Obeying patient′s rights on the basis of maternity ward

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Abstract

Purpose: **This work is an attempt to evaluate the extent of knowledge concerning patient's rights and chances to execute these rights in everyday hospital reality. We have collected opinions of the patients from the maternity ward of Independent Central Public Clinical Hospital of Medical University of Silesia in Katowice. We also interested in participation of medical staff in respecting and realization of patient's rights it has become the main objective of this work.**

Material and methods: **To collect the patient's opinions we used a specially prepared questionnaire which has measured obeying patient's rights in the following aspects: the rights to make decisions, the rights to information including the right to inspect medical data, the right to respect privacy and dignity, the right to treatment and care, the right to be in touch with relatives, the right the priest's care, the rights to file a complaint, the right to obey patient' rights.**

Conclusions: **Patient's rights in a delivery room and a maternity ward are not respected to a satisfactory extent which is confirmed by the research results. During the hospitalization the patients aren't informed and they do not acquire almost any knowledge concerning their rights. The patient staying in a maternity ward is in most cases only a passive receiver of medical service.**

Key words: staff, obeying, law, patient.

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Introduction

Progress of medical science and changes taking place in society's awareness have caused the constant growth of interest concerning the issue of how to protect our health. This leads, among other things, to the changes in mutual relationship between the patient and medical staff. The transformation of political system in Poland which started in 1989 has contributed to fundamental changes in Polish medical law. This has affected directly the growth of quality in medical care and the creation of legal acts protecting the patient and regulating problems connected with hospitalization [1].

Material and methods

The group of 227 woman hospitalized in the maternity wards and delivery rooms in hospitals in Katowice, Chorzów, Bytom, Tychy, Tarnowskie Góry, Piekary Śląskie were questionnaired between October 2003 and March 2004. The research encompassed patients after a physiological delivery and after a caesarean section in the first days of puerperium.

The research tool consisted of two questionnaires. The questionnaire no. 1 applied to patients in a puerperium after a physiological delivery and consisted of 44 questions while the questionnaire no. 2 containing 45 questions concerned patients in a puerperium after a caesarean section. 150 questionnaires have been analyzed out of 227 questionnaires since the remaining have not met the requirements of criteria for including into the research (the questionnaires were not filled in correctly, some answers were lacking).

The gathered research data have been statistically worked out according to given categories of features using a computer program Statistica 5.0.

Results

The results of the study demonstrate that the extent to which the knowledge concerning patients' rights is distributed appears to be insufficient in a given hospital unit. Most of patients (60%) have not heard about regulations protecting them, and from the remaining group 66.7% have admitted gaining this knowledge from the medical personnel (53.4% have acquired it from nurses and midwives while only 13.3% from doctors).

Accessibility to medical information does not only determine that a patient makes proper decisions related to predicted medical activities but also indicates respecting their dignity and autonomy [2,3]. From the research follows that the right to information has been almost entirely respected among women (75%), which allowed them for broadening their knowledge concerning their own health, methods of treatment and prognosis.

Respecting patients' rights to be informed about their own health state, prognosis, risk levels of the offered methods of treatment, etc. should be expanded to, in case of women, the knowledge about ways of attending a baby and women's own body, which visibly contributes to an increase in every patient's state of health. Following this theory, the patients under research have assessed gaining this information, bringing the result of only 38.7% cases where this right is implemented.

Lack of respecting patients' right to conscious participation in the process of treatment is reflected negatively in their lack of knowledge that is necessary to make a decision whether to give consent or refusal for a particular medical treatment [4]. Most frequently, the fact of lacking respect for 'a conscious consent' has been observed by the questioned patients in relation to the following interventions: shaving the perineum (50.6%), perineotomy (56%), using 'contractile drip infusion' (56.7%), catheterization of the urinary bladder (58%).

