



**THE REPUBLIC OF UGANDA**

# **PATIENTS' CHARTER**

**MINISTRY OF HEALTH  
Department Of Quality Assurance**

**DECEMBER 2009**

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## **FOREWARD**

Uganda is passing through a phase of transformation characterized by rapid population growth, overcrowding in cities and towns, emerging new diseases like Ebola, Influenza H1N1, Avian Flu and Marburg. These new diseases create major challenges in the management and control by the Ministry of Health. Furthermore, chronic communicable diseases such as Tuberculosis, HIV/AIDS and Non-Communicable diseases such as Diabetes Mellitus, Hypertension, Cancers and many others consume most of the limited resources available in the Ministry.

Therefore the Patients' Charter which has been carefully developed with the support and collaboration from development partners as well as government sectors is intended to raise the standard of healthcare by empowering the clients and patients to responsibly demand good quality healthcare from government facilities.

The Patients' Charter will bring about the awareness of patients rights and responsibilities that has been lacking among the population of Uganda. In addition the Patients' Charter will motivate the community to participate in the management of their health by promoting disease prevention, timely referral of patients to health facilities for immediate attention of their health problems and concerns.

The Department of Quality Assurance of the Ministry of Health has been charged with the responsibility of monitoring, supervising and evaluating the use of the Patients' Charter including dissemination and regular review and revision of the charter.

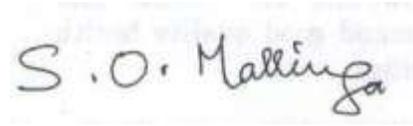
The Ministry of Health is extremely grateful to all those health institutions, technical experts, Government and Non Government sectors, civil society organisations and development partners

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whose technical and financial contribution enabled the Ministry of Health to develop and produce this important guideline.

Finally the Patients' Charter is meant for use in Uganda but may be used as a reference material by health and humanitarian organisations.

A handwritten signature in black ink that reads "S.O. Mallinga". The signature is written in a cursive style with a small flourish at the end of the name.

For God and my Country

Dr. Stephen Mallinga (MP)

**MINISTER OF HEALTH**

## **INTRODUCTION**

The Government in Uganda is committed to ensuring access by all people to high quality health care services as granted in the constitution of Uganda (Social and Economic Objective No. XX of the 1995). Uganda government is progressively realizing the right to Health by championing the development of the legal framework through the development of the patient's charter.

Ministry of Health is committed to initiate a process through which Patients' Charter is put in place to ensure that the Rights of Patients are protected in the course of seeking health services.

The capacity of Ugandans to demand for their health rights is still limited due to inadequate awareness resulting from limited availability of the requisite information which translates into poor health indices. This charter provides a basis for a legal and regulatory framework in health that contributes to improved capacity for quality health care.

The Patients Charter is a result of concerted effort by the Ministry of Health in Partnership with Civil Society Organizations led by the Uganda National Health Consumers Organization (UNHCO).

The mandate of the ministry of health includes policy formulation; setting standards and quality assurance among others. The Patents' Charter spells out the rights and responsibilities of the patients and health workers.

The objective of the patients' charter is to empower health consumers to demand high quality health care, to promote the rights of patients and to improve the quality of life of all Ugandans and finally eradicate poverty nationwide.

The patients charter and its constant review processes will enable health users' to contribute to the development and contribution of the overall health care system, guide and improve the capacity of health providers in provision of high quality care.

The implementation of the Patients' Charter will enhance community participation and empower individuals to take responsibility for their health. This will promote accountability and improve the quality of health services.

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The Patients' Charter would not have been possible without the concerted and protracted efforts of the Quality Assurance Department Ministry of Health, health workers training Institutions, Medical councils, Health Professional Associations, Ministry of Justice, Health Service Commission, Human Rights Commission, Constitution Reforms, and development partners. The contribution of Civil Society Organizations under the stewardship of the Uganda National Health User/Consumers Organization in the development of the Patients' Charter is commended.

This charter is subject to the provisions of any law operating within the Republic of Uganda and to the financial means of the country.

## **OPERATIONAL DEFINITIONS**

**“Charter”** - Explains the Rights and responsibilities of the patients and the health workers.

**“Medical Care” or “Medical treatment”** - includes medical diagnostic procedures, preventive, promotive, psychological care and nursing.

**“Health facility”** - hospital, health centre or clinic.

**“Health Worker”** - means a health professional, administrative, scientific, and support staff employed in the health service.

