



Doctors' Knowledge and Practice about Patients' Rights Sample from Baghdad Hospitals / 2021

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Abstract

Background: patients have certain rights. The patient retains the right to be free from any physical harm, privacy and freedom of movement.

Objective: - to determine the knowledge and practice of doctors about patients' rights sample was taken from Baghdad- hospitals, 2021.

Method: A cross-sectional study with analytic element was carried out from January 1st – June 30th, from doctors working in Medical-City-ospital, al-Imamain al-Kadhmain-city hospital, in Baghdad city; through a structured questionnaire by the researcher after the review of many kinds of literature, researches, and previous studies. The inclusions criteria included any doctors working in the above hospitals, and accepted to enroll in the study. The exclusion criteria exclude all Doctors who didn't answer the questionnaire.

Two-hundred doctors answered the questionnaire, analyzed of frequencies and percentage calculated. Chi square test were used. The statistical probability considers significant if (p value <0.05).

Results: Two hundred doctors enrolled in this study, the highest percentage 154(77.0%) aged between 30-39 yr., female 158(79.0%), married 106(53.0%), permanent 180(90.0%), medical specially 113(56.5%), more than half of participants had 6-10 post-graduation year, most of them 154(77.0%) working-time in both day and night, the questions of knowledge were 25 and the questions of practice were 17, overall knowledge about patients' rights was 179(90%), and overall practice about patients' rights was 166(83%)

Conclusion: the doctors' knowledge and practice about patients'-rights was good. Age, sex, marital-status, workplace, the specialty & degree, experience-years and work-time had no statistically significance with doctors'-knowledge & practice. There was deficiency in training courses about patients'-rights.

Keywords: Patients' Rights., knowledge, Practice, Baghdad

معرفة وممارسة الأطباء حول عينة حقوق المرضى من مستشفيات بغداد ، 2021

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الخلفية: للمرضى حقوق معينة. يحتفظ المريض بالحقوق في عدم التعرض لأي أذى جسدي والخصوصية وحرية الحركة.

الهدف: - تحديد معرفة وممارسة الأطباء حول حقوق المرضى لدى عينة من مستشفيات بغداد ، 2021.

الطريقة: أجريت هذه الدراسة المقطعية مع جزء تحليلي للفترة من 1 كانون الثاني إلى 30 حزيران 2021، من الأطباء العاملين في مستشفى المدينة الطبية ، مستشفى مدينة الإمام الكاظمين ، في مدينة بغداد. من خلال استبيان منظم من قبل الباحث بعد الاطلاع على العديد من المؤلفات والبحوث والدراسات السابقة. تضمنت معايير التضمنين أي أطباء يعملون في المستشفيات المذكورة أعلاه، وقبولوا التسجيل في الدراسة. معايير الاستبعاد تستثني جميع الأطباء الذين لم

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¹ المؤلف المراسل

يجيبوا على الاستبيان. أجاب مائتا طبيب على الاستبيان. تم تحليل التكرارات والنسبة المئوية، مع استخدام اختبار كاي المربع. كما انه تم اعتبار الاحتمال الإحصائي 0.05 ذا دلالة إحصائية.

النتائج: اشترك مائتا طبيب بهذه الدراسة، كانت أعلى نسبة 154 (77.0%) تتراوح أعمارهم بين 30-39 سنة، إناث 158 (79.0%)، متزوجون 106 (53.0%)، مقيم اقدم 180 (90.0%)، طبيب باطنية 113 (56.5%)، أكثر من نصف المشاركين لديهم 6-10 سنوات خدمة بعد التخرج، معظمهم 154 (77.0%) يعمل في وقت النهار والليل، كانت 25 سوال لقياس المعرفة و17 سوال لقياس الممارسة، بشكل عام كانت المعرفة بحقوق المرضى 179 (90%)، والممارسة العامة لحقوق المرضى كانت 166 (83%).

الخلاصة: كانت معرفة الأطباء وممارساتهم بشأن حقوق المرضى جيدة. لم يكن للعمر والجنس والحالة الاجتماعية ومكان العمل والتخصص والدرجة الوظيفية وسنوات الخبرة ووقت العمل أي دلالة إحصائية فيما يتعلق بمعرفة الأطباء وممارساتهم. كان هناك نقص في الدورات التدريبية حول حقوق المرضى.

