



**Government of South Australia**

Children, Youth and Women's  
Health Service

## **Draft National Patient Charter of Rights**

### **Submission to Australian Commission on Safety and Quality in Healthcare**

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## **Introduction to Children, Youth and Women's Health Service**

The Children Youth and Women's Health Service (CYWHS) was formed on the 1<sup>st</sup> July 2004 as part of the South Australian Government's commitment to improving the state's health system.

The new statewide service brings together a range of primary and population health services and the Women's and Childrens Hospital and is South Australia's leading provider of health services for children, young people, women and their families.

CYWHS is committed to involving consumers and the community in health service planning, service delivery and evaluation as we believe that it is the right of consumers to be involved in all decisions that affect them at both the individual and systems levels. Also there is evidence that community engagement can lead to improved health services, improved health outcomes and better use of resources and more responsive and accessible services.

CYWHS appreciates the opportunity to provide comments on the draft National Patient Charter of Rights and in preparation for the submission a number of staff and consumers were asked to provide comments on the draft documents. The CYWHS Peak Consumer and Community Advisory Group considered the draft paper and will be making a separate submission.

CYWHS supports the Australian Commission on Safety and Quality in HealthCare in developing a National Patient Charter of Rights and provides the following comments on the questions posed in the draft document as part of the consultation phase of the project.

## Children Youth and Women’s Health Service, South Australia.

### Submission on Draft National Charter

#### 1. National Patient Charter of Rights and National Patient Charter Principles

- ◆ The title of the draft Charter is inappropriate if the Charter is intended to apply across all health sectors. The word "patient" is not acceptable to community based primary health care services and many health care consumers who would access health services for information and advice would not see themselves as "patients". We would argue that residents of aged care facilities would not see themselves as Patients.
- ◆ The term patient can be seen as disempowering and defines a relationship where the health service provider has or is seen to have more power than the consumer. We suggest the title be changed to National Health Consumer’s Charter or National Health Charter.
- ◆ The existence of such a Charter and key principles outlined are useful and it would be beneficial to consumers to have a national approach. If the new charter is to be effective, it needs to take the place of the current state charters required under the Federal Health Care Agreements as there is the potential to have duplication and confusion.
- ◆ The new charter needs to be more than a voluntary code and it needs to be able to be implemented in all health settings.
- ◆ The language used is generally appropriate however some words have different meanings in different contexts. It is important to define the terms used. Feedback from consumers identified the right of "Redress" as a word that was not used by consumers and they suggested that "feedback" would be more appropriate.

#### 2. Rights used in the Charter

- ◆ The key rights listed in the charter are sufficiently broad enough to cover the basic human rights however the descriptions' of what the words mean may need to be expanded in some cases.
- ◆ We believe that the consumers' concerns are addressed in the eight key rights.

Rights	Comments for consideration
Access	The right to access health services based on need –suggest take out the word clinical.
Respect	Mutual respect is not a right of the consumer – the consumer has a right to respect, dignity and courtesy regardless of age and to have cultural and religious beliefs respected. -suggest take out the word "patient".
Safety	Include "Timeliness " The right to feel safe when accessing health services. -suggest take out "promoting" and include "providing or provision of".

Communication	Include open, honest, transparent and effective communication – take out the word adequate -suggest including consumer has the right to ask questions.
Health Information	Add quality health information to make choices about maintaining health and preventing illness Accessible, user friendly, culturally appropriate Information about health care system including local services and resources.
Participation	Add right to be involved in all decisions that affect them from the individual to the systems level. We also need to include participation of all consumers including children and young people, people with mental illness and participation of marginalized groups such as Aboriginal and culturally and linguistically diverse groups. Consumers may need additional support and resources to participate and participation needs to be meaningful.
Confidentiality and Privacy	Add the right to access personal information.
Redress- not appropriate- suggest Feedback or Be Heard or Have a Say	Add right to have concerns raised and considered and to comment/complain about health care and to have the concern/complaint dealt with properly and promptly. The right to know how to formally or informally make a complaint. The right to take the concern or complaint to an independent arbitrator such as the Health and Community Services Complaints Commission or similar body in each state.

### 3. Points Included in the Principles

- ◆ The explanations may need to be expanded based on the above feedback
- ◆ Principle 2 second dot point - take out “including palliative care” as an example as the relief of suffering that is dignified, comforting and supportive would not only apply to palliative care.
- ◆ Principle 6 Participation Informed consent.  
It is suggested that some rewording of the principle be undertaken to clarify what is meant by informed consent, such as:  
*“Consumers have a right to information about the risks and benefits of any procedure or treatment and the options available in order to give informed consent.”*  
The right to seek a second opinion may also need further explanation in that consumers have a right to not only **seek** a second opinion but to **have** a second opinion and that service providers need to facilitate access to second opinions if requested to do so.

- ◆ Principle 8 Redress  
The word “Redress” is not an appropriate word used by consumers so it is suggested that a more consumer friendly word be used such as Feedback or Be Heard eg *Consumers have the right to be heard or to give feedback.*

#### **4. Rights and Responsibilities**

- ◆ The charter defines the rights of consumers in the health system and it is not appropriate to define their responsibilities to service providers in the charter.
- ◆ If a consumers rights are being respected then it follows that a service provider’s rights will also be respected.
- ◆ Including consumer responsibilities in the charter will diminish consumer rights.

#### **5. Existing charters**

- ◆ A national Health Consumers Charter should take the place of state charters and cover both private and public health systems.
- ◆ A single national charter will avoid duplication and confusion fro consumers.
- ◆ The national charter should not be a voluntary code but rather a requirement for funding and covered under legislation. There also needs to be consequences attached to non compliance with the charter.

#### **6. Possible uses of the charter**

- ◆ The charter could be a useful tool in education for community, undergraduate, graduate and workforce development.
- ◆ The charter could be used as a tool or criteria for accreditation across the jurisdictions.
- ◆ One charter should be developed for health consumers regardless of whether they use private or public systems.

#### **7. How the charter applies in different sectors and settings**

- ◆ Implementing a national charter will require planning, education and resources.
- ◆ Existing charters could be reviewed in line with the new national charter and developing incentives for adopting the new charter and framework could be explored such as presenting organisations with certificates.
- ◆ The charter should be for all health consumers and not specific for different populations as all health consumers have the same rights.