

THE PATIENTS' RIGHTS CHARTER & BATHO PELE PRINCIPLES

Anna Jacobs
Loshnee Moodley
Leolyn Günther

WHAT IS THE PATIENTS' RIGHTS CHARTER?

- The Patients' Rights Charter was developed as a way to safeguard against inequalities that were experienced during Apartheid.
- The right of access to healthcare is a right guaranteed by the Constitution (section 27).
- The Charter is therefore the standard we use to achieve the realisation of the right of access to healthcare in South Africa.



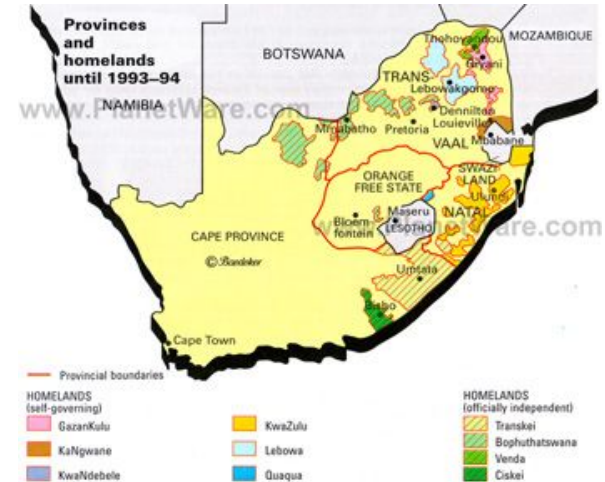
WHAT IS BATHO PELE?

- Batho Pele means 'People First'
- It is the government's White Paper on transforming public service delivery in healthcare
- Launched in October 1997
- The spirit of Batho Pele is respecting the dignity of the people we serve and acknowledging their rights to those public services
- This is important because it means that the citizens' needs and expectations should be placed first
- Service providers have a moral and legal responsibility to deliver the best possible service with Batho Pele being the moral criteria used to assess the quality standard of service delivery

WHY WERE THESE CREATED?

HEALTH CARE DURING APARTHEID (1948-1993)

- Formation of severe health disparities
- Bantustans or homelands
 - stripping black South Africans of their SA citizenship (approx. half a million)
 - Forcefully relocating them to communities without local economies, no labour laws, no land rights for women and neglect for health care (understaffed, resourced, limited state allocations)
- The doctor to patient ratio in the Bantustans was **1:15 000** compared to **1:1700** in the rest of country.
- Health services in Bantustans were systematically underfunded.
- Migrant labour recruits into cities directing affecting ill health.
- Rise in poverty-related diseases (malnutrition)
- Maternal, infant and child mortality high (50% infant rates in Ciskei in 1980) apartheid -related mental disorders in people of colour
- TB rates and deaths higher among people of colour
- Teenage pregnancies and unsafe terminations escalate



SERVICE STANDARDS

- A standard is defined as a “basis of measurement” or a “definite level of excellence”
- The criteria of a standard include the following:
 - SPECIFIC
 - MEASURABLE
 - ACHIEVABLE
 - REALISTIC
 - TIME-BOUND
- This criteria can be applied to service delivery and mean that *service standards* should be *specific statements* of the *level of performance required* and *promised* that ultimately contain characteristics associated with *excellence*

GUIDELINES FOR SETTING STANDARDS

1. Meaningful to user
2. Comply with national standards
3. Based on consultation
4. Attainable yet challenging
5. Affordable
6. Owned by managers
7. Communicated
8. Performance measured and reported
9. Reviewed and updated

? Is this being done for Batho Pele and Patient's Rights Charter?

PATIENTS' RIGHTS CHARTER (PRC)

This charter encompasses both the patients' rights and their responsibilities.
It is the standard used to realize the right of access to healthcare



(1) HEALTHY AND SAFE ENVIRONMENT

Everyone has a right to a healthy and safe environment that will ensure their physical health or well being.

Including adequate water supply, sanitation and waste disposal.

As well as protection from environmental danger such as pollution, ecological degradation or infection.

(2) PARTICIPATION IN DECISION MAKING

Every citizen has the right to participate in the development of health policies.

Everyone has the right to participate in decision making on matters affecting one's own health.

(3) ACCESS TO HEALTHCARE

- Receiving timely emergency care at any health facility that is open, regardless of one's ability to pay.
- Treatment and Rehabilitation that must be known to the patient to enable the patient to understand such treatment or rehabilitation and the consequences thereof.
- Provision for special needs in the case of newborn infants, children, pregnant women, the aged, disabled persons, patients in pain, person living with HIV or AIDS patients.
- Counselling without discrimination, coercion or violence on matters such as reproductive health, cancer or HIV/AIDS.
- Palliative Care that is affordable and effective in cases of incurable or terminal illness
- A Positive Disposition displayed by health care providers that *demonstrates courtesy, human dignity, patience, empathy and tolerance.*
- Health Information that includes information on the availability of health services and how best to use such services and such information shall be in the language understood by the patient.

