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The reality of violation of patients' rights under the law on examination and treatment in some provinces of Mekong Delta

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ABSTRACT

Recently, Vietnam has reformed the laws and drew up the targets on the protection of the patients' rights. An important purpose of these works is to raise the number of patients' rights that should be protected. As a territory of Vietnam, the Mekong Delta has also been imposed to follow the determined trend of improving the patients' rights protection of Vietnam. However, in practice, the Mekong Delta may breach the common national and international expectations of patients' rights protection. The research is to answer the doubt on patient' rights infringement in several provinces in the Mekong Delta in public and private healthcare systems. In 2016, the research was conducted in the selected provinces such as Can Tho, Vinh Long, Soc Trang, and Kien Giang to investigate the status of the protection of patients' rights. The results clearly showed that some problems remained. For example, the insured did not enjoy the rights to be diagnosed, to be provided information, and to be compensated. The solutions were offered to look for future solutions to the obstacles that hinder the selected provinces as well as the Mekong Delta from developing.

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1 INTRODUCTION

In the past decade, a violation of patients' rights in Vietnam has drawn the attention of society. The violation of patients' rights leads to severe physical and mental consequences/anguish (Thi Thu Ha *et al.*, 2015).

The problem seems more pronounced in the Mekong Delta (Vietnam), compared to the rest of the country because of its particularities such as lower economic growth, educational development, status, patients' limited awareness of their rights and poor law enforcement (Thanh Thanh, 2015). In particular, the patient's limited knowledge about their rights, weak laws and regulations, and limited en-

forcement of patients' rights regulations have restricted patients from enjoying their rights.

So far, there has not been any comprehensive research on the reality of violation of patients' rights under the Law on Medical Examination and Treatment in some provinces of the Mekong Delta. The research aimed to show the reality of violation of patients' rights under the Law on Medical Examination and Treatment in some provinces in the Mekong Delta. The results from the study can help the causes and appropriate solutions to enhance the protection of patients' rights in e Mekong Delta.

2 RESEARCH METHOD

In this survey, a thousand patients were randomly selected and orally interviewed at public and pri-

vate hospitals in the four provinces (Can Tho, Soc Trang, Vinh Long, An Giang), 250 respondents were selected per province. These one thousand patients directly answered the questions which were designed in the questionnaires.

The collected data was entered and stored in Epidata 3.1 software. STATA 10 software was used to process the data. Descriptive statistics method was used to analyze the characteristics of the researched objects. Normality of data will be assessed using a Shapiro-Wilk test. Non-normal continuous data will be transformed to normality using the `lnskew0` command in Stata. Non-parametric tests will be used for severe departure from standard distribution variables. All analyses were carried out with a significance level of 5 %, and all tests were two-sided.

Currently, in order to protect patients' rights, the LMET is being implemented. Also, common civil rights under the Civil Code are also applied where the LMET does not apply. In this research, the author emphasizes patients' rights under the LMET.

3 THE RESULTS AND DISCUSSION OF THE SURVEY ABOUT THE REALITY OF PROTECTION OF PATIENTS' RIGHTS IN SOME PROVINCES IN THE MEKONG DELTA UNDER VIETNAMESE LAWS

3.1 General characteristics of the investigated samples

In this survey, a thousand questionnaires were delivered to one thousand patients equally from the four provinces of Vinh Long, Can Tho, Soc Trang, and Kien Giang.

General information	Male		Female		Total	
Gender n (%)	488	49.34	501	50.66	989	100
Age mean ±SD	487	40.33±13.79	500	38.69±13.82	987	39.51±13.81
Ethnic group						
Kinh	444	90.98	426	84.19	870	87.53
Hoa	9	1.84	7	1.38	16	1.61
Khmer	35	7.17	70	13.83	105	10.56
Other	0	0.00	3	0.59	3	0.30
Religion						
Buddhism	120	24.64	151	30.38	271	27.58
HoaHao Buddhism	15	3.08	24	4.83	39	3.94
Catholicism	43	8.83	61	12.27	104	10.51
Protestantism	4	0.82	4	0.80	8	0.81
Caodaism	5	1.03	2	0.40	7	0.71
None	242	49.69	242	48.69	484	49.19
Other	58	11.91	13	2.62	71	7.27
Education level (%)						
Illiteracy	30	6.16	18	3.64	48	4.96
Grade I	106	21.77	115	23.23	221	22.57
Grade II	144	29.57	152	30.71	296	30.26
Grade III	112	23.00	84	16.97	196	19.84
Intermediate level	32	6.57	43	8.69	75	7.59
College	42	8.62	53	10.71	95	9.62
University	8	1.64	9	1.82	17	1.72
Other	13	2.67	21	4.24	34	3.44
Occupation						
Farmer	215	44.15	130	26.26	345	35.22
Worker	81	16.63	44	8.89	125	12.65
Officer	58	11.91	57	11.52	115	11.64
Self-business	42	8.62	44	8.89	86	8.91
Homemaker	4	0.82	119	24.04	123	12.55
Unemployment	25	5.13	24	4.85	49	4.96
Other	62	12.73	77	15.56	139	14.07
Residence						
Urban region	339	70.92	336	68.99	675	70.13
Rural region	139	29.08	151	31.01	290	29.87

