

OBSERVANCE OF PATIENT RIGHTS FROM THE PERSPECTIVE OF PATIENTS IN THE REPUBLIC OF NORTH MACEDONIA

Muhamed TAIRI¹, Veton ADEMI¹

¹Faculty of Medicine, University of Tetova, Republic of North Macedonia

*Corresponding author e-mail: muhamed.tairi@unite.edu.mk

Abstract

INTRODUCTION: The primary aim of this study is to analyze patient rights within the healthcare system of the Republic of North Macedonia, focusing on the legislative framework and its practical implementation.

METHODS: A cross-sectional study was conducted with a sample of 200 patients in the Polog Region during October and November 2017. The study took place at the Tetovo Clinical Hospital and Gostivar General Hospital, utilizing a specially designed survey instrument.

RESULTS: The legislative framework of the Republic of North Macedonia incorporates all patient rights outlined in the European Charter, ensuring legal entitlements to treatment, dignity, and personal integrity. No significant differences were found in the implementation of national legislation on patient rights across gender, age, ethnicity, religion, or residence. However, a significant correlation was observed between certain rights and patients' education and employment status, particularly regarding "the right to be informed about reasons for differences between expected and actual medical outcomes" (Pearson Chi-square, $p = 0.016881$; $p = 0.021936$).

CONCLUSION: There is a need to improve the practical enforcement of patient rights by increasing public awareness and enhancing healthcare providers' education on patients' rights and responsibilities.

Keywords: patient rights, implementation, legislation, healthcare, legal framework

1. Introduction

Rights and freedoms are inherent and inalienable; they belong to individuals from birth. The critical issue lies not in their existence, but in the extent to which they are exercised, whether they are limited, and in what ways they might be violated.

Human rights represent the highest achievement in the evolution of moral and legal values. They embody the collective human dimension expressed through religious, philosophical, and legal traditions and serve as a benchmark for societal development. Patients' rights derive from these general human rights and are a crucial element in the European integration process of the Republic of North Macedonia (Bislimovska *et al*, 2010).

Specific patient rights are defined in both regional and international instruments, such as the European Charter of Patients' Rights and the WHO Declaration on the Promotion of Patients' Rights in Europe, as well as in national charters and legislation. While charters are typically non-binding, legislation imposes enforceable obligations (Bislimovska *et al*, 2010).

The Constitution of the Republic of North Macedonia explicitly guarantees the right to healthcare, as outlined in the Law on Healthcare for Every Citizen (Constitution of the RNM, 2009). The principles governing the protection of patient rights are embedded in the broader framework of healthcare legislation (LHC, 2016).

The 14 rights of patients under the European Charter (ECPR, 2002)

1. *Right to Preventive Measures* - Every individual has the right to a proper service in order to prevent illness.
2. *Right of Access* - Every individual has the right of access to the health services that his or her health needs require. The health services must guarantee equal access to everyone, without discriminating on the basis of financial resources, place of residence, kind of illness or time of access to services.
3. *Right to Information* - Every individual has the right to access to all kind of information regarding their state of health, the health services and how to use them, and all that scientific research and technological innovation makes available.
4. *Right to Consent* - Every individual has the right of access to all information that might enable him or her to actively participate in the decisions regarding his or her health; this information is a prerequisite for any procedure and treatment, including the participation in scientific research.
5. *Right to Free Choice* - Each individual has the right to freely choose from among different treatment procedures and providers on the basis of adequate information.
6. *Right to Privacy and Confidentiality* - Each individual has the right to freely choose from among different treatment procedures and providers on the basis of adequate information.
7. *Right to Respect of Patients' Time* - Each individual has the right to receive necessary treatment within a swift and predetermined period of time. This right applies at each phase of the treatment.
8. *Right to the Observance of Quality Standards* - Each individual has the right of access to high quality health services on the basis of the specification and observance of precise standards.
9. *Right to Safety* - Each individual has the right to be free from harm caused by the poor functioning of health services, medical malpractice and errors, and the right of access to health services and treatments that meet high safety standards.
10. *Right to Innovation* - Each individual has the right of access to innovative procedures, including diagnostic procedures, according to international standards and independently of economic or financial considerations.
11. *Right to Avoid Unnecessary Suffering and Pain* - Each individual has the right to avoid as much suffering and pain as possible, in each phase of his or her illness.
12. *Right to Personalized Treatment* - Each individual has the right to diagnostic or therapeutic programmes tailored as much as possible to his or her personal needs.
13. *Right to Complain* - Each individual has the right to complain whenever he or she has suffered a harm and the right to receive a response or other feedback.
14. *Right to Compensation* - Each individual has the right to receive sufficient compensation within a reasonably short time whenever he or she has suffered physical or moral and psychological harm caused by a health service treatment.

