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**PATIENT RIGHTS IN THE CONTEXT OF CHANGING SOCIAL WORK PERCEPTION**

DEĞİŞEN SOSYAL HİZMET ALGISI BAĞLAMINDA HASTA HAKLARI

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**ABSTRACT**

Patient rights have been developing in parallel with the development of health services in recent years. Increased competition among health institutions has given importance to the satisfaction status of patients. Disease is a condition that reduces or destroys an individual's psychosocial and physical functioning. In case of illness, people may not be able to communicate well and may experience various problems with healthcare workers. Patient rights are the practices that are guaranteed by the international and national legislation, for the protection of the rights of the person requesting medical assistance and applying for this purpose to a health institution within the entire service process given to him / her in that health institution. Although patient rights have improved in recent years among the application areas of the social work profession, they have gained importance over time. The aim of this paper is to discuss the development of patient rights and social work profession, which has gained a new place by breaking out of basic rights.

**Key words:** Patient, Patient Rights, Social Work

**ÖZET**

Hasta hakları son yıllarda sağlık hizmetlerinin gelişmesiyle paralel olarak gelişme göstermektedir. Sağlık kuruluşları arasında rekabetin artması hastaların memnuniyet durumlarına önem verilmesini sağlamıştır. Hastalık, bireyin psikososyal ve fiziksel işlevselliğini azaltan veya yok eden bir durumdur. Hastalık durumunda kişiler sağlıklı iletişim kuramayabilir ve sağlık çalışanlarıyla çeşitli sorunlar yaşayabilir. Hasta hakları uluslararası ve ulusal mevzuat ile teminat altına alınan, tıbbi yardım talep eden ve bu amaçla bir sağlık kuruluşuna başvuran kişinin o sağlık kuruluşunda kendisine verilen tüm hizmet süreci içerisinde haklarının korunması adına yapılan uygulamalardır. Hasta hakları sosyal hizmet mesleğinin uygulama alanları arasında son yıllarda gelişme gösterse de zaman içerisinde oldukça önem kazanmıştır. Bu yazının amacı temel hakların içinden sıyrılarak kendine yeni bir yer edinen hasta haklarının gelişimini ve sosyal hizmet mesleği açısından ele almaktır.

**Anahtar kelimeler:** Hasta, Hasta Hakları, Sosyal Hizmet

**1. INTRODUCTION**

The concepts of patient rights, right to health and human rights cannot be considered independently. The concept of patient rights is included in the concept of health as well as in human rights. The rapid development of technology and the growing health sector, along with the increase in the number of health service purchases, have been effective in the importance of patient rights. Patient rights include

the application of human rights and values to health care during the procurement and consumption of health care. The basis is the basic documents related to human rights.

At the beginning of patient rights; to be respected as a human being, to get the highest possible level of health care, to be informed, to get approval for medical procedures, to respect privacy and private life, to ensure continuity of care and treatment. The main purpose of patient rights is to support the patient and strengthen the society. Rapid advances in human rights around the world in the last 50 years have made the concept of patient rights more frequently on the agenda. Social work, which is a profession that supports social changes, increases the capacity of people to solve problems in their relations, strengthens them and tries to increase the well-being of people, takes an active role in patient rights.

## 2. RIGHT

In the Turkish Language Association (2009) dictionary, the concept of right defines justice as fairness, truth, fairness, past and expended labor, share, wage for labor, adjective truth, truth as required by law or reserved by one, gain, case or claim.

Rights are the powers that the legal order grants. The concept of rights is therefore based on the rules of law. Law is the order in which the rules of conduct which regulate the relations of individuals with the state in a certain society and which are compulsory to be followed by the state's sanction power. Right, the basic concept of law, determines the essence of legal systems. Once the concept of right is defined, it is useful to consider the development of human rights in the historical process of this concept in terms of reinforcing the issue. Because the concept of rights naturally evokes the concept of human rights (Aydemir, 2010; 3).

