THE PUBLIC HEALTH IMPLICATION OF PATIENT'S RIGHT ABUSE BY HEALTH PROFESSIONALS IN PLATEAU SPECIALIST HOSPITAL, JOS

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Abstract

Over the years studies indicates that health sectors in both developed and developing nations are vulnerable to patient right abuse by health professionals. This paper discusses the character and scope of patient right abuse by health professionals in Plateau Specialist Hospital, Jos. It suggests that due to the political economy of health,health-seeking behaviours is affected and as such affects the quality of healthcare delivery in the nation. The study further asserts that human rights law can play an important role in enhancing the transparency and integrity of health systems. Based on the existing human rights framework, some tools are provided and examples are given of how this can be done. Furthermore, this study argued that some of such abuses could lead to corrupt acts, as identified under international law. Finally, the study concluded that there are clear links between such corrupt acts and human rights law, and that some of such acts can be identified as concrete human rights violations.

Keywords: healthcare, error, patients' right and professionals

Introduction

Over the years evidence has shown that in every medical action, there are always two parties involved, the physician and the patient. Thus, these relationships are best viewed in the framework of social roles, of the attitudes and activities the two parties bring to the situation of care(Wilson, 1970). These interactions between the patient and caregiver form one of the foundations of contemporary medical ethics. It is therefore, no gain saying that the rights of patient to accept or withdraw their consent and terminate a treatment procedure at any point cannot be overemphasized. The World Health Organization 1946 constitution states the right to health as the enjoyment of the highest attainable standard of health. In the same vein, Article 25 of the United Nation's Universal Declaration of Human Rights 1948 maintained that, everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing, and medical care and necessary social services.

It is an obvious reality that the health sector globally has been affected by numerous inequalities that involve such factors as race, socioeconomic status, gender, and politics, which the Nigeria health institution is not an exception, due to the nation's poor health sector. In fact based on the overall performance of health systems around the world, Nigeria was rank 177 out of 191 countries, on its degree of responsiveness to healthcare needs (WHO, 2015). Aside from a poor number of health workers of only 4 doctors and 16 nurses per 10,000 people, this means that one doctor attends to 2,500 patients and 1 nurse to 155 patients (World Health Statistic, 2011). In addition, there are many situations where patients were abused of their right to healthcare services either due to inadequate clinical support tools that will enhance timely health services or the inhuman attitude of some health workers in the nation's health institution.

Although, every reasonable government and healthcare institutions agree that everyone deserves the basic right to healthcare, but how far that right goes has been a global issues. However, patient's rights vary in different countries and in different jurisdictions, often depending upon prevailing cultural and social norms (Wilson, 1970). In her bids to address the issues facing patient's rights and other challenges facing the Nigerian healthcare services delivery, the Vice President, Yemi Osinbajo on July 31, 2018 lunches initiative to protect patient's right. According to the Vice President, the Patient's Bill of Rights (PBoR) will translate into new standards of quality, equity and dignity in patient's experience in healthcare in Nigeria, emphasizing that the bill will stand as a bridge of dignity that links the right to life of an individual and minimum standards of healthcare (Premium Times, 2018).

In 1981, the World Medical Association adopted a statement on the rights of patients known as the Declaration of Lisbon in recognition of the practical, ethical, or legal difficulties as related to rights of patients, a physician should always act according to his or her conscience and always in the best interest of the patients. The International Code of Medical Ethics by the World Medical Association emphasizes that a physician shall maintain the highest standard of professional conduct, respect rights of patients, owes his patients complete loyalty and all the resources of his sciences and safeguard patient confidence while Physicians Oath now called Physician Pledge as amended in 2017 pledges that physicians shouldn't use medical knowledge to violate human rights and civil liberties even under threat. Although the rights of patients vary in different countries and jurisdictions often depending on the prevailing socio-cultural and moral norms. The Declaration of Lisbon by the World Medical Association provides some of the principal rights, which medical profession seeks to provide to the patients and whenever legislation or government action denies these rights, physician should seek by appropriate means to assure and restore them.

Globally, rights of patients are derived from the principles of fundamental human rights, health rights, and professional obligations of the physician toward his patients as contained in the code of medical ethics and declarations that are applicable worldwide. Patient rights refer to legal interests of persons who submit to medical care and set out the ways in which patients and health professionals can work as partners in an open and positive relationship to improve the effectiveness of healthcare process and standard of care. Despite enormous debate on the rights of patients, there is growing national and international consensus that all patients have a basic rights to privacy and confidentiality of medical information, informed consent for surgery, medications and invasive procedures, consent or refuse treatment, refuse or participate in research, and be informed about relevant risks of medical interventions.

