DISSECTING THE STATE OF PATIENTS' RIGHTS AMONG URBAN POOR RESIDENTS IN METRO MANILA: AN EXPLORATORY STUDY [1]

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By:

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I. Rationale

The promotion of patients' rights has been a growing concern of international organizations like the World Health Organization (WHO), the Joint United Nations Programme on HIV/AIDS (UNAIDS), and local non-government and people's organizations in the Philippines. This concern has been triggered by two things: the paradigmatic shift in viewing health as a human right and the increasing cases of violations of patients' rights committed by health professionals and workers, particularly in Third World countries.

It is a well-known reality that in the Philippines, as well as in most other Third World countries, a significant percentage of the population are not aware of their basic human rights, more so their rights as patients. Poverty as well as lack of education and access to information has brought about this state of ignorance. Concomitantly, the dominance of a culture of subservience and silence has persisted, particularly among the poor, when relating with people vested with authority and power like health professionals. People have been made to believe that doctors and those comprising the medical institution are all knowing and competent, and ready to act only in the best interests of the patient.

Studies on patient-provider relations have shown that this factor influences the health behaviors of patients. Patients' perceptions and attitudes toward health facilities and health providers do affect their decision on whether to find out the causes of certain health problems, and subsequently their health behaviors or practices (Rubel and Garro, 1992; Barnhoorn and Adriaanse, 1992; Jaramillo, 1998; Mirowsky and Ross, 1983; Sharp et al., 1983; Zola, 1994). In the study of Jaramillo (1998) on the health-seeking behaviors of tuberculosis (TB) patients in Colombia, the poor quality of health care services was cited as a deterrent to its early diagnosis and treatment. Specifically mentioned were poor communication skills, complex organizational structure, negative attitudes and inadequate knowledge of the TB control strategy of health providers.

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Based on anecdotal accounts, however, violations of patients' rights have become a common occurrence in many health care facilities, both private and public. In day-to-day health care settings, there have been reported instances of emergency patients being denied admission in a hospital because of their inability to pay the required deposit; patients being made to undergo several pre-operative tests/procedures like chest x-ray, blood tests, ECG, etc., which are unnecessary; patients not properly oriented and informed about their condition and the procedure they are about to undergo; pregnant women who are made to undergo caesarian operation even though they can have normal deliveries; women abortees who are undergoing profuse bleeding but are intentionally ignored by health providers in order to "teach them a lesson"; and patients, especially the poor ones, who are treated with disrespect and made to wait for hours before being seen by a health professional. Thus, during the 12th Philippine Congress (2001-2004), House Bill No. 666 and Senate Bill No. 2539 entitled "*An Act Declaring the Rights of Patients and Prescribing Penalties for Violations Thereof,"* also known as "Magna Carta of Patients' Rights" were filed in order to respond to the growing recognition of the need to come up with measures and mechanisms that will promote the rights of patients and protect them from abuses by health care providers and professionals.

II. Study Objectives

This study, which took seven (7) months to complete (August 2003-February 2004), is aimed at determining the state of the observance of patients' rights in two (2) urban poor communities in Metro Manila. Specifically, it seeks to:

1. Describe how urban poor residents behave when confronted with hypothetical dilemmas or problematic situations in health care facilities, either as patients or caretakers;
2. Determine the level of awareness of urban poor residents of their rights as patients; and
3. Describe the health behavior of patients regarding the use of public health facilities in the community.

III. Study Methodology

A. Data-Collection Techniques

This descriptive study used a combination of quantitative and qualitative methods for data collection. The study relied on the survey method using a pre-tested structured interview schedule consisting of 34 questions/statements. Before the actual interview, the target respondent was asked to sign a consent form after its contents were read and discussed by the interviewer (See Appendix A). The consent form contained information about the research, duties and responsibilities of the study participant, the benefits and risks being taken by the participant, confidentiality in the handling of information, the right of the participant to terminate involvement in the study anytime, and names of persons to contact for information and queries about the study. Willing interviewees was then asked to affix their signatures to the form.

The structured interview schedule included questions/statements about the interviewees' socio-demographic background and health behavior, including utilization of public health facilities in the community. (See Appendix B.)

To gauge the respondents' level of awareness about their rights as patients as well as their attitude and predisposition when faced with dilemmas either as patients or caretakers of a family member needing medical care, 11 hypothetical cases with 15 dilemmas were included in the interview schedule. For each dilemma, a Likert scale was constructed with the following choices: *strongly disagree*, *disagree*, *agree* or *strongly agree*.

The different hypothetical cases dealt with several forms of patients' rights, including the rights to medical care and humane treatment, to information, to leave, to privacy and confidentiality, to express grievance and to informed consent.

The survey results were tabulated and analyzed using the Statistical Package for the Social Sciences (SPSS) computer software.

Meanwhile, the qualitative aspect of the study was done through the conduct of two focus group discussions (FGD), one per study site. The objective of the FGD was to validate and enrich the data generated from the survey. The FGD in *Barangay A* was composed of nine individuals (seven women and two men); in *Barangay B*, six individuals (four women and two men). All FGD respondents also participated in the survey. The FGDs explored a number of critical issues or dilemmas related to patients' rights and health behavior involving utilization of health center facilities in the community.

B. Study Participants

A total of 200 urban poor residents from two communities in Quezon City (99 respondents from *Barangay A* and 101 from *Barangay B*) were interviewed for the study. The inclusion criteria used for recruitment were the following:

1. Male or female, 18 years and older;
2. Must have been a resident of the selected urban poor community for at least a year; and
3. Willing to participate in the study.

The study participants were selected primarily on the basis of their availability and willingness to participate at the time of the interview and FGDs in the communities.

C. Study Sites

The study was conducted in two urban poor communities in Quezon City. Accessibility, presence of contact individuals and/or NGOs, and comparability of areas, were used as bases for the selection of the two communities.

Barangay A was created on February 25, 1983, by virtue of *Batas Pambansa* No. 343. As of the year 2000, the barangay had a population of 109,723 consisting of 23,905 households (National Statistics Office, 2000). *Barangay A* is a combination of depressed areas and middle-class subdivisions. The community is being served by one barangay health center (Barangay Profile, 2003).

Barangay B, which is two tricycle or jeepney rides away from Barangay A, was created on June 25, 1975, by virtue of Executive Order No. 24. According to the May 2003 barangay census, it had a total population of 180,000 consisting of 45,000 households. Each household is made up of four persons on the average. Like Barangay A, *Barangay B* is a combination of depressed areas and middle-class subdivisions. There is one barangay health center servicing the whole barangay (Barangay Profile, Barangay Operations Center, Quezon City Hall, 2003).

IV. The Growing Recognition of Patients' Rights as Integral to the Right to Health

When a government is a party to international conventions, covenants and treaties, and acknowledges these international statutes as part of the law of the land, the state becomes responsible and is obligated to ensure that these laws are effectively implemented.

The Philippine government is a state party to a number of important international human rights instruments, foremost of which is the International Bill of Rights, i.e., the United Nations Declaration on Human Rights (UDHR, 1948), the International Covenant on Civil and Political Rights (ICCPR, 1966) and the International Covenant on Economic, Social and Cultural Rights (ICESCR, 1966). As a state party, this means the Philippine government has recognized and adopted these international treaties and covenants as part of the country's laws or have passed relevant enabling laws. Concomitantly, it has committed to carry out the obligation to protect, respect and fulfill the human rights of its people.

Article 25, Section 1, of the UDHR states: "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…"

Article 12, Section 1, of the ICESCR states: "The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health."

Article 12, Section 2, of the ICESCR states: "The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right include those necessary for:

a. The provision for the reduction of the stillbirth rate and of infant mortality and for the healthy development of the child;
b. The improvement of all aspects of environmental and industrial hygiene;
c. The prevention, treatment and control of epidemic, endemic, occupational and other diseases; and

d. The creation of conditions which would assure to all medical services and medical attention in the event of sickness."

Meanwhile, Article 26 of the ICCPR states: "All persons are equal before the law and are entitled without any discrimination to the equal protection of the law. In this respect, the law shall prohibit any discrimination and guarantees to all persons equal and effective protection against discrimination on any ground such as race, color, sex, language…"

In the International Bill of Human Rights, particularly the UDHR and the ICESCR, the people's right to health is enshrined even as the ICCPR underscores equality before the law. In the Philippines, the 1987 Constitution states that the people have the right to health care services. Article 13, Section 11, states: "The state shall adopt an integrated and comprehensive approach to health development which shall endeavor to make essential goods, health and other social services available to all people at affordable cost. There shall be priority for the needs of the underprivileged, sick, elderly, disabled, women, and children. The State shall endeavor to provide free medical care to paupers."

Undoubtedly, all individuals have a right to health, with particular attention being given to the vulnerable and marginalized sections of the population. At the same time, all human beings are entitled to enjoy all other rights necessary for obtaining "the highest attainable standard of physical and mental health" (ICESCR). As a right, it should be universal and non-discriminatory, i.e., regardless of age, sex, gender orientation, ethnicity, religious belief, political belief, and economic status or capacity to pay.

Today, however, despite improvements and advancements in medicine and technology, the people's right to health continues to be threatened and violated in many parts of the country. In the name of competition and efficiency, tertiary and specialty government hospitals are gradually being privatized and have begun implementing user-fees programs. This means patients, including those classified as indigents, have to pay for every single item needed in their treatment, including patient's card, cotton balls, syringes, etc.

As a patient, one should enjoy, at least in emergency condition, the right to accessible, quality and non-discriminatory health care. With privatization and the institution of user-fees schemes in public health facilities, the right to health has become a privilege for those who could afford the rising costs of medicines and hospitalization. An illustration of this trend is the case of the Calisaan quadruplets who died several days after they were born prematurely because their poor parents had difficulty finding a hospital with facilities and equipment like incubators and ventilators which were immediately needed for the newborns. The Calisaan couple accused the staff of the Manila Central University (MCU) Hospital and the Philippine General Hospital (PGH) for denying the infants treatment when they could not pay the deposit demanded by these hospitals (Crisostomo, July 19, 2003; Mugas, July 23, 2003).