National Framework for Human Rights in Health Care

The health system, healthcare and the rights and obligations of health workers, institutions and patients in the Republic of North Macedonia are regulated by a comprehensive set of legal regulations. The right to healthcare is guaranteed by the Constitution of the Republic of North Macedonia, which states: “every citizen is guaranteed the right to healthcare” and “citizens have the right and duty to maintain and improve their own health and the health of others” (Constitution of the RNM, 2009). In accordance with the constitutional provisions, several laws have been enacted, including the Law on Healthcare (LHC, 2016), the Law on the Protection

of Patients' Rights (LPPR, 2011), the Law on Health Insurance (LHI, 2013), the Law on Public Health (LPH, 2011), the Law on Mental Health (LMH, 2006), and other laws that more closely regulate a specific area of health care.

The Law on the Protection of Patients' Rights, adopted on July 8, 2008, is the cornerstone legislation in this area (LPPR, 2011).

In the Republic of North Macedonia, human rights in healthcare are well-established both in national legislation and in ratified international agreements. Since gaining independence, the country has continuously worked and incorporated patient rights and healthcare obligations through its legal system, respectively into the Constitution of the Republic of North Macedonia (Constitution of the RNM, 2009).

The national legislative framework is harmonized with European legislation, ensuring that patients are legally protected in their treatment and that their dignity and integrity are respected throughout the healthcare process.

2. Methods

This study is designed as a descriptive-analytical cross-sectional study, which explores the status of human rights in healthcare, focusing on the legislative framework and its practical implementation.

A comprehensive review was undertaken, analyzing the Constitution, laws, regulations, and other national legislative documents, as well as international instruments such as the European Charter of Patients' Rights. Relevant literature, published studies, and official publications were also reviewed to provide a clearer contextual understanding.

The practical implementation of the legislative framework in healthcare was analyzed through a survey conducted among a representative sample of patients and healthcare professionals (doctors) in the Polog Region. The survey was carried out over a two-month period, from October to November 2017, at two healthcare institutions: the Tetovo Clinical Hospital and the Gostivar General Hospital.

A total of 200 patients participated in the survey, representing 10% of all patients treated during the study period at both hospitals. The sample was stratified by hospital: 130 patients were surveyed at Tetovo Clinical Hospital and 70 patients at Gostivar General Hospital.

3. Results

The legislative framework in the Republic of North Macedonia incorporates the entire patient rights included in the European Charter, thereby ensuring legal guarantees for patient treatment, personal dignity, and the protection of individual integrity.

3.1. National legislative framework: The legal recognition and protection of human rights in healthcare have been adequately established in the Republic of North Macedonia through both national legislation and internationally ratified agreements. Since gaining independence, the country has incorporated the right to healthcare and the duty to maintain both personal and public health in its Constitution (Constitution of the RNM, 2009). These principles have since been further developed through positive legal regulations governing the rights and responsibilities of patients, healthcare professionals, and healthcare institutions. The national legislative framework comprehensively addresses patient rights, ensuring legal protections throughout the treatment process. It emphasizes the respect and safeguarding of the patient's personality and integrity, and is fully aligned with European legislative standards (Law on Healthcare, 2016).

3.2. Patient awareness of their rights in healthcare and their implementation in practice:

Patient demographic data

The study surveyed 200 patients from the Polog Region, comprising 130 respondents from the Clinical Hospital in Tetovo and 70 from the General Hospital in Gostivar (see Chart 1). The highest percentage of patients (27.0%) was from the surgical and internal medicine departments, while the orthopedics department had the lowest representation, at 1.5%.

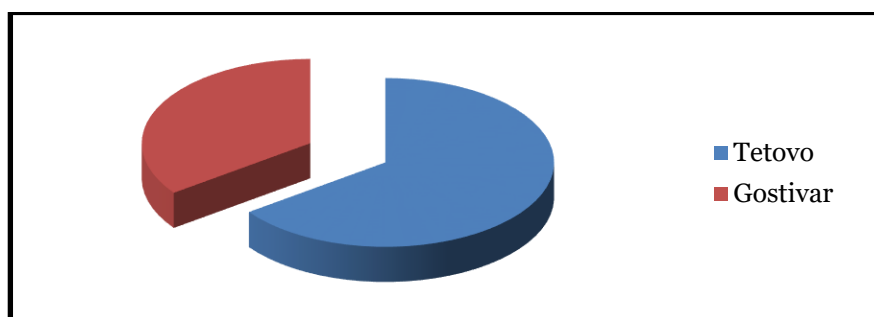


Chart 1. Distribution of patients by city

43.0% of patients are male, and 57.0% are female (chart 2).