The fact of right is as old as the existence of man and is the natural result of existence. Speaking of the concept of human rights on a universal basis required many years and efforts in the historical process. The reason for this process to take a long time is that human rights have been shaped in different dimensions and passed through various stages with the initiatives initiated to meet the primary rights needs of the current period in terms of rights.

## 3. HUMAN RIGHTS

Everyone is equal before the law without any difference such as gender, race, color, religion, language, age, nationality, difference of thought, national or social origin, wealth (Yüksel, 2000; 19). The issue of human rights has survived through three main stages in history. Equality, freedom, personal security, political rights and property rights are among the most important of the first generation human rights, which are mostly individual.

The social, cultural and economic dimensions of human rights have been diversified under various headings such as the right to health, the right to education, the right to shelter, and the right to live in a healthy environment. By signing the declarations, states accept the obligations that they will fulfill the requirements of these rights.

The second generation of human rights, which entered into laws and constitutions in the 20th century and then into international documents, has economic, social and cultural characteristics. Rights that embrace all people, such as the right of nations to know how to determine their political, economic, social and cultural futures, social development and development, and patient rights, are also included in the third generation of human rights (Köküöz, 1995; 9).

When we look at Western societies in the developmental stage of human rights, three different generations are mentioned. First generation human rights are political and personal rights. It encompasses the individual and limits the authority of the state over the individual. As a natural consequence of these rights, new expansions have been made in second generation rights and economic, social and cultural rights have been mentioned. The birth of the social state has been

parallel to these rights. Finally, third generation human rights are mentioned in response to the problems arising from technology as a result of historical development.

The real breakthrough in the promotion of human rights at the international level was during World War II. As a result of these efforts, the Universal Declaration of Human Rights was adopted by the United Nations Board in 1948. Universal Declaration of Human Rights; He states that all people are born free, honorable and equal in their rights. It also states that people are not privileged because of race, language color, gender, religion, belief, national or social origin and material opportunities, and that all people are equal (Kaçar 2008).

Human rights are independent of applicable law. Even some attitudes and behaviors that are not guaranteed by the Constitution or laws, and even prohibited by the rules of law, may fall within the scope of human rights. Because people do not have these rights because they are human beings, but because they are human beings (Uygun, 2000).

#### **4. HEALTH RIGHT**

The right to health is defined as ası the protection of a person's health from the state, the ability to seek treatment and improvement, and to benefit from the opportunities provided by the society gerektiğinde (Yanardağ, 2013; 7).

The right to health was developed in the second stage of the human rights development process, and in the third stage it was conceptualized as patient rights in particular.

The right to health in our country was included in the 1961 Constitution for the first time. Article 14 of the 1982 Constitution provides that everyone has the right to life, the right to protect and develop his / her material and moral existence (right to health) and that the integrity of the person other than medical obligations cannot be touched and that he / she cannot be subjected to scientific and medical experiments (patient rights) without permission. to provide health services as a duty to the state.

#### **5. PATIENT RIGHTS**

The right of the patient is defined as ası the best use of preventive, therapeutic and rehabilitative health services and the right that the person may request from health institutions during these practices (Pigeon, 2007; 115)

Patient rights are related to the quality of services provided in institutions established to fulfill the requirements of the individual's right to health. Therefore, there is a direct relationship between patient rights and the right to health. The regulations on the fulfillment of the requirements of the right to health, one of the rights that must be protected indirectly through other rights and institutions, are relevant to the health policies of the countries. Because each country's health policy is different, there is no universally applicable patient rights text anywhere in the world (Yanardağ, 2013; 11).

In this context, the emergence, determination and scope of patient rights have been realized primarily by physicians and various national and international professional organizations, and national and international regulations have been put forward in line with these studies (Tacir, 2011, 86).

Patients' rights mainly refer to the application of human rights and values to health services and are based on basic human rights documents. In other words; Respect as a human being, determining their own life, maintaining a safe life, respecting the private life are the basis of principles such as patient rights (Özlü, 2005: 14-17).

When considering the concepts of rights and responsibilities, at the same time we acknowledge the existence of a communication and mutual interaction. Therefore, the relationship between the patient and the health care workers requires firstly the examination. Because, in this relationship, the patient's perception of the health personnel, the disease and the environment in which they are treated, as well as the relationship established by health workers, behavior and approach is thought to affect the treatment process (Şahin, 1999: 39).