The media exposure given to the case of the Calisaan quadruplets caught the attention of no less than President Gloria Macapagal-Arroyo who ordered the creation of a committee through the Department of Health (DOH) to investigate the matter. The findings of the five-member investigating committee cleared the hospital authorities of the MCU and PGH from any

culpability or misdemeanor. According to the Committee Report, the hospitals did not violate Republic Act 8344 or "The No Deposit Law" since these hospitals did not demand deposits, contrary to the claim made by the Calisaan couple (Crisostomo, August 12, 2003; Mugas, August 12, 2003).

Furthermore, although the committee reprimanded the MCU for the insensitivity of its staff in dealing with the couple, which made the Calisaans feel that they were being badly treated because they are poor, it also blamed the mother for becoming pregnant with the quadruplets shortly after having just given birth to a baby and for failing to undergo prenatal care.

Following the gruesome and unforgettable experiences of concentration camp prisoners in the hands of Nazi physicians during World War II, there emerged a growing interest on the issue of patients' and human rights among medical/health professionals, academe and governments. Without their consent, concentration camp inmates in Nazi Germany were subjected to unethical medical practices such as their use as guinea pigs in medical experiments and being made to endure unnecessary pain and suffering. These events led to the recognition by the international community of the urgency and importance of developing ethical codes of conduct, guidelines and other measures that will address issues of patient-doctor relationship and rights of patients. Moreover, the need to clearly define standards of ethical treatment of patients by health professionals guided by human rights norms and principles was emphasized. Thus, the formulation of such instruments as the Nuremberg Code (1947), the Universal Declaration of Human Rights (1948), the Helsinki Declaration of the World Medical Association (1964) and the International Covenant on Civil and Political Rights (1966). All were aimed at providing guidelines for health care providers in the ethical conduct of their profession, particularly the treatment of patients, including the mobilization of human beings in medical experiments and researches.

Patients' Rights in Europe

It took 20 years for countries in Europe to adopt patients' rights as part of their statutes (European Charter of Patients' Rights, 2002; WHO, 1995; The Patient's Charter and You, 1997). In 1992, Finland took the bold step of enacting a law on patients' rights (Fallberg, 2000). Other countries followed till the European Union adopted a cross-border right to health care. This means that workers from a European country who comes to another European country will have the "the same social rights, including the right to treatment in another EU member state." (Hermans, Herbert, E.G.M., Patients' Rights in European Union). Article 35 of the European Charter of Patients' Rights (2002) provides for the right to health protection, calling it the "*right of access to preventive health care and the right to benefit from medical treatment under the conditions established by national laws and practices."* Non-EU countries like England also adhere to international standards by citing the protection of patients' rights in their laws.

Patients' Rights in the United States

In the United States, patients' rights are well promoted and health facilities have policies in place to ensure these are protected. Health care facilities are required to define the rights of specific types of patients like child patients, women with breast cancer, surgical patients, and the elderly. The Duke University Health System's Patient Bill of Rights (1998), The Johns Hopkins Breast Center's Breast Cancer Patients' Bill of Rights; Charter of the Hospitalized Patient (2000); The Pregnant Patients' Bill of Rights, The Dying Patient's Bill of Rights, and The Hospice Patient's Bill of Rights, are examples of such policies. Among the rights of patients stipulated in these documents are the rights to:

- *Receive quality medical care without discrimination;*
- *Receive compassionate care that respects personal, spiritual, cultural and religious values and beliefs;*
- *Participate in the resolution of ethical dilemmas;*
- *Know the name and role of the attending physician;*
- *Request that an individual of his/her choice, family member or otherwise, and/or a physician of his/her choice, be notified in the event that he/she is admitted to the hospital;*
- *Be well informed about his/her illness;*
- *Receive information about any proposed treatment or procedure;*
- *Actively participate in decisions regarding medical care, including managing pain effectively (includes the right to refuse treatment);*
- *Privacy and confidential treatment;*
- *Be informed about charges* (made by the health care facility)*; and*
- *Receive information describing the patient's rights and responsibilities and the process for resolving complaints.*

Patients' Rights in South Africa

In South Africa, the Department of Health has begun formulating a "Patients' Rights Charter" as a means of ensuring the realization of the right to access health care services as guaranteed in their constitution. Among the rights recognized in the charter include:

- *Receiving timely emergency care at any health care facility that is open regardless of one's ability to pay;*
- *Treatment and rehabilitation that must be made known to the patient to understand such treatment or rehabilitation and the consequences thereof;*
- *Provision for special needs in the case of newborn infants, children, pregnant women, the aged, disabled persons, patients in pain, persons living with HIV or AIDS patients;*
- *Counseling without discrimination, coercion or violence on matters such as reproductive health, cancer or HV/AIDS;*
- *Palliative care that is affordable and effective in cases of incurable or terminal illness;*
- *A positive disposition displayed by health care providers that demonstrates courtesy, human dignity, patience, empathy and tolerance;*
- *Health information that includes the availability of health services and how best to use such service, and ensuring such information is conveyed in the language understood by the patient.*

- *Right to know the person that is providing health care;*
- *Confidentiality and privacy, e.g. on information concerning one's health, information concerning one's treatment may only be disclosed with informed consent;*
- *Informed consent, which means everyone has the right to be given full and accurate information about the nature of one's illness, diagnostic procedures, the proposed treatment and the costs involved, for one to make a decision that affects any of these elements;*
- *Refusal of treatment, whether verbal or in writing, provided that such refusal does not endanger the health of others;*
- *Be referred for a second opinion;*
- *Continuity of care, which means no one shall be abandoned by a health care professional or a health facility which initially took responsibility for one's health; and*
- *Complain about health services and to have such complaints investigated as well as receive a full response on such investigation.*

Patients' Rights in Malaysia

In 1998, the Malaysian Medical Association came up with its position on patients' rights. Among those recognized by the association are the:

- *Right to health care and humane treatment;*
- *Right to choice of care;*
- *Right to acceptable safety;*
- *Right to adequate information and consent;*
- *Right to redress of grievances;*
- *Right to participation and representation;*
- *Right to health education; and*
- *Right to a healthy environment.*

Patients' Rights in the Philippines: Opposing A Trend?

Developing countries like South Africa and Malaysia, and developed countries of Europe and the United States are on the road towards providing their citizens equal and easy access to quality health services, especially in emergency conditions. The rights and responsibilities of patients are well defined in various documents and its implementation ensured in health facilities. Medical associations are supportive of their governments' commitment to deliver quality health care services to its citizens without discrimination. It may be asked: are these countries able to provide quality health care services to their citizens without discrimination because of their commitment to the International Bill of Human Rights or are they able to do so because they are economically well-off and can afford to fulfill their obligations to their people? Or is it both?

The Philippines, lagging behind in economic development and burdened with huge foreign debts and budgetary deficits, has seriously failed in fulfilling its human rights obligations to its people, specifically the right to health. Through the Health Reform Agenda, the Philippine

government has embarked on a privatization program that includes public health facilities while gradually decreasing the already small and insufficient annual health budget. Consequently, the people, particularly the marginalized and economically disadvantaged, are left with no choice but to shoulder the rising costs of health care goods and services. This condition makes the poor and uneducated people vulnerable to violations of their rights as patients in a country where the health care delivery system is characterized by a hierarchical and paternalistic structure, dominated by health providers who behave like gods, and health facilities run and managed like business enterprises.

A study conducted by the Philippine Human Rights Information Center (2002) on the development of economic, social and cultural rights indicators revealed that among respondents in the grassroots sectors that have no secondary education, more than 50 percent were not aware that health was one of their human rights. This reality indicates that much needs to be done in educating the people about their rights and eventually making them recognize the importance of fighting for these rights.

V. Legal Bases of Patients' Rights in the Philippines

Patients are human beings who should be treated with dignity, respect and without discrimination. They are entitled to receive the best possible and most appropriate treatment and care deserving of human beings in order to restore good health and promote well-being.

As human beings, patients have rights which form an integral component of their human rights, including the right to health, which are enshrined and guaranteed in a number of key treaties and instruments to which the Philippine government is a state party. These include the International Covenant on Civil and Political Rights (ICCPR, 1966), International Covenant on Economic, Social and Cultural Rights (ICESCR, 1966), the Convention on the Rights of the Child (CRC, 1989), Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW, 1986) and Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT, 1984).

Undoubtedly, these international human rights instruments recognize the rights of individuals as patients and seek to ensure that they are not subjected to any form of discrimination, abuse and maltreatment that will jeopardize, if not aggravate, their ill-health status. The Philippines, like other governments that have ratified such treaties, is duty-bound to act in accordance with the provisions of the treaties.

