

DR. ANIL KUMAR

M.D.

Addl. DDG

Telefax : +91 11 23061806

E-mail : dr.anilkumar@nic.in



DIRECTORATE GENERAL OF HEALTH SERVICES

MINISTRY OF HEALTH & FAMILY WELFARE

GOVERNMENT OF INDIA

Room No. 550, 'A' Wing, Nirman Bhawan,

New Delhi-110 108

Dated.....

D.O.No. A.12034/34/2019-MH.II

29th November, 2022

Dear Sir / Madam,

This is with reference to the D.O. letter number Z.28015/09/2018-MH-II/MS dated 02nd June, 2019 (copy enclosed) of the then Secretary (Health & FW) regarding adoption of the Charter of Patients' Rights, as was finalized based on the draft Charter of Patients' Rights received from the Hon'ble National Human Rights Commission (NHRC), for its implementation by all States/UTs in all Clinical Establishments, so that basic and common grievances of patients and clinical establishments are also addressed too. It was also requested to send a line of confirmation with regard to adoption and implementation of the said Charter. However, this Ministry has not received any confirmation so far from any of the States/UTs.

2. It is pertinent to inform that the National Council for Clinical Establishments has further updated the Charter of Patients' Rights by including certain additional rights. The updated Charter is available at the weblink: <http://clinicalestablishments.gov.in/WriteReadData/3181.pdf>.

3. I seek your cooperation for wider dissemination of the Charter among stakeholders and ensure its compliance by the Clinical Establishments in your State/UT, which will go a long way in addressing the grievances of patients in our country.

4. I would be grateful, if you could kindly look into the matter personally for adoption of aforesaid updated Charter of Patients' Rights in your State/UT for its implementation in *letter & spirit*. An action taken report may kindly be sent to this Directorate within one month.

With warm regards.

Yours sincerely,

Encl: As above.


(Dr. Anil Kumar)

Director Health Services, All States/UTs.

Copy to:

1. Chief Secretary, All States/UTs.
2. Principal Secretary (Health), All States/UTs.
3. Sh. Rajiv Wadhawan, Advisor, MoHFW, Nirman Bhawan, New Delhi.



प्रीति सूदन

सचिव

PREETI SUDAN

Secretary



सत्यमेव जयते

भारत सरकार

स्वास्थ्य एवं परिवार कल्याण विभाग

स्वास्थ्य एवं परिवार कल्याण मंत्रालय

Government of India

Department of Health and Family Welfare

Ministry of Health & Family Welfare

D.O.No. Z.28015/09/2018-MH-II/MS

Dated : 2nd June, 2019

Dear Chief Secretary,

The Central Government enacted the Clinical Establishment (Registration and Regulation) Act, 2010 to provide for a uniform framework to facilitate registration and regulation of the clinical establishments in all the States/Union Territories. The objective of this model legislation is to ensure that clinical establishments are run in accordance with the best industry practices so that mandate of Article 47 of the Constitution for improvement in public health can be achieved. So far, 11 States and 6 Union Territories have adopted this legislation. The Central Government has been persuading the remaining States to also adopt this legislation. It is felt that there has been reluctance and resistance on part of these remaining States in adoption of this legislation for various reasons including reluctance and stiff resistance by lobbies of clinical establishments to coming under regulatory framework of this Act.

2. The Government has been receiving a large number of complaints and references alleging malpractices by clinical establishments, particularly the large corporate establishments such as, billing of arbitrary and exorbitant charges, gross deficiency in services provided to the patients, not following standard treatment protocols, total lack of transparency in diagnosis and treatment, forcing the patients to avail diagnostic services and purchase of medicines, consumables and implants from some select vendors, etc.