الكلمات المفتاحية: حقوق المريض، المعرفة، الممارسة، بغداد

معلومات البحث
تاريخ النشر: آذار 2023

Introduction

Every human being has personal and social rights. Sometimes a human right is given a special meaning by use, or by the special circumstances in which a man is placed, such as "illness" Issues of dependence and power inequalities lead to an increase in the vulnerability of the person with special needs. Under these circumstances, the physician is morally bound to provide every patient with appropriate physical and psychological care, respecting their inherent dignity and socio-cultural and economic status.^(1, 2)

Many violations towards patient's rights were noticed therefore health as a fundamental human right was identified by the World Health Organization's. Constitution stating that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, and political belief, economic or social condition⁽³⁾. In fact, patient rights are those basic policies and rules that must be preserved and supported by the health care system towards the patients and their families⁽⁴⁾.

Primary health care centers are inherent section of medical and social organization, which

should provide the health care for the whole society. In order to provide quality in health care service obedience to criterion of patient's rights in health care is unavoidable⁽⁵⁾.

Understanding health as a human right creates a legal obligation on states to ensure access to timely, acceptable, and affordable health care of appropriate quality as well as to providing for the underlying determinants of health, such as safe and potable water, sanitation, food, housing, health-related information and education, and gender equality⁽³⁾.

Patients' rights are being recognized worldwide, making governments and healthcare providers more in question for the provision of high-quality health services. A health system that provides treatment and care should adhere to the existing laws and policies to adequately protect patients' rights and ensure patients' safety⁽⁶⁾. Abuse of disabled, old or illiterate patients' rights is unfortunately rising. Most of these people can't defend themselves and fight for their rights therefore, they are innocent victims of neglect and violation of patient rights⁽⁷⁾.

The relationship between physicians and their patients has undergone significant changes

recently. While a physician should always act according to his/her conscience, and always in the best interests of the patient, equal effort must be made to guarantee patient autonomy and justice. Physicians and other persons or bodies involved in the provision of health care have a joint responsibility to recognize and implement patients' rights ⁽⁸⁾.

Privacy is an individual right that encompasses situations related to the intimacy of each person, respect for dignity and family and social relations. When they are hospitalized, people find themselves in a situation of extreme fragility, often in need of care that invades their intimacy. ^(9, 10)

Being ill gives rise to certain feelings, such as incapacity, dependence, insecurity, and a feeling of losing control of oneself. Patients face hospitalization as a factor of depersonalization because they recognize the difficulty of maintaining their identity, intimacy and privacy ⁽¹¹⁾.

The present study was conducted to assess the extent of this group of doctors' knowledge of their ethical and professional responsibility to patients.

Aim of the study:

1. To study knowledge and practice of doctors towards the patients' rights.
2. To find the relation of knowledge and practice of doctors and their demographic, socio-economic, scientific variable.

Method & subjects

Setting and study design

A cross-sectional study within analytic element, information collected from doctors working in (Medical City hospital, Al-Imamain Kadhimain city hospital) through a questionnaire

structured by the researchers after review of many kinds of literature, researchers, and previous studies, by taking opinion of three family physician experts were optioned to investigate the content of the questionnaire examined by pilot study of 20 doctors from expelled from the final sample.

Ethical issues

After taking the ethical and the scientific approval of Arab board of health specializations in Iraq / executive office.

A note was delivered to all recipients in the paper-form of the questionnaire; including the importance of study and the freedom to participate in it with the privacy of the participant's details.