Predominantly, a patient staying in a health care institution (including patients in the delivery room and the maternity ward), ought to have the possibility to choose freely between some of the proposals offered by the medical personnel. It is essential that a woman delivering her baby should participate fully in the care that is offered to her. She ought to be given a possibility to choose, among others, ways of behaving in the above mentioned wards, method and place of labour, people that will accompany her as well as behaviors that are, according to her, proper and most convenient. Nevertheless, after carrying research it can be concluded that the majority of women in the delivery room have not had a choice in the following areas: choosing a position during labour (80%), eating meals (92%), using the equipment (SACCO bag, a ball, a ladder, a mattress – 64%), wearing their own underwear (82.7%), deciding on the person taking nursing care of her and the infant (89%), possibility of contact with a close relative during the labour (80.3%). An equally essential matter is a possibility to breastfeed the newborn baby directly after the birth, which has been assessed positively in 72.4%. The fact that ought to be highlighted is that a generally accepted requirement is that a woman after natural birth stays in the delivery room for, on average, 2 hours. Hence, the patients' dissatisfaction is legitimate, who claim that only 6.3% of them have had a stable contact with her child for longer than 30 minutes.

The necessity to terminate pregnancy by a caesarean section is a special time for every woman patient. This fact induces feelings of inconvenience, fear and anxiety particularly at the moment of termination. The opinion of patients who have undergone the caesarean section and have assessed the possibilities of the above mentioned services is as follows: 60.9% have had a choice of the type of anaesthetic 30.4% have been allowed for the presence of a close relative, 78.2% have had a contact with their newborn directly after the operation (however, only 65.2% of them have been enabled to start breastfeeding directly after the caesarean section).

The society should be made fully aware of the difficulty concerning the limited access to specific methods of diagnosis and therapy that modern medicine offers as well as there ought to be public debates concerning this issue. Nonetheless, in the hospital under research the evaluation of accessibility to examinations, medical equipment, dressings and medications has brought very good results (95%). However, the accessibility to family childbirth can be assessed as limited since 54.7% of patients staying in the maternity unit have been suggested to pay for this service.

Patient has the right to respect their rights and dignity and lack of respect of patient's dignity constitutes a serious transgression of health care personnel. Entering patient's privacy is an element of practice in the relation between the doctor/nurse/midwife and the patient [5]. Therefore, the conditions in which medical services are carried out are so vital. Carrying out patients' examinations (including obstetric examinations) by medical personnel in the presence of other people (especially other patients – 82.3%) is an alarming practice. Such practices represent a violation of the patient's right to protect their own dignity and intimacy, particularly in cases where 82.7% of patients have not been asked for allowance of the third party. When questioned about the assessment of intimate conditions during providing obstetric services, the patients have evaluated that in 68% the proper conditions have been ensured. Meanwhile, in general summary of ensuring privacy during overall stay in hospital only 38.7% patients affirmed that.

Discussion

The employed activities leading to the dissemination of patients' rights knowledge are not so far satisfactory. Budzyńska-Kapczuk A, Iwanowicz-Palus G and Kabacińska B [3,6,7] have stated that presenting patients' rights to them during the admission to hospital ranges from 30% to 70%.

The achieved by me results are indirectly confirmed in works of other researchers. According to Iwanowicz-Palus G, Kabacińska B, Kachaniuk H and co-authors, Piotrowski M and co-authors, and Poździocha S and co-authors the range of giving information to patients about the diagnosis, the prognosis and suggested methods of treatment is from 79% to 90% [4,6-9].

It has been noted that patients having their first childbirth have high expectations about the hospital staff as far as the education of breastfeeding, the child care and the care about their own body are concerned. They are unsure and confused in their new role in the first days after the delivery. An adequate

approach of the hospital staff has immense significance in relation to preventing difficulties arising during the mother–child contact. The research shows that only 38.7% of patients have gained a detailed information during their hospitalization concerning care about the child and their own body, which has been confirmed by the research of The Foundation Child Delivery in a Human Way 'Perinatal care…' [5].

A 'medical model of child giving' still prevails in a number of hospitals where the interventions of shaving the perineum, perineotomy and enema are routinely carried out [5]. The staff in majority of hospitals declares that enema and shaving the perineum are carried out only after the women' consent. These procedures are associated with the admission room despite the fact that it has no medical justification. Romney M. and co-authors [10] claim that the most frequent argument, however not justified, supporting the necessity of administering enema and shaving the perineum is a better hygiene. Up to 1994 shaving and enema were obligatory in all hospitals in Poland – The Foundation Child Delivery in a Human Way 'Perinatal care…' [5].