(4) KNOWLEDGE OF HEALTH INSURANCE/MEDICAL AID SCHEME

A member of a health insurance or medical aid scheme is entitled to information about that health insurance or medical aid scheme.

As well as to challenge, where necessary, the decision of such health insurance or medical aid scheme relating to the member

(5) CHOICE OF HEALTH SERVICES

Everyone has a right to choose a particular health care provider for services or a particular health facility for treatment.

Provided that such a choice shall not be contrary to the ethical standards applicable to such health care provider or facility.

(6) TREATED BY A NAMED HEALTHCARE PROVIDER

Everyone has a right to know the person that is providing health care and therefore must be attended to by only a clearly identified health care provider.

(7) CONFIDENTIALITY & PRIVACY

Information concerning one's health including information concerning treatment may only be disclosed with informed consent, except when required in terms of law or order of court.

(8) INFORMED CONSENT

Everyone has the right to be given full and accurate information about the nature of one's illnesses, diagnostic procedure, the proposed treatment and risks associated therewith and the costs involved.

(9) REFUSAL OF TREATMENT

A person may refuse treatment and such refusal shall be verbal or in writing, provided that such refusal does not endanger the health of others.

(10) SECOND OPINION

Everyone has the right on request to be referred for a second opinion to a health provider of one's choice.

(11) CONTINUITY OF CARE

No one shall be abandoned by a healthcare professional or a healthcare facility which initially took responsibility for one's health without appropriate referral or hand over.

(12) COMPLAINTS

Everyone has the right to complain about the health care services, to have such complaints investigated and to receive a full response on such investigation.

PATIENT RESPONSIBILITIES

- (1) Take care of their own health
- (2) Care for and protect the environment
- (3) Respect the rights of other patients and healthcare providers
- (4) Utilise the healthcare system and not abuse it
- (5) Know their local health services
- (6) Provide healthcare providers with relevant and accurate information
- (7) Advise healthcare providers on their wishes regarding death
- (8) Comply with prescribed treatment or rehab
- (9) Enquire about related costs and arrange payment
- (10) Take care of health records in their possession

BATHO PELE PRINCIPLES



(1) CONSULTATION

People should be consulted about the level and quality of the public service they receive and, if possible, given a choice about the services offered.

Citizens can be consulted in the following ways:

- Customer surveys
- Campaigns
- Izimibizo (government-run interactive sessions)
- Workshops



(2) SERVICE STANDARDS

Citizens should be told what level and quality of public service they will receive so they are aware of what to expect.

Ways to achieve this:

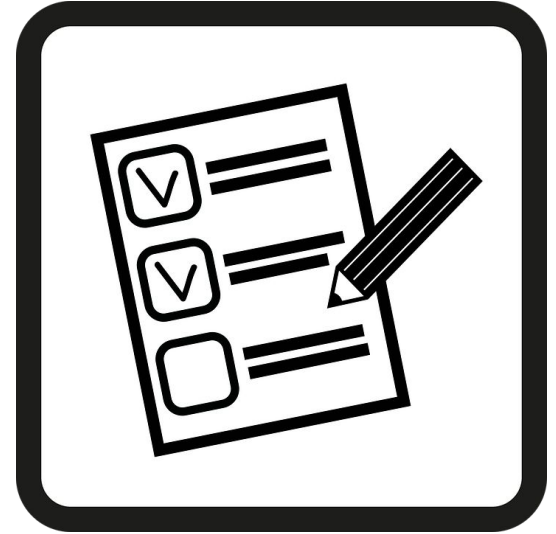
- Service charters
- Strategic plans
- Booklets with standards
- Service level agreements



(3) REDRESS

Establish a way to address any public dissatisfaction, such as toll free numbers, suggestion boxes, and customer satisfaction questionnaires.

Every unit needs to have a complaints handling system in place with staff being able to handle such complaints fast and efficiently.



(4) ACCESS

All citizens should have equal access to the services to which they are entitled.

Services that should be available should have the following

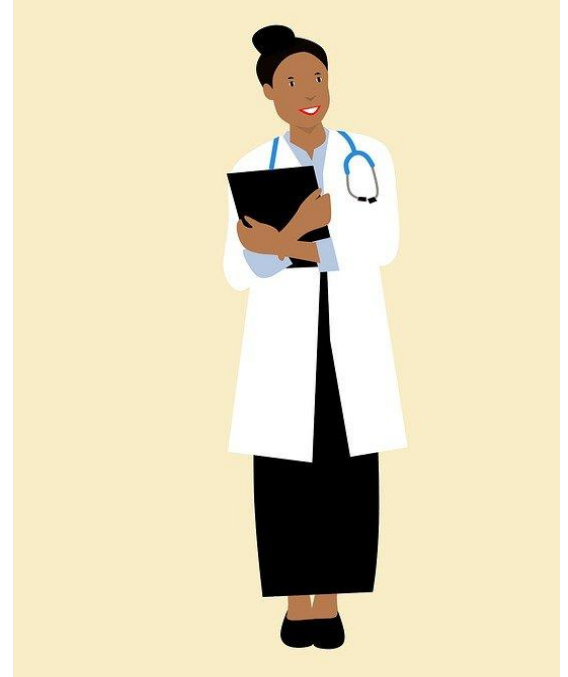
- Decentralized offices
- Extended business hours
- Use of indigenous languages and sign language
- Service charters displayed
- Improved service delivery to physically, socially and culturally disadvantaged persons (disabled people, illiterate and rural people)
- Clear and helpful signage
- Appropriate infrastructure
- All staff should be named (wear name tags)

(5) COURTESY

Citizens should be treated with courtesy and consideration.

