EDITORIAL

Patients Ombudsmen – a Different Approach to Improve Quality in Health Services

The introduction of patients’ right laws across Europe in recent years has been an important step in protecting the rights of patients. However, laws are ineffective unless they are properly implemented and accepted by all stakeholders. The implementation of laws in the health services sector is particularly difficult due to its long history of paternalism and decision making traditionally based upon the ethics of the individual doctor and/or the medical community. To facilitate the practical implementation of patients’ right laws, some countries have introduced Patient Ombudsman Systems. The functions of the Patient Ombudsmen Systems vary but often they include a responsibility to monitor the degree to which patients’ rights are respected. They also tend to be an integral part of any national and/or regional complaints procedures.

The Swedish word “Ombudsman” has come to describe many things to many people. It has been adopted in a number of countries over the years, as a term for an administrative system, which acts to protect the interests of individual citizens who complain against a public sector body. How that protection manifests itself varies markedly from country to country depending on many factors, not least the historical and cultural differences of each. The development of an exclusively Patient-focused Ombudsman, however, emerged later on, over the course of the last two decades of the last century. The United States is one example, although the term Ombudsman has not been as frequently used there as the term Patient Advocate.

One of the first Patient Ombudsmen systems in Europe was introduced in Finland when the Law on Patients’ Rights was enacted in 1994. The task of Finnish Ombudsmen was, and still is, primarily related to the implementation of their patients’ right law. Due to the structure of the Finnish Patient Ombudsmen System it is clear that the Ombudsman doesn’t represent the patient. The majority of Finnish Ombudsmen share their time with their professional work – many being social workers, nurses or even doctors. In many ways this was the forerunner to a number of other systems, and we will take it as a starting point to look at some of the more and less advantageous aspects. These relate to:

- The starting point of turning patient’s rights’ legislation into a practical and enforceable instrument;
- The need for impartiality;
- The role of the Ombudsman in generating improvements in the wider healthcare arena
- The need – or otherwise – for a sanctioning power against those who have infringed patients’ rights.

Looking at these in turn, first of all, the Finnish legislator realised that a system was needed to deal with the practical implementation of the Patients’ Right Law. Consequently a system with Patient Ombudsmen was introduced to educate the general public and health care professionals about the content of the new law. This was a brave first step, and has spawned action in a number of other countries which have now established similar systems. These, and other parallel approaches are examined at greater length in “Protecting Patients Rights. A comparative study of the Ombudsman in Health Care”.

However, given its origins, and the dual nature of employment for Finnish Ombudsmen the procedure for appointing Patient Ombudsmen in Finland is associated now with the potential for problems from the point of view of conflict of interest. This has reinforced the need for impartiality and independence as the platform for any new Ombudsman System.

Thirdly, complaints is a minor part of the duties of the Finnish Patient Ombudsman and other issues of quality from the patient’s perspective are not mentioned in their establishing legislation. More recent Patient Ombudsman Systems, have built upon this essential learning and have begun to emphasise the complaints function as being an integral part of the established national complaints procedure. In parallel with the local quality of care aspects of complaints this is probably the most fundamental part of modern Patient Ombudsman systems.

Finally, the Finnish system does not include a procedure to sanction health professionals who fail to respect patients’ rights. On reflection, and in the face of how the system has also developed in other countries, this is seen as a strength rather than a weakness. Recent benchmarks from safety research outside the field of health care, including commercial airlines, the nuclear power industry and the off-shore industry demonstrate that the best way to improve quality is to have a system focusing on systemic problems, rather than individual errors. Consequently it is possible that the Patient Ombudsman System actually benefits from not having a power to sanction wrongdoers within its gift.

Many patients – and Ombudsmen – still view quality problems as only the result of insensitive or incompetent individuals rather than being partially or wholly caused by poor systems of care organisation. For professionals it takes time to learn and apply the right methods. Changing the culture within health care organisations to make them safer and produce a better experience for patients takes time, especially when attempting to change the way two or more services inter-