

# **Patient Rights in Health care in the Eastern Mediterranean Region: Perspective from the World Health Organization**

**The 1<sup>st</sup> Gulf Patient Rights  
Conference**

**28-29 February, 2016**

# WHO and the Right to Health

*“The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.”*

WHO Constitution

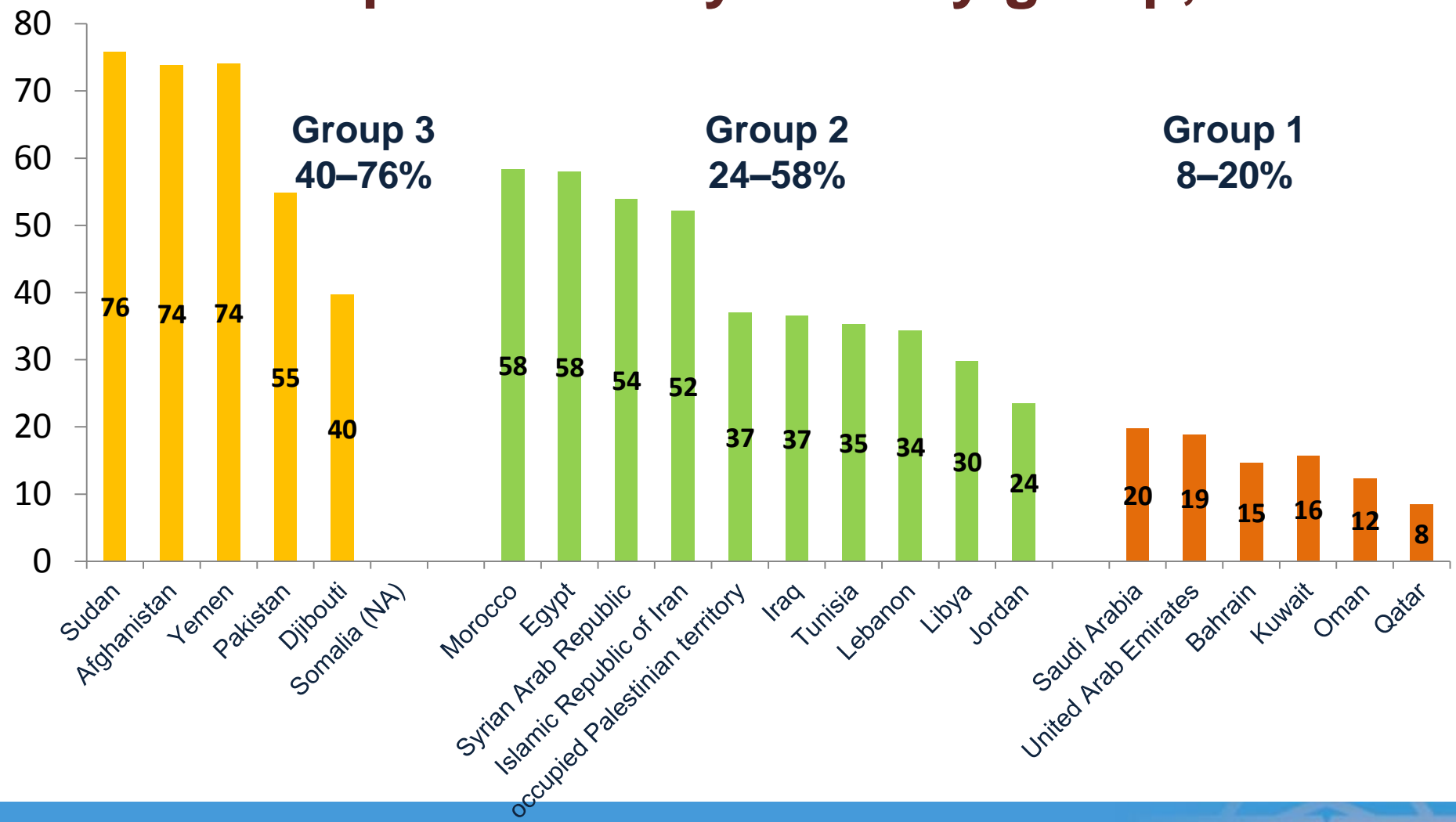
*[The right to health] “is not confined to the right to health care... It embraces a wide range of socio-economic factors.....”*