3. Taking clue from such complaints and references, and also after consultation with some stakeholders, the National Human Rights Commission (NHRC) shared with this Ministry a Draft Charter of Patients' Rights for its implementation by all States/UTs in all clinical establishments, government as well as private. This Draft Charter was discussed in the 11th Meeting of National Council for Clinical Establishments, an apex statutory body consisting of representatives of all major stakeholders. The National Council has recommended a set of "Dos" and "Don'ts" for patients and clinical establishment, alike, so that the fundamental grievances and concerns of patients are addressed

while ensuring smooth and cordial environment in the clinical establishments. I am enclosing a copy of the set of Dos and Don't recommended by the National Council.

4. I request you to kindly adopt this Chapter of Patients' Rights in your State/UT so that the basic and common grievances of patients and clinical establishments are addressed. I will appreciate a line of confirmation from you with regard to adoption of this Charter.

With warm regards,

Yours sincerely,

Encl : As above


(Preeti Sudan)

Chief Secretaries of all States/UTs

Copy to : Secretary General, NHRC, Manav Adhikar Bhawan, C-Block, GPO Complex, INA, New Delhi – 110 023.

Enclosure

Patients' Rights: A patient and his/her representative has the following rights with respect to the clinical establishment-

- i. To adequate relevant information about the nature, cause of illness, proposed investigations and care, expected results of treatment, possible complications and expected costs;
- ii. To information on the Rates charged for each type of service provided and facilities available. Clinical Establishment shall display the same at a conspicuous place in the local as well as in English language.
- iii. To access a copy of the case papers, patient records, investigation reports and detailed bill (itemized).
- iv. To informed consent prior to specific tests/treatment (e.g. surgery, chemotherapy etc.)
- v. To seek second opinion from an appropriate clinician of patients' choice, with records and information being provided by the treating hospital.
- vi. To confidentiality, human dignity and privacy during treatment.
- vii. To have ensured presence of a female person, during physical examination of a female patient by a male practitioner.
- viii. To non-discrimination about treatment and behaviour on the basis of HIV status
- ix. To choose alternative treatment if options are available
- x. Release of dead body of a patient cannot be denied for any reason by the hospitals.
- xi. It was recommended that patient seeking transfer to another hospital/discharge from a hospital will have the responsibility to "settle the agreed upon payment".
- xii. It may be specified in the charter that no discrimination in treatment based upon his or his illness or conditions, including HIV status or other health condition, religion ethnicity, gender (including transgender), age, sexual orientation, linguistic or geographical/social origins.
- xiii. Informed consent of patient should be taken before digitization of medical records.

Patients' Responsibilities:

- i. Provide all health related information
- ii. Cooperate with Doctors during examination, treatment
- iii. Follow all instructions
- iv. Pay hospitals agreed fees on time
- v. Respect dignity of doctors and other hospital staff
- vi. Never resort to violence.

Charter of Patients' Rights and Responsibilities
(As approved by National Council for Clinical Establishments)

As updated on 23rd August 2021

Patients' Rights: A patient and his/her representative has the following rights with respect to the clinical establishment-

- i. To adequate relevant information about the nature, cause of illness, proposed investigations and care, expected results of treatment, possible complications and expected costs;
- ii. To information on the Rates charged for each type of service provided and facilities available. Clinical Establishment shall display the same at a conspicuous place in the local as well as in English language.
- iii. To access a copy of the case papers, patient records, investigation reports and detailed bill (itemized).
- iv. To informed consent prior to specific tests/treatment (e.g. surgery, chemotherapy etc.)
- v. To seek second opinion from an appropriate clinician of patients' choice, with records and information being provided by the treating hospital.
- vi. To confidentiality, human dignity and privacy during treatment.
- vii. To have ensured presence of a female person, during physical examination of a female patient by a male practitioner.
- viii. To non-discrimination about treatment and behaviour on the basis of HIV status
- ix. To choose alternative treatment if options are available

x. Release of dead body of a patient cannot be denied for any reason by the hospitals.

xi. It was recommended that patient seeking transfer to another hospital/discharge from a hospital will have the responsibility to "settle the agreed upon payment".

xii. It may be specified in the charter that no discrimination in treatment based upon his or his illness or conditions, including HIV status or other health condition, religion ethnicity, gender (including transgender), age, sexual orientation, linguistic or geographical/social origins.

xiii. Informed consent of patient should be taken before digitization of medical records.

