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Dear Nicola

Thank you for the opportunity to comment on the Draft National Patient Charter of Rights Consultation Paper. On behalf of the Australian Private Hospitals Association (APHA), I have provided the following brief comments.

1. Draft National Patient Charter of Rights

General comments

The eight Rights that form the Charter are a mix of rights that a consumer can expect from (a) government, via publicly funded health services (Access and part of Redress) as well as (b) those rights that a consumer can expect from a health service provider (Respect; Safety; Communication; Information; Participation; Privacy; and part of Redress). This is not ideal as it could conceivably lead to a situation where a health service provider is held to account by a consumer for circumstances beyond the provider's control, such as lack of funding (and therefore limitations on Access) for particular services.

It is also unclear why Access is required in a Charter of Rights given that it is one of the underpinning principles of Medicare and therefore arguably is already in existence as a consumer right.

Right number 8 is labelled as Redress, which appears to be an unnecessarily antagonistic and legalistic term and APHA recommends that it be renamed as Feedback.

Rights and Responsibilities

If they are to be meaningful, the rights of an individual patient or the collective group of health consumers can only really exist when it is the responsibility of another party to observe these rights, which in this case is mainly health care providers. Thus, while it may be a Charter of Rights for health consumers it is also at the same time a Charter of Responsibilities for health care providers.

In APHA's view, the Charter omits an important aspect of a consumer's interaction with the health system, their Responsibilities, which is a significant shortcoming. APHA recommends that Responsibilities be added to the Charter (as point 9) and that a separate set of Principles should be developed that articulate the responsibilities expected of health consumers. This is an important issue as arguably health care services can only be provided safely when it is accepted by the Patient/Consumer that they have responsibilities.

In these circumstances, APHA recommends that the Charter be renamed as a *Charter of Health Rights and Responsibilities*. If this is unacceptable, as the Consultation Paper

indicates that the Charter is intended to apply across the entire health system, APHA recommends that the term ‘health consumer’ be substituted for ‘patient’ to reflect this broad scope.

2. Draft National Patient Charter Principles

The draft Principles are articulated on pages 6-8 of the Consultation Paper. APHA has some concerns regarding consistency and ambiguity of language used in describing several of the Principles.

Access

Under Access, four Principles are listed, three of which use different terminology to describe seemingly similar parts of the health system:

- ✍ Be admitted to a *public hospital* as a public or private patient;
- ✍ Equitable access to *public health services* regardless of place of residence;
- ✍ A decision by a *health service* regarding access to care that is transparent.

APHA recommends that the terms identified above in italics be reviewed to ensure consistency and/or clarified as necessary. APHA recommends also that the words ‘or private’ be removed from Principle 2, under Access.

Principle 3 provides for ‘equitable access...regardless of place of residence.’ Given that there will always be services that are not available in all locations (eg intensive care; paediatric cardiac surgery; complex surgery) the Principle should be qualified accordingly.

Safety

Under Safety, Principle 3 notes that a patient is entitled to “care that is informed.” It is unclear what ‘informed’ means in this circumstance and therefore APHA recommends that this term should be clarified to avoid confusion.

Communication

Principle 1 provides for an entitlement to ‘appropriate’ communication. Appropriate is a subjective term and would be better substituted by ‘timely’ communication.

Principle 3 identifies an entitlement to access to a ‘qualified health interpreter’. APHA is uncertain as to the exact qualifications and availability of qualified health interpreters. To avoid confusion, APHA suggests rewording this principle as follows:

- ✍ Access to an interpreter where required that is not a family member.

Principle 5 includes a requirement that responses to questions are provided in an ‘understandable, adequate and meaningful manner’. Each of these terms is subjective and may be less confusing if reworded as:

- ✍ Ask questions and receive a response that addresses their questions in a manner that is understood by the consumer.

Participation

Principle 6 under Participation notes that a patient is entitled to “choose to participate in teaching, training or research activities, apart from the normal care delivered in a public teaching hospital by clinicians in training.” As teaching, training, research, and care

delivered by clinicians in training are and have been for some time, features also of private hospitals, this Principle requires rewording. The same point has relevance to the 6th Principle under Information as teaching hospitals also exist in the private sector.

Feedback (Redress)

Recommend that Principle 1 be expanded as follows:

- ✗ have access to processes to comment (*ie compliment and complaint*) on the care received and processes to make suggestions on how improvements can be made.

Rights and Responsibilities

As noted earlier, APHA believes that a serious shortcoming of the Charter is the omission of any notion of patient responsibilities. While two patient responsibilities are identified in the draft Principles, these are inappropriately included, almost as an afterthought, under the right to Information. While the first of these, provision of information by patients, could arguably fit under Information, the second, expectations that patients follow care plans, appears misplaced. Greater clarity, for all parties, would be provided by the inclusion of Responsibilities as a separate set of Principles. These could include, for example:

- ✗ To provide to the best of their knowledge and ability, accurate and complete information about past and present illness, medication, treatments, relevant family history and other matters relating to their health
- ✗ To communicate whether or not they clearly comprehend the care provided
- ✗ To follow the instructions about care provided by the health care provider and to report any changes in their condition in a timely manner
- ✗ For the consequences of their actions if they refuse treatment or do not follow the recommended instructions
- ✗ To be considerate of the rights of other patients/consumers and health care workers
- ✗ To accept and comply with a policy of zero tolerance of aggression towards staff and understand that unacceptable behaviour may delay or negate receiving treatment*.
- ✗ To adhere to relevant legislative and facility requirements regarding the safety and security of those who use the facility*
- ✗ Health service users should make complaints in a respectful and honest manner and provide truthful and accurate information when making a complaint*.

* Note that these latter three dot points are drawn from the Queensland draft Charter of Rights and Responsibilities.

3. Accreditation

Patient charters of rights and responsibilities used in private hospitals are subject to assessment under current accreditation standards. This includes a review of the hospital's evaluation of understanding by patients of their rights and responsibilities. Accreditation mechanisms could be used to monitor uptake of the Charter but this process would need to ensure that consideration is given to processes that are already in place.

4. Possible Applications for the National Charter

As the Charter and Principles will necessarily be drafted as generic documents capable of incorporation into a range of existing charters, perhaps the National Charter and Principles could be presented as a checklist, with a recommendation that it is used as the basis for review and assessment of existing charters. The reviewed charters could then be assessed by the ACSQHC to ensure their consistency with the National Charter and Principles.

Private Patient Hospital Charter review

APHA recognises that there are added rights and responsibilities of Patients/Consumers in a Private Hospital; for example, fees and we would propose redrafting the Private Patients' Hospital Charter in consultation with the ACSQHC and other interested parties involved in private health care.

5. Concluding Comments

In their present form, the draft Charter and Principles do not strike an appropriate balance between the roles, rights and responsibilities of patients and providers and APHA recommends that the notion of patient responsibilities needs to be included in the Charter and articulated under the Principles. If agreement cannot be reached and this course of action is not possible, an alternative is to develop a Charter that incorporates the rights of both health consumers and health care providers.

APHA looks forward to participating further in the drafting of the Charter and its accompanying Principles.

Yours sincerely



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Director, Policy and Research
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