As a state party, the Philippine government is obligated to respect, protect and fulfill the rights of its people as patients. Among the relevant provisions of the key human rights instruments that recognize and protect the rights of patients are the following:

1. International Covenant on Civil and Political Rights (ICCPR)

- ✓ ***Article 6, Section 1:*** *Every human being has the inherent right to life. This right shall be protected by law. No one shall be arbitrarily deprived of his life.*
- ✓ ***Article 7:*** *No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. In particular, no one shall be subjected without his free consent to medical or scientific experimentation.*
- ✓ ***Article 18, Section 1:*** *Everyone shall have the right to freedom of thought, conscience and religion. This right shall include freedom to have or to adopt a religion or belief of his choice, and freedom, either individually or in community with others and in public or private, to manifest his religion or belief in worship, observance, practice and teaching.*
- ✓ ***Article 19, Section 2:*** *Everyone shall have the right to freedom of expression; this right shall include freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of his choice.*
- ✓ ***Article 24, Section 1:*** *Every child shall have, without any discrimination as to race, color, sex, language, religion, national or social origin, property or birth, the right to such measures of protection as are required by his status as a minor, on the part of his family, society and the State.*
- ✓ ***Article 26:*** *All persons are equal before the law and are entitled without any discrimination to the equal protection of the law. In this respect, the law shall prohibit any discrimination and guarantee to all persons equal and effective protection against discrimination on any ground such as race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.*
- ✓ ***Article 27:*** *In those States in which ethnic, religious or linguistic minorities exist, persons belonging to such minorities shall not be denied the right, in community with the other members of their group, to enjoy their own culture, to profess and practice their own religion, or to use their own language.*

2. International Covenant on Economic, Social and Cultural Rights (ICESCR, 1966)

- ✓ ***Article 3:*** *The State Parties to the present Covenant undertake to ensure the equal right of men and women to the enjoyment of all economic, social and cultural rights set forth in the present Covenant.*
- ✓ ***Article 11, Section 1:*** *The State Parties to the present Covenant recognize the right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing and housing, and to the continuous improvement of living conditions.*
- ✓ ***Article 12, Section 1:*** *The State Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest standards of physical and mental health.*
- ✓ ***Article 15, Section 1:*** *The State Parties to the present Covenant recognize the right of everyone to enjoy the benefits of scientific progress and its applications.*

3. Convention on the Rights of the Child (CRC, 1989)

- ✓ ***Article 3, Section 3:*** *States Parties ensure that the institutions, services and facilities responsible for the care and protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision.*

- ✓ ***Article 6, Section 2:*** *States Parties ensure to the maximum extent possible the survival and development of the child.*
- ✓ ***Article 13, Section 1:*** *The child shall have the right to freedom of expression; this right shall include freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of the child's choice.*
- ✓ ***Article 16, Section 1:*** *No child shall be subjected to arbitrary or unlawful interference with his or her privacy, family, home or correspondence, or to unlawful attacks on his or her honor and reputation.*
- ✓ ***Article 23, Section 1:*** *States Parties recognize that a mentally or physically disabled child should enjoy a full and decent life, in conditions that ensure dignity, promote self-reliance and facilitate the child's active participation in the community.*
- ✓ ***Article 24, Section 1:*** *States Parties recognize the right of the child to the enjoyment of the highest attainable standards of health and to facilitate for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.*
- ✓ ***Article 25:*** *States Parties recognize the right of a child who has been placed by the competent authorities for the purposes of care, protection or treatment of his or her physical or mental health, to a periodic review of the treatment provided to the child and all other circumstances relevant to his or her placement.*
- ✓ ***Article 27, Section 1:*** *States Parties recognize the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development.*
- ✓ ***Article 36:*** *States Parties shall protect the child against all other forms of exploitation prejudicial to any aspect of the child's welfare.*
- ✓ ***Article 37:*** *States Parties shall ensure that no child shall be subjected to torture or other cruel, inhuman or degrading treatment or punishment.*

4. Convention of All Forms of Discrimination Against Women (CEDAW, 1986)

- ✓ ***Article 5:*** *States Parties shall take all appropriate measures: (a) To modify the social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or superiority of either of the sexes or on stereotyped roles for men and women.*
- ✓ ***Article 12, Section 1:*** *States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.*
- ✓ ***Article 16, Section 1:*** *States Parties shall take all appropriate measures to eliminate discrimination against women in all matters relating to marriage and family relations and in particular shall ensure, on a basis of equality of men and women the same rights to decide freely and responsibly on the number and spacing of their children and to have access to the information, education and means to enable them to exercise these rights.*

5. Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT, 1984)

- ✓ ***Article 2, Section 1:*** *Each State Party shall take effective legislative, administrative, judicial or other measures to prevent acts of torture in any territory under its jurisdiction.*
- ✓ ***Article 10, Section 1:*** *Each State Party shall ensure that education and information regarding the prohibition against torture are fully included in the training of law enforcement personnel, civil or military, medical personnel, public officials and other persons who may be involved in the custody, interrogation or treatment of any individual subjected to any form of arrest, detention or imprisonment.*
- ✓ ***Article 13:*** *Each State Party shall ensure that any individual who alleges he has been subjected to torture in any territory under its jurisdiction has the right to complain to, and to have his case promptly and impartially examined by, its competent authorities. Steps shall be taken to ensure that the complainant and witnesses are protected against all ill treatment or intimidation as a consequence of his complaint or any evidence given.*
- ✓ ***Article 14, Section 1:*** *Each State Party shall ensure in its legal system that the victim of an act of torture obtains redress and has an enforceable right to fair and adequate compensation, including the means for as full rehabilitation as possible. In the event of the death of the victim as a result of an act of torture, his dependents shall be entitled to compensation.*

The above provisions from different key human rights instruments ratified by the Philippine government constitute the foundation and framework upon which laws, policies and programs on patients' rights are to be based. Patients' rights — such as the rights to appropriate medical care and humane treatment, to information, to informed consent, to privacy and confidentiality, to leave, to express grievances, to choose one's physical/health care provider, to choose alternative medical/treatment procedures, medicines/drugs, to refuse diagnostic and treatment procedures, to religious belief, to access medical records, to refuse participation in medical research/experimentation, and to correspondence and to receive visitors — are consistent and emanate from the fundamental rights and freedoms of humans.

In addition to the international human rights instruments, the legal basis of patients' rights is also enshrined in the 1987 Philippine Constitution as stipulated in the following articles:

- ✓ ***Article 2, Section 10:*** *The State values the dignity of every human person and guarantees full respect for human rights.*
- ✓ ***Section 13:*** *The State recognizes the vital role of the youth in nation-building and shall promote and protect their physical, moral, spiritual, intellectual, and social well-being.*
- ✓ ***Section 15:*** *The State shall protect and promote the right to health of the people and instill health consciousness among them.*
- ✓ ***Article 3, Section 1:*** *No person shall be deprived of life, liberty, or property without due process of law, nor shall any person be denied the equal protection of the laws.*
- ✓ ***Section 5:*** *The free exercise and enjoyment of religious profession and worship, without discrimination or preference, shall forever be allowed.*
- ✓ ***Section7:*** *The right of people to information on matters of public concern shall be recognized. Access to official records, and to documents, and papers pertaining to official acts, transactions, or decisions, as well as to government research data used as basis for policy development, shall be afforded the citizen, subject to such limitations as may be provided by law.*

- ✓ ***Section 12 (2):*** *No torture, force, violence, threat, intimidation, or any other means that vitiate the free will shall be used against a person.*
- ✓ ***Article 11, Section 1:*** *Public office is a public trust. Public officers and employees must at all times be accountable to the people, serve them with utmost responsibility, integrity, loyalty, and efficiency, act with patriotism and justice, and lead modest lives.*
- ✓ ***Article 13, Section 1:*** *The Congress shall give highest priority to the enactment of measures that protect and enhance the right of all the people to human dignity, reduce social, economic, and political inequalities, and remove cultural inequities by equitably diffusing wealth and political power for the common good.*
- ✓ ***Section 11:*** *The State shall adopt an integrated and comprehensive approach to health development that shall endeavor to make essential goods, health and other social services available to all people at affordable cost. There shall be priority for the needs of the underprivileged sick, elderly, disabled, women and children. The State shall endeavor to provide free medical care to paupers.*
- ✓ ***Section 12:*** *The State shall establish and maintain an effective food and drug regulatory system and undertake appropriate health manpower development and research, responsive to the country's health needs and problems.*
- ✓ ***Section 13:*** *The State shall establish a special agency for disabled persons for their rehabilitation, self-development and self-reliance, and their integration into the mainstream of society.*
- ✓ ***Section 14:*** *The State shall protect working women by providing safe and healthful working conditions, taking into account their maternal functions, and such facilities and opportunities that will enhance their welfare and enable them to realize their full potential in the service of the nation.*
- ✓ ***Article 14, Section 17:*** *The State shall recognize, respect, and protect the rights of indigenous cultural communities to preserve and develop their cultures, traditions and institutions. It shall consider these rights in the formulation of national plans and policies.*
- ✓ ***Article 15, Section 3:*** *The State shall defend the right of children to assistance, including proper care and nutrition, and special protection from all forms of neglect, abuse, cruelty, exploitation, and other conditions prejudicial to their development.*

The generally low levels of compliance of health care providers in the Philippines with ethical and human rights standards, especially in their dealings with patients who are impoverished and marginalized, explain why human rights violations abound in health care institutions. The inability of patients to assert their rights and demand respect and humane treatment from doctors, nurses, midwives and other health workers make them more vulnerable to discrimination and unethical practices, further jeopardizing their already compromised health status. Thus, education and information dissemination on ethics and human rights should be addressed not only to patients, but also to health care providers at various levels of the health care delivery system.

VI. Limitations of the Study

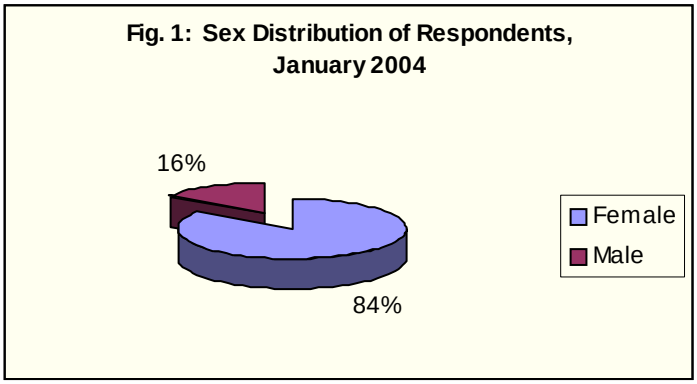
A major limitation of the study is the small sample size, i.e. 200, and the purposive sampling procedure used in the selection of the study participants. This means that the findings of the study are applicable only to the group of urban poor residents from two barangays in Quezon City who participated in the study and cannot be applied to the entire population of urban poor residents. Thus, the study has a weak external validity.

