognitive and behavioral aspects vis-à-vis the claiming and asserting of patients' rights.

Meanwhile, educating health care providers on human rights also plays a critical role in assisting the poor towards claiming their rights. Years of European- and US-oriented medical education and training have instilled among health care providers in the Philippines certain attitudes and values reflective of an authoritarian, patronizing and judgmental view of patient-health care provider relationship. This uneven relationship, which in turn is caused by differences in educational and economic status, is a major factor in the unethical behavior of many health care providers. It also explains why patients are vulnerable to discrimination and human rights violations. Thus, enriching the education and training curricula of health professionals through the integration of ethics and human rights courses is imperative. It is expected that with education and training on ethics and human rights, health professionals will become more aware and conscious of their obligation to treat patients with dignity and respect befitting that of human beings.

Conclusions and Recommendations

The study findings underscore the importance of instituting education and training programs/activities on patients' rights both among patients and health care providers. On the part of the State, the study likewise provided evidence on the need to formulate policies and programs like a law facilitating the promotion and protection of patients' rights at the national and local levels.

Though limited in scope, the study results can be used by and guide the Department of Health and local government units (LGU) to initiate programs that will improve the awareness of the public, health care providers, local government officials and workers, on the issue of patients' rights. These programs may include, but are not limited, to the following:

1. Development and production of culturally appropriate and popular education, information and communication materials/modules on patients' rights;
2. Integration and popularization of modules and curricula on patients' rights into the existing health education programs/activities in public health facilities at the community/barangay level;
3. Trainors' training of community and health center workers on patients' rights; and
4. Review and revision of the current medical and health sciences curricula so that ethics and human rights become core courses in the education and training of future health care providers of the country.

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References

1. Rubel AJ, Garro, LC. Social and cultural factors in the successful control of tuberculosis. Public Health Reports. 1992; 107(6): 626-636.
2. Barnhoorn F, Adriaanse H. In search of factors responsible for noncompliance among tuberculosis patients in Wardha District, India. Social Science and Medicine. 1992; 34(3): 291-306.
3. Jaramillo E. Pulmonary tuberculosis and health-seeking behavior: How to get a delayed diagnosis in Cali, Colombia. Tropical Medicine and International Health. 1998; 3(2): 138-144.
4. Mirowsky J, Ross CE. Patient Satisfaction and Visiting the Doctor: A Self-Regulating System. Social Science and Medicine. 1983; 17(18): 1353-1361.
5. Sharp K, Ross CE, Cockerham WC. Symptoms, Beliefs, and the Use of Physician Services among the Disadvantaged. Journal of Health and Social Behavior. 1983; 24: 255-263.
6. Zola IK. Structural Constraints in the Doctor-Patient Relationship: The Case of Noncompliance in Howard D. Schwartz (compiled by) Dominant Issues in Medical Sociology 3rd edition: 76-94. New York: McGraw-Hill, Inc., 1994.
7. International Covenant on Economic, Social and Cultural Rights, 1966.
8. 1987 Constitution of the Republic of the Philippines. Article II, Section 11& 15. Article XIII, Section 11. 2004 Jan 4. Available from http://www.chanrobles.com/philsupremelaw2.html
9. Republic Act 8344 – An Act Prohibiting The Demand Of Deposits Or Advance Payments For The Confinement Or Treatment Of Patients In Hospitals And Medical Clinics In Certain Cases. 1996. Available from http://www.doh.gov.ph/ra/ra8344.
10. Coburn D, Pope CR. Socioeconomic Status and Preventive Health Behavior. Journal of Health & Social Behavior. 1974; 67-78.
11. Williams, DR. Socioeconomic Differentials in Health: A Review and Redirection. Social Psychology Quarterly. 1990; 53(2): 81-99.