According to the statistic, there was a general gender balance in the sample size. Males accounted for 49.34% of the sample while female participants accounted for 50.66%. The average age of the participants was 39.51±13.81. Majority of the participants were the Kinh people, accounting for 87.53%, followed by Khmer ethnic group at 10.56%, while the minority was Hoa (Chinese) ethnic group at 1.61%.

Those who reported their highest level of education as grade II were 30.26%, followed by grade I (22.57%), grade III (19.84%) and the ones who reported as being illiterate were 4.95%. Among them, there were 9.62% of patients with a college diploma and 1.72% bachelor's degree. The result meant that the education level of the four provinces in the Mekong Delta was low.

Most women and men in the survey were farmers (the rates of male and female farmers were 44.15% and 26.26% respectively). Female homemakers were 24.04%, while very few men were homemakers in the sample.

Most participants in the survey were from the urban regions (70.13%) compared to those from the rural region (29.87%). The distribution of gender in the regional groups was even.

3.2 The reality of protection of patients' rights

3.2.1 The trend of access to health services

Thousand interviewed patients said they all used

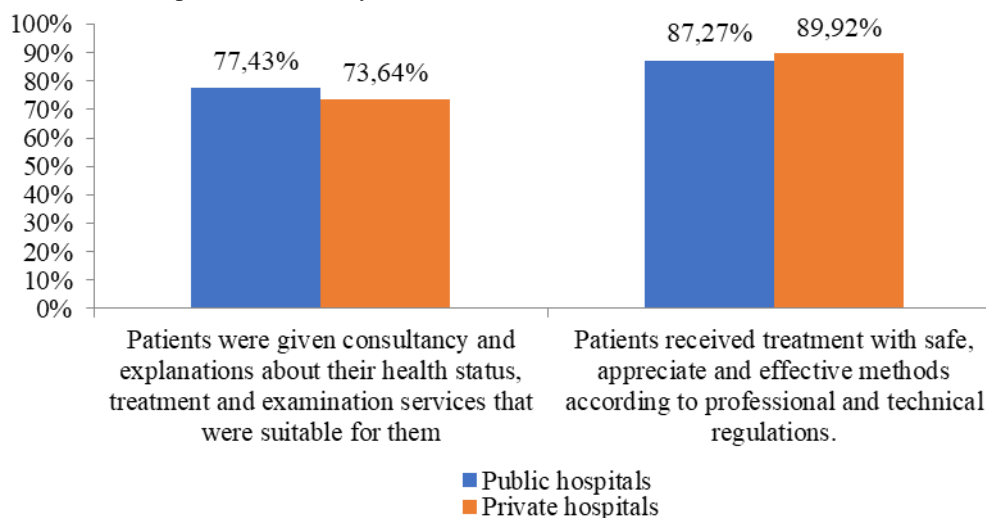


Fig. 1: Respect for the right to medical examination and treatment complying with the patients' conditions

3.2.3 Respect for the right to privacy

Some people admitted that their health condition and personal information in medical records were kept confidential in public and private hospitals

both public and private hospitals depending on their health situations. However, the public and private hospitals were equal (52.2% vs. 47.8%) as their most-used system in the last six months.

The interviewed patients had to indicate the public or private health care facility they went to. The following questions were asked based on the chosen system.