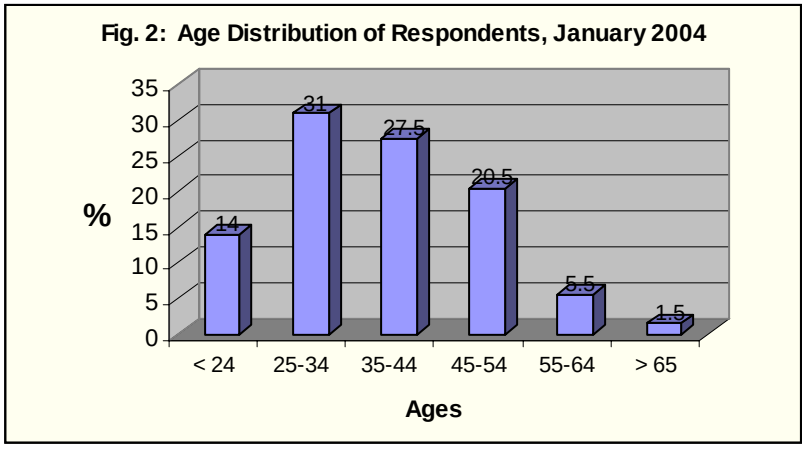
VII. Presentation of Study Results: Survey and FGDs

A. Socio-Demographic Profile of Respondents

A total of 200 respondents participated in the survey, more than four-fifths of whom are female (84%). The percentage of female participants coming from the two barangays was almost equal, i.e. 42% from Barangay A while 42.5% came from Barangay B. The same is true in the distribution of male respondents with 7.5% coming from Barangay A and 8% from Barangay B. (See Figure 1.)

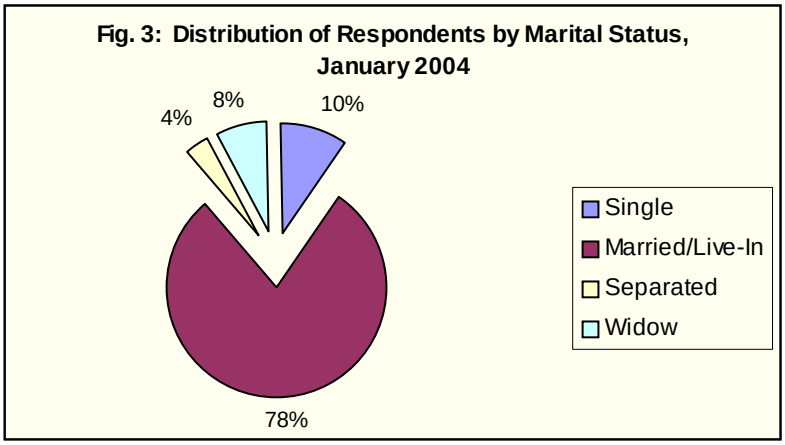
In terms of age, the youngest respondent was 20 while the oldest was 78. Fourteen percent (14%) were 24 years old and younger while more than half (58.5%) were between 25-44 years old and 20.5% were between 45-54 years of age. The rest were 55 and older. The mean age was 37.17 years. (See Figure 2.)





The respondents were predominantly (78%) married or have live-in partners. Ten percent were single. Among those married or with live-in partners, more than half (52%) had one to three living children while a little over one-fifth (26.5%) had four to six. Eight percent had no children and 3.5% had seven to nine. (See Figure 3.)

Close to half (41.5%) of the respondents' spouses/partners were involved in the informal sector, i.e. as tricycle/pedicab or jeepney drivers, sidewalk vendors or construction workers; 18.5% were regular works/employees, 11% were self-employed or sari-sari store owners; and 7.5% were either housewives or unemployed. (See Table 1)



On the other hand, majority (52%) of the interviewees was unemployed or housewives, 19% were working in the informal sector, 17.5% were self-employed and 11.5% were employed as regular workers/employees. (See Table 1)

Close to half (49%) of the study participants reached high school while one-fourth (25.5%) and 21% had reached college and elementary education, respectively. The rest (4.5%) had vocational/technical education. (See Figure 4)

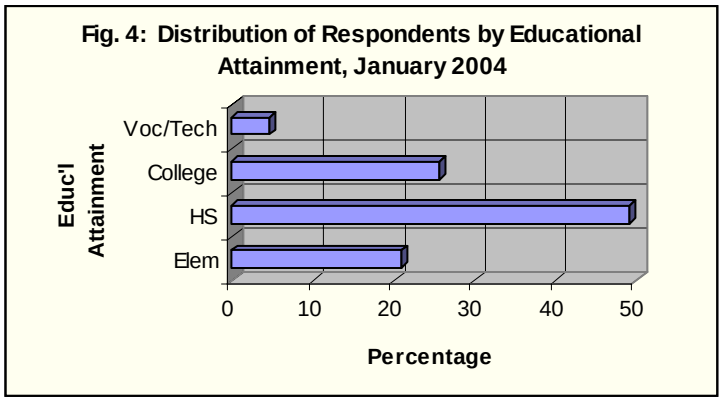
More than a third (38%) of the interviewees had an estimated family income of at most P5,000 per month; 41% earned between P5,001-8,000 a month, while the remaining 21% had at least P8,001 in family income per month. (See Table 1)

B. Health Behaviors

Most (43.5%) of the study participants said they usually bring a sick member of the family to the barangay health center; 29.5% said they usually go to a private doctor/clinic for consultation. The rest said they go to a government hospital (13%) while 11% said they have never consulted. Six percent had no response.

Table 1: Socio-Demographic Profile of Study Participants, January 2004

Socio-Demographic Variables	No. (n=200)	Percentage (%)
No. of living children		
None	16	8.0
1 – 3	104	52.0
4 – 6	53	26.5
7 – 9	7	3.5
Not applicable (NA)	20	10.0
Total	200	100.0
Occupation of Respondent's Spouse/Partner		
Unemployed/housewife	15	7.5
Regular worker/employee	37	18.5
Informal sector	83	41.5
Self-employed	22	11.0
NA	43	21.5
Total	200	100.0
Occupation of Respondent		
Unemployed/housewife	104	52.0
Regular worker/employee	23	11.5
Informal sector	38	19.0
Self-employed	35	17.5
Total	200	100.0
Estimated Monthly Family Income (Php)		
< 1,000	13	6.5
1,000 – 5,000	63	31.5
5,001 – 8,000	82	41.0
8,001 – 10,000	23	11.5
> 10,000	19	9.5
Total	200	100.0

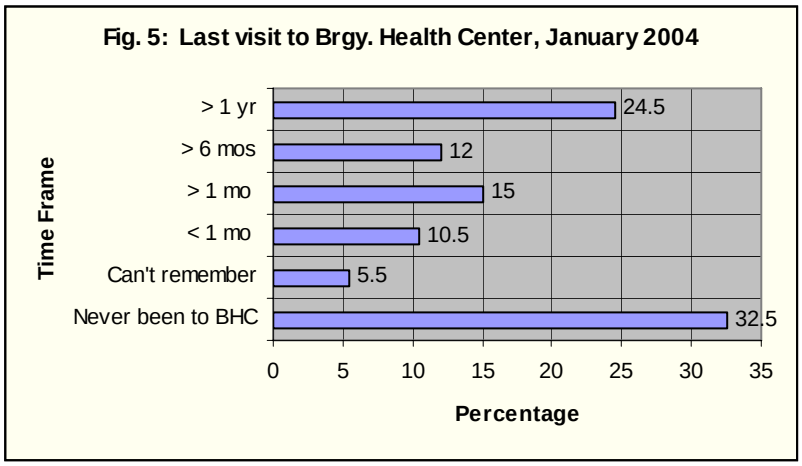


Availability of free consultation, free medicines and reasonable fees were the most common reasons given by those who said they commonly bring a sick member of the family to the barangay health center. They also cited the proximity of the center to their place of residence as another factor that encourages them to go to the barangay health center. Meanwhile, for those who bring a sick member to a private doctor/clinic, the skillfulness of the doctor and proximity of the clinic to their house were the most frequently cited reasons given by the interviewees. (See Table 2)

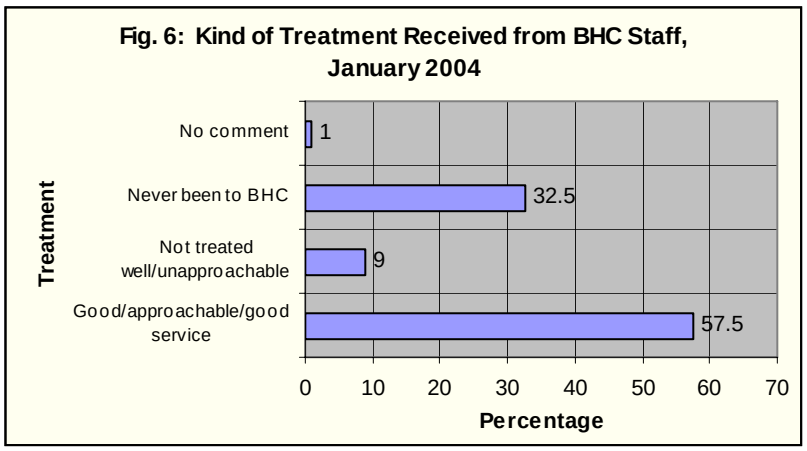
Table 2: Where Sick Family Members Are Taken To and the Frequency, Distribution and Reasons For These, January 2004

