



Patient's Charter

Charter of Patient's
Rights and Responsibilities

FOREWORD

Health and healthcare are a priority for each and every one of us. Prevention of ill health as well as timely and appropriate care when we need it are high on our agenda. Being aware of our rights and responsibilities as patients is therefore essential. This Patient's Charter, the first of its kind in Malta, is designed to do just that.

The Charter addresses the manner in which the health care service is to be provided, the level of quality expected and the time by when care should be provided in relation to the acuity of a patient's condition.



It is structured around the following eight principles that form the foundation for a safe equitable healthcare service delivery:

1. Health Protection
2. Access
3. Information
4. Participation and Informed Consent
5. Privacy and Confidentiality
6. Dignity and Respect
7. Safe Healthcare
8. Comments and Complaints

This Charter was formulated after wide and extensive consultation across all of society. As it comes into force and its impact starts to be felt, this will give the Health Department the opportunity to monitor feedback, with the view of further improving on it in the future.

A handwritten signature in blue ink that reads "Chris Fearne". The signature is fluid and cursive.

Chris Fearne
Minister for Health

21st November 2016

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Patient's Charter



INTRODUCTION

This Charter highlights the level of service one would expect when utilizing public health services. The Charter is aimed to facilitate the relationship between service users and service providers. It aims to provide a means to allow the service to work effectively and to make sure that the resources are used efficiently. Expected increased accountability will ensure a positive effect on the delivery of care. Seeing that this is the first National Patient's Charter of its kind and that in a number of fields there is an element of catching up to do, it is envisaged that the targets set out in this Charter will come into full effect within one year from its publication.

Main Principles

The Charter is based on the principles that form the foundation for a safe, equitable, health-care service delivery. These principles have been established following a thorough review of local and international patient's charters and other similar instruments. The rights and responsibilities represent a commitment or definition of what should be expected by the users and the healthcare providers within the Public Health Service. They are designed to promote care which is personalized, disease preventative and participatory, as stated in the Health Act.

The eight principles are the right to:

1. Health Protection
2. Access
3. Information
4. Participation and Informed Consent
5. Privacy and Confidentiality
6. Dignity and Respect
7. Safe Healthcare
8. Comments and Complaints

These principles set the service users' participation as a key priority in all healthcare services.

The terms used in this document unless otherwise stated are defined as follows:

| | |
|-------------------------------------|--|
| Beneficence: | Beneficence is an action that is done for the benefit of others. Beneficent actions can be taken to help prevent or remove harms or to simply improve the situation of others. |
| Carers: | Individuals who, as significant others or friends, care for other persons to whom healthcare is being provided. |
| Charter: | A statement of commitments on right and responsibilities. |
| Cross-border healthcare: | Healthcare provided or prescribed in a Member State other than the Member State of affiliation, Malta. |
| Emergency: | A situation requiring immediate attention and remedial action. |
| Health: | A state of complete physical, mental and social well being and not merely the absence of disease or infirmity. |
| Health Care: | Health services provided by health professionals to patients to assess, maintain or restore their state of health, including the prescription, dispensing and provision of medicinal products and medical devices. |
| Healthcare organisation: | The organisation/institution delivering healthcare ranging from primary, secondary to tertiary care. |
| Healthcare providers: | The individuals who are providing the necessary care to the patient. |
| Healthcare services: | All healthcare services delivered within a hospital, clinic or other community care settings. |
| Private healthcare provider: | Any private healthcare provider in the Maltese territory. |
| Minister: | The Minister responsible for Health. |
| Non-maleficence: | An ethical principle that obliges one to not inflict intentional harm. |
| Patient: | A person who is receiving, or has received, medical attention, care, or treatment, whether in a healthcare setting or otherwise. |

DEFINITIONS

- Point of Clinical decision:** For the purposes of the Patient's Charter in its generality and unless the specific clinical context otherwise requires, the point of clinical decision shall be deemed as the point at which the patient has had all the required investigations, including monitoring, and the specialist clinician has identified and documented the care and/or intervention needed and the patient has manifested his agreement to such care, and/or intervention being advised.
- Relative:** Relative as defined under article 30 of the Social Security Act, but also every person who maintains a close personal relationship with the patient.
- Responsibilities:** The obligations of patients/service users towards the health services to run efficiently.
- Service users:** Individuals who use healthcare services as patients or clients.
- Significant others:** Individuals who have a close relationship with the patient.