Inclusion of Additional Charter of patients' rights in minimum standards-

The National Council for Clinical Establishments approved for inclusion of the following additional patient rights, as per National Human Rights Commission (NHRC) Advisory, in the already approved list of patient rights as given above.

- xiv. Right to care according to prescribed rates wherever relevant
- xv. Right to choose source for obtaining medicines or tests

The hospitals especially corporate hospitals and other clinical establishments should not force the patients to purchase the medicines from the Hospital Pharmacies, and if they are able to get medicines from outside at lower price/cost, that should be acceptable.

Thus, No patient is forced to buy medications from hospital pharmacy. He can choose the

pharmacy from where he wants to purchase the medicine.

Similarly if the patient wants to get his tests done from outside, that may be accepted and facilitated by the hospitals or clinical establishments.

- xvi. Right to protection and compensation for patients involved in clinical trials, as per Drugs and Cosmetics Act and other Government Guidelines.
- xvii. Right to protection and compensation for participants involved in biomedical and health research as per ICMR and other Government Guidelines.
- xviii. Right to Patient Education
- xix. Right to be heard and seek redressal: Every Hospital shall have/establish a time bound Grievance redressal mechanism to address the grievances of the patients. A Grievance redressal officer will be identified by the hospital and his name and contact details will be displayed at a conspicuous place in local language and in English. The records of grievances received and remedial action taken will be maintained. The name and contact details of the district registering authority will also be displayed who may be contacted in case of non-redressal of the grievance of patients to their satisfaction
- xx. Right to proper referral and transfer, which is free from perverse commercial influences
 - a. In case of referral by the hospital, the referring hospital will provide proper referral transport facility in the most appropriate vehicle/ambulance for transfer of patient to the nearest possible hospital where facilities for appropriate and timely management of the condition of the patient, are available.
 - b. Such transfer of patient will not be refused even if not referred by the treating hospital and even if the

patient is leaving against medical advice (LAMA). The applicable reasonable charges may be levied by the Clinical Establishments for such transfers. However, in case of an emergency situation, such referral transport will be provided free of cost as far as possible and will not be refused for want of any payment.

- c. State/UT Government may consider to define various charges for different types of ambulance for compliance by the hospitals and other clinical establishments. The Clinical Establishments will be required to display the rates of charges of ambulance(s)
- d. The referring hospital shall provide a qualified and trained person to monitor and manage the condition of the patient enroute till the patient is received by the referee hospital

The information about the above additional rights should be widely disseminated by the Ministry and State Governments among Hospitals, doctors, patients and public so that everyone is aware that the rights exist.

Patients' Responsibilities:

- i. Provide all health related information
- ii. Cooperate with Doctors during examination, treatment
- iii. Follow all instructions
- iv. Pay hospitals agreed fees on time
- v. Respect dignity of doctors and other hospital staff
- vi. Never resort to violence.

Note:-

1. The Patients' Rights as listed from Serial no. (i) to (xiii) were disseminated to all States/UTs for adoption and implementation vide MoHFW letter dated 02.06.2019, as may be seen at weblink <http://clinicalestablishments.gov.in/WriteReadData/9901.pdf>

2. The Patients' Rights as listed from Serial no. (xiv) to (xx) is the additional charter of patients' rights, as approved by National Council for Clinical Establishments in its 12th meeting (Minutes issued on 23.08.2021) for inclusion in the Minimum Standards, in addition to the aforesaid Rights from (i to xiii).

3. The information about the above mentioned Patients' Rights and responsibilities should be widely disseminated by the respective State/UT Government among hospitals, doctors, patients and General Public.