**“Patient”** - a sick person or any person requesting or receiving medical care.

**“Clinician”** - a physician, dentist, nurse, midwife or any other professional recognized by relevant Registration Councils and so published in the official gazette as a health care provider.

**“Medical Information”** - information that refers directly to patient’s state of physical or mental health, or to the medical treatment of it.

**“Medical emergency”** - a situation threatening immediate danger to life or severe, irreversible disability, if medical care is not given urgently.

## **SECTION 1: PATIENTS' RIGHTS**

### **ARTICLES**

#### **1. The Right to Medical Care**

- (a) Every person in need of medical care is entitled to impartial access to treatment in accordance with regulations, conditions and arrangements obtaining at any given time in the government health care system.
- (b) In a medical emergency, a person is entitled to receive emergency medical care unconditionally in any health facility without having to pay any deposits or fees prior to medical care.
- (c) Should a medical facility be unable to provide treatment to the patient, it shall, to the best of their facility, refer him/her to a place where he/she can receive appropriate medical care.

#### **2. Prohibition of Discrimination.**

No health facility or health provider shall discriminate between patients on ground of disease, religion, political, disability, race, sex, age, social status, ethnicity, nationality, country of birth or other such grounds.

#### **3. Participation on decision – making**

Every citizen has the right to participate or be represented in the development of health policies and systems through recognized institutions.

#### **4. A healthy and safe environment**

Everyone has the right to a healthy and safe environment that will ensure physical, mental and social well-being, including adequate water supply, sanitation and waste disposal as well as protection from all forms of environmental dangers such as pollution, ecological degradation and infection.

#### **5. Proper Medical Care**

A patient shall be entitled to appropriate health care with regard to both its professionalism and quality assurance based on clinical need.

#### **6. Be treated by a named health care provider**

- (a) Everyone has the right to know the identifiable and professional position of the person providing health care and therefore shall be attended to be clearly identifiable health care provider.
- (b) Ministry of Health shall issue guidelines as to the way clinicians and every health worker in medical facility shall be identified.

**7. Training and Research**

The participation of a patient or client in clinical training programs or for the purpose of obtaining information shall be voluntary and informed with written or verbal consent – and consent shall be witnessed.

**8. Right to safety and security**

The patient has the right to safety and security to the extent that the practices and installations of the health facility do no harm.

**9. Receiving visitors**

A patient hospitalized in a health facility is entitled to receive visitors at the times, and according to the guidelines provided by the facility management.

**10. Informed consent**

Every patient has the right to be given adequate and accurate information about the nature of one's illness, diagnostic procedures, the proposed treatment for one to make a decision that affects any one of these elements. The information shall be communicated to the patient at the earliest possible stage in a manner that he/she is expected to understand in order to make a free informed, and independent choice. However, the clinician may withhold the medical information from the patient concerning his/her condition if he/she strongly feels that by giving this information, it is likely to cause severe harm to the patient's mental or physical health.

**The way in which informed consent may be given.**

- (a) Informed consent may be given verbally or in writing or demonstrated by patient's behavior. Consent should be witnessed.
- (b) In a medical emergency, informed consent shall be given as soon as possible afterwards.

The patient should be kept informed if the institution is proposing to carry out or undertake human experimentation or some other educational or research project. The patient has the right to decline to participate in such activities.

**11. Medical Care without consent**

A health provider may give medical treatment without informed consent of the patient if:

- (a) The patient's physical or mental state does not permit obtaining his /her informed consent
- (b) It is impossible to obtain the consent of the patient's representative or of the patient's guardian, where the patient is a minor or an incapacitated person.

**12. Refusal of treatment**

- (a) 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.

- (b) But the health provider may perform the treatment against the patient's will if the facility management has confirmed the following conditions that:
  - i. The patient has received information as required to make an informed choice.
  - ii. The treatment is anticipated to significantly improve the patient's medical condition
  - iii. There are reasonable grounds to suppose that after receiving treatment, the patient will give his/her retrospective consent.
  
- (c) When the refusal of treatment by the patient or his/her authorized representative interferes with the provision of adequate treatment according to professional standards, the relationship between the patient and the health provider shall be terminated with reasonable prior advance notice.

**13. Be referred for a second opinion**

Every person has the right to be referred for a second opinion with or without request or when indicated.

**14. Continuity of Care**

No client shall be abandoned by a health care professional worker or a health facility which initially took responsibility for one's health.

