

Submission: “National Patient Charter of Rights”:

Thank you for seeking written submissions on your [draft National Patient Charter of Rights \(PDF 75 KB\)](#). I understand the purpose of this document is to underpin the provision of safe and high quality health care and to support a *shared* understanding of the rights and responsibilities of patients, consumers and health care providers.

On page 14, point 4, you specifically seek “*feedback on:*

- *Whether the balance between the roles, rights and responsibilities of patients and providers is appropriate in the Principles*
- *Whether the Charter could have more of an emphasis on patient responsibilities as well as rights*
- *Whether there are other rights, roles and responsibilities that impact on patients and providers that should be included in either the Charter or the Principles”*

To all three points, I respectfully submit an emphatic YES.

I do so for reasons which include that your very *raison d’être* is to promote Safety and Quality in Health Care, in contrast to simply being a Rights advocacy group.

By way of illustration, a patient’s ‘bill of rights’ has been in existence in New Zealand for many years; their document shares similarities with your draft. Over the years I have frequently heard criticism and definitely also dismay expressed because of the NZ charter being such a one-sided document. Rather than assist and promote healthy relationships between patients and practitioners, and also with other parties tasked with the delivery of health care (like Administrators and even politicians), I have had my conclusion too often reinforced that any such one-sided approach does more bad than good, and certainly does nothing to ensure Safety and Quality. Instead, I would assert that a more defensive and distant relationship has been promoted between doctors and their patients, and ironically, even resentment from patients with those parties tasked with the delivery of health care where, e.g., patient expectations promoted by such ‘rights’ have been perceived as not having been met. I would reiterate though that the NZ patient’s bill of rights is a rights based document produced by the Health and Disability Commissioner, which has as its exclusive objective the promotion of patients’ rights, and which does not specifically address the objective of safety and quality.

I submit to you that Safety and Quality are best served by people who share the *Safety* and *Quality* objectives, in contrast to the notion that Safety and Quality can simply be enforced. Rights-based arguments can of course have their place, but so can Resource-based arguments, Needs-based arguments, and also my personal favourite: the sober, balanced, pragmatic one where individuals have equal rights before, and under, the law and work together as a team. Hence my submitting you balance the rights with responsibilities; just like patients are human, so are health care providers and administrators. Some mutual respect for the principle of human equality and associated mutual respect can go a long way towards a balanced outcome in human endeavours. In addition, if combined energies can be harnessed for a common cause, less energy should be wasted by dealing with conflict.

The approach of listing 'basic rights' may also be overly simplistic in a field so complex, and precious, as the provision of health care. Even your very first 'right' of an *entitlement to access to public health care*, comes with proviso's, and certainly cannot guarantee any entitlement to unlimited services.

I therefore respectfully request that in order to promote, in the first instance, *safety* and *quality* as part of a patient-doctor partnership, that the rights are juxtaposed against responsibilities. Indeed, the principle of *every right having a commensurate and equal responsibility* comes to mind, and this then would represent an additional principle to be included in the Charter and also the Principles. Such juxtapositioning should be easily achieved by simply presenting commensurate *responsibilities* against your draft *rights*. If requested, I would be happy to try and contribute towards the drafting of such responsibilities.

I realise that in brevity much is lost, but I suspect you may have many submissions to work through. Rather than elaborate further on my suggestions above, kindly note that I shall be more than happy to provide justification for my position if so requested, and/or provide my CV if you feel it necessary for me to justify as to why I feel qualified to comment.

Thank you for the opportunity to provide a submission.

Yours sincerely

Dr J Snyman,

Victoria