General Comment No. 14 (“the Right to Health”) to the Article 12  
of the International Covenant of Economic, Social, and Cultural Rights

# Human Rights Based Approach to Patient Care

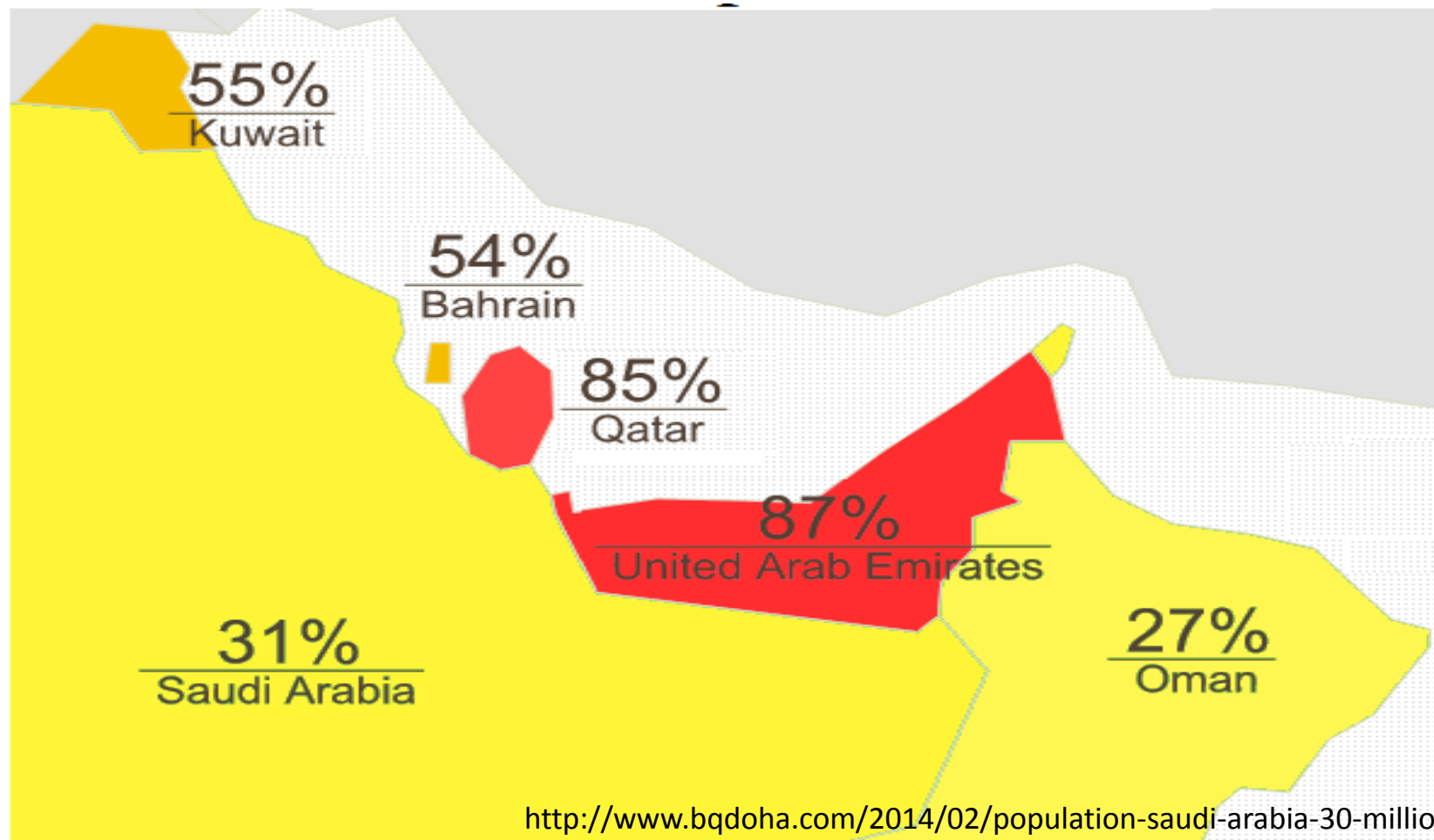
- Human rights provides a legal framework
- Human Rights Based Approach (HRBA) to health:
  - Availability
  - **Accessibility**
  - **Affordability**
  - Acceptability and quality and **safety** of services
  - Participation, equality and non-discrimination
  - Respect and dignity