The World Health Organization (2010) stressed that, access, equity, quality, and cost-effectiveness are key issues facing healthcare in both developed and less economically developed countries.In addition, with these challenges with the Nigerian health institutions, the nation'shealth sector is confronted with the problem of patient right abuse. Among which are: undue patient waiting time and wastage for non-emergency cases, physical abuse of patients by health professionals, frequent strike actions by health professionals, stigmatization of patients and inequality, lose of patient's health records, misinterpretation of patient's health information's and so forth. It is in light of the above, that the study examines patient right abuse by health professionals in Nigerian health institutions. With

the view of proffering plausible recommendations that will ensure quality healthcare delivery in the country's health sector.

Conceptual and Theoretical Underpinning

Reiterating the nature of healthcare delivery in Nigerian health sector, Adegboyega (2013) stress that Nigeria's health index is very poor, and the people are suffering as the healthcare policies and programmes in the country are implemented in a way that those at the lower socio-economic strata of the society suffer exclusion. There is no denying in the fact that these exclusion usually amount to abuse of patient right by health professionals which is usually characterized by domination, stigmatization, rape (especially female patients), withdrawal of treatment procedure, and so forth. Which those at the upper socio-economic strata hardly experience. Even though, the human right to healthcare is clearly linked to the rights to life and non-political freedom, it can be argued that health is fundamentally rooted in the structures of power, privileges and what people have access to, as well as what they need but do without (Adegboyega, 2013).

Legal, ethical, and human rights norms are an increasingly important but still-often-neglected component of the delivery of quality medical care. This is so even though respect for human rights in patient care is increasingly understood as an issue that has implications for public health, as well as for broader functional economic and societal development. Clearly, in a situation where there is perceived domination or abuse of patient right by health professionals, there will be poor communication between the patient and the health professional, which has gross effect on patients health seeking behaviour as well as the quality of healthcare delivery.The concept of 'human right in patient care' provides a principled alternative to the growing discuss of patient rights that has evolved in response to widespread and severe human rights violations in health settings. Such abuses take place in all the branches of the health sector, varying from health ministries, to hospitals and pharmaceutical companies (Brigit 2011).

Patients are entitled to the full range of human rights. Health care providers must respect each patient'sdignity and autonomy, right to participate in making health care decisions, right to informed consent, right to refuse medical treatment, and right to confidentiality and privacy. However, to what extend this can be achieved in the Nigerian health institutions is a matter of serious debate.

Theoretical Perspective

This study dwells on the political economy theory, which focuses on the interaction of political and economic processes in a society, the distribution of power and wealth between different groups and individuals, and the processes that create, sustain and transform these relationships over time (DFID, 2009). The political economy

theorists assumed that politics and economics have dealt with resources allocation from time immemorial. The major proponents of the theory include Karl Marx,William H. Sewell

Political economy assumes that resources are allocated not based on relative efficiency or merit but according to power. This is applicable in explaining patient right abuse by health professionals, thus, allocation of health recourses some of their basic assumptions are:

1. The behaviour and dynamics of visible and invisible actors within the health care sector therefore can only be understood in terms of their power and class position in the larger social system
2. Approaches to health problem analysis grounded in a political economy perspective frequently look to the expanding and contracting of the economy historically as a means of contextualizing and helping to explain the related expansion and contracting of perceived health and social problems
3. They assume that communities are not homogenous, that class determining what is the basis for social influence in the community is land, family history, money and occupation.

Hence,we need to understand health and the socio-cultural, political ad historical phenomena that affect it.Understand the multiple relationships between health, illness and its context. Health is related to society and its cultural, social, political and economic environment. The theory argued that health determinates are interconnected, therefore, the political economy insists that an adequate study of the whole cannot be developed from the separate study of individual parts.This assumption corroborates Adegboyega (2013) assertion that Nigeria's health index is very poor, and the people are suffering as the healthcare policies and programmes in the country are implemented in a way that those at the lower socio-economic strata of the society suffer exclusion. In reality, Social and economic development processes involve much more than technocratic approaches 'political economy' factors usually determine the fate of reforms. Specifically, understanding how and why governments make and implement decisions priorities the allocation of scarce financial and human resources as well as health facilities to the citizens. The impact of political economy factors is particularly important to understand the distribution of healthcare facilities in rural and urban communities in Nigeria

Political economy is a broad theoretical framework, which can help health educators, better understand the many economic, political and socio-historical forces that shape contemporary health problems. Its attention to the dynamics of race, class and gender, as these interacts to affect the lives of individuals and broader social groups, makes a political economy approach an important supplement and complement to other macro and micro level theories.