3.2.2 Respect for the right to medical examination and treatment complying with the patients' conditions

The survey indicated that a large portion of the sample in the public hospitals (77.43%) and the private hospitals (73.64%) was consulted and explained their health conditions, treatment and examination services. It meant that more than 20% of the patients in both public and private hospitals were not satisfied with their right to medical examination and treatment with the patients' conditions. The majority also reported that there were safe, appreciate and effective treatment methods under professional regulations of technology (87.27% in the public hospitals and 89.92% in the private hospitals). Also, the considerable portion of patients (more than 10%) in the both public and private systems felt under the safe, appreciate, and effective treatment methods under professional regulations of technology.

(80.53% and 84.50% respectively). These indications proved that most of the patients were satisfied with the confidentiality offered by both public and private hospitals. The result reflected that around 15% of patients did not enjoy their right to privacy.

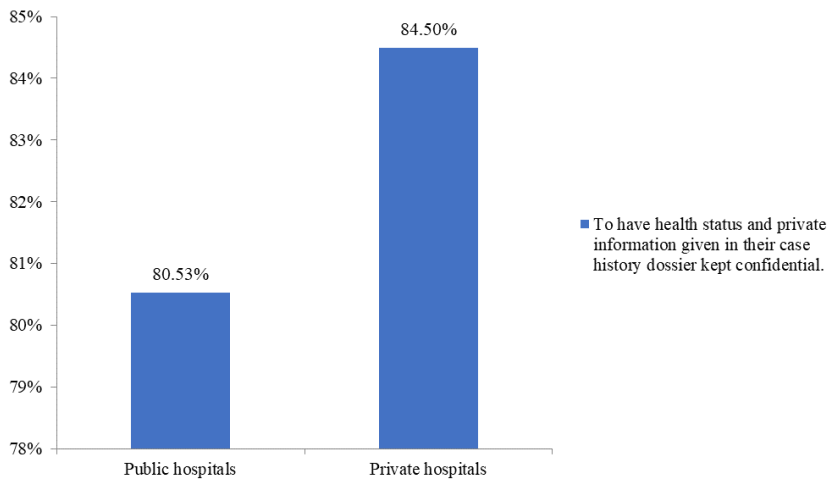


Fig. 2: Respect for the right to privacy

3.2.4 Right to being respected regardless of age, gender, educational level, social status

There were several indications that patients' rights were violated. A number of patients (11.72% in public hospitals and 5.50% in private hospitals) were discriminated against on the basis of being either rich or poor, their level of education and

social status. The figures showed that in public hospitals, the patients were more respected for age, gender, religion and less discriminated between poor and rich, the level of education and social status compared with the private hospitals. Although these rates were insignificant, they proved that there were cases of inequality in the use of medical services.

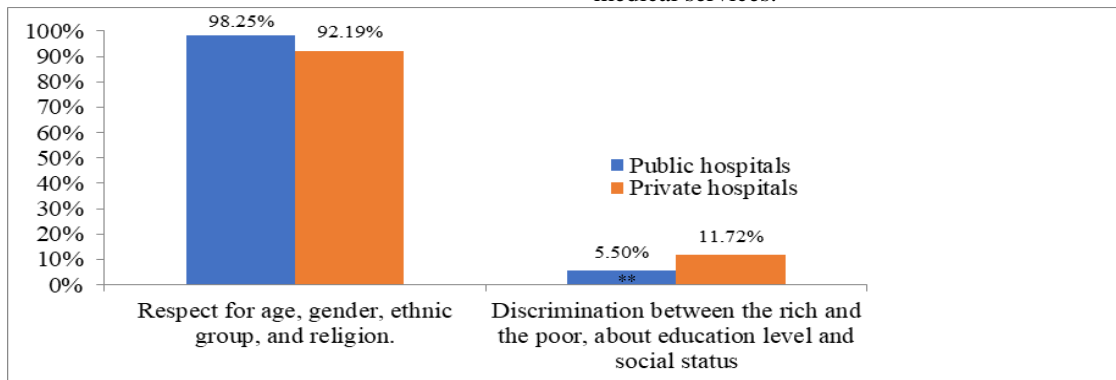


Fig. 3: Right to being respected regardless of age, gender, educational, social status