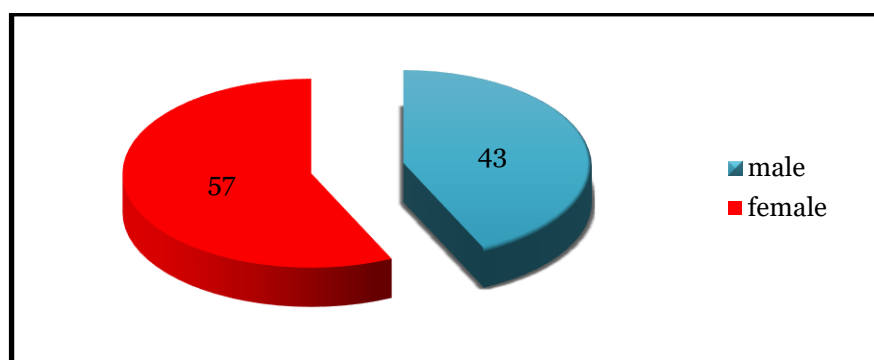


Chart 2. Distribution of patients by gender

26.5% have secondary vocational education, 25.5% have primary education and 17.5% have no education (chart 3).

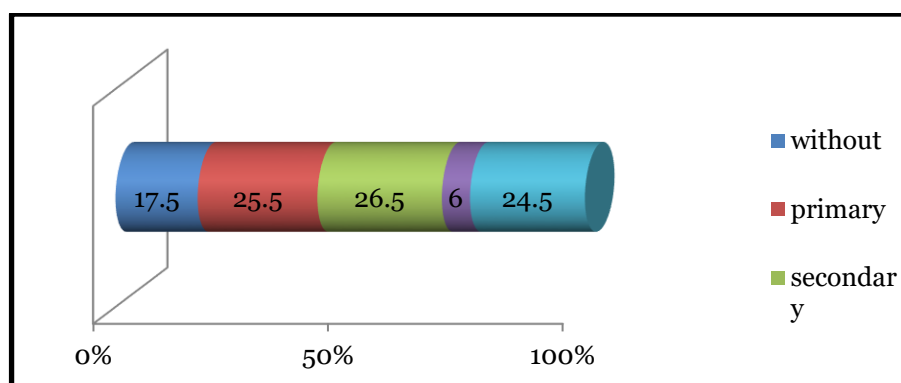


Chart 3. Distribution of patients by level of education

Table 1. Patient awareness and personal experience regarding the implementation of patients' rights

Rights	Do you have information about these rights?				Do you have personal experience with exercising these rights?			
	YES		NO		YES		NO	
	No.	%	No.	%	No.	%	No.	%
<i>Q1. The right to participate in decision-making.</i>	132	66.0	68	34.0	94	47.0	106	53.0
Right to information about:								
<i>Q2. one's health condition</i>	181	90.5	19	9.5	180	90.0	20	10.0
<i>Q3. recommended medical interventions</i>	151	75.5	49	24.5	147	73.5	53	26.5
<i>Q4. the potential benefits and risks of implementing, or not implementing, recommended medical interventions</i>	126	63.0	74	37.0	108	54.0	92	46.0
<i>Q5. the right to make decisions regarding recommended medical interventions</i>	115	57.5	85	42.5	69	34.5	131	65.5
<i>Q6. possible alternatives to the recommended medical interventions</i>	59	29.5	141	70.5	28	14.0	172	96.0
<i>Q7. any differences between the expected and actual outcomes of medical interventions</i>	59	29.5	141	70.5	33	16.5	167	83.5
<i>Q8. the procedures for accessing healthcare services</i>	128	64.0	72	36.0	123	61.5	77	38.5
<i>Q9. recommended lifestyle modifications</i>	135	67.5	65	32.5	165	82.5	35	17.5
<i>Q10. information regarding healthcare and health insurance entitlements</i>	156	78.0	44	22.0	49	24.5	151	75.5
<i>Q11. to know the names, professional qualifications, and specializations of healthcare professionals directly involved in care (including through mandatory public display of professional licenses)</i>	91	45.5	109	54.5	71	35.5	129	64.5
<i>Q12. to obtain a second expert opinion regarding one's health status</i>	89	44.5	111	55.5	72	36.0	128	64.0
<i>Q13. to refuse to receive medical information</i>	59	29.5	141	70.5	21	10.5	179	89.5
<i>Q14. to accept or refuse a specific medical intervention</i>	115	57.5	85	42.5	56	28.0	144	72.0
<i>Q15. not to be involved in scientific research or medical teaching without written informed consent</i>	112	56.0	88	44.0	31	15.5	169	84.5

