

Department of Health and Human Services

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Australian Commission

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on Safety and Quality
in Health Care



Tasmania

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Professor Chris Baggoley
Chief Executive
Australian Commission on Safety and Quality in Health Care
GPO Box 5480
SYDNEY NSW 2001

Dear Professor Baggoley *Chris*

Thank you for your letter dated 22 January 2008 inviting the Department of Health and Human Services to contribute to the National Patient Charter of Rights.

The Department of Health and Human Services strongly supports the initiative to develop a National Patient Charter of Rights and would like to make the following comments:

I National Patient charter of Rights and National Patient Charter Principles

The patient charter of rights is a useful guide for patients, their families and the service providers. In our view the language is appropriate, and the framework and structure of the charter sound. Notwithstanding our general view, we would suggest that the term 'redress' should be replaced with a term more easily understood by the community.

Tasmania suggests that a communication strategy be developed to raise awareness with the charter at a national perspective and by the individual service providers such as the hospitals. It is vital that promotional material delivers a consistent message, with easily recognisable branding. Such material needs to be adaptable for use by all the various service providers and be available in a range of languages and mediums.

Rights included in the Charter

While the document refers to patient responsibilities, it is our view that this issue could be more explicit. The document should note that patients have a responsibility to participate and contribute to their own health care and to exhibit the same behavioural qualities as they have a right to expect from healthcare professionals in turn.

The term 'Access to care that is transparent and accountable' needs better definition including evidence of how it is achieved. Also not mentioned in the rights is that information provided is valued, nor that people will be treated with courtesy.

In our view the document also needs to mention the need for care and practise to be evidence-based from sound research, and that patients have a right to feel 'cared for'.

Points included in the Principles

While it is stated that the patient is entitled to information regarding proposed treatment and medication, including risks and alternatives, there is no mention of discussions about the patients rights regarding known ineffective treatments, if suffering will be prolonged or if the treatment will be otherwise inappropriate. This is relevant under basic patient and human rights.

Thank you once again for the opportunity to make a submission to this important initiative.

Yours sincerely



Ms Catherine Katz
Deputy Secretary
Acute Health Services

23 March 2008