



## **SUBMISSION** **DRAFT NATIONAL PATIENT CHARTER OF RIGHTS**

We thank the Australian Commission on Safety and Quality in Health Care for the invitation to provide comment on the draft National Patient Charter of Rights.

The *Private Mental Health Consumer Carer Network (Australia)* (hereafter Network) represents Australians who have private health insurance cover and who receive their treatment and care from private sector settings for their *mental illnesses or disorders*. As our title implies, the Network is the authoritative voice for consumers and carers of private mental health settings.

### **General Comments**

The Network is aware of the existing public hospital patient charter required under the Australian Health Care Agreements. We are also aware of the Private Patient's Hospital Charter as well as individual private hospitals' own charters.

The Network strongly supports the development of a National Patient Charter of Rights, which would be applicable across all health settings including the private hospital sector. With regard to a national patient charter across specific jurisdictional, disease and health services, the Commission should also be informed of the *National Standards for Mental Health Services* (NSMHS) currently under review, which gives consumers and carers specific rights when being treated within a mental health facility either public or private.

### **National Patient Charter Principles**

1. Access – We believe the word 'public' should be deleted from the title with equity of access relevant to all health care settings.
2. Respect – We strongly support health care being delivered in a manner, which respects the rights of consumers to be treated with respect, dignity and consideration.
3. Safety – It is very distressing in the mental health area in particular, that consumers can be admitted to hospital on an involuntary basis, sometimes with the implied purpose of restraint for either their own or others safety. Where consumers are so restrained, whether mechanically or by medication and/or placed in seclusion, it is important that the issue of the consumer's rights are not removed or jeopardised by safety considerations. It is imperative that rights should not be undermined. The rights of these consumers must be taken specifically into consideration with an ethos of the elimination of restraint and seclusion.
4. Communication – The Network strongly supports access to a qualified *health* interpreter and does not consider the use of housekeeping staff for example, to meet this criterion. We also believe that the first point of 'open and appropriate communication throughout the period of care' should be sufficient without the text that follows this statement.

5. Information – we believe the title should reflect information ‘being informed about services, treatment and care’ with the inclusion of the words *a timely manner*. We also note that within this section the inclusion of two patient ‘responsibilities’ listed at the end and feel this is inconsistent with other sections of the Draft.
6. Participation – Again within the mental health settings, there are some times when some consumers are unable to be involved in making informed decisions regarding their treatment and care because of their mental state. We therefore believe that this should be done at the most appropriate point in their treatment and recovery when they can fully understand the implications.
7. Privacy – With the electronic era of today’s world, security around data bases and electronic transfer of information is imperative.
8. Redress – The Network believes that the third dot point should be the first as the most important also noting that there needs to be a requirement of health providers to be proactive in advising processes and actions for consumers to have their concerns dealt with.

### **Consultation Questions.**

*Question 1 – National Patient Charter of Rights and National Patient Charter Principles.*

The Network strongly supports the existence of both a national charter of rights and the principles that underpin them. We believe a Charter and Principles are suitable for use by patients and providers across both public *and private* health care. That is, one charter, one set of principles.

*Question 2 – Rights included in the Charter.*

The Network supports the eight key patient rights albeit with regard to our comments made previously regarding the unique health area of mental health. A great deal of work has been done on the human rights of people with a mental illness enshrined within a *United Nations Resolution on the Principles for the Protection of Persons with Mental Illness* and adopted by the Australian Health Ministers in March 1991 – *Mental Health statement of rights and responsibilities*. These rights recognise the aspirations of all Australians to a dignified and secure way of life with equal access to health care. We also believe that redress is acceptable, but make the point that health care providers should be active in advising the processes of how to make a complaint.

*Question 3 – Points included in the Principles.*

The Network asks that the Commission review our comments made earlier regarding mental health.

*Question 4 – Rights and responsibilities.*

It is interesting when we consider a Charter of Patients Rights. This would seem to infer patient rights – provider responsibilities. Again we refer the Commission to the National Standards for Mental Health Services (NSMHS), which contains a standard on a consumer’s ‘Rights *and responsibilities*’ wherein consumer responsibilities are clearly articulated but with much less emphasis than rights. Whilst the Network considers consumer responsibilities important within the health care setting, the title ‘Charter of Patients Rights’ infers the individual right to receive.

*Question 5 – Existing charters.*

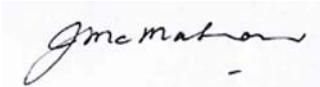
The Network considers there is no reason to have separate Charters, rather we support, as stated previously, a nationally consistent Charter across both public and private health settings.

*Question 6 – Possible uses of the charter.*

The Network strongly supports the role of the Charter and Principles. Again please refer to the National Standards for Mental Health Services, which we believe should stand alone, but align and complement any national charter. It is against the NSMHS that we would expect organizations, including private hospitals to be accredited.

The Network believes that the private sector in effect constitutes a 9<sup>th</sup> jurisdiction, and should be as subject to any Patient Charter and Principles as the rest of Australia.

Should you have any questions or queries about the content of this Submission, please contact the undersigned. The Network is pleased to be able to provide this commentary.

A handwritten signature in black ink, appearing to read 'J McMahon', is centered on a light blue rectangular background.

Ms. Janne McMahon

Independent Chair

7<sup>th</sup> March, 2008