**15. Confidentiality and privacy**

Patients have the right to privacy in the course of consultation and treatment. Information concerning one's health, including information regarding treatment may only be disclosed with informed consent, except when required by law or on court order.

Facility management shall make arrangements to ensure that health workers under their direction shall not disclose any matters brought to their knowledge in the course of their duties or their work.

Health facility or health worker may however pass on medical information to a third person in any of the following cases:

- (i) That the disclosure is for the purpose of the patient's treatment by another health worker.
- (ii) That disclosure of the information is vital for the protection of the health of others or the public, and that the need for disclosure overrides the interest in the information's non-disclosure.
- (iii) That the disclosure is for the purpose of publication in a medical journal or for research or teaching purposes if all details identifying the patient have been suppressed.

**16. The Patient's Right to Medical Information**

The patient shall be entitled to obtain from the clinician or the medical facility medical information concerning himself/herself, including a copy of his/her medical records.

**17. Custody of Medical Records:**

The Ministry of Health shall be the legal owner and custodian of the medical records and will ensure that the confidentiality be the responsibility of all health workers.

**18. Medical records Retention (Medical archives)**

1. General - 25 years or 3 years after death
2. Obstetric: - 25 years after the birth of the child (including still birth)
3. Psychiatric: - Lifetime of the patient or 3 years after death

At the conclusion of periods set out above, the records may be destroyed but there is no obligation to do so. For research, clinicians may ask for indefinite retention.

**19. Right to Redress**

Every health facility shall designate a person or a committee to be responsible for the observance of patient rights, whose duties shall be:

- a. To give advice and assistance to a patient as to the realization of her/his rights spelt out in this document.
- b. To receive, investigate, and process patient's complaints. Complaints regarding the quality of medical care shall be referred to the attention of the facility in-charge.
- c. To educate, and instruct all medical and administrative staff in the facility in all matters regarding the patient's rights.

## **SECTION 2: RESPONSIBILITIES OF THE PATIENT**

### **ARTICLES**

#### **20. Provision of information**

Every patient has the responsibility to provide the health worker with relevant, complete and accurate information for diagnostic, treatment rehabilitation or counseling purposes.

#### **21. Compliance with instructions**

The patient has the responsibility to comply with the prescribed treatment or rehabilitation procedures meant to improve his/her health.

#### **22. Refusal of treatment**

The patient takes responsibility for his/her actions if he/she refused to receive treatment or does not follow the instructions of the health worker.

#### **23. Respect and consideration**

The patient has the responsibility to respect the rights of other patients and the health workers and for helping to spread diseases, control noise, smoke and the number of visitors. He/she shall respect the rights and property of other persons and of the health facility. Patients should refrain from using verbal abuse or physical violence against health workers or other patients.

#### **24. Will**

The patient is free to advise the health care workers on his/her wishes with regard to his/her death including dying in dignity, spiritual support as well as organ support.

## **SECTION 3: RESPONSIBILITIES OF HEALTH WORKERS**

### **ARTICLES**

#### **25. Penalties**

Any health worker who contravenes these rights may face appropriate disciplinary actions from Health Unit Management committees, Health Professional Councils, Medical Boards, and Courts of law.

#### **26. Duration of admission**

The health worker shall determine each patient's stay depending on the condition, need for referral or care at home on approval from management. On in-patient shall be allowed to remain in the health facility longer than 8 weeks after admission unless the provider under whose care he/she is recommended and is approved by the facility management. The health worker shall determine this according to condition, need for referral or care at home.

#### **27. Comments, Suggestions and complaints**

To provide a service which meets everyone's needs, Ministry of Health welcomes your comments. All health facilities including District Health Officers' office, Ministry of Health headquarters will have suggestion boxes accessible to public.

Every Endeavour will be made by a senior member of staff within the facility to resolve your concerns or complaints promptly. Your complaint will be investigated thoroughly and impartially and a response will be provided.

Anyone not satisfied by the response may write in confidence to:

The Director General of Health Services  
Ministry of Health  
P.O. Box 7272  
**KAMPALA**

## **Amendments**

The Patient's Charter shall be reviewed as need arises in any case not later than 3 years. No amendments on these rights shall be made without approval of the Ministry of Health.

### **Entry into force**

These rights shall come into force three months from the date of publication.

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## LIST OF PARTICIPANTS

<b>Name</b>	<b>Department</b>	<b>Contact</b>
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Prof. George Kirya	Chairperson	UMA
Professor M. Kawuma	Chairman Medical and Dentist Council	Makerere University Dep't Ophthalmology
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