Patients' rights are those individuals who need to benefit from health services, because they are human. It refers to the rights guaranteed by the Constitution, international treaties, laws and other legislation (Patient Rights Regulation, 1998: 1).

### 5.1. The Development of Patient Rights in the World

The first official declaration on patient rights appeared in the Nuremberg Tribunals in 1947, and doctors were given the responsibility to obtain informed consent from the patient before performing medical procedures. However, it is widely accepted that studies on patient rights have started in the United States. Likewise, in the USA, court decisions, the American Medical Association and obtaining informed consent of patients by patients were adopted as a right and ethical rule (Aydemir, 2010; 11).

The first known national document on patient rights is the Declaration of Patient Rights, published by the American Hospitals Association in 1972. This statement is the first national document on patient rights that has been comprehensively addressed in the context of patient rights. The declaration is based on human rights and emphasizes the need to defend the rights of hospitalized patients

The first international document on patient rights is the declaration issued by the World Medical Association in Lisbon in 1981. The Lisbon Declaration consists of six articles defining basic patient rights and a paragraph for physicians to provide them. These rights; choosing a physician freely, being cared for by a physician who can work freely without being under external pressure, accepting or refusing treatment after being adequately informed, waiting for his physician to respect the confidentiality of all medical and personal information about him, dying honorably, including religious representative, spiritual and spiritual aspects of the right to want to be consoled or rejected are listed as (Hatun, 1999: 83)

At a meeting held in 1994 in Amsterdam by the European Bureau of the World Health Organization, the Bildir Declaration on the Promotion of Patient Rights in Europe "was adopted. This declaration has been prepared with the contributions of the World Health Organization to determine the principles of patient rights in European countries and to improve patient rights. This declaration consists of six chapters and covers human rights and values in health services, privacy and private life, information, informed consent, care, treatment and application (Aydemir, 2010; 12-13).

In 1995, the Lisbon Declaration was published in more detail under the name Bali Declaration. Published by the World Medical Association in September 1995 at a meeting held in Bali, Indonesia. The Amsterdam Declaration granted wider rights to patients while increasing the obligations of healthcare workers. Although the Bali Declaration limits patient rights, it contains realistic and applicable principles. Bali Declaration; the right to quality medical care, freedom of choice (physician, the right to choose and change the health institution), the right to make its own decision, the unconscious patient, the patient who is not legally competent to make decisions, procedures against the will of the patient, the right to information, the right to privacy, the right to health education, defined the patient rights in detail such as the right to honor and the right to receive religious support (Oğuz, 1997: 50-55).

In 2002, the European Statute on Patient Rights was adopted in Rome. This basic document covers the protection of patients' rights, benefits, information, consent, free choice, privacy and confidentiality, respect for patients' time, quality standards, safety, innovation (treatment), unnecessary pain / suffering and personal treatment, Complaints and the right to compensation. The basic document deals with the fourteen-article declaration of patient rights and aims to make the above fundamental rights concrete, applicable and uniform in accordance with the current state of health care. The aim of all these rights is to ensure "a high level of protection of human health" and to ensure the high quality of services provided by various national health services. These rights are linked to many national communiqués and recommendations published by the World Health Organization (WHO) and the Council of Europe. (Aydemir, 2010; 13)

The Declaration of Patient Rights was published in 2005 by the World Association of Physicians. This declaration, the right to receive qualified health care, freedom of choice, self-determination, unconscious patients, patients without legal competence, initiatives against the patient's request, the right to information, the right to privacy, the right to health education, the right to protect dignity, the right to religious support patient rights (Aydemir, 2010; 13-14).

## 5.2. Development of Patient Rights in Turkey

Patient rights are a new concept for our country and do not have a long history. There is no law on patient rights in our country. However, the regulations on patient rights are at the level of statutes, regulations and directives.