Questionnaire

Demographic data of the doctors were taken with questionnaire structured by the researchers review of many kinds of literature, researchers and previous studies, opinions of three experts are optional to investigate the content of the questionnaire, taken in consideration, the questionnaire contains the following sections: demographic are consisted of 10 items of question which is age, gender, marital status, workplace, specialty, degree of specialty, years of experience, time of work, training course, and Executing agency. The second part deals with the Knowledge of doctors about patient's rights. Which consists of 25 items tests the doctor's knowledge about patient's rights all of them close-ended questions (yes, no, don't know), the third part Practice of doctors about patient's rights consists of 17 items tests the doctor's practice of patient's rights, all of them are close-ended question (always, most times, sometimes, rarely, never)

A pilot study was carried out from the period from (February 1st – March 1st) to determine the reliability of the study instruments. The pilot study carried on 20 doctors from hospital (Medical City, Al-Imamain Kadhimain City) which removed from the final sample size, the doctors in the pilot study have the same criteria of the original study sample, the reliability of the questionnaire performed through test and retest to ascertain the study instrument clarification and adequacy, and to estimate the time needed for answering the questions (which was not more than 10-15 minutes)

Definition of cases, inclusion criteria: -

Any doctors working in Medical City hospitals, Al-Imamain Kadhimain City hospital, and accepted enroll in the study.

Exclusion criteria: - Exclude all Doctors who didn’t answer the questionnaire.

Sampling technique: - Any doctor was present in the hospital during the time of giving the questionnaire after explaining the subject

Data analysis and coding of the answers: -

The questionnaire answers for knowledge were coded as 3 for correct answers, 2 for I don’t know and 1 for incorrect answer in the knowledge section.

Table 1: coding of the answers

Knowledge: - Q25 (Q1,12,20,21,23,24) its coding was (yes = 1, I don’t know = 2 , no =3), Other remaining questions (yes =3 , I don’t know = 2 , no =1)	good	(58-75)
	Accepted	(41-57)
	Poor	(25-40)
Practice: - Q17 Always = 5, most times = 4, Sometimes = 3, rarely = 2, Never = 1	Good	(64-85)
	Accepted	(40-63)
	Poor	(17-39)

Data entry and analysis

The answer downloaded by researchers from the questionnaire to the computer in statistical package science for program (SPSS) ver.25 to be analyzed frequencies and percentage calculated. Chi square test were used to test the association. The statistical probability considers significant if (P value <0.05).

Limitations of the study:

1. The pandemic of COVID19 and quarantine which was an obstacle because the work was 50% in Al-Imamain Kadhimain hospital, Medical City; so we achieve a minimum number of participants.

2. The short period offered for achieving the thesis from 23 December – 31 June.
3. The load of the patients in hospital made the doctor had insufficient time to answer questionnaire.
4. During the time of the study, the researchers were referring to work in isolation word of COVID-19, which limits her free time.

Results: -

Two hundred doctors enrolled in this study, the highest percentage 154(77.0%) aged between 30-39 yr with mean=32.09, and SD=4.087, female 158(79.0%), married 106(53.0%), permanent 180(90.0 %), medical specially113(56.5%), more

than half of the participants had 6-15 post-graduation year with mean= 8.69; SD=5.245, most of them 154(77.0%), do working working-

time in both day and night; also half of them needs less than 30 minutes with mean and standard deviation (30.91±25.126). (Table 2)

Table (2): Distribution of participants according to their demographic and work details:

Demographic Features		Freq. (200)	Percent
Age Mean= 32.09 SD= 4.087	< 30 yr	37	18.5
	30-39 yrs.	154	77.0
	40-49 yrs.	6	3.0
	50-59 yrs.	3	1.5
Gender	male	42	21.0
	female	158	79.0
Marital status	single	87	43.5
	married	106	53.0
	divorce	7	3.5
Workplace	Medical City	117	58.5
	kadhemia city	83	41.5
Specialty	Internal medicine	113	56.5
	surgical	26	13.0
	GY/OB	44	22.0
	Pediatric	17	8.5
Specialty Degree	Rotator	6	3.0
	permanent	180	90.0
	specialist	7	3.5
	consultant	7	3.5
Years of experience Mean = 8.69 SD= 5.245	≤ 5 yrs.	56	28.0
	6-10 yrs.	113	56.5
	11-15 yrs.	25	12.5
	16-20yrs.	3	1.5
	>20	3	1.5
Working-time	day time	46	23.0
	Day & night	154	77.0

Participants response according to their knowledge about patients' rights (positive question)

was as follows: Patients should know the identity and professional status of the healthcare providers

responsible for his/her treatment 173(86.5%), A patient is entitled to know the name of physician performing the procedure except in emergency cases 191(95.5%), Patients are entitled to know a method of contacting his/her treating physician 187(93.5%), Patient's culture and beliefs should be respected even if it was against medical advice 122(61.0%), A patient may have the possibility of obtaining a second opinion within the same hospital or another 135(67.5%).