Systems should be in place to ensure there is appropriate customer care.

Ensure there is no obstructive behaviour to accessing health care; eg at TOP clinics



(6) INFORMATION

Citizens should be given full, accurate information about the public services they are entitled to use.

When referring patients elsewhere, clear instructions on how to get there, what to take and who to see.

E.g. Braille and functional sign language

Help desks

Brochures

Information in various languages



(7) OPENNESS & TRANSPARENCY

Citizens should be told how national and provincial departments are run, how much they cost and who is in charge.

The citizen should be aware of who the Head of Unit is.

The management must be transparent and open to all staff members.

Regular staff meetings with management should be encouraged.

(8) VALUE FOR MONEY

Public services should be provided economically and efficiently in order to give citizens the best possible value for money.

This can be achieved with expenditure controls, improved internal controls and transparency about cost per unit of service delivered

It is the public servants duty to inform the management of any wastage of resources and to look for ways to save money and time, without compromising quality of services delivered..

DO YOU THINK WE
ARE FULFILLING
THESE RIGHTS AND
PRINCIPLES?

WHY ARE WE FAILING?

Systems :

- Burden of disease (the four epidemics)
- Poor infrastructure
- Lack of funding
- Poor education and Misinformation
- Lack of resources
- Influx of foreign patients- patient load
- No obvious standards or means of measurement
- Unequal distribution of health professionals among private and public sector

Individual:

- Language barriers
- Attitude
- Burnout
- Poor management
- Disregard for human dignity
- Poor record keeping
- Under and over-use of certain services

DEPARTMENT OF HEALTH BUDGET

Minister of Health Dr Zweli Mkhize currently being investigated for potential involvement in allegations regarding contracts between DoH and service provider, Digital Vibes, responsible for covid communications work.

R23 Billion allocated to Covid-19 pandemic

“Provinces already lack the capacity to manage health effectively”

“Allocations to Covid-19 vaccines has come at the expense of other vital health services, rather than a small increase in taxes.”

“Budget cuts jeopardise the constitutionally mandated improvement in service delivery in healthcare”

Health Budget from 2020/21: 55.5 billion.
R25 billion to HIV/STIs.
R21 billion to Health Systems. PHC 238 Million. NHI 1.3 Billion.

“Cutbacks in healthcare budgets resulting from debt stabilization and giving kickbacks to the rich through tax breaks”

“Healthcare spending per user is shrinking”

Increasing medico-legal claims to settle (negligence):
Gauteng unbudgeted claims of 23 billion (2020)

- For 2021/21: R62.5 Billion
- For 2022/23: R63.5 Billion

WHAT ARE WE DOING RIGHT?

Within our government:

- Policies
- Planning for the NHI

Within the healthcare facilities:

- Healthcare professional education - utilising a more holistic approach to healthcare
- Health promotion through poster display
- Vaccination rollout

HOW TO IMPROVE IMPLEMENTATION OF BATHO PELE AND PRC

1. Incorporate knowledge on health systems and patient rights into school syllabi
2. Repeated patient education at health care facilities
3. Empowerment of health care workers and the general population through obtaining and sharing knowledge of our current health system, how decisions are made and funding is allocated.
4. Training Staff on patient rights and principals
5. Involve senior and junior frontline healthcare workers in policy and decision making
6. Facility management should consult the Batho Pele Handbook with ways to implement operational plans with key result areas and measurable standards
7. Creating Service Standards with accountability
8. Re-evaluating standards and goal-setting that aspire to constant improvement
9. Encouraging people to perceive certain actions as adding meaning or value to their lives, which will result in their pursuit.

REFERENCES

https://www.researchgate.net/publication/19422497_Health_and_human_rights_in_a_South_African_bantustan

<http://www.kznhealth.gov.za/bathopele.htm>

<http://www.kznhealth.gov.za/Referral-system.htm>

<https://www.gov.za/sites/default/files/delivery%20agreement%20Health%20Sector%20NSDA.pdf>

<https://depts.washington.edu/sphnet/wp-content/uploads/2013/01/Coovadia.pdf>

<http://www.dpsa.gov.za/dpsa2g/documents/gics/bphb/BathoPeleHandbook.pdf>

<https://www.dailymaverick.co.za/article/2021-02-26-health-budget-slashed-despite-vaccine-commitments/>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6556866/>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6556866/>

<https://profmoosa.com/jhb-family-medicine/jhb-fm-interns/intern-presentations/3-patient-rights-charter-batho-pele-principles/>