



A Comparative Study on Patient Rights: Medical vs. Dental Students

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Abstract

Health care services require team work and all members of a health care team should have sufficient knowledge about patient rights to maintain their relationships with patients. Therefore, doctors of all disciplines can be expected to be equally aware of patient rights. In an attempt to determine the situation in practice, we determine what medical and dental students know about patient rights. A questionnaire was prepared composed of 17 questions about patient rights. This questionnaire was distributed to the senior students of medical and dental schools at two state universities. The study included 180 volunteer students. Out of participants, 131 students had education about patient rights and 41 of them found their knowledge about patient rights sufficient. There was a significant difference between medical and dental students in their opinions about patient rights to “request consultation from another physician”, “ask examination/treatment costs”, “decline treatment”, “ask information about treatment options” and “ask information about each step of a treatment”. There was also a significant difference in their opinions about “obtaining informed consent for drug treatment” and “the type of informed consent”. Several declarations and regulations on patient rights have been made both nationally and internationally in the last 20-30 years. However, these regulations should be put into practice and to what extent these regulations and declarations have affected candidate doctors should be evaluated and a standardized curriculum about patient rights should be developed to be used in each medical and dental school in the country.

Key Words: Dentist, physician, patient rights, human rights

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Introduction

This era is an intellectual turning point when human rights have been recognized. Human rights are basic rights which many societies believe that a human being has them even at birth and that they cannot be transferred to another human being. The most important human right is the right to live. This does not only refer to a state of being alive, but a healthy and wealthy life, i.e., a life of high quality, as well. It is only possible to have a high quality of life only if an individual is healthy and receives medical care when she becomes ill. The right to be healthy and patient rights in cases of diseases and illnesses are the rights which complete and support the right to live. The most critical side of patient rights is whether health care services should be easily available to every individual. Every individual who needs and receives health care has the right to know what their problem is and what procedures and interventions they will undergo.

The term right is a legal term and is usually defined in the context of law. The term health is considered an individual right. A healthy life is an integral part of individual rights [1]. “The Patients Bill of Rights” declared by the World Medical Association in Lisbon in 1981 was the first document that dealt with patient rights. In Turkey, the right to lead a healthy life and to regain health in cases of diseases and illnesses was first expressed in the constitution in 1961. The right to live was expressed under the Article XVII of the constitution and the right to lead a healthy life under the Article LII of the constitution in 1982. The Regulation of Patient Rights was first issued in 1998 in our country. Then, the Directorate of Health Care Services, affiliating with Ministry of Health, issued regulations and put patient rights into practice. The Regulations about Patient Rights in Health Institutions, which came into force in October 2003, and its new version Regulations for Putting Patient Rights into Practice, which came into force in April 2005, aimed to put patient rights into practice. The regulations particularly the second one are directed towards spreading and standardizing the practices of patient rights [2].

It is a fact that doctors do not have sufficient information about patient rights especially legal aspects of patient rights. All health staff and especially doctors should be aware of the fact that patients are human beings and have biological, psychological and social needs. Therefore, the curricula of medical and dental schools should be revised and the quality of education at these schools should be improved [3]. The universities, Turkish Doctors’ Chambers, volunteer

associations, journalists and public authorities should shoulder the responsibility for improving the practices of patient rights in the country.

Team work is essential in health care services. So that health care services have high quality, achieve desirable goals and both health staff and patients are satisfied with the outcome, both health staff and patients should know their rights and responsibilities. It is important that both health staff and patients be aware of patient rights. Furthermore, all health staff including doctors, nurses, and radiology technicians etc. who are in contact with patients should have sufficient knowledge about patient rights and each member of the health care team should have knowledge standardized in accordance with their role in the team. The aim of this study was to compare the senior students of two medical and dental schools in terms of their knowledge about patient rights.

Material and Methods

A questionnaire composed of 17 questions was developed to determine what senior students of two medical and dental schools know about patient rights. The questionnaire included questions about age, gender and class. The students were asked whether they received education about patient rights and if they said yes, then they were asked what the sources of information were, whether they felt their knowledge about patient rights were sufficient, what they thought patient rights included, which interventions required written/oral informed consent, who was requested to give informed consent when a patient was a child and how informed consent was obtained, how many physical examinations they participated on average every day, how long it took to give information to patients and whether they found the time spent on giving information to patients sufficient, whether patients complained to them about their colleagues and whether there were charts and brochures in their institutions to offer information about patient rights. There were questions on their attitudes towards patients who declined to receive or discontinue treatment and their opinions about making contact with health institutions to which patients are referred. To our knowledge, there have not been any studies on what dental students thought about patient rights. Therefore, we included some dental interventions into the questionnaire which require getting informed consent from patients.