The right to have services which promote health and wellbeing, prevent disease, support and empower those with chronic illnesses to actively participate in self care.

One has the right:

1. To receive information and advice on how to stay as healthy as possible.
2. To take part in state-run screening and immunization programmes according to current screening protocols.
3. To receive information and advice on how to best self-manage an existing health problem.
4. To expect that Hospital Acquired Infections (HAI) are given due priority by all health care providers in health settings.
5. To receive the above irrespective of one's age, colour, disability or illness, gender, marriage, civil partnership, maternity, race, religion or belief, sexual orientation, nationality, politics, or social status.

One has the responsibility:

1. To take care of oneself by adopting a healthy lifestyle.
2. To seek information and skills on how to maintain and protect one's health.
3. To participate in current immunization programmes to prevent the spread of infectious disease.
4. To engage in regular check-ups and report any health related changes to a health care provider.
5. To seek assistance from support groups, NGOs and people living with similar conditions.
6. To adopt a positive attitude towards life and health.
7. To respect the rights of others and not to endanger other people's life and health.
8. To comply with any information and advice provided by healthcare professionals on how to best self-manage an existing health problem.
9. In the case of a minor, health protection, care and a healthy lifestyle of the minor shall be the responsibility of the parent or guardian.

The right to access healthcare services according to the individual health needs and requirements.

One has the right:

1. To an efficient medical response system.
2. To receive emergency medical treatment should the need arise.
3. To have access to health services and medicines in accordance with the entitlements determined by the Law of Malta.
4. To have a specialist-led care plan started, where this is clinically recommended. The care plan shall be under the responsibility of an appropriate specialist health professional assigned by the responsible entity.
5. To have care/intervention started immediately in an emergency: (an emergency condition is one that can permanently impair or endanger the life of an individual if not treated immediately). Care/intervention must be initiated immediately upon the first contact with a competent health professional.
6. To have specialist-led treatment/intervention started within a timeframe as stipulated hereunder, unless one chooses to wait longer or it is clinically decided that one waits longer.
 - a. In an urgent case: (a condition that has the immediate potential to deteriorate to the point that it may become an emergency or is life threatening). Care/intervention must be initiated within a maximum period of 12 weeks. (not applicable if deterioration is diagnosed);
 - b. In a non urgent case (elective): Care/intervention must be initiated within 18 months for a condition that is unlikely to deteriorate quickly and that does not have the immediate potential to become an emergency.

6.1 The right to start treatment within these timeframes does not apply:

- a. if one chooses to wait longer;
- b. if delaying the start of one's treatment is in one's best clinical interests;
- c. if it is clinically appropriate for one's condition to be actively monitored in secondary care without clinical intervention or diagnostic procedures at that stage;
- d. if the treatment is no longer necessary;
- e. if one fails to attend for a scheduled appointment without a good and valid reason or;
- f. in cases requiring organ transplants.

Accident and Emergency Department:

| Acceptable waiting times | 50 th percentile | 90 th percentile |
|---|-----------------------------|-----------------------------|
| Time for physician initial assessment | 2 hours | 4 hours |
| Length of stay | | |
| Discharged patients | 4 hours | 6 hours |
| Time to transfer to in-patient bed (time from decision to admit patient) | 6 hours | 8 hours |