The induction of the labour has been known to midwives for ages, however, it has been used widely on a mass scale since the mid-fifties of the 20th century, that is, since when the synthetic oxytocin was obtained. It has been used rather quickly with a wider number of women until, as confirmed by the WHO research – Wagner M [11], this agent has become administered routinely in a number of countries to induce or to accelerate the labour. Nowadays, the overuse of this drug without medical justification as well as routine in its administration are stressed – Hourvitz A et al., Lazor LZ et al. [12,13]. According to Sipiński A and co-authors [14] this may be accounted for by the fact that women treat a contractile drip infusion as an inseparable attribute of a labour and, moreover, the fact that it is administered when a woman in labour has been informed of the 'delivery dystocia'. The results of my research differ slightly from the result of The Foundation Child Delivery in a Human Way 'Perinatal care…' [5] according to which the consent for a contractile drip infusion has been given by as many as 91% of patients.

The obligation of a hospital is to acknowledge a woman's right to choose the most comfortable position during the labour which is in accordance with her own instinctive feelings. Consequently, the labour usually becomes easier and less painful. Numerous scientific works question the point of using recumbent position during the delivery. The research cited by scientists – Wagner M [11] demonstrate that the advantages of the vertical positions (a sitting position, a squatting position, a standing position etc.) overweigh those of the recumbent position. Similarly, The Cochrane Library presents the results of the research conducted by Cochrane Pregnancy and Childbirth Group concerning beneficial influence of the vertical or lateral positions on the second stage of labour – Gupta JK and co-authors [15].

Wagner M [11] claims that a characteristic feature of a routinely conducted delivery is also the fact of ignoring a woman's subjectivity and her competence as well as limiting the possibilities of self made decisions about the course of the delivery. However, this situation is gradually changing. The patients, who are equal participants of the labour, have progressively wider possibilities of choosing the course of the delivery and how it will look like.

The research carried out in a number of centres highlight a positive role of a permanent presence of one person chosen by a woman in labour (so-called 'doulli') and the physical and moral support given by them – Klaus et al. [16]. Sendecka A [17] quote the research supporting the beneficial influence of a close relative's presence at the delivery. This thesis is also confirmed by the results of The Foundation Child Delivery in a Human Way 'Perinatal care…' [5]. The presence of a close relative gives support to a child giving woman, it does not only makes the situation human but also has a positive influence on staff's behavior.

Nowadays, the number of hospitals not offering the possibility of so-called 'family delivery' has decreased. However, there has been noticed an increase in number of hospitals for which the labour has become a source of income. Wasilewski P [18] states that as a justification for introducing illegal charges, which are paid by insured patients, the managers of the units under the research have pointed to a difficult and, not infrequently, dramatic financial situation of a hospital and its debt or they have emphasized that the offered services have gone beyond the standard; however, the standards in this field have in no way been established, neither in an administrational way nor in a civil-legal contract with the financing institutions.

A patient has the right to have their intimacy and dignity respected during the process of medical services and their special right is to have ensured only the presence of the necessary hospital staff without the third party while obtaining medical services. In order to ensure the realization of these rules and respecting this right it is beneficial to conduct midwifery procedures in isolated places, without the additional presence of unnecessary people. According to The Foundation Child Delivery in a Human Way 'Perinatal care…' [5] students and listeners have been present in 70% of midwifery and medical interventions. It ought to be highlighted that listeners and students on their training are treated by patients as 'the third party', that is, people who do not constitute the medical staff.

In the light of the above described facts it can be concluded that a change in medical personnel's approach concerning obeying patients' rights and, at the same time, broadening their knowledge on this subject should involve all medical environment and ought to be carried out in public by means of widely accessible sources such as the press, radio and television. The aim of such activities is spreading the knowledge about patients' rights as well as bringing a full respect of these rights among medical workers so that a noticeable progress in this area could be observed in future.

Conclusions

The analysis of the obtained data has authorized me to draw the following conclusions referring to the tested group: 1) patient's rights in a delivery room and a maternity ward are not respected to a satisfactory extent which is confirmed by the research results, 2) during the period of hospitalization

the patients aren't informed and they do not acquire almost any knowledge concerning their rights, 3) the patient staying in a maternity ward is in most cases only a passive receiver of medical service.

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