The Turkish Medical Association adopted and published the Medical Deontology Regulation (Regulation) in 1961. Patient rights, physicians and dentists' responsibilities are mentioned in this regulation, and the issues such as respecting the privacy of the patient, the patient's choice of the physician, explaining the diagnosis and treatment to the patient, keeping secrets, and withdrawing the physician from the patient's treatment are included. Although the Medical Deontology Regulation has some provisions on patient rights, it is insufficient. Moreover, this regulation was reorganized under the name of "Rules of Medical and Professional Ethics kabul and was accepted at the 47th Grand Congress of the Turkish Medical Association in 1998 in Ankara (Hatun, 1999: 22).

The concept of patients' rights in the international arena so intensely discussing work related to patient rights in Turkey has made in the last decade. In our country, in 1998, the patient rights stated in the above declarations were adapted to the conditions of our country and the Patient Rights Regulation was adopted. The development of patient rights in Turkey and there is a legal basis and provides detailed information about the practical benefits of applied studies.

The most important step taken in relation to the patient's rights in Turkey, Turkey is a party to the influence of international papers where the patient's rights and human rights conventions, adopted on August 1, 1998 "Patients' Rights Directive" is. The Regulation has gathered the regulations on the rights of patients scattered in our internal legislation under one roof. The Patient Rights Regulation consists of nine chapters and a total of fifty articles. The Patient Rights Regulation is in line with the human dignity and dignity of health services and establishes the principles of the quality and quantity of health care services received by patients in developed countries.

**Patient Rights** The purpose of the Regulation, which is a reflection in the field of health services, basic human rights and particularly in Turkey Constitution, other legislation and accepted in international legal texts "patient rights" of concretely demonstrate and health services are provided in all institutions and organizations and health institutions and organizations to regulate the procedures and principles for everyone to benefit from hasta patient rights,, to be protected from rights violations and to use legal protection when necessary (Patient Rights Regulation, 1998: 1).

It was determined at the level of patients' rights regulations in Turkey. The legal rights granted to patients with the "Patient Rights Regulation 1998 published in 1998 are as follows: To benefit from health services in accordance with justice and equity, to request information, to choose and change the health institution, to recognize the personnel, to select and change the order of priority, to identify the medical requirements, requesting treatment and care, rejecting interventions other than medical requirements, taking medical care, asking for information in general, examining records, asking for correction of records, respecting privacy, not being subjected to medical intervention without informed consent, requesting confidential information, rejecting and stopping treatment, organ and obtaining informed consent for tissue and medical research, protection and information of the volunteer, security, fulfillment of religious duties and utilization of religious services, respect for human values. and visit, and the right to have companions (Patient Rights Regulation, 1998: 1-11).

In 2003, the Directive on Patient Rights Practices in Health Facilities was published in order to plan, implement, supervise and evaluate patient rights practices and the Ministry of Health General Directorate of Patient Services Branch of the Ministry of Health to eliminate the disruptions encountered during the practices and to establish all health institutions affiliated and their organizations. In this direction, it was reorganized in 2005 and Patient Rights Provincial Coordinatorships were established within the Health Directorates, and a patient rights unit or patient rights communication unit was established in each hospital according to the number of beds. In 2014, the Regulation on the Amendment of the Patient Rights Regulation and the 2014/32 Patient Rights Practices Circular were issued.

## 6. SOCIAL WORK AND PATIENT RIGHTS

Social work is a profession that supports social changes, increases the capacity of people to solve problems, strengthens them and relies on their freedom and tries to increase the well-being of people (IFSW, 2009).

According to Cilga (2004), it is the scientific and professional essence of social service to carry out preventive and protective works in the pluralistic and participatory society structure that enable people to benefit from human rights and freedoms and social, economic and political rights. To develop people's knowledge, culture, personal power, abilities and actions within the dynamics and process of social interaction, to ensure their participation in life practice as responsible, conscious, effective and organized beings, to know their needs, to solve problems, to be productive, free and happy people to help them develop objective living conditions for their survival.