When examining a patient a third person (male or female) should be present 150(75%), Treatment options should be discussed within the health team; patients are only entitled to know the treatment plan 142(71.0%), The patient's medical record can be accessed by healthcare team members, researchers, or other hospital staff 187(93.5%), A doctor can disclose adult patient information to anyone upon his/her permission 152(76%), A doctor can disclose patients' information to a research team without his/her permission 138(69%), A doctor can disclose

a patient's information to judicial department only with his/her permission 167(83.5%), A doctor can disclose a patient's information (to local and/or national health authorities) in case of communicable disease 177(88.5%). A consent form is required for both routine and emergent lifesaving procedures 139(69.5%), Consent must be written in an understandable language by the patient 193(96.5%), Patient should be provided one consent for different interventions such as surgery, anesthesia, and radiology 131(65.5%), Treatment procedure should be done even if it is refused by the patient 97(48.5%), Doctors are entitled to withhold any procedures related to a patient condition if patient refuses his/her choice of treatment 161(80.5%), Patient has a right to know in advance about his/her treatment cost and insurance coverage 189(94.5%), The medical team should report any violence against children to the concerned authority 200(100%). (Table 3)

Table (3): Distribution of participants according to their knowledge about patients' rights (positive questions)

Questions	Answers	Freq. (200)	Percent 100%
identity and professional status of the healthcare providers responsible for his/her treatment	No	16	8.0
	I don't know	11	5.5
	Yes	173	86.5
name of physician performing the procedure except in emergency cases	No	6	3.0
	I don't know	3	1.5
	Yes	191	95.5
know a method of contacting his/her treating physician	No	10	5.0
	I don't know	3	1.5
	Yes	187	93.5
	No	65	32.5

culture and beliefs respected even against medical advice	I don't know	13	6.5
	Yes	122	61.0
of obtaining a second opinion within the same hospital or another	No	41	20.5
	I don't know	24	12.0
	Yes	135	67.5
third person if the patient opposite gender	No	40	20.0
	I don't know	10	5.0
	Yes	150	75.0
discussed within the health team; patients are only entitled to know the treatment plan	No	50	25.0
	I don't know	8	4.0
	Yes	142	71.0
patient's medical record can be accessed	No	8	4.0
	I don't know	5	2.5
	Yes	187	93.5
adult patient information to anyone upon his/her permission	No	34	17.0
	I don't know	14	7.0
	Yes	152	76.0
disclose patients' information to a research team without his/her permission	No	47	23.5
	I don't know	15	7.5
	Yes	138	69.0
disclose a patient's information to judicial department only with his/her permission	No	17	8.5
	I don't know	16	8.0
	Yes	167	83.5
disclose a patient's information (to local and/or national health authorities) in case of communicable diseases	No	9	4.5
	I don't know	14	7.0
	Yes	177	88.5
consent form is required for both routine and emergent lifesaving procedures	No	40	20.0
	I don't know	21	10.5
	Yes	139	69.5
doctors must be speak by language understandable by the patient	No	2	1.0
	I don't know	5	2.5
	Yes	193	96.5
consent for different interventions such as surgery , anesthesia , and radiology	No	39	19.5
	I don't know	30	15.0
	Yes	131	65.5
emergency that if not treated leads to death even that patient refuse	No	80	40.0
	I don't know	23	11.5

	Yes	97	48.5
withhold any procedures related to a patient condition if patient refuses their choice of treatment	No	20	10.0
	I don't know	19	9.5
	Yes	161	80.5
pat has right to know in advance about his/her treatment cost and insurance coverage	No	3	1.5
	I don't know	8	4.0
	Yes	189	94.5
medical team should report any violence against children to the concerned authority	No	0	0
	I don't know	0	0
	Yes	200	100.0