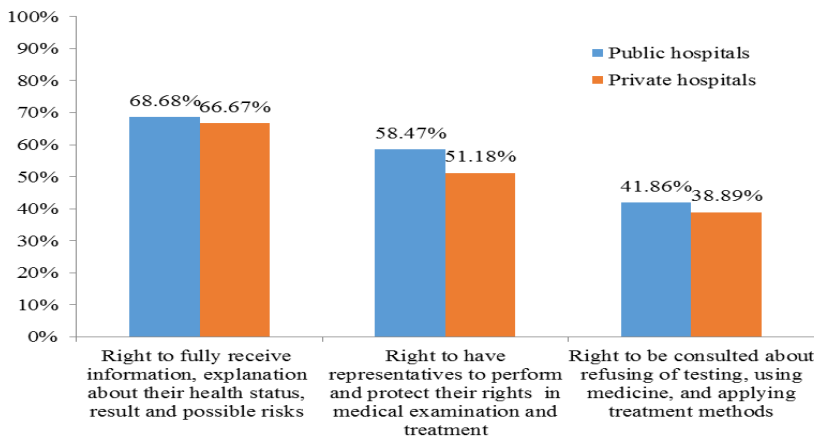


Fig. 4: Right to choice in medical examination and treatment

The survey indicated the rate at which the patients' rights to fully receive information, explanation about their health status, result and possible risks were disrespected in both public and private hospitals (68.68% and 66.67%, respectively). The rate of the patients unsatisfied to this right was worrying. This right is one of the most basic rights which should fully be respected to build the trust of patients to the healthcare systems.

The percentage of patients who were denied the right to choose a representative to perform and protect their rights in both public and private hospitals was high 58.47% and 51.18%, respectively). This result showed that only more than an of pa-

tients could carry this right and it was clearly confirmed that this right of patients was seriously infringed.

The patients also mentioned that they were not consulted about the right to refuse to test, using medicine, and applying treatment methods (public hospitals 58.14% and private hospitals 61.11 %). The result stated that public hospitals obligated this right better than the private ones. However, the portion of the patients was not consulted this right rather high (around 42% in the public hospitals and 39% in the private hospitals).

3.2.5 Right to being given medical records and explained medical expenses

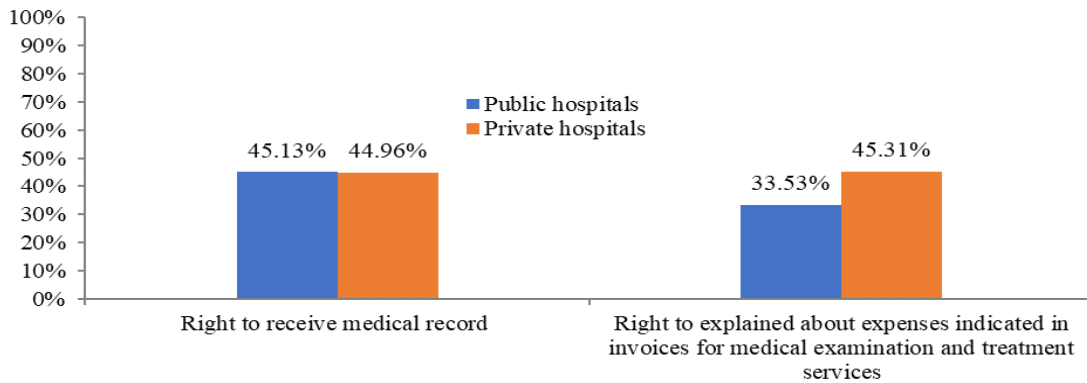


Fig. 5: Right to being given medical records and medical expenses

The violations of the right to receive medical records and to be explained about medical expenses were very significant. Evidently, less than half of patients were provided with medical records when they asked for them (45.13% in the public hospitals and 44.96% in the private ones). In addition, the

rates of patients in both public and private hospitals were not explained about the medical expenses over a half too.