The questionnaire was distributed to medical and dental students at two state universities. Only volunteer students were included in the study. First, dental students were asked to complete the questionnaire since there were fewer dental students at each university. Then, an equal number of medical students from each university were selected randomly and requested to fill in the questionnaire. Obtained data were analyzed with a statistical package program. Statistical analyses were made with descriptive statistics, Pearson Chi-square test and Fisher's Exact Test.

Results

The study was conducted at two state universities where there were both dental and medical schools. The questionnaire was completed by a total of 180 students, of whom 27 dental students and 27 medical students were studying at one university, and 63 dental students and 63 medical students at the other university. Out of 180 students, only one did not report his age and the mean age of the participants was 23,64 (SD: 1,71). Out of 179 participants, 56.6% (n=101) were 23 years or younger and 43% (n=78) were older than 23 years. Of all participants, 48.9% (n=88) were male and 51.1% (n=92) female.

Of all students, 72.8% (n=131) had education about patient rights, but 27.2% (n=49) did not. One-hundred and twenty-seven students (96.9%) (87 dental students, 40 medical students) received this education at university, 23 (17.6%) from their neighbourhood (i.e. family, friends and colleagues) and 20 (15.3%) at congresses, symposiums and similar scientific meetings. Out of 179 participants, 22.9% (n=41) found their knowledge about patient rights sufficient, but 77.1% (n=138) noted that they had little or no information about patients rights. Twenty-two point two percent of the dental students and 23.6% of the medical students felt that they had sufficient knowledge about patient rights. Out of 177 participants (98.3%) who answered the question whether there were regulations about patient rights, 94.9% said "yes".

Responses given to the question what patient rights are shown in Table 1. There was a significant difference between the dental and medical students in their opinions about patient rights to request consultation from another doctor, information about each step of health care, about different treatment options and examination/treatment costs and to decline to receive treatment. In fact, a higher rate of the dental students noted that patients had these rights. As

shown in Table 1, both the medical and dental students' attitude toward reviewing and copying medical records and having a family member or a relative in hospital as a caregiver is striking. Indeed, 50% and 40% of the dental and medical students had negative attitude toward reviewing and copying medical records respectively. Forty percent and 27.8% of the dental and medical students objected to the right to have a caregiver during their hospitalizations respectively.

Table 1. Patient Rights

Patient Rights	Dental Students				Medical Students				Total
	Yes	%	No	%	Yes	%	No	%	
to know identity, position and title of the doctor	86	95.6	4	4.4	79	87.8	11	12.2	180
to choose one's doctor	82	91.1	8	8.9	77	85.6	13	14.4	180
to request consultation from another doctor	69	76.7	21	23.3	49	54.4	41	45.6	180*
to ask information about each step of health care	85	94.4	5	5.6	69	76.7	21	23.3	180*
to decline to receive treatment	86	95.6	4	4.4	66	73.3	24	26.7	180**
to ask information about treatment options	88	97.8	2	2.2	71	78.9	19	21.1	180**
to know the results of the examinations	79	87.8	11	12.2	69	76.7	21	23.3	180
to review and copy medical records	45	50.0	45	50.0	54	60.0	36	40.0	180
to have a caregiver	54	60.0	36	40.0	65	72.2	25	27.8	180
to know treatment/examination costs	87	96.7	3	3.3	70	77.8	20	22.2	180**

*p <.01

**p <.001

The participants were asked in what conditions they obtained written/oral informed consent from patients or guardians (Table 2). There was a significant difference only in obtaining informed consent before administration of drug treatment between the groups. In fact, a higher rate of medical students found it unnecessary to obtain informed consent before drug treatment. Another striking finding was that 62.2% and 61.1% of dental and medical students did not find it necessary to get informed consent for physical examinations respectively. In addition, 48.9% and 60% of the dental and medical students objected to receiving informed consent for laboratory and radiological examinations.

Table 2. Situations which Require Informed Consent

Situations	Dental Students				Medical Students				Total
	Yes	%	No	%	Yes	%	No	%	
Physical Examination	34	37.8	56	62.2	35	38.9	55	61.1	180
Anaesthesia	68	75.6	22	24.4	63	70.0	27	30.0	180
Drug Treatment	61	67.8	29	32.2	48	53.3	42	46.7	180*
Minor Surgical Interventions	68	75.6	22	24.4	59	65.6	31	34.4	180
Major Surgical Interventions	88	97.8	2	2.2	89	98.9	1	1.1	180
Laboratory and Radiological Examinations	46	51.1	44	48.9	36	40.0	54	60.0	180
Biopsy	68	75.6	22	24.4	64	71.1	26	28.9	180
Surgical Operations of the gum ¹	74	82.2	16	17.8	-	-	-	-	90
Endodontic treatment ¹	66	73.3	24	26.7	-	-	-	-	90
Prosthetic treatment ¹	66	73.3	24	26.7	-	-	-	-	90
Injections and vaccinations ²	-	-	-	-	44	48.9	46	51.1	90

* p< .05

¹ only dental students were requested to answer.