Participants response according to their knowledge about patients' rights (negative questions) with no was as follows: Patients are not required to be treated with courtesy and respect during time of emergency 0(0.0%), A doctor can disclose an adult patient's information to a specific family member (father, husband, and wife) without his/her permission 149(74.5%), Patients in governmental hospitals do

not have the right to refuse participation in any research done by the hospital, Patient doesn't have the right to quit after agreeing to participate in a research 97(48.5%), Patient doesn't need to know about the treatment cost if she/he was covered by insurance 116(58.0%), Patients have the right to choose his/her own statement to be written in the medical report 41(20.5%). (table 4)

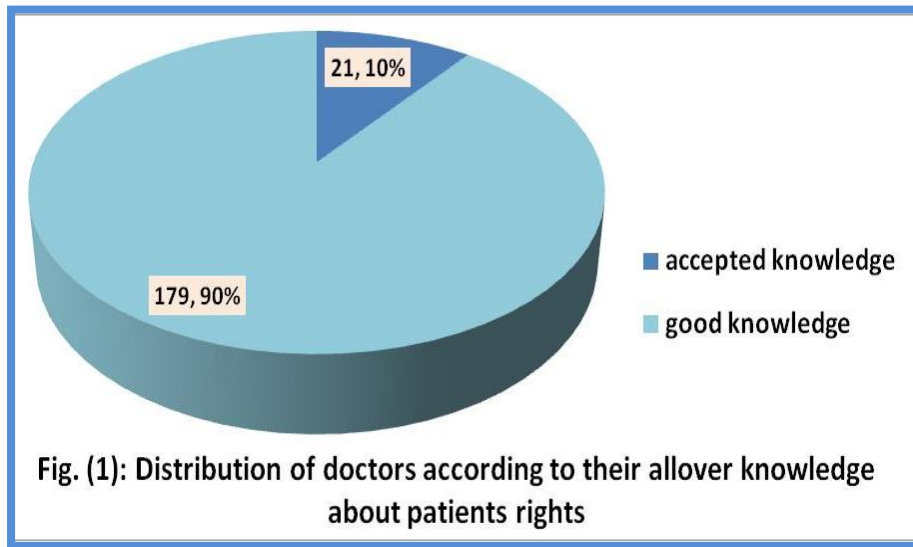
Table (4): Distribution of participants according to their knowledge about patients' rights (negative questions)

Questions	Answers	Freq. (200)	100%
Not require treated with courtesy and respect during time of emergency	Yes	189	94.5
	I don't know	11	5.5
disclose an adult patient's information to a specific family member(father , husband , wife) without his/her permission	Yes	41	20.5
	I don't know	10	5.0
	No	149	74.5
governmental teaching hospitals do not have the right to refuse participation in any research done by the hospital	Yes	67	33.5
	I don't know	36	18.0
	No	97	48.5
patient had no right to quit after agreeing to participate in a research	Yes	82	41.0
	I don't know	21	10.5
	No	97	48.5
	Yes	50	25.0

doesn't need to know about treatment cost if she/he was covered by insurance	I don't know	34	17.0
	No	116	58.0
right to choose his/her own statement to be written in the medical report	Yes	121	60.5
	I don't know	38	19.0
	No	41	20.5

Regarding the knowledge of doctors about patients’ rights we found that 179(90%) had good

knowledge and 21(10%) had accepted knowledge. (Figure 1)



Participant response to questions regarding their practice about patients' rights was always as follows: I give the patient a considerate and respectful care in an environment that preserves dignity 100(50.0%), I let the patients have their cultural, psychological, spiritual and personal values, beliefs and preferences respected and to have access to pastoral and other spiritual services 97(48.5%).

I give patients information in order to enable them to understand about their analysis and planned treatment and discuss it with them 106(53.0%), I let patients take part in making care decisions including why they do need a treatment and what will happen if they don't have it and give them alternative medicine with telling them about its pros

and cons 93(46.5%), I let them refuse or accept giving informed consent for procedures or treatment 118(59.0%).