7. To expect to be told how long one is likely to have to wait when placed on a waiting list for surgery, a procedure, test or treatment.
8. To seek preauthorization for healthcare through a local private healthcare provider or in another European country for state or private treatment, in accordance with the Maltese Cross-Border Healthcare Regulations, under the Health Act, if a pre-determined maximum acceptable waiting time is not respected. Individuals who may wish to receive further information and clarifications about this right may contact The National Contact Point through link: <https://health.gov.mt/en/cbhc/Pages/Cross-Border.aspx>.
9. To access Public Health Services in Malta and Gozo irrespective of age, colour, disability or illness, gender, marriage, civil partnership, maternity, race, religion or belief, sexual orientation, nationality, politics, or social status.
10. To have available adequate and timely healthcare based on one's need and not on one's ability to pay. This must take into account the rights of other patients, clinical judgment and the most efficient use of resources and entitlements available as provided by the Ministry for Health.
11. To receive information on the availability of all National Health Services in Malta.
12. To be transferred to another public healthcare clinic or public hospital when a recommended medical treatment is not available at the public hospital that the patient was admitted to (e.g. Gozo to Malta transfer).
13. To expect that the national healthcare policy makers will assess the country's healthcare needs and provide the services it considers necessary to meet them.
14. To have access to the Pharmacy of Your Choice scheme according to entitlement.
15. To be provided with all the information required for one to access all healthcare support services available in the community.

One has the responsibility:

1. To attend for a scheduled appointment.
2. To be on time for scheduled appointments. One has to notify a member of the healthcare staff if one is not able to attend.
3. To be at home at the agreed date and time if one is availing himself/herself of community healthcare services.
4. To provide healthcare providers with up-to-date information about one's contact details.
5. To use health services appropriately and responsibly. One should do his/her utmost to contribute towards reducing waste of any type of resource such as medicines.
6. To understand that there are pressures and limitations of resources on the health service and those working within it.
7. To resort to the National Accident and Emergency department appropriately.

The right to give and receive information

One has the right:

1. To receive all the information about his/her medical condition, the care/treatment one is receiving, together with care options within established local parameters, risks and prognosis.
2. To expect to be told the names and roles of the healthcare providers responsible for one's care. Every employee should be wearing an identification badge that clearly displays his/her name and designation within the organization.
3. To request a change of Consultant.
4. To ask questions about one's condition and to have access to information held in the patient's own file and records according to stipulated policies.
5. To get support and enough information to participate in the management of one's condition. This should include how and when to take medications and how to access other support services that could help improve the patient's wellbeing.
6. To receive the appropriate information on how to assess and, if possible, self-manage pain.
7. To receive information related to the rules and regulations of a healthcare organization one is currently being cared for in.
8. To expect to receive all the relevant information related to clinical trials of any form that one may be subjected to.
9. To participate and discuss ethical matters that may arise in the course of one's care including treatment, participation in research or educational projects.
10. To be given an explanation of the need for transfer to another unit or facility, for example from Gozo to Malta or vice versa, or from a ward to another ward, or from a public hospital to another hospital.
11. To access information and advice on how to give feedback, make comments and raise concerns, or make complaints about care received and services provided.
12. To refuse information about one's health.
13. To receive a discharge note/letter that could be handed to and discussed further with the doctor taking care of the patient in the community.

One has the responsibility:

1. To seek support, information, and skills to adopt a healthier lifestyle and/or manage his/her condition.
2. To inform healthcare providers of any changes in one's contact details.
3. To provide complete and accurate information about one's health and medical history, including medications, hospital stays, herbal remedies and any other matters that pertain to one's health.
4. To be truthful and to describe symptoms to their best ability to healthcare providers.
5. To request information or clarification about one's health status or treatment.
6. To discuss pain management, ask for pain relief when needed, and to inform a healthcare provider about the effectiveness of any treatment being prescribed.
7. To comply with the written information on the discharge plan as discussed and agreed with the healthcare providers, and report any changes in one's condition following discharge.
8. To withhold from initiating or participating in fraudulent healthcare and to report unethical behaviour of healthcare providers to the appropriate authorities. This includes refraining from requesting incorrect information, receipts, certificates or unnecessary treatment.
9. To provide evidence of identity when seeking health services.

One has the right to participate in the collaborative process of decision making related to one's particular healthcare needs and to make an informed consent about one's treatment and care.

One has the right:

1. To be given all the information related to risks, benefits and consequences of refusal of any treatment or care, for one to be able to make an informed choice. When mentally competent, one has the right to accept or refuse any treatment, examination, test or screening procedure that is offered in accordance with the law. Refusal of treatment must be signed and documented, this decision must be countersigned by a witness.
2. To participate in decisions about one's care. Healthcare professionals should refrain from making decisions related to care and treatment without the patient's direct participation except in exceptional cases.
3. To be actively involved during ward rounds. The healthcare professionals should discuss the care plan formulated during ward rounds with the patient and ensure understanding.
4. To involve the family or carer and the family doctor in any form of decision making process if one wishes to.
5. To discharge oneself even if the decision is against the physician's advice unless:
 - a. One has certain infectious diseases that may influence the health of others, or;
 - b. One is incapable of maintaining his/her own safety or the safety of others as defined by law.