² only medical students were requested to answer.

As for the question who should give informed consent instead of children, 62.2% (n=112) of all the participants replied that it should be obtained from their parents and children themselves if possible and 31.7% (n=57) said it could be obtained from their parents only. Seven students (3.9%) noted that informed consent should be obtained from children and four students (2.2%) did not find it necessary to obtain informed consent from children.

The answers to the question whether the participants obtained informed consent and how they obtained it were as follows: one student did not answer this question and four dental students and nine medical students noted that they did not obtain informed consent. Out of 166 students, 78 dental students and 33 medical students obtained oral informed consent and the rest obtained written informed consent, with a significant difference (Chi-square=45.741, p< .001). In fact, a higher rate of medical students turned out to obtain written informed consent.

Overall, the participants were involved in 9,87 examinations (SD.: 8,20) daily on average. The medical and dental students participated in 14,01 (SD.: 9,46) and 5,78 (SD.: 3,42) examinations daily on average respectively. In fact, the number of examinations the medical students took part in was considerably higher. As for the question how long it took to obtain informed consent for examinations, investigations and treatment, 87 students (48.3%) noted

that it took 3-5 min, 40 students (22.2%) noted that it took 5-10 min, 34 students (18.9%) noted that it took 1 min and 4 students (2.2%) noted that it took 15-20 min, but 15 (8.3%) reported that there was no time left to get informed consent. There was not a significant difference in time spent to talk to patients between the medical and dental students ($p > .05$). The question whether the participants found the time spent on offering information sufficient or not was answered by 179 students. Out of all the students answering the question, 2 (1.1%) found it longer than required, 76 (42.5%) found it sufficient and 101 (56.4%) found it insufficient. There was no significant difference between the medical and dental students ($p > .05$).

When the participants were asked how they would treat the patients who declined treatment before but presented again, 81 (45.0%) explained that they would continue the same treatment, but 99 (55%) objected to treating those patients and would refer them to another health centre. There was no significant difference between the medical and dental students in their attitude towards patients who declined to be treated ($p > .05$).

One hundred and seventy-nine students answered the question whether contact should be made with the health centres to which patients were referred in order to obtain information about the referred patients. Out of 179 students, 139 (77.7%) found it necessary to ask information about the patients, but 40 (22.3%) did not find it useful. Sixty-eight medical students and 71 dental students found it useless to collect information about referred patients, with no significant difference between them ($p > .05$).

The participants were also asked whether they heard complaints by patients about their colleagues. Out of 179 participants who answered the question, 87 (48.6%) noted that they heard patients complaining about their colleagues, but 92 (51.4%) noted that they did not hear any complaints from patients. Forty-six medical students and 41 dental students reported that they did not hear any complaints, without a significant difference between them ($p > .05$).

The last question was whether there were charts and brochures offering information about patient rights in the institutions the participants worked in. Out of 179 students, a total of 49 students (27.4 %) (35 medical students and 14 dental students) informed that such charts and brochures were available, but 130 (72.6%) noted that there were not any charts or brochures to inform patients. The difference between the dental and medical students was significant ($p < .01$). Indeed, a higher rate of dental students noted such material was not available.

Discussion and Conclusion

Medical and dental education is offered at 48 medical schools⁴ and 18 dental schools in Turkey [5]. By 2003 there were 97,763 medical doctors and 18,073 dentists who graduated from these schools [6]. These schools are not standardized in terms of the number of students per lecturer and curriculum, with resultant graduates who have the same titles but with different education and therefore different opinions and practices about patient rights.

Of all the students who participated in the study and completed the questionnaire, 72.8% noted that they had education about patient rights and added that they received this education in classes (96.9%), from their neighbourhood (i.e. family, friends and colleagues) (17.6%) and at congresses and symposiums (15.3%). Just as the sources of information about patient rights are different, how much the students knew about the issue also showed differences. In a study on physicians and nurses from Ankara, 30,9% of the participants reported that they learned patient rights at school [7]. The finding that candidate doctors had education about patient rights seemed promising. Although 77.1% of the participants in this study did not find their education about patient rights sufficient, the most important source of their information is their education at school. Therefore, it is still debatable whether medical and dental curricula should be restricted with knowledge about diseases and their treatment. Based on the idea that health care services offered should meet patient needs, curricula of medical and dental schools should be restructured into a spiral curriculum and cover patient rights repeatedly.