I give them treatment without discrimination as to race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity or expression or source of payment 173(86.5%), I provide care in safe environment and to be free from any form of abuse , harassment or prejudgment 121(60.5%), I give them personal privacy and let them have their health care information treated confidentially 132(66.0%), I let them free from restraints as long as they don't hurt themselves 78(39.0%), I give them a correct timely reply to any concerns or complements or the others 97(48.5%) I

give them the option to agree or to refuse any research study or experiment 112(56.0%), Give them the choice to give or refuse consent to produce or use recordings, films or other images for purposes other than their care 127(63.5%). Their answer was most time as follows: I allow them to have a person present for emotional support throughout the course of their care except at times when the presence of visitors is detrimental to their care 85(42.5%), Have their pain assessed and managed 90(45.0%).

Their answer was equally most times and always as follows: I give them access to the information in their medical record 56(28.0%). Their answer was sometimes as follows: I tell patients the name of doctors and all staff taking care of them 68(34.0%). Their answer was never as follows: When recommending a specific medication, I allow them to ask me about financial relationship (benefit / profit) may have with drug, medical product and medical device companies 57(28.5%). (Table 5)

Table (5): Distribution of participants according to their practice about patients' rights

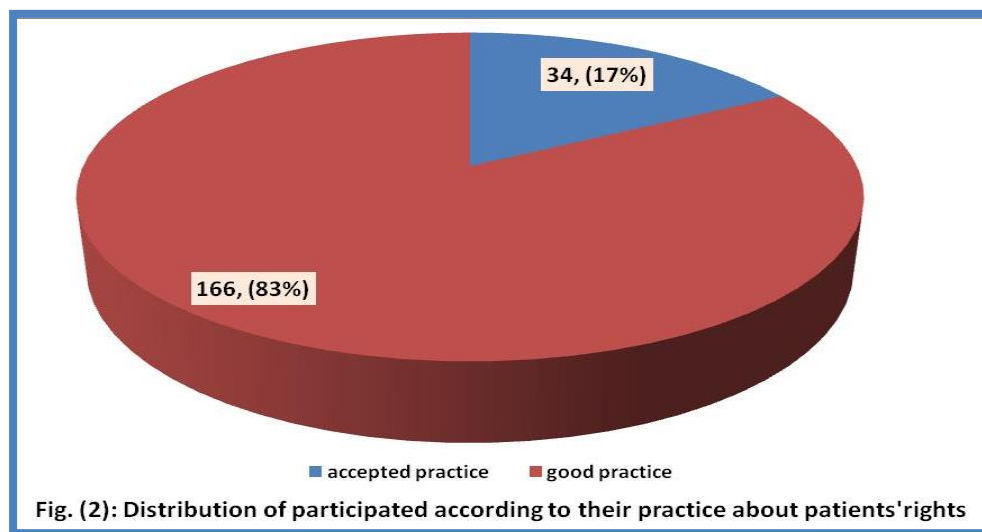
Question		Freq. (200)	100%
I give the patient a considerate and respectful care in an environment that preserves dignity	sometimes	21	10.5
	most times	79	39.5
	always	100	50.0
I let the patients have their cultural, psychological, spiritual and personal values , beliefs and preferences respected	sometimes	19	9.5
	most times	84	42.0
	always	97	48.5
I give patients information they can understand about their analysis and planned treatment and discuss it with them	rarely	3	1.5
	sometimes	27	13.5
	most times	64	32.0
	always	106	53.0
I let patients take part in making care decisions including why they need a treatment and what will happen if they don't have it and give them alternative medication with telling them about its pros and cons	never	2	1.0
	rarely	3	1.5
	sometimes	29	14.5
	most times	73	36.5
	always	93	46.5
I let them refuse or accept giving informed consent for procedures or treatment	never	3	1.5
	rarely	5	2.5
	sometimes	14	7.0
	most times	60	30.0
	always	118	59.0
	never	10	5.0