One will be requested to sign a 'Discharge at Request' form prior to leaving the healthcare establishment. The healthcare provider cannot be held liable for any consequences arising from this course of action.

6. To withdraw the consent to any diagnostic or treatment procedures if one decides so, after giving consent.
7. To receive a detailed explanation of the nature and consequences of any research or clinical trials that one might be invited to take part in, before it is conducted, and to obtain and document one's consent or refusal to participate.

SHARED DECISION MAKING AND INFORMED CONSENT

8. To be informed and to be completely free of coercion in deciding whether to accept, decline, or withdraw, at any stage, to take part in clinical research or student training.
9. Right to involve a pharmacist in matters relating to prescribed medicines.

One has the responsibility:

1. To take an active part in discussions and decisions about one's healthcare and treatment.
2. To inform the healthcare provider of any changes in one's health condition.
3. To comply with the hospital/ward/unit/pharmacy rules and policies.
4. To follow the plan of care well. One is responsible for any decision and outcome if he/she decides not to follow the agreed advice or the recommended treatment.
5. To discuss any limitations that may impede a person from following the plan of care.

The right to privacy and confidentiality.

One has the right:

1. To expect that one's privacy is respected when receiving healthcare according to the different circumstances. One is entitled to know what role each present individual has in one's care.
2. For all personal health information to be stored and processed in accordance with Art. 257 of the Criminal Code and the Data Protection Act.
3. To express the wish for personal health information not to be shared in particular ways such as with a family member.
4. To accept or refuse consent for photos to be taken for teaching purposes or to guide clinical effectiveness
5. To access one's own health records in accordance with the protocol set by the health care establishment.

One has the responsibility:

1. To ensure that health records are accurate and up-to-date. One should inform the healthcare providers of any changes in name, address, phone number or other details.
2. To inform healthcare personnel if any information on one's health records is incorrect.
3. To help healthcare providers in safeguarding patient confidentiality by respecting the privacy of other service users.

The right to be shown respect, dignity and consideration.

One has the right:

1. To be treated as an individual. One should expect that the healthcare providers demonstrate dignity, patience, empathy, tolerance and courtesy.
2. To receive care in a way that is respectful to one's age, colour, disability or illness, gender, marriage, civil partnership, maternity, race, religion or belief, sex or sexual orientation, nationality, or social status.
3. To be given time to decide about any examination or treatment without coercion from healthcare providers. This is superseded in case of an emergency.
4. To expect to receive the necessary treatment to reduce suffering and pain in each phase of an illness.
5. To expect an end of life care that is dignified, comforting and supporting relief from any unnecessary suffering.
6. To be constantly accompanied by someone of one's choice during an end of life situation, in accordance with the healthcare establishment's rules and policies.

One has the responsibility:

1. To treat healthcare staff and other patients, carers, and family members with dignity and respect.
2. Not to be violent or aggressive towards healthcare staff or other patients, their carers, and family members.
3. Not to subject any healthcare staff to any racial, sexual or any other kind of harassment or abuse.
4. To respect all ward policies and procedures.

The right to safe and effective care.

One has the right:

1. To access health services and treatments that meet safety standards.
2. To expect that the care one receives will be free from harm resulting from the poor functioning of healthcare services, medical malpractice and error. Proper handover is pertinent to achieve a safe seamless continuity of care.
3. To expect that any care and treatment received is provided by properly qualified and experienced staff.
4. To expect that the treatment is provided in an appropriate, safe and clean environment.
5. To expect that healthcare staff should always attend to hand hygiene prior to the initiation of any type of procedure.
6. To be free from restraints unless required for medical treatment or patient safety. This need should be frequently reviewed.
7. To expect that all healthcare establishments meet the required standards of hygiene as set by law and agreed by the National Health services in Malta.
8. To expect that every healthcare organisation is continuously amending and updating policies, regulations, providing training, and monitoring services to ensure that the patients are receiving the right quality of care in a timely manner.
9. To receive healthcare that is holistic in its approach.