Reasons	Health facility to where sick family member is usually taken (n=200)									
	Barangay health center		Private doctor/clinic		Government hospital		Have never consulted		No response	
	No.	%	No.	%	No.	%	No.	%	No.	%
Free consultation/medicines; fees are reasonable	72	36.0	6	3.0	19	9.5	1	.5		
Attentive to our needs/at ease with health workers	1	.5	9	4.5	0		0			
Skilled staff	1	.5	16	8.0	2	1.0	0			
Have been consulting here ever since	2	1.0	9	4.5	3	1.5	0			
Proximity to residence	11	5.5	16	8.0	0		0			
Common illness	0		0		1	.5	7	3.5		
Self-medication	0		0		0		3	1.5		
No experience consulting	0		0		0		10	5.0		
No response	0		3	1.5	1	.5	1	.5	6	3.0
Total	**87**	**43.5**	**59**	**29.5**	**26**	**13.0**	**22**	**11.0**	**6**	**3.0**

When asked when was the last time they went to the barangay health center for consultation, almost a third (32.5%) of the interviewees said they have never been to the center. On the other hand, close to one-fifth (24.5%) said they have been to the barangay health center a year ago or longer, 15.0% more than a month ago, 12% at least six months ago and 10.5%, almost a month ago. (See Figure 5)



Describing the treatment they received from the barangay health staff, majority of the respondents (57.5%) said they were treated well, the members of the staff are approachable and provide good service, and they were not made to wait long. On the other hand, 9% of the respondents said they were not treated well nor given proper attention by the health staff. They were made to wait for a long time, described the staff members as unapproachable/aristocratic, and reported that the doctor was not always available. Close to one-third (32.5%) said they have never been to the health center. (See Figure 6)



While most (30.5%) of the interviewees did not indicate any problems with the health center staff, the most common (21%) complaint given was the long waiting time at the center. Other complaints registered by the respondents included poor service/absence of the doctor/no help received (6%); favoritism by the health staff to friends/relatives (3.5%); strictness in giving out medicines (2.5%); and unapproachable behavior of the staff (2%). Almost one-third (32.5%) said they have never been to the center. (See Table 3)

Table 3: Complaints/Problems with the Barangay Health Center Staff, January 2004

Complaints/Problems	Frequency (n=200)	Percentage (%)
Long waiting line	42	21.0
Poor service/no help received/doctor not always available	12	6.0
Favoritism/giving priority to friends/relatives	7	3.5
Unapproachable/aristocratic staff	4	2.0
Always rushing/no time for patients/staff spends time telling stories	4	2.0
Strict in giving out medicines	5	2.5
Never been to the BHC	65	32.5
No problems, no complaints	61	30.5
Total	200	100

C. Knowledge on Patient's Rights

A total of 11 hypothetical cases with 15 dilemmas were presented to the interviewees for their evaluation. For each dilemma, they were asked to indicate whether they *strongly agree*, *agree*, *disagree* or *strongly disagree* with the behavior/action of a particular person in the situation presented. The different cases dealt with a number of patient's rights, including the right to information, right to medical care and humane treatment, right to leave, right to informed consent, right to privacy and confidentiality, right to express grievances and the right to be informed of his/her rights and obligations as a patient. Table 4 presents a summary of the cases, the dilemmas involved and the corresponding patient's right(s) being addressed in the situation.

Table 4: Summary of Cases, Patient's Rights, Weights per Choice/Response

Summary of Cases	Patient's Right	Weights Per Choice/Response
Case 1: Aling Tess's son gets bitten by a dog. Alarmed, she rushes him to a health center, going straight to the front of the line to immediately get medical help. But the midwife abruptly tells Aling Tess to go to the end of the line. Humiliated, Aling Tess follows the instruction of the irritated midwife. ***Dilemma 1:*** Do you (choices) with the behavior Aling Tess who meekly accepted the treatment she received from the midwife?	Right to medical care and humane treatment	Strongly agree – 1 Agree – 2 Disagree -- 3 **Strongly disagree – 4**
Dilemma 2: Do you (choices) with the way the midwife treated Aling Tess?	Right to medical care and humane treatment	Strongly agree – 1 Agree – 2 Disagree -- 3 **Strongly disagree – 4**
Case 2: Ana, who was pregnant, was rushed to the hospital when her water bag broke. But she was not admitted to the hospital because she could not pay the deposit. She and her husband decided to just look for another hospital. ***Dilemma 3:*** Do you (choices) with the couple's decision to simply look for another hospital?	Right to medical care and humane treatment	Strongly agree – 1 Agree – 2 Disagree -- 3 **Strongly disagree – 4**
Case 3: Fatima accompanied her husband to the health center to have his infected arm treated. The doctor prescribed a strong and expensive antibiotic. Fatima asked if the doctor could prescribe a cheaper brand of antibiotic since they could not afford to buy the prescribed medicine. ***Dilemma 4:*** Do you (choices) with Fatima in asking the doctor for a cheaper brand of medicine?	Right to information	**Strongly agree – 4** Agree – 3 Disagree -- 2 Strongly disagree – 1
Case 4: It is Elena's first time to go for prenatal check-up at the health center. When her turn comes, she is instructed by the nurse to remove her underwear, open her legs wide at the examination table. The physician inserts a speculum into her vagina and after doing the examination, leaves the room. The nurse then instructs her to put on her underwear and go to the doctor's table for her medicines. The doctor gave her the medicines and was told that the check-up is finished. ***Dilemma 5:*** Do you (choices) with the behavior of the doctor?	Right to information; right to informed consent	Strongly agree – 1 Agree – 2 Disagree -- 3 **Strongly disagree – 4**
Dilemma 6: Do you (choices) with the behavior of Elena of not asking	Right to	

questions about the procedure she underwent and the medicines given to her?	information; right to informed consent	Strongly agree – 1 Agree – 2 Disagree - 3 **Strongly disagree – 4**
Case 5: Celia takes her niece to the hospital because of severe stomach pain. The doctor tells Celia that her niece needs to be confined for observation. Celia asks if that is necessary and if there is an alternative, like taking medicines, since they cannot afford the hospital expenses. ***Dilemma 7:*** Do you (choices) with Celia's behavior of asking the doctor for another option besides the hospitalization of her niece?	Right to information	**Strongly agree – 4** Agree – 3 Disagree - 2 Strongly disagree – 1
Case 6: Clara and Romy have 8 children. She is now pregnant with their 9th child. While Clara undergoes labor pains, the doctor asks Romy if he would agree to have Clara ligated after the delivery so she does not get pregnant again. Romy gives his consent. After delivery, Clara learns she was ligated and keeps quiet. ***Dilemma 8:*** Do you (choices) with Clara's reaction to her ligation?	Right to informed consent	Strongly agree – 1 Agree – 2 Disagree - 3 **Strongly disagree – 4**
Dilemma 9: Do you (choices) with the doctor's behavior of asking the husband's permission, not Clara's, to have her ligated?	Right to informed consent	Strongly agree – 1 Agree – 2 Disagree -- 3 **Strongly disagree – 4**
Case 7: Carol visits her friend's clinic and sees Aida, her neighbor, rushing out of the clinic. She asks her friend what Aida's problem was. The doctor replies she has STD which she might have gotten from her husband who is a seaman. Carol's maid hears her passing on this information to her husband. The maid tells this story to the other maids in the neighborhood, until it reaches Aida who just keeps quiet about the whole thing. ***Dilemma 10:*** Do you (choices) with Aida's decision to just keep quiet?	Right to privacy and confidentiality	Strongly agree – 1 Agree – 2 Disagree -- 3 **Strongly disagree – 4**
Dilemma 11: Do you (choices) with what Aida's doctor did, that is, tell Carol about a patient's disease?	Right to privacy and confidentiality	Strongly agree – 1 Agree – 2 Disagree -- 3 **Strongly disagree – 4**
Case 8: Aling Gloria goes early to the health center to have her child immunized. After 30 minutes of waiting, she observes that the nurse calls in first her relative who had just arrived. When it was Aling Gloria's turn to be seen by the doctor, she complains to the doctor about the incident. ***Dilemma 12:*** Do you (choices) with Aling Gloria telling the doctor about the incident?	Right to express grievance	**Strongly agree – 4** Agree – 3 Disagree - 2 Strongly disagree – 1
Case 9: Gloria is due to deliver but because of her high blood pressure, the doctor advises her to go to a hospital instead of the health center. Fearing complications, Gloria stays in the hospital for more than a week after delivery. The hospitalization drains her savings. When she is allowed to leave the hospital, she has a balance of P3,000 which her husband promises to settle in installment. The doctor does not allow them to take home the baby until they are able to pay the balance. So the couple left the hospital without their baby. ***Dilemma 13:*** Do you (choices) with the couple's decision to leave their	Right to leave	Strongly agree – 1 Agree – 2 Disagree - 3 **Strongly disagree – 4**

baby in the hospital?		
Case 10: Roger is positive for TB so the nurse advises him to get his free ration of anti-TB drugs at the center. The nurse instructs him how and when to take each of the medicines he receives, and the next schedule of his next visit to the center. When Roger starts taking his medicines, he experiences stomach pains and shaking of his hands. He observes that he started not feeling well after taking his anti-TB drugs. So he decides to stop taking his medicines. ***Dilemma 14:*** Do you (choices) with Roger's decision to stop taking his medicines?	Right to information	**Strongly agree – 4** Agree – 3 Disagree - 2 Strongly disagree – 1
Case 11: Mando experiences painful urination so he decides to consult a doctor. He is asked to collect his urine for examination and is told to return after 3 days for the results. When Mando returns to the clinic, the doctor gives him a prescription for an antibiotic and tells him to come back to the clinic after all the medicines have been consumed for another check-up. Mando takes the prescription and leaves the clinic. ***Dilemma 15:*** Do you (choices) with Mando's not asking the doctor what his sickness is?	Right to information	Strongly agree – 1 Agree – 2 Disagree -- 3 **Strongly disagree – 4**

Tables 5 and 6 present the means or averages for each of the 15 dilemmas. In a range of 1 to 4 points, depending on the closeness of the choice made to the appropriate response, the highest mean attained in the study is 3.14 for Dilemmas 11 and 12 dealing with the right to privacy and confidentiality and the right to express grievances, respectively. On the other hand, the lowest mean is 2.50 for Dilemma 14 dealing with the right to information.