I tell patients the name of doctors and all staff taking care of them	rarely	40	20.0
	sometimes	68	34.0
	most times	53	26.5
	always	29	14.5
I allow them to have a person present they approve of for emotional support throughout the course of their care except at times when the presence of visitors is detrimental to their care	never	6	3.0
	rarely	12	6.0
	sometimes	32	16.0
	most times	85	42.5
	always	65	32.5
I give them treatment without discrimination as to race , ethnicity , religion , culture , language , physical or mental disability , socioeconomic status , sex , sexual orientation , gender identity or expression or source of payment	rarely	2	1.0
	sometimes	5	2.5
	most times	20	10.0
	always	173	86.5
I provide care in safe environment and to be free from any form of abuse, harassment or prejudice	rarely	5	2.5
	sometimes	20	10.0
	most times	54	27.0
	always	121	60.5
I give them personal privacy and let them have their health care information treated confidentially	rarely	2	1.0
	sometimes	5	2.5
	most times	61	30.5
	always	132	66.0
I give them access to the information in their medical record	never	6	3.0
	rarely	34	17.0
	sometimes	48	24.0
	most times	56	28.0
	always	56	28.0
did their pain assessed and managed	rarely	6	3.0
	sometimes	19	9.5
	most times	90	45.0
	always	85	42.5
I let them free from restraints as long as they don't hurt themselves or the others	never	5	2.5
	rarely	7	3.5
	sometimes	33	16.5

	most times	77	38.5
	always	78	39.0
I give them the option to agree or to refuse any research study or experiment	never	3	1.5
	rarely	11	5.5
	sometimes	10	5.0
	most times	64	32.0
	always	112	56.0
I give them a correct timely reply to any concerns or complements	sometimes	28	14.0
	most times	75	37.5
	always	97	48.5
When recommending a specific medication, I allow them to ask me about financial relationship (benefit / profit) may have with drug, medical product and medical device companies	never	57	28.5
	rarely	13	6.5
	sometimes	26	13.0
	most tomes	50	25.0
	always	54	27.0
Give them the choice to give or refuse consent to produce or use recordings, films or other images for purposes other than their care	never	23	11.5
	rarely	5	2.5
	sometimes	26	13.0
	most times	19	9.5
	always	127	63.5

Regarding doctor practice about patients' rights the study found that most of them had a good practice

and only 34(17%) had accepted practice while there is no bad practice.(Figure 2)



The study found that there was no statistical significant relation between overall knowledge and the participants' age, gender, marital status, place of

work, specialty and its degree, years of experience and work time. There was no poor overall knowledge (Table 6)

Table (6): Relation between participant's overall knowledge and their demographic and work details:

		overall knowledge		Total	P value
		accepted	good		
Age	< 30 yr	8	29	37	0.085
	30-39 yrs.	13	141	154	
	40-49 yrs.	0	6	6	
	50-59 yrs.	0	3	3	
Gender	male	7	35	42	0.142
	female	14	144	158	
Marital status	single	10	77	87	0.225
	married	9	97	106	
	divorce	2	5	7	
Place of work	Medical City	13	104	117	0.738
	kadhemia city	8	75	83	
Specialty	Internal medicine	10	103	113	0.465
	surgical	5	21	26	
	GY/OB	4	40	44	
	Pediatric	2	15	17	
Specialty Degree	Rotator	1	5	6	0.581
	permanent	20	160	180	
	specialist	0	7	7	
	consultant	0	7	7	
Years of experience	≤ 5 yrs..	10	46	56	0.139
	6-10 yrs.	11	102	113	
	11-15 yrs.	0	25	25	
	16-20yrs.	0	3	3	
	> 25	0	3	3	
Work Time	day time	3	43	46	0.316
	Day and night	18	136	154	

DISCUSSION

Evaluation of doctors' knowledge about patients' rights in different aspects is the aim of this study and trying to determine the causes and the problems of their lack of knowledge by using some factors that may affect the doctors' knowledge who are working in Medical City hospital and Al-Imamain Kadhimain Medical City.

Patients' rights vary in different countries and often depending upon prevailing cultural and social norms. Moreover, the most important ethical issue in a hospital is patients' rights that should be more considered by physicians, nurses and all personnel in the hospital.

In this study, about 90% of the participants had a good general knowledge about patients' rights; this may be explained by the fact that they had been lectured about it through college years and post-graduate courses.