Social service; It is related to the interaction between people and their environment that affects people's life goals, coping with stress, longing and ability to realize their values. Thus, the main purpose of the social work profession; to improve the problem solving and coping capacity of people, to bring people together with systems that give people resources, services and chances, to improve the effective and humane operation of these systems, to contribute to the development and advancement of social policy. (Aydemir, 2010; 72)

The practice of the social work profession in the field of health is defined as medical social work. Duyan (2003: 39), medical social services, people, groups, families and communities to benefit from health services in an effective way to be carried out by social workers in economic, social, psychological and educational dimensions, social work discipline and supportive and developmental services with the method and philosophy of the profession medical and preventive health services.

The focus of medical social work is on socio-economic conditions, social support and social problems. These factors cause social, physical and psychological complaints and prevent the continuation of social, physical and psychological well-being. This leads to deterioration of health and consequently a decrease in the quality of life. As a result of deterioration of health and decrease in quality of life, a certain stress emerges. Medical social work practices carried out with the aim of eliminating this stress approach psychosocial aspects of diseases (Duyan, 2003: 41).

As a patient advocate, social workers, doctors and nurses and other staff should be fully aware of patient rights and direct their activities to the benefit of the institution as well as to the benefit of the patient. According to Tuncay and Erbay (2006: 58), social workers should take a role in the production and distribution mechanisms of social welfare as a professional structure within the institution, and should take a radical, critical and opposing stance against practices that may harm the functioning of social justice in particular and patient rights in general. . This attitude is largely due to the nature and necessity of democracy, which is located within the value basis of the discipline of social work. On the other hand, it should be noted that it may be quite difficult in practice for social workers to be in the state and in the favor of the clients. An important variable in overcoming this difficulty is the correct perception and adoption of the aims and intentions of the social work profession by the institutions.

In this context, medical social work focuses on meeting the basic needs of patients and their relatives and solving the problems and acts as a right for people to meet these basic needs and solve the problems. The profession of social work tries to carry out all of its professional activities not because people need them, but because people have the right. Each subject and concept that is of interest to the social work profession and the field of intervention is defined on the basis of the concept of rights (Aydemir, 2010; 76)

## 7. RESULTS

Patients' rights both in the world and in Turkey is an emerging concept. The recognition, adoption and implementation of the concept in society requires a multidimensional effort. In addition to the main actors of the subject such as health care providers, healthcare workers, medical faculties, ministry of health, non-governmental organizations, media, other segments of society and institutions should also participate in this process. It differs from other industry and service sectors with significant determinations such as the continuity of health services, the inability to estimate its size, its use by chance, the replacement of another service / product, its inability to postpone its return, the cost of which cannot be negotiable, and the outcome of which can be negotiable.

According to the Universal Declaration of Human Rights, the foremost and indispensable right of the human being to come from being born as a human being is the right to life "This is one of the first generation human rights. Patient rights are third generation human rights, also called solidarity rights, which can be defined as social rights. Patient Rights refers to the application of human rights to health care

Patients' rights mainly refer to the application of human rights and values to health services and derive their basis from basic human rights documents. In other words, the principles of respect as human beings, determining their own lives, maintaining a safe life, respecting in private life form the basis of patient rights. In addition to these, the Patient Rights Regulation stipulates what the patient rights are, but it does not specify what the patient responsibilities are and under which conditions the patients will claim their rights. This causes patients to make applications for violations of patient rights, although they do not fulfill their responsibilities regarding the rights they demand.

One of the most important tasks of the social worker in health care institutions is to advocate for patients and their relatives. This role is based on human and patient rights. Social workers perform important tasks such as providing social support to patients and their relatives, making their own decisions about their illnesses, supporting patients' rights, providing or providing information to patients and their relatives.

It is very important that patients and their relatives are aware of their rights and responsibilities when using health services. They will feel even more powerful if they are aware of their rights. In fact, it is important that the health services provided to patients and their relatives are of high quality and meet their expectations. Rather than how or by whom these health services are provided, these services should be qualified and most importantly, without losing the human characteristics. This is the main purpose of the social work profession. In the field of health, social service intervention is very important in order to ensure that patients and their relatives benefit from the health services provided by protecting their rights.

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