Table 5 shows that most of the means cluster near the midpoint of 2.5, indicating that the study participants are generally aware of their rights as patients, although there is a need to further raise and improve the level of awareness through education and information dissemination.

Concretely, the results revealed that the urban poor respondents are aware of the right to privacy and confidentiality as illustrated in Dilemma 11, which obtained the highest mean of 3.14. Out of the 200 respondents, 171 chose *strongly disagree* or *disagree* with the doctor's behavior of sharing the condition of the patient, Aida, with the latter's neighbor, Carol. Among those who strongly disagreed or disagreed with the doctor's behavior, 73 percent asserted that patients have the right to confidentiality and that the doctor should not have told others about Aida's infection (*"Hindi dapat ikinuwento sa iba. May karapatan ang pasyente").* Meanwhile, 25 percent of those who chose *strongly disagree or disagree* said the doctor was not fit to be one because of her being a "loose talker" or *tsismosa*. (*"Hindi dapat naging doktora dahil tsismosa").*

On the other hand, 14.5 percent of the total interviewees strongly agreed or agreed with the doctor's behavior in Dilemma 11 and the most common reason given was "the doctor was just telling the truth" (*"Nagsasabi lang ng totoo ang doctor").*

Table 5: Mean per Dilemma of the Study Respondents with Graphical Presentation

Dilemmas	Mean	1 1.5 2 2.5 3 3.5 4
1 – Aling Tess keeping quiet about how she was treated (Right to medical care & humane treatment)	2.75	
2 – Midwife's treatment of Aling Tess (Right to medical care & humane treatment)	3.10	
3 – Ana & husband leaving the hospital because they did not have money for deposit (Right to information)	2.88	
4 – Fatima asking the doctor for a cheaper medicine for her husband (Right to information)	2.67	
5 – Doctor not explaining to Elena the prenatal procedures done to her (Right to information and right to informed consent)	2.89	
6 – Elena keeping quiet about the prenatal procedure done on her (Right to information & Right to informed consent)	2.96	
7 – Celia asking the doctor for another option for her niece other than hospitalization (Right to information)	2.64	
8 – Clara keeping quiet after learning that her husband had agreed to have her ligated without her consent (Right to informed consent)	2.76	
9 – Doctor asking the permission of Romy to ligate Clara (Right to informed consent)	2.95	
10 – Aida keeping quiet after learning that neighbors know about her infection (Right to privacy & confidentiality)	2.79	
11 – Doctor telling Carol about Aida's infection (Right to privacy & confidentiality)	3.14	
12 – Aling Gloria complaining to doctor about the nurse prioritizing her relative (Right to express grievance)	3.14	
13 – Couple leaving their baby in the hospital because they could not pay the balance (Right to leave)	2.98	
14 – Roger stopping his anti-TB drugs after experiencing side effects (Right to information***)**	2.50	
15 – Mando not asking questions about his disease (Right to information)	2.99	

*** NOTE:** The formulation of Dilemma 14 is not parallel with the rest of the dilemmas since the appropriate response is contingent on the reason(s) given for the choice made.

In Dilemma 12, the group of respondents also obtained the highest mean of 3.14, relating to the right to express grievance. Except for nine interviewees, close to 96% of the respondents either strongly agreed or simply agreed with Aling Gloria's behavior of complaining to the health center physician about the preferential treatment given by the nurse to a relative. Most or 70% of those who chose *strongly agree* or *agree* said everyone should fall in line and that no one should be allowed to go ahead of the others even if they happen to be relatives of the staff at the health center (*"Dapat lang na pumila. Walang dapat pasingitin kahit kamag-anak").* Close to 26% said complaints should be raised against the behavior of the nurse so that this will not be repeated and followed by other members of the health center staff (*"Dapat ireklamo ang nurse para di na maulit at pamarisan").*

For those who answered *strongly disagree or disagree* in Dilemma 12, the most common reason given reflected a resigned or passive attitude on the part of the respondents. They reasoned out that it was a common occurrence or a "given" that relatives or friends of people working in public health facilities are given preferential treatment or prioritized. (*"Okay lang 'yon. Ganyan naman ang sistema sa pamahalaan").* It was their view that nothing could be done with this behavior of public health workers since it is a practice that has become embedded in the country's public health system and would therefore be difficult to change.

Table 6: Ranking of Dilemmas Based on Means

Rank	Mean	Dilemma	Patient's Right
1	3.14	11 – Doctor telling Carol about Aida's infection	Right to privacy and confidentiality
2	3.14	12 – Aling Gloria complaining to doctor about the nurse giving priority to her relative	Right to express grievance
3	3.10	2 – Midwife's treatment of Aling Tess	Right to medical care, humane treatment
4	2.99	15 – Mando not asking questions about his disease	Right to information
5	2.98	13 – Couple leaving their baby in the hospital because they could not pay the balance	Right to leave
6	2.96	6 – Elena keeping quiet about the prenatal procedure done on her	Right to information, to informed consent
7	2.95	9 – Doctor asking Romy's permission to ligate Clara	Right to informed consent
8	2.89	5 – Doctor not explaining to Elena the prenatal procedures performed on her	Right to information, to informed consent
9	2.88	3 – Ana and husband leaving the hospital because of lack of money for deposit	Right to information
10	2.79	10 – Aida keeping quiet after learning that her neighbors knew about her infection	Right to privacy and confidentiality
11	2.76	8 – Clara keeping quiet after learning that her husband agreed to her ligation without asking for her consent	Right to informed consent
12	2.75	1 – Aling Tess keeping quiet about how she was treated	Right to medical care, humane treatment
13	2.67	4 – Fatima asking the doctor for a cheaper medicine for her husband	Right to information

14	2.64	7 – Celia asking the doctor for another option for her niece other than hospitalization	Right to information
15	2.50	14 – Roger stops taking anti-TB drugs after experiencing side effects of drugs	Right to information *

*** NOTE:** The formulation of Dilemma 14 is not parallel with the rest of the dilemmas since the appropriate response is contingent on the reason(s) given for the choice made.

Dilemma 2 which got the third highest mean of 3.10 is related to the patient's right to medical care and humane treatment. Except for 16 participants, 92% said they *strongly disagree or disagree* with the arrogant behavior displayed by the midwife in dealing with Aling Tess. According to the respondents, it is not correct to treat patients disrespectfully or disdainfully. Patients should not be scolded or shouted at (*"Hindi tama. Hindi dapat pinagalitan o sinigawan ang pasyente").* Others said the midwife should have talked to the patient properly, explained the situation or referred her to another health worker (*"Dapat kinausap nang maayos, nagpaliwanag o ni-refer sa iba").*

Disagreement with the behavior of the midwife also surfaced during the FGDs in the two communities. What was emphasized in the explanations given by the FGD participants was the emergency character of the case which merited giving priority to the problem of Aling Tess. Moreover, the frowning and shouting were considered inappropriate behaviors, especially from an educated person like the midwife.

Meanwhile, Dilemma 14 which dealt with the right of patients to information, got the lowest mean of 2.50. However, it is important to note that unlike the other dilemmas, Dilemma 14 was formulated differently since the appropriate/correct response is inseparable from and contingent on the reason(s) given for the choice. This is not true for the rest of the dilemmas where the responses/choices made by the respondents did not need an explanation.

In Dilemma 14, most (60%) of the interviewees said they *strongly disagree* or *disagree* with Roger's decision to stop taking the anti-TB drugs despite the side effects he was experiencing. They reasoned out, quite validly, that he should have consulted the doctor before stopping his medication. (*"Di dapat itinigil para gumaling. Ikonsulta muli ang nararamdaman. Dapat ikonsulta muna bago itinigil").*

As pointed out earlier, the answer for Dilemma 14 is not as important as the reason given for it. Regardless of whether the respondent agreed or disagreed with the behavior of Roger, the critical thing is to recognize the importance of the patient going back to or consulting the doctor about the side effects or problems encountered with the medications so that immediate and appropriate measures can be taken without leaving the disease untreated. This element was present in the reasons given by the two differing groups of respondents, i.e. those who disagreed and agreed with the behavior of Roger.

It is also important to point out that more than half of the respondents have made the correct/appropriate choice per dilemma. Except for Dilemma 14, which had been differently formulated as pointed out earlier, all the dilemmas were correctly answered by at least 63 percent of the interviewees.

As shown in Table 7, the dominant reasons given by the respondents who chose the correct responses indicate their awareness of certain rights of patients. Or at the very least, they know the things that should be or "*dapat"* when dealing with health care providers. For instance, in Dilemma 1, most of them know that during emergency cases, certain rules or policies of the health center may be waived or suspended so that immediate action can be taken to attend to the needs of the patient. They are also aware that the health center staff should treat patients with respect as reflected in the reasons given in Dilemma 2.