Age: most of participants were middle age (30-39) years; this may be explained by that in our country the doctors graduated from medical college at age of mid-twenties, and then spent about 3-5 years in the rotation & periphery training before they could choose their branch of permanency and post-graduation studies. In this study, the age as factor had no statistically significant relation on the overall knowledge of doctors about patients' rights, the results are slightly different from the study by King Fahd Hospital of the University.⁽¹²⁾ and with study in mecca.⁽¹³⁾

Gender: more than three quarters of participants were females, this is similar to the annual statistical report of ministry of health in Iraq 2020; number of resident females doctors are more than resident males

Doctors according to table (5-7), that's without statistically significant relation between the

gender and on participant's patients' rights- overall knowledge.⁽¹⁴⁾ this is slightly deferent with a study in king Fahd hospital, and disagrees with the study in Mecca.⁽¹³⁾

Marital status: most of the participants in this study were married, its expected in this age with comfortable salary, and socially in Iraq, most of them normally married, and this is similar to 2018 Multiple Indicator Cluster Survey (MICS6) Briefing, Percent distribution of women and men age 15-49 by background characteristics, page (4),⁽¹⁵⁾ but Marital status had no statistically significant association on the participants' patients' rights- overall knowledge.

Specialty: more than half of participants were internal medicine specialty because it included general medicine, dermatology, hematology, and rheumatology, endocrinology, followed by Obstetrics/Gynecology, this is similar to the annual statistical report of ministry of health in Iraq 2020, according to the table (6-7), and without statistically significant association on the participants' patients' rights- overall knowledge.⁽¹⁴⁾ this is slightly deferent to king fad hospital.⁽¹²⁾

Specialty degree: most of the participants were permanent; they were teaching in hospitals and board centers, but that without statistically significant association on the participant's patients' rights- overall knowledge. this is slightly deferent to king fad hospital study.⁽¹²⁾

Years of experience: more than half of the participants had (6-10) years' experience of working in medical field (post-graduation years); but had no statistically significant relation on the participant's patients' rights- overall knowledge, this is disagreeing with king fad hospital study.⁽¹²⁾ and a study in mecca.⁽¹³⁾

Working Time: more than three quarters of participants were working at day and night because most of them were permanent of clinical branches; and also this factor had no statistically significant association on the participant's patients' rights-overall knowledge

Most of the participants in this study answered the knowledge part in a correct way for most of the questions except for two questions:

- "The patient does not require to be treated with courtesy and respect during the time of emergency" doctors may have gotten over the concept of respecting patients during emergency because Iraq, in the last 20 years, was affected by constant bombings street fighting and violence thus disrespecting patients during lifesaving conditions has become a habit.
- And the other one was "the patients has the right to choose his/her own statement to be written in the medical report" this may be due to their misinterpreting the question or because they are afraid of getting hurt by the savage Iraqi tribes who took over the authorities recently and became the main source of injustice as well as there is a law for doctors protection according to "*Doctors Protection Law No. (26) of 2013 Republic of Iraq - Supreme Judicial Council*" but still doesn't enable to give them their rights back.⁽¹⁶⁾The results are slightly different from the study by King Fahd Hospital of the University, which reported that (71.9%) had adequate knowledge in the same age category of our study.⁽¹²⁾ and in another study in mecca in 2013.⁽¹³⁾ About doctors practice most of them had a good practice and knew how to deal with patient and

this result is expected because of their good knowledge.

Conclusions:

1. Most of the participants were young aged between 30-39 yr, females, married, had 6-10 post-graduation years, permanents, medical specially (medical sub-branches), worked in Day and night duties.
2. Overall Knowledge of the doctors regarding patients` rights was good Knowledge. However, some deficient issue needs to be improved.
3. Overall practice of the doctors regarding patients` rights was good.
4. There was deficiency in training courses about patients' rights, depending on college literatures only.

Recommendations:

- 1- Improve symposiums or training courses about patients' rights among undergraduate and post-graduated doctors.
- 2- Iraqi ministry of health needs to create an Iraqi patients' bills right, and announce it to all health workers and community as well.
- 3- This research was done from doctors' perspective and it shows that they have a good practice and knowledge, the next step is to do the same research from patients' perspective to know whether the doctors do have a good practice and knowledge or not.

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