Most of the participants (94,9%) knew that there were laws about patients rights. In other words, their knowledge about patient rights was in the recognition level. A well-organized education system is required to transfer their knowledge from the recognition level into behaviour. The primary role of health professionals is to meet patient needs and expectations. Furthermore, health professionals, particularly doctors, should respect patient rights and act in accordance with ethical principles. To this aim, candidate doctors should contact with patients from the beginning of their education and lecturers should exhibit model behaviours in this respect. In a study from Brazil, the students who exposed to the course of Medical Psychology noted that lectures about the relationship between doctors and patients do not reflect the reality because they did not contact with patients during the first year of the course and suggested that lectures offered in the first three years should be relevant to the clinical

practice. The students who attended practices stated that lecturers were important models for them [8].

As for the answers to the question what patient rights were, we found a significant difference between the medical and dental students in their opinions about patient rights to request consultation from another doctor, to ask information about each step of a given treatment, to decline to receive treatment, to ask information about treatment options and to know treatment/examination costs. In fact, a higher rate of the dental students admitted that patients had the above mentioned rights. Similarly, in a study from Istanbul, doctors were asked to list the first three patient rights which come to their minds and it turned out that the most important one was the right to choose one's doctor followed by the rights to be informed about one's diseases and illnesses and to decline to receive treatment [9]. In another study from Ankara on doctors, nurses and midwives, the first three most important patient rights were to be informed about treatment options, risks of treatment and before participation in scientific studies [7]. One study revealed that 82,7% of the doctors explained diseases and their prognoses and that there was a significant difference in receiving informed consent and giving information about prognoses of diseases between internists and surgeons [10]. A search on the Internet revealed that there were not any studies on dentists' opinions about patient rights. In the light of the literature, doctors specializing in different disciplines and residing in different locations may have different opinions about patient rights. Both medical and dental students are offered the course of Medical Ethics in their first year. In addition, medical students take the course Forensic Medicine, including the topics legal rights and responsibilities of doctors and patients rights, in their fifth year and dental students take the same course in their last year at school. The reason why dental and medical students differed in their opinions about patient rights may be that dental students had just learned patient rights and therefore, they clearly remembered the details. Medical students were expected to record information about patient rights in their long-term memory since they continued to attend practices for one more year, which was not confirmed by the results of the present study. Therefore, tutors who teach medical students should question themselves about whether they are good models for the students.

It was striking that both medical and dental students had negative attitude towards the patient rights to review and copy patient records and to have a caregiver in hospital, though there was no significant difference between the two groups. It may be that doctors may think that they

have the right to keep the records. The negative attitude towards having a caregiver in hospital may result from inappropriate physical conditions and the idea that the privacy of the relationship between doctors and patients should not be violated.

The students were asked in what conditions oral/written informed consent should be taken. The answers revealed a significant difference between medical and dental students. Indeed, a higher rate of the medical students found it unnecessary to obtain informed consent before any drug treatments. Another striking finding was that 62,2% of the dental students and 61,1% of the medical students did not obtain informed consent before examinations and that 48,9% of the dental students and 60% of the medical students did not obtain informed consent before laboratory investigations and radiological examinations. According to the laws about patient rights, when a patient presents to a clinic, it means he/she has given informed consent except for certain conditions specified in the laws. However, medical ethics require that patients should be informed about physical examinations, laboratory investigations, radiological examinations and treatment options. In view of the number of the patients a doctor examines daily, it is not surprising that most of the doctors ignore informed consent before examinations and investigations. Therefore, doctors should examine a certain number of patients in accordance with international standards for the sake of both patient rights and appropriate working conditions of doctors.

In the present study, there was a significant difference between the dental and medical students in the type of informed consent they received (Chi-square=45.741, $p < .001$). The medical students preferred to receive written informed consent. Although there are not any acts which restrict the type of informed consent in Turkish laws, a higher rate of doctors at university hospitals obtain written informed consent since they think that it is a written document and therefore can be used as evidence. In the recent years, more media coverage in malpractice cases and frequent discussions about the new regulations for medical practices expressed in Turkish Penal Code in scientific circles may have encouraged doctors to be more careful and to obtain written informed consent.

In the present study, the medical students were involved in a considerably higher number of physical examinations. It may be that university hospitals offer health care services for a higher number of patients and that dental treatment take longer periods of time and therefore a lower number of patients present to dental hospitals.

An overwhelming majority of the participants (72.6%) stated that charts and brochures which offer information about patient rights were not available in the institutions where they worked. This indicates violation of regulations about patient rights [11] especially in the tertiary health centres or the charts and brochure were not put on appropriate places.

It can be concluded that dental and medical students differ from each other in their opinions about patient rights. A lot of written declarations, both national and international, and regulations have been made about patient rights in the last 20-30 years. It can be suggested that how these declarations and regulations are reflected in education should be evaluated and medical and dental education offered should be standardized at all schools.

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