The Principles of the Rights of Patients in Europe

A Commentary

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Introduction

The Principles\(^1\) adopted as a Common Framework at the European Consultation on the Rights of Patients, convened by the WHO Regional Office for Europe in Amsterdam on 28–30 March 1994, represent a valuable instrument, putting guidelines at the disposal of concerned decision-makers and professionals related to goals such as:

- to insure that, in health care, the patient is treated with respect, dignity and humanity.
- to affirm basic principles in the relation between the caring person and the cared for, in promoting a participatory and dialoguing model rather than the paternalistic/authoritarian one which has prevailed until now (I do not forget however that, in cases of acute illness or accident, the paternalistic approach has a definite place – yet, for the most part of today’s pathology, consisting in chronic conditions, a participatory model is called for).
- to propose principles also in terms of what the citizen can expect from the community, and particularly from the public authorities, with respect to provision of appropriate care, in a perspective of equity and solidarity.

The adoption of WHO-sponsored guidelines is part of a process taking place in a number of countries and at the international level (ASSM, 1992; Leenen et al., 1992; Leenen, 1994; Martin, 1991; Pichler, 1992; Westerhall and Phillips, 1994). The present contribution is a commentary on those elements in the Principles which deserve special consideration or correspond to current evolving issues. It is written from the point of view of one actor in

\(^1\) See elsewhere in this issue for the full text of the Principles.
the system, a public health physician with international experience, medical
adviser to the Minister of Health of a Swiss canton (I remind that, in the Swiss
constitutional setup, the 26 Cantons keep most of the competences regarding
the organization of health care – including the delivery to and supervision of
practicing licenses health professionals and institutions).

Regarding the first part of the document (Introduction), I want to express
my appreciation. It gives an excellent picture of the background and of the
reasons which make it desirable to have an international statement on the
rights (respectively the duties) of patients. I shall discuss the structured second
part below.

Chapter 1 of the Principles – Human rights and values in health care

This first section is a sort of summary of what follows, stating fundamental
rights: respect, self-determination, physical and mental integrity, privacy,
etc. "Everyone has the right (...) to the opportunity to pursue his or her
own highest attainable level of health", in 1.6, is to be noted. In a society less
prescriptive than earlier, including with respect to health care, it is appropriate
to mention this aspect of the person's autonomy. This might cause occasional
difficulties, for example if patients avail themselves of alternative therapeutic
methods or have personal practices which are not agreeable to their physician.

This chapter alludes to one of the major challenges for our actual sys-
tems, when it indicates that "the rights specified below carry a matching
responsibility to act with due concern for the health of others and for their
same rights". Stating that everyone has to be concerned about others refers
to the maxim that the freedom of one person stops where the other's freedom
begins. This is true in many circumstances in our daily lives: dangerous driv-
ing, passive smoking, neglecting and battering/abuse of children and other
dependent human beings, indifference towards marginal people/dropouts like
drug addicts and homeless persons, etc.

When dealing with the rights of others, one dimension to be considered
is the reasonable and economic use of the means made available within
the health sector. All countries are confronted, with varying intensity, to
scarcity of resources, especially those coming from the public hand, while
diagnostic and therapeutic potentialities in biomedicine grow continuously.
Balanced choices are therefore called for in employing resources. Related for-
mal political processes often remain too cautious, yet they are indispensable
and require civic courage (in this respect, "Choices in Health Care", the 1992
Report to the Dutch Government, deserves to be cited – In 1993 the French
Planning Commissariat published a document entitled "Health 2010" and