<i>Q16. to access one's own medical records</i>	55	27.5	145	72.5	19	9.5	181	90.5
<i>Q17. to confidentiality of personal medical information</i>	146	73,0	54	27.0	61	30,5	139	69.5
<i>Q18. to professional and respectful communication with healthcare providers</i>	91	45,5	109	54.5	73	36,5	127	63.5
<i>Q19. to voluntarily discharge oneself from a healthcare facility</i>	135	67,5	65	32.5	45	22,5	155	77.5
<i>Q20. to personal privacy during medical treatment and care</i>	174	87,0	26	13.0	86	43,0	14	57.0

Regarding Question 7, which examines the right to be informed about the reasons for any differences between expected and actual outcomes of medical interventions, only 29.5% of patients reported being aware of this right, and an even smaller proportion, 16.5% reported having personal experience with its application. The difference between those who were informed and those who had personally exercised this right was statistically significant ($p < 0.05$; Difference Test, $p = 0.0000$) (see Table 1).

No statistically significant association was observed between awareness or experience of this right and the variables of age group, gender, ethnicity, religion, or employment status (Pearson Chi-square, $p > 0.05$).

However, a significant correlation was identified between awareness and experience of this right and both the place of residence and level of education of the patients (Pearson Chi-square, $p = 0.016881$; $p = 0.021936$) (see Tables 2 and 3).

Table 2. Cross-tabulation of education level with awareness of patients' rights (Q1, Q2, Q3, Q4, Q5, Q7)

Degree of education	Q1		Q2		Q3		Q4		Q5		Q7		Total
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
without education	13	22	21	14	16	19	13	22	9	26	7	28	35
primary	29	22	47	4	36	15	25	26	20	31	10	41	51
secondary	40	13	53	0	44	9	37	16	35	18	24	29	53
higher	11	1	12	0	12	0	12	0	11	1	2	10	12
high	39	10	48	1	43	6	39	10	40	9	16	33	49

Table 3. Cross-tabulation of place of residence with awareness of patients' rights (Q4, Q6, Q7, Q8, Q9, Q13)

Place of residence	Q4		Q6		Q7		Q8		Q9		Q13		Total
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
Tetovo	73	57	31	99	31	99	75	55	81	49	31	99	130
Gostivar	53	17	28	42	28	42	53	17	54	16	28	42	70

4. Conclusions

Based on the findings of this study, the following conclusions were drawn:

- As a candidate for European Union membership, the Republic of North Macedonia is actively working to improve human rights, with a particular focus on healthcare-related rights.
- Human rights in healthcare are embedded in the country's national legislation, which is harmonized with European standards and international agreements.
- A comparative analysis between national patient rights and those defined in the European Charter reveals that the legal framework in North Macedonia effectively incorporates all key patient rights.
- The national legislation ensures comprehensive legal protections for patients throughout the treatment process, emphasizing respect for personal integrity and dignity.
- Overall, the implementation of patient rights does not significantly vary by gender, age, ethnicity, religion, or place of residence. However, notable correlations exist between the awareness and practical experience of certain rights and variables such as educational level and employment status.
- There is a clear need to enhance the practical implementation of patient rights by raising public awareness, educating citizens, and ensuring that healthcare professionals are adequately trained and held accountable for respecting these rights in clinical practice.

5. Recommendations

In light of the study's conclusions, the following measures are recommended to strengthen the protection and implementation of patient rights in healthcare across the Republic of North Macedonia:

- **Continuous Monitoring:** Maintain regular evaluation of the legislative framework and its practical application by healthcare providers, legal professionals, and oversight institutions.
- **Gap Analysis:** Systematically identify and address existing gaps in the current legal and institutional mechanisms for the protection of patient rights.
- **Awareness Campaigns:** Develop and disseminate educational materials on patient rights for both healthcare users and service providers through institutions and civil society organizations.
- **Curricular Integration:** Incorporate the subject of patients' rights into the educational programs of medical and healthcare faculties, ensuring that all health professionals, including nurses and associates, receive formal training in this domain.
- **Provider Engagement:** Promote the involvement of healthcare providers as advocates for patient rights, encouraging institutional and professional responsibility.
- **Legal Empowerment:** Strengthen the capacity of public interest lawyers to advocate for patients' rights through legal procedures, media engagement, and public education.
- **Support for Vulnerable Groups:** Sustain and expand programs that offer healthcare, legal aid, and social services to vulnerable populations.
- **International Cooperation:** Foster collaboration with international organizations, healthcare professionals, and legal experts from other countries to share best practices and enhance local capacity in the field of healthcare rights.

Special attention should be given to implementing proven best practices from other countries, with adaptation to the local context.

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