Table 7: List of Dilemmas, Patients' Rights and the Dominant Reasons Given for Agreeing or Disagreeing with the Behavior of the Patient and/or Caretaker

Dilemma	**Right(s) Involved**	**Dominant reason(s) given for *Strongly Disagree/Disagree* Response**	**Dominant reason(s) for *Strongly Agree/Agree* Response**
1 – Aling Tess keeping quiet about how she was treated	Right to medical care & humane treatment	***** It's an emergency case, it should be given priority, immediate attention & treatment. (*Emergency kaya dapat bigyan ng priority, agad na asikasuhin at gamutin.)*	She should really fall in line, wait for her turn because it is the policy. (*Dapat lang na pumila, maghintay, dahil patakaran.)*
2 – Midwife's treatment of Aling Tess	Right to medical care & humane treatment	***** The midwife should have talked to Aling Tess properly, explained or referred her to another health worker (*Dapat kinausap nang maayos, nagpaliwanag o ni-refer sa iba).*	It's okay since the patient was the one asking a favor & since falling in line is a policy of the center. (*Okay lang, pasyente ang nakikisuyo at patakaran ang pagpila sa center)*
3 – Ana & husband leaving the hospital because of lack for money to pay for deposit	Right to information	***** They should not have left but instead talked to the staff. They should have looked for a way. (*Hindi sila dapat umalis at sa halip ay nakiusap. Dapat ay naghanap sila ng paraan.)*	Just look for another hospital because they were not being attended to & it is the policy. (*Humanap na lang ng ibang ospitaldahil di inaasikaso at policy ito.)*
4 – Fatima asking the doctor for a cheaper medicine for her husband	Right to information	That was the prescription of the doctor and it was for the good of the patient. (*Iyon ang reseta ng doktor at makakabuti sa pasyente.)*	***** They do not have money to buy the expensive medicines since they are poor. (*Walang pambili ng mamahaling gamot dahil mahirap lang sila.)*
5 – Doctor not explaining to Elena the prenatal procedures performed on her	Right to information & right to informed consent	***** The doctor should have asked the patient & explained to her the procedure. (*Dapat tinanong muna ng doktor ang pasyente at ipinaliwanag sa kanya ang gagawin.)*	The doctor knows what she is doing & may get mad if the patient asks questions. (*Alam ng doktor ang ginagawa niya at baka magalit pa ang doktora kung tatanungin siya.)*
6 – Elena keeping quiet about the prenatal procedure done on her	Right to information & right to informed consent	***** The patient should have asked the doctor; she should have reacted, complained & asked for an explanation from the doctor. (*Dapat tinanong ng pasyente ang doctor, nag-react, nagreklamo at humingi ng paliwanag.)*	She should follow and trust the doctor who knows the condition of the patient. (*Sumunod/magtiwala sa doktor. Siya ang nakakaalam sa sitwasyon ng pasyente.)*

7 – Celia asking the doctor for another option for her niece besides hospitalization	Right to information	She should follow the doctor so that the patient can be observed & her disease determined. (*Dapat siyang sumunod sa doktor para ma-obserbahan ang pasyente at malaman ang sakit.)*	***** It's okay to avoid expenses. Life is hard. (*Okay lang para makaiwas sa gastos. Mahirap ang buhay.)*
8 – Clara keeping quiet after learning that her husband agreed to her ligation	Right to informed consent	***** The doctor should have informed the patient first and respected her decision. (*Ipinaalam muna dapat ng doktor sa pasyente; irespeto ang kanyang desisyon.)*	It was for the good of the family since they already have many children. (*Para sa kabutihan na rin ng pamilya dahil marami na silang anak.)*
9 – Doctor asking the permission of Romy to ligate Clara	Right to informed consent	***** The doctor should have first asked the woman for her approval. (*Dapat tinanong niya muna ang babae; hiningi ang kanyang pahintulot.)*	They already have many children. Anyway, it was her husband who made the decision. (*Marami na silang anak. Asawa naman niya ang nagpasya.)*
10 – Aida keeping quiet after learning that the neighbors know about her infection	Right to privacy & confidentiality	***** She should face the problem. She should confront those spreading the rumor. (*Dapat harapin ang problema. Dapat komprontahin ang nagkalat ng tsismis.)*	Just keep quiet. Avoid trouble; anyway it is true. Get treatment. (*Tumahimik na lang. Umiwas sa gulo dahil totoo. Magpagamot.)*
11 – Doctor telling Carol about Aida's infection	Right to privacy & confidentiality	***** Confidential. The doctor should not have told others. The patient has a right. (*Confidential. Hindi dapat ikinuwento sa iba. May karapatan ang pasyente.)*	The doctor was just telling the truth so that others may also avoid getting sick. (*Nagsasabi lang ng totoo ang doktor para maiwasan din ng iba.)*
12 – Aling Gloria complaining to doctor about the nurse giving priority to a relative	Right to express grievance	That's okay. That is really the system in government. (*Okay lang yon. Ganyan naman ang sistema sa pamahalaan.)*	***** Patients should really fall in line. Nobody should be allowed to go ahead even if he/she is a relative. (*Dapat lang na pumila. Walang dapat pasingitin kahit kamag-anak.)*
13 – Couple leaving their baby in the hospital because they could not pay the balance	Right to leave	***** The couple did not do the right thing. They should not have left the child. They should have pleaded and looked for a way. (*Hindi tama ang ginawa ng mag-asawa. Di dapat iniwan ang bata. Dapat nakiusap at naghanap ng paraan)*	It's okay. They could not do anything. That was the hospital's policy and they could not pay. (*Okay lang. Wala silang magagawa. Patakaran yun ng ospital at wala silang pambayad.)*
14 – Roger stops taking anti-TB drugs after experiencing side effects	Right to information	He should not have stopped his medication. He should have gone back to his doctor to explain what he feels. (*Di dapat itinigil para gumaling. Ikonsulta muli ang nararamdaman.)*	***** The medicines are probably those that he doesn't need. But he should gave gone back to the center. (*Baka hindi hiyang sa gamot. Pero dapat bumalik sa center.)*
15 – Mando not asking questions about his disease	Right to information	***** He should have asked questions; otherwise, how would he learn about his ailment? (*Dapat nagtanong sa doktor. Paano niya malalaman ang sakit niya.)*	The doctor knows what he is doing. (*Alam ng doktor ang kanyang ginagawa.)*

*** Correct Choice/Response**

In Dilemma 3, majority of the respondents asserted that the couple should not have left the hospital but instead insisted with hospital staff that appropriate medical care be given to Ana who was about to give birth. However, it can be deduced from the response that the respondents did know there is a law, Republic Act 8344 or "The No Deposit Law", prohibiting demand of deposits or advanced payment for confinement/treatment of a patient, especially in emergency situations such as the case illustrated in Dilemma 3.

The respondents were also aware that it is all right to ask questions and/or raise clarifications to instructions given by physicians as reflected in the dominant answers given in Dilemmas 4 (the case of Fatima), 6 (the case of Elena), 7 (the case of Celia's niece), 14 (the case of Roger) and 15 (the case of Mando). All these cases dealt with the patients' rights to information and to choose cheaper or generic medicines other than those prescribed by the doctor. Fatima exercised this right when she asked the doctor for a cheaper medicine for her husband's infected wound. The right to information on the medical treatment and the procedure to be performed on the patient was, however, violated in the case of Elena who underwent prenatal examination without any explanation given by both the health center nurse and the physician. The right to avail oneself of alternative treatment or procedures was exercised by Celia but the right to be informed about the side effects and after-effects of the treatment or medication was violated in Roger's case. Likewise, Mando's right to be given an explanation about the nature of one's disease and the medical treatment necessary was not observed by his attending physician.

The right to informed consent was also recognized by majority of the interviewees. Most of them believe that patients like Elena (Dilemmas 5 & 6) and Clara (Dilemmas 8 & 9) have the right to ask the doctor to explain the procedures they would be going through. At the same time, they also believe the doctor has the obligation to ask the permission of the patient before subjecting him/her to any medical procedure like an internal examination in the case of Elena and ligation in the case of Clara, both of whom were of legal age and sound mind at the time the procedure was being done.

The FGD participants likewise affirmed the patient's right to informed consent which was dealt with in Dilemmas 8 and 9. As pointed out by one of the respondents, it is the right of a patient to receive an explanation from the doctor about the procedure he/she is about to undergo and for the doctor to ask the patient's permission before proceeding with this. ("*Karapatan ng pasyente na bago may gawin ang ospital, dapat na maliwanag ang lahat sa kanya")*. One respondent pointed out the duty of the doctor to introduce herself to the patient before starting any examination ("*Dapat nagpakilala man lang siya")* Another FGD participant said that a doctor should also explain how a certain medicine should be taken, how often and how much, as shown in Dilemma 6. ("*Iyon nga sa gamot, dapat ipaliwanag bago ka magbigay ng gamot o reseta. Dapat na ipaliwanag sa pasyente na ganito o ganon, ilang beses iinumin sa isang araw; Iyung tungkol sa gamot, dapat na itanong kung para saan iyon. Hindi iyong basta-basta na lang siyang tatanggap ng gamot na hindi niya alam kung ilang beses iinumin at para saan ba ito")*

The FGD results also reinforced the view held by many of the survey respondents on the right of patients to ask questions about their health condition, the medical procedures they are about to go through and the medicines they are made to take. ("*Dapat naman usisain kung ano*

ang gagawin sa iyo. Laluna sa panahon ngayon yung mga doktor, hindi naman sa nilalahat, kung minsan ay pabigla-bigla rin")

The right to privacy and confidentiality was another patient's right acknowledged by the participants based on their reasons for disagreeing with the behavior of the doctor who told a common friend about Aida's condition. They asserted that the doctor had no right telling others about the condition of a patient.

Although not clearly stated as a right of the patient, more than half of the participants firmly held the view that the couple in Dilemma 13 did not do the right thing when they left their newborn in the hospital because of their inability to settle their bills. They said the couple should have pleaded with the hospital and done something to take the baby home with them.

Meanwhile, based also on the dominant reasons given by some of the respondents on the different dilemmas, certain views and attitudes have surfaced reflecting the lack of knowledge on patients' rights. Although a small proportion of the respondents had given these reasons, the results nevertheless revealed there are information gaps that emphasize the need to educate the public on patients' rights.

- Many of the dominant reasons given by the participants for their choices in Dilemmas 1, 2, 3, 12 and 13 reflect their sense of powerlessness in confronting and changing the situation they find themselves in. This can be observed especially when dealing with persons in authority and dealing with public institutions that have policies/rules that are intended to guide people's behavior. Such passivity is particularly observable among the poor and marginalized, like urban poor residents. Because they are economically disadvantaged, lack education and have a low self-esteem, their usual reaction when treated with disrespect by people in authority is to either quietly follow what they have been instructed to do or to just avoid all together the situation which have caused them embarrassment or shame. The latter is done by not going back to the health facility/center.