One has the responsibility:

1. To forward any information related to the medicines one is taking to the healthcare professional caring for the patient.
2. To follow any advice one is given regarding medication and treatment.
3. To inform a healthcare professional about any known or possible allergies to any medicines, foods, and materials.
4. To finish any course of agreed treatment and to consult a doctor before deciding to change or stop any treatment.

SAFETY

5. Not to take any medication that is expired or prescribed for someone else.
6. To store medicines in an appropriate environment and in a safe place.
7. To use healthcare equipment only for its intended use.
8. To adhere to Infection Control policies in order to help prevent the spread of infections and diseases when someone is visiting or receiving care in any healthcare entity.
9. To attend to hand hygiene, before visiting a hospital ward.
10. To refrain from visiting patients in hospital if one is unwell.
11. To refrain from sitting on the bed of any patient if one is visiting someone in hospital.
12. To raise any concerns about the safety, effectiveness or cleanliness of services that may affect one's care.
13. To properly care for any equipment being used during a hospital stay or loaned at home for continuation of certain health related treatment and care. Any faulty equipment must be reported and returned immediately.

The right to comment on care and forward constructive complaints.

One has the right:

1. To give any feedback, suggestions and raise concerns or complaints as deemed necessary. This right is extended to significant others or carers who may also wish to provide feedback, comments or raise concerns. One should do this without any fear of retribution, compromise of access or quality of care.
2. To expect that feedback, complaints and suggestions are taken into consideration in order to improve health services.
3. To be given information and advice on how to give feedback and comment or raise concerns, or complaints about the care one has received and the services one has used.

One has the responsibility:

1. To provide both positive and negative feedback about the care and treatment that one has received or about the health service in general. This gives health care providers the opportunity to improve healthcare provision.
2. To discuss any misunderstandings/lack of understanding, of any kind through the appropriate channels.

CONCLUSION

The eight principles outlined in this Patient's Charter, are intended to be the tool that patients refer to, to know what their rights are, but also to be aware of what their duties and responsibilities are while making use of the various healthcare services available within the Public Health system. It also focuses on a patient-centred approach and promotes patient participation as a key priority. It acknowledges patients as individuals with diverse needs and not just a medical condition that needs to be treated.

The Charter empowers patients and future service users to demand quality services from all healthcare providers. It also allows patients, relatives and staff to share an understanding of the rights and responsibilities of people receiving care. Finally, it is intended to assist stakeholders to work together towards achieving the best outcomes within a relationship that provides a streamlined service to all the patients making use of the different healthcare services provided within our health system. According to ACT No XI of 2013 the Charter shall be updated on a regular basis to reflect contemporary trends and issues. Thus this Charter shall be reviewed in five years time.

“The rights and responsibilities mentioned in this Charter apply to all individuals equally, regardless of gender.”

FURTHER INFORMATION

Cross Border Care: Malta National Contact Point:

Email: crossborderhealth@gov.mt

Telephone: +00356 21224071, +00356 2299 2381

Website <https://health.gov.mt/en/cbhc/Pages/Cross-Border.aspx>

The Office of the Commissioner for Mental Health:

Email: mentalhealthcommissioner.mfh@gov.mt;

Telephone: 00356 2592 4304

Website <http://commissionermhop.gov.mt>

Environmental Health Directorate:

Email: mhi@gov.mt

Telephone: +00356 2133 7333

Website https://ehealth.gov.mt/HealthPortal/public_health/environmental-health/department_for_env_health.aspx

Healthcare Standards Directorate:

Email: healthstandards.sph@gov.mt

Telephone: +00356 2595 3343, +00356 2595 3323, +00356 2595 3324

Website <https://health.gov.mt/en/hcs/Pages/hcs.aspx>

Superintendence of Public Health:

Email: sph.meh-health@gov.mt

Telephone: +00356 25953302/3303

Website <https://health.gov.mt/en/sph/Pages/Superintendence-of-Public-Health.aspx>



MINISTRY FOR HEALTH