

BY INVITATION

# Patient charter in need of a legal remedy to make it effective

The long overdue initiative that seeks to ensure patient rights still has ground to cover



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On August 30, 2018, the Ministry of Health and Family Welfare released the first 'Charter of Patient Rights' (a draft version) in the country, laying down the 17 basic rights of a patient.

This Draft Charter is prepared by the National Human Rights Commission (NHRC) and draws its inspiration from various national, international and constitutional obligations, including the Constitution of India, Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations 2002, the Consumer Protection Act 1986, the Drugs and Cosmetic Act 1940 and the Clinical Establishment Act 2010, besides other relevant rules and standards framed under each, apart from the judgments given by various legal forums.

Consolidating various rights available to patients into a single document and thereby making them available would generate widespread awareness about what the public should expect from the healthcare providers regarding the quality of care, as well as the information. It outlines the right to quality products, consent on clinical trials and redress mechanisms too.

In fact, the Draft Charter also explains the responsibilities of patients and caretakers so that hospitals and doctors can perform their work satisfactorily.

The NHRC believes that this Charter of Patient Rights will be an enabling document to ensure the protection and promotion of human rights of those who are among some of the most vulnerable sec-

tions of society — ordinary patients and citizens seeking healthcare, across India. It is expected that it will act as a guidance document for the Union and State governments to formulate concrete mechanisms so that patient rights are given adequate protection. This is indeed a welcome step and the intention of protecting the rights and well-being of the patient needs to be applauded as there have been increasing instances of exploitation and violation of patient rights.

However, the charter is silent on the exorbitant charges of private hospitals, for example.

## Exploitation

There is ample evidence in the public domain on the exploitation of patients. For instance, the exorbitant billing of ₹16 lakh for the 15-day treatment of dengue of a seven-year-old girl who finally suc-

cedure has been increased as a consequence.

Instances are being seen where patients have to pay more or less the same amount as the cost for the procedure as it was before the capping. Such practices of inflating procedure costs to make up for the price-cap on stents defeats the original purpose.

Therefore, there is an urgent need to develop standard treatment guidelines and to have a ceiling on the cost of procedures as part of the charter. The denial of healthcare at affordable cost amounts to the violation of human rights guaranteed under the Constitution. In the absence of a "right to standardised and affordable health procedures," the charter would not offer real relief to patients and their families.

Another important question is on the compliance of hospitals with the Patient Charter. Considering the power asymmetries, hospitals are unlikely to comply with the charter in the absence of legal sanctions.

Therefore, the patient rights enumerated in the charter should be made into a law backed with sanctions in case of non-compliance.

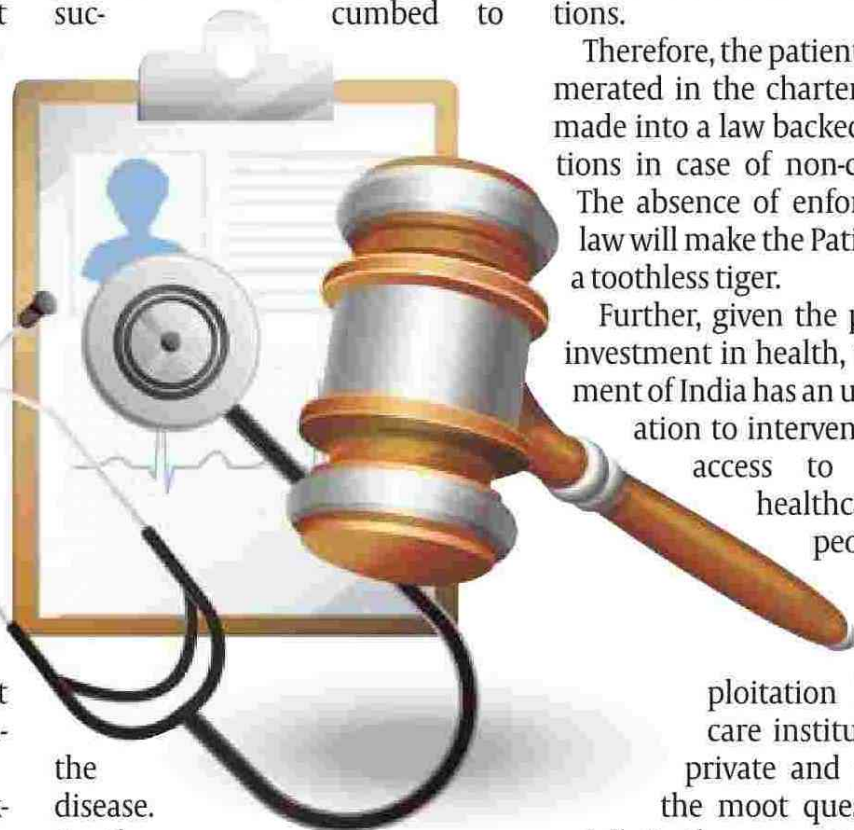
The absence of enforcement by law will make the Patient Charter a toothless tiger.

Further, given the poor public investment in health, the Government of India has an urgent obligation to intervene to ensure

access to affordable healthcare, for its people, and protect them

from exploitation by healthcare institutions, both private and public. But

the moot question, especially in the run-up to the parliamentary elections, is whether our political parties will uphold the right to health and legislate to ensure its effectiveness?



the disease.

Another example is of cardiac stents, whose price has been reduced up to 87 per cent and capped at ₹30,000 by the National Pharmaceutical Pricing Authority.

Unfortunately, the entire benefit of this measure taken by the NPPA appears to have not reached patients as the overall cost of the pro-

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# NHRC Special Rapporteur to probe farmer deaths

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**BHUBANESWAR**

The National Human Rights Commission has directed its East Zone Special Rapporteur to conduct a detail enquiry into incidents of farmers taking their own lives in Odisha.

Retired IPS officer B.B. Mishra, Special Rapporteur for West Bengal, Odisha and Andaman and Nicobar Islands, has been asked to submit a report by next month. Rights activist Pradip Pradhan had filed a complaint alleging that 30 debt-ridden farmers in 12 districts of Odisha had taken their lives in 2015 due to crop failure. He said that a civil society group had visited the victims' families to investigate the deaths and their socio-economic condition. They had also met a cross-section of people, including government officials.