- The reasons in Dilemmas 4, 5, 6, 7, 11 and 15, on the other hand, are indicative of a prevalent view and attitude held by many Filipinos, especially the poor. This attitude views the doctor or health professional as someone who is infallible, almost god-like. Doctors continue to be held in high regard because people have so much trust and faith in their ability to always act in the best interest of patients. Such a perception has often resulted in people entrusting everything to the doctor and abandoning their rights as patients. Concretely, this is manifested in the failure of patients and/or caretakers to ask questions or seek clarification, allowing the doctor to decide for the patient, and agreeing to everything the doctor says or recommends. The hierarchical and paternalistic relationship between patients and health care providers, which characterize the dominant culture within the Philippine health care system, has contributed to the continued disempowerment of Filipino patients.

- The reasons explaining the incorrect choices made in Dilemmas 8 and 9 illustrate gender inequality and the inferior status of women, particularly in decision-making within the family and even in matters pertaining to their own bodies. Some participants believe the husband can decide for the wife even if the decision involves the wife's body and will affect her

health. Many believe a man can do such things because "he is the husband" ("*Siya ang asawa*"). They therefore find nothing objectionable to a woman not being consulted on matters that concern her body or well-being since she is "just" a woman. Such a view has also surfaced during the FGDs in the two barangays. Some of the women participants expressed the view that since the husband is the breadwinner and head of the family (*padre de familia*), there is nothing wrong when he makes decisions for his wife.

One FGD participant even said that what would be wrong for many couples is for the wife to have herself ligated without the husband's permission. This would reportedly give the husband reason to suspect that his wife might be playing around since she could no longer become pregnant.

D. Concept/Understanding of Patient's Rights

The last question in the structured interview schedule was on the respondents' concept/understanding of patients' rights. As presented in Table 8, the three most common responses of the interviewees can be classified into the following:

1. the right to ask questions and express grievances/complaints;
2. the right to medical care and humane treatment; and
3. the right to informed consent.

Table 8: Study Participants' Concepts of Patients' Rights, January 2004.

Concepts of Patient's Rights	Frequency (n = 200)	Percentage (%)
Right to ask questions & express grievances (*Karapatang magtanong at magreklamo)*	105	52.5
Right to medical care & humane treatment (*Irespecto ang pasyente; karapatan para sa maagap at maayos na pag-aasikaso at pangangalaga sa mga maysakit; mahirap o mayaman, maging pantay ang serbisyo; walang palakasan; pantay na serbisyo)*	84	42.0
Right to information (*Karapatang malaman ang karamdaman at kaakibat na paliwanag sa posibleng gamutan)*	44	22.0
Right to free medical service (*Karapatan sa libreng serbisyong pangkalusugan at makakuha ng tulong mula sa pamahalaan)*	26	13.0
Tell the doctor the truth about one's condition; follow doctor's orders (*Magsabi ng totoo sa doktor kaugnay ng nararamdaman, sundin ang sasabihin at payo nito)*	16	8.0
Right to informed consent (*Irespeto ang pananaw/pasya ng pasyente)*	7	3.5
Right to confidentiality (*Karapatan sa confidentiality)*	4	2.0
Don't know (*Hindi ko pa alam yan.)*	7	3.5

Note: Multiple answers. Percentages are based on the total sample (n=200).

The answers given by the study participants as shown in Table 8 reveal they have a limited concept of their rights as patients. The responses reflect a shallow perception of what constitutes patients' rights and point to an area that needs improvement and deepening.

Two interrelated concepts considered by the respondents as rights but are more accurately described as responsibilities of a patient are those of providing the physician accurate and

complete information about one's condition and following doctor's orders. Another response that does not appropriately fall under the classification of patients' rights is receiving free medical service from the government. Although the Philippine government has the obligation to promote the people's right to health, public health programs and services need not be free. What the state should do as part of its obligation to respect, protect and fulfill the people's right to health is to ensure the accessibility and affordability of quality health goods and services to the poor and marginalized.

The study participants closely associate the concept of right to the idea of what should be or "*nararapat"*. It is likewise closely linked to their ideas of what is correct and moral. This would explain why the participants believe it is correct to assert something that patients should have or should enjoy like information, humane treatment, confidentiality and consent.

VIII. Discussion

The results reveal that on the basis of the means generated per dilemma, the study participants are generally aware of their rights as patients. At the very least, most of them know how they should behave with the hypothetical situations presented. This can be partly attributed to the relatively high level of educational background of the group where close to half or 49 percent have reached high school. The exposure to mass media like television, newspapers and movies which are accessible to urban residents may also explain why the participants have demonstrated a good appreciation of the appropriate behavior when confronted with health-related dilemmas, particularly in the course of their dealings with health care providers in health facilities.

Meanwhile, although the participants may be aware of their rights, the study findings indicated that this awareness is limited and shallow. Considering the range of these rights, the participants have been able to mention only a few that are not unique to patients. What they have identified as rights of patients are rights which human beings, in general, possess regardless of whether one is a patient or not. There is lack of richness and specificity in the answers given by the group, an observation that can be deduced as indicative of a limited perception and understanding of patients' rights.

Furthermore, although they may be aware of their rights as patients in theory, being able to assert and exercise these rights when confronted with actual problems or dilemmas in their interaction with health care providers is an entirely different matter. Earlier studies have shown a weak correlation between health knowledge and health behavior, especially among people of low socio-economic status (Coburn & Pope, 1974; Williams, 1990). These studies have pointed out that knowledge has a limited role in behavior change and that knowledge does not necessarily lead to behavior change. For instance, according to Williams in his article, *Socioeconomic Differentials in Health: A Review and Redirection*, the relationship between socio-economic status and health-enhancing activities is not simply the result of an increase in health knowledge. Health behaviors are determined by one's position in the social ladder and risky health practices

may be a way of coping with the problems of day-to-day survival in the case of lower socio-economic status groups.

However, since the study findings have established an awareness of patients' rights, though limited in nature, the need to increase or improve the people's knowledge is still necessary and critical. As pointed out by Kar, "Knowledge is a necessary condition for informed action," although it is not a sufficient factor for it. The absence or lack of correct knowledge will not enable people to make informed decisions. Neither will this ensure appropriate action (Kar et al., 1983).

The study results revealed there is still much to be desired when it comes to raising the people's knowledge and understanding of patients' rights and empowering them to exercise these rights. As indicated in the reasons given for the choices made, there is generally an undercurrent of passivity and powerlessness among the urban poor residents although they may know, in theory, what the correct or appropriate behavior is vis-à-vis the hypothetical cases presented. This is apparent when urban poor residents deal with people in authority like health care providers or find themselves in a situation like that obtaining in health care facilities.

The above observation about the dispositions and behavior of poor people is consistent with earlier studies (Williams, 1990; Rubel and Garro, 1992). According to Williams, aggravating the plight of the poor is their attitudinal orientation such as their belief about personal control. Generally, economically disadvantaged individuals have low sense of personal control. They suffer from a sense of powerlessness and indifference, making it difficult for them to effectively cope with problems. On the other hand, Rubel and Garro (1992) recognized the role of socio-cultural factors, specifically the people's health culture, in influencing health behavior and attitudes.

The need to further raise the level of awareness on patient's rights of urban poor residents is dictated by the dominant features that characterize the social environment in which this group or sector generally finds themselves. These include the lack of access to information, low self-esteem and lack of self-confidence, which can be traced to their low socio-economic status. Moreover, the poor, due to decades of economic and cultural impoverishment and marginalization, have generally existed in an environment of silence, passivity and dependence. Silence, passivity and dependence have become the norms that have guided these people when dealing and relating with others especially the rich, powerful and those in authority. These have likewise contributed to their continued state of powerlessness and the violation of their rights both as individuals and patients.

Although, there is recognition that increased knowledge through education and information dissemination will not necessarily translate to individual and collective action, these measures are essential to the empowerment of people and communities, particularly in the exercise and defense of their right to health. Raising the people's knowledge and understanding of their rights as patients is a necessary condition for informed action and to enhance their capability to assert and defend their rights. It will also serve as a preventive measure against possible abuse and misuse of authority especially in medical/health institutions with their highly hierarchical and paternalistic social structures.

Educating health care providers on ethics and human rights also plays a critical role in empowering people and communities. Years of European- and US-oriented medical education and training have instilled among health care providers in the Philippines with attitudes and values reflective of an authoritarian, patronizing and judgmental view of patient-caretaker relationship. This uneven power relationship, which in turn is caused by differences in educational and economic status, is a major factor in the unethical behavior of many health care providers. It also explains why patients and caretakers are vulnerable to discrimination and human rights violations. Thus, the enrichment of the education and training curricula of health professionals through the integration of ethics and human rights courses is imperative. It is expected that with education and training on ethics and human rights, health professionals will become more aware and conscious of their duty to treat their patients with dignity and respect befitting that of human beings.

IX. Conclusions and Recommendations

The study findings underscore the importance of education and information dissemination among patients and health care providers. It is highly recommended that an expanded version of the study be undertaken, covering a more representative sample size of the low socio-economic sections of the population nationwide, to further enrich and confirm the assertions made in this research. This kind of study will be meaningful and valuable in providing evidence toward the need to formulate policies and programs promoting patients' rights, in particular, and the people's right to health, in general. A study of this kind will also lend more support to the urgency of formulating a law promoting and protecting the rights of patients.

Though limited in application, the study results can be used by and guide the Department of Health and local government units (LGU) to initiate programs that will improve the awareness of the general public, health care providers, local government officials and workers, on the issue of patients' rights. These programs may include, but are not limited, to the following:

1. Development and production of culturally appropriate and popular education, information and communication materials/modules on patients' rights;
2. Integration and popularization of modules and curricula on patients' rights into the existing health education programs/activities of public health facilities at the community/barangay level;
3. Trainors' training of community and health center workers on patients' rights and
4. Review and revision of the current medical and health sciences curricula so that ethics and human rights become major courses in the education and training of future health care providers of the country.

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