Nexus between Quality Healthcare Delivery and Patient Right Abuse

Sickness and health are too important in human affairs to be left to improvised chance human encounter. Hence, it is an obligation of the patient to seek competent help and adopt the sick role, on one hand, and the responsibility of the caregiver to provide timely and effective healthcare to the patient on the other. Generally, the health professional has the rights and power to strip every patient of his/her social, economic and/or political status while administering treatment to the patient. However, it is an unfortunate reality that most health professionals take advantage of such privilege to exploit their patient both physically and psychologically.

Patient-health professional relationship has been defined as a consensual relationship in which the patient knowingly seeks the physician's assistance and in which the physician knowingly accepts the person as a patient. At its core, the health professional-patient relationship represents a fiduciary relationship in which, by entering into the relationship, the health professional agrees to respect the patient's autonomy, maintain confidentiality, explain treatment options, obtain informed consent, provide the highest standard of care, and commit not to abandon the patient without giving him or her adequate time to find a new caregiver. According to Fallon, *et al.* (2015) the patient-caregiver relationship encompasses four key elements thus,mutual knowledge, trust, loyalty, and regards.

It is evident that the Nigerian healthcare system is performing below expectation (Menizibeya, 2011). Hence, patient's right to refusal to treatment procedure is a practice that is not yet ripe for a society like Nigeria. This can be attributed to poor policy implementation and the fact that most health professionals prefer the manual way of patient care such as manual patient records, manual diagnosis, manual referral systems, and so forth. Due to poor knowledge of patient's rights by the general public and poor availability of clinical support facilities (most especially internet connectivity) in the country's health institutions (Alaku and Stephen, 2017).

Good relationship between the patient and the health professional is pivotal to achieving quality healthcare delivery, as quality healthcare entails the patient having the right to make critical decisions concerning his/her health and the caregiver providing timely and efficient care. On this note, one can religiously say that good health and the well-being of a society is a function of respect for the right of patient's by health provider.

Challenges of Patient-Health Professional Relationship in Nigerian Hospitals

Studies including Berman, et al, (2011) and Mayo and Chukwuka (2013) demonstrates that patients are abused by health professionals on daily bases, as most patient in the Nigerian hospital are confronted with challenges that includes; stigmatization, rape, physical abuse, loss of medical record, misinterpretation of results, frequent strike action by health professionals, medication errors, unnecessary billing, time wastage for non-emergency cases and so forth. This situation has lead to loss of confidence on the nation's health sector as well as premature death of many patients in the Nigerian health initiations.

Development of electronic applications such as e-prescription, e-consultation, e-radiology, mobile health and so forth has brought a paradigm shift in health seeking behaviour as well as healthcare service delivery globally from manual healthcare to modern technology and the use of artificial measures to prolong life. However, the patient's decision plays a pivotal role in every treatment and clinical procedures that will be carryout by the health professional. Nevertheless, this is not the case of the Nigerian health institution due to lack of this facilities in the hospitals. Even where these facilities are available, both the patient and health professionals ineffectively utilize them due to poor knowledge of the equipment. Government policies in Nigeria do not favour the right of the patient. This is because the Nigerian health initiations are underfunded, poor workforce and lack of necessary health support equipment that will enhance effective and timely delivery of health services to the masses.

Recommendations

1. To ensure effective communication between health professionals and patient, there is a need for the government and the hospital management to educate the patient of their rights as it regards to their health, as well as the health professionals through regular seminar and workshop for health professionals and through the print and media for the public.
2. To address the problem of patient right abuse by health professionals, the government and hospital management should ensure that health professionals who abuse patients are severely punish. An independent regulatory body should be made available to checkmate the activities of health professionals and patients can report all cases of abuse of their rights by health workers.
3. To enhance confidential, effectively and timely communication between the patient and the caregiver, there is the need to effectively utilize electronic health care

facilities such as computers, mobile phone, internet and so forth. This can be achieved when the hospital management and the government provide these equipments and ensure that both the patient and the caregiver religiously utilize them.

4. The government should formulate and execute policies that will ensure quality healthcare delivery by addressing all issues facing the country's health sector in general

Conclusion

This study demonstrated that for quality, healthcare delivery to be achieved healthcare must be safe, effective, timely, efficient, equitable, affordable and people-centered and this can only be achieved through effective communication between the health professional and the patient. Hence, the caregiver must respect the right of the patient to enhance effective communication as well as collaboration among health professionals

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