# Share of out-of-pocket expenditure in total health expenditure by country group, 2013



**In EMR, it is estimated that up to 16.5 million people face financial catastrophe and 7.5 million become poor due to out-of-pocket payments annually**

# Proportion of Expatriates in GCC Countries



# Patient Safety: Adverse events in EMR

Country	AEs rate/100 admissions (CI 95%)	% preventability (CI 95%)	% admissions resulting in death
Egypt	6.0 (4.7 to 7.3)	72.5 (62.8 to 82.2)	1.25
Jordan	2.5 (2.0 to 2.9)	83.3 (75.7 to 90.9)	0.61
Morocco	<b>14.8</b> (12.6 to 17.0)	85.6 (79.9 to 91.3)	3.58
Sudan	8.2 (6.4 to 10.0)	55.1 (43.9 to 66.3)	0.75
Tunisia	8.3 (6.5 to 10.1)	85.7 (77.9 to 93.5)	1.29
Yemen	<b>18.4</b> (16.5 to 20.3)	92.8 (89.9 to 95.7)	4.28
<b>Total</b>	<b>8.2</b>	<b>83.0</b>	<b>1.85</b>

Source: Patient safety in developing countries: retrospective estimation of scale and nature of harm to patients in hospital. BMJ. 2012;344:e832.

# Medical Malpractice: Sporadic Information in Gulf Countries

- 1765 anesthesia related cases referred to the Medico-Legal Committee by MOH in Saudi Arabia 1999-2003 (*Samarkandi 2006*)
  - 3.8% of claims were anesthesia-related of which 9.1% ended with legal action against anesthesiologist
- In 2013, around 200 malpractice cases registered in Jeddah, ranking the highest region in Saudi Arabia (*Al Hamid 2014*)
- Dubai Health Authority reported > 500 medical complaints against doctors operating in private, public and clinical settings in 2013 (*Bell 2014*)



# International/European Framework for Protection of Human Rights in Patient Care

- Right to preventive measures
- Right of access
- Right to information
- Right to consent
- Right to free choice
- Right to privacy and confidentiality
- Right to respect for patients' time
- Right to observance of quality standards
- Right to safety
- Right to innovation
- Right to avoid unnecessary suffering and pain
- Right to personalised treatment
- Right to complain
- Right to compensation

# Provider Rights

- **Right to decent working conditions**
  - Medical staff are exposed to dangerously high levels of radiation due to faulty equipment.
- **Right to freedom of association**
  - A professional medical association is not approved by the Ministry of Health
- **Right to due process**
  - A nurse facing disciplinary proceedings is unable to obtain access to evidence against her .....
- **Right to security and safety**

# Advocating for Patients Rights in Gulf and EMR Countries

- Information and awareness – (empowerment of right holders)
- Generation of evidence to inform policies and practice
- Effective participation of stakeholders (patients, civil society, private providers, parliament, academia....)
- Structural and legal reforms
- Protection measures from malpractice
- Monitoring and observance of compliance

***Thank You!***



**World Health  
Organization**

Regional Office for the Eastern Mediterranean