3.2.6 Right to access medical examination and treatment

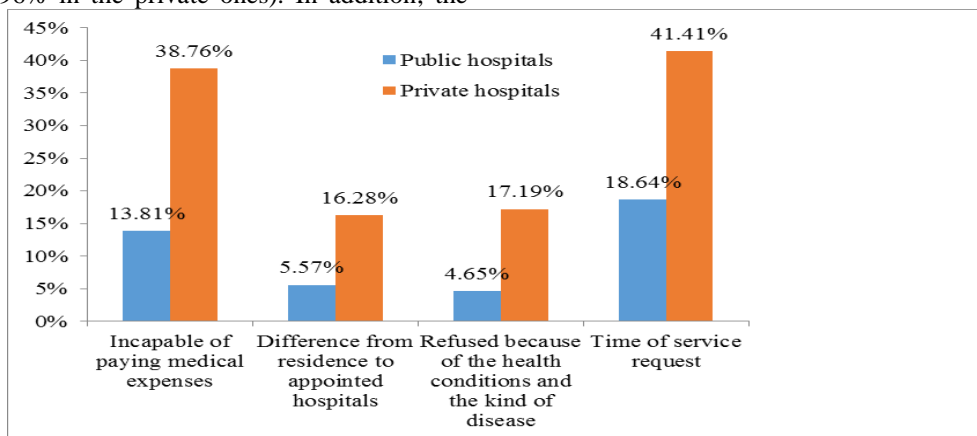


Fig. 6: Right to access medical examination and treatment

In the survey, patients reported that they were denied the right to medical services because of inability to pay at private hospitals (38.76%) and public hospitals (13.81%). The portion of the patients who

were denied in the private hospitals was more than threefold the patients in the public hospitals when they were unable to pay for the health services. The results indicated that a number of patients faced to

the risk of health when they could not afford to pay. One of the reason was that they were not covered by health insurance. Another reason would be lacking in the health fund used to pay for this case in both health care systems.

They were also denied the services due to a difference from residence to appointed medical examination and treatment facility in both public and private hospitals. The number was higher in private hospitals (16.28%) compared to 5.57% in public hospitals.

4.65% of the patients said that they were denied medical services due to their health conditions and kind of disease they suffered from in public hospitals compared to private establishments' 17.19%.

Reasoning for the different rate between the public hospitals to the private hospitals was that the public ones had better human resource and health facilities than the private ones (Hong Hieu, 2014).

The time of service request was also mentioned as a reason for denial in both health care systems. It happened significantly in the private hospitals (41.41%) compared to the public hospitals (18.64%). Similar to the above explanation, human resource, and health facilities in the public hospitals were better than in the private ones. Therefore, the public ones were more active in time in providing healthcare services for the patients.

3.2.7 Right to be diagnosed and treated in time

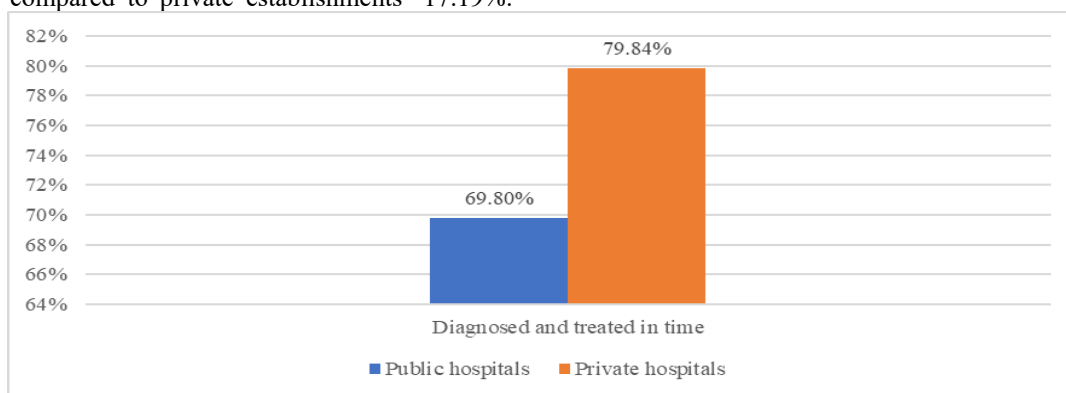


Fig. 7: Right to be diagnosed and treated in time

The percentage of patients who were diagnosed and treated in time in private hospitals was higher than in public hospitals (69.80% vs.79.84%). The different portion between the public and private

hospitals of this right indicated that the first ones performed this right better than the other ones.

3.2.8 Right to complain

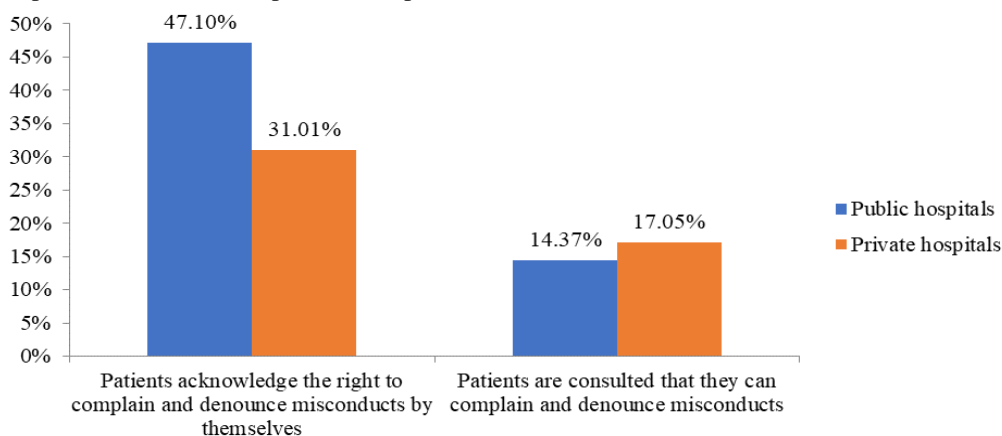


Fig. 8: Right to complain

During the survey, patients who reported that they were aware of their right to complain and denounce misconduct experienced when using health services where higher in public hospitals than in private hospitals (47.10% and 31% respectively). This

result showed that the patient's awareness of the right was rather low. This may be one of the particularities of the Mekong Delta that education level is rather low (Thanh Thanh, 2015)

In both public and private systems' rates showed that the patients who were consulted to know the right to complain and denounce misconduct counted rather low, only 14.37% and 17.05% respectively. As a result, more than 80% of the patients may not look for compensation whenever they got damage from healthcare's services.

The results of this status confirmed that patients did not aware of this right. In addition, both of public and private healthcare systems failed to implement the right. As a result, the patients' rights were seriously violated

3.2.9 Right to compensation

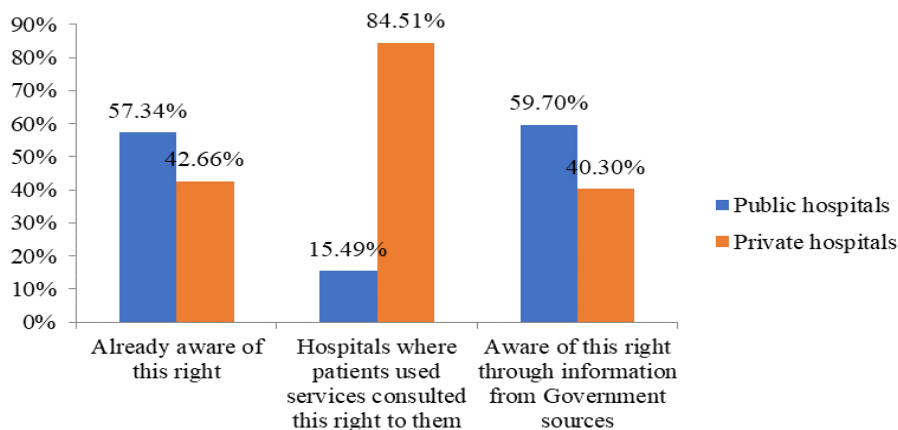


Fig. 9: Right to compensation

The results also showed that a large portion of the patients was aware of their right to seek for compensation; 57.34% in the public hospitals and 42.66% in the private ones. This right was greatly infringed in the public hospitals where only 15.49% of the patients were consulted while it accounted to 84.51% in the private ones. Besides that, the State lacks effective strategies to inform patients about their rights even though the law on complaint and compensation does exist. Approximately 60% of patients from public hospitals and 40.30% of patients from private hospitals knew this right from the Government.

4 CONCLUSION

The research explored the status of patients' rights protection in four provinces of the Mekong Delta. The results showed that the majority of patients enjoyed their rights when using medical health services. Nevertheless, a number of patients faced obstacles when using medical services in both systems.

A significant portion of all interviewed patients had experienced a violation of patients' rights. For example, most of them said that they were denied the right to freely access and obtain information, and the right to choose medical examination technology. Also, a majority of the patients was unaware of their right to complain and to be compensated when they suffered damage after medical misconduct.

In conclusion, patients' rights in the four provinces in the Mekong Delta region were not well protected. The current laws did not play effective roles in the protection of patients' rights. Obviously, based on the findings of this research, high rates of patients' rights were infringed (for example, right to free choice in medical examination and treatment, right to obtain information on medical records, examination treatment, right to complain, etc.) Based on the result, the authority may look for solutions to improve the patients' rights protections for the provinces in the Mekong Delta.

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