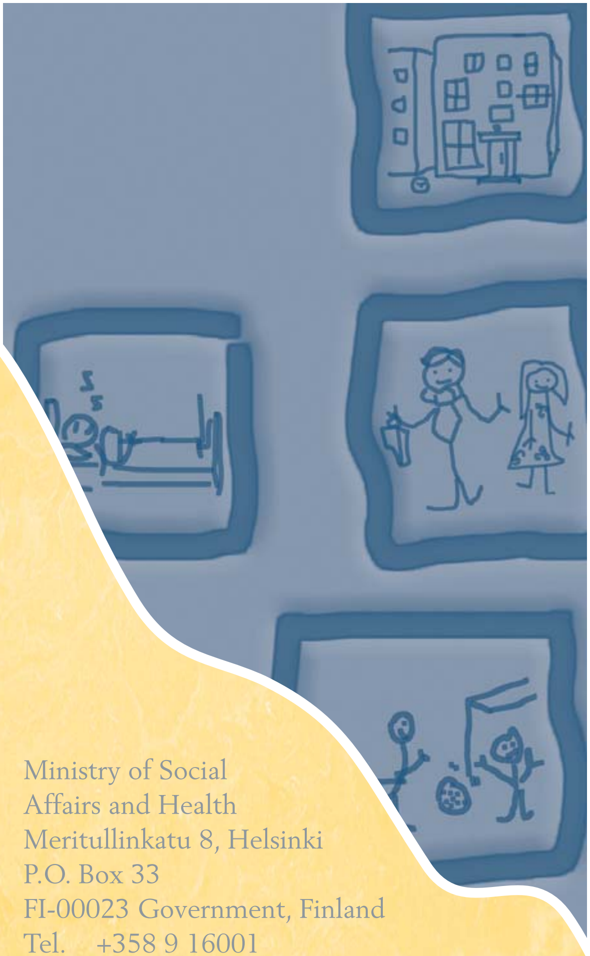

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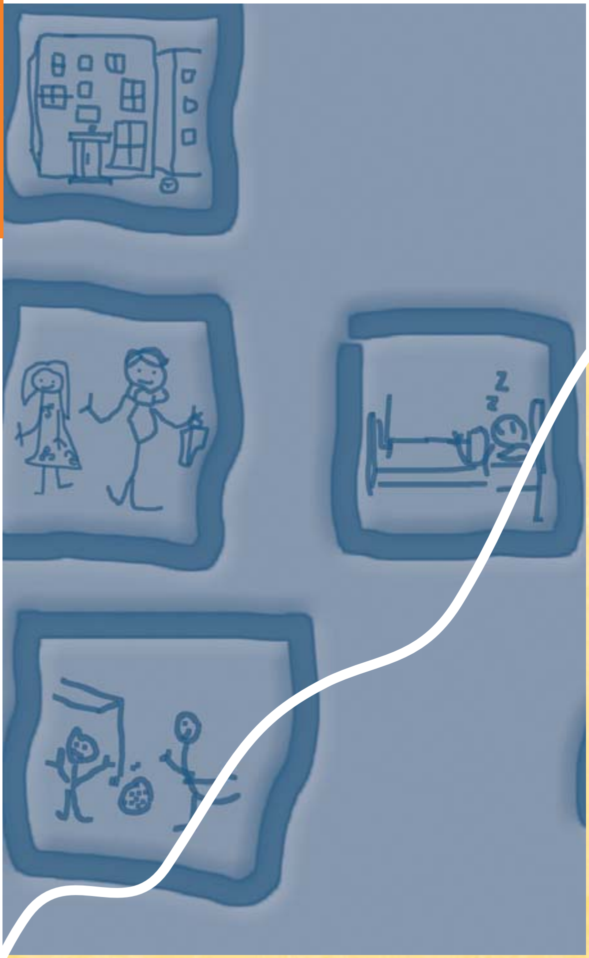

Rights of Patients

MINISTRY OF
SOCIAL AFFAIRS AND HEALTH
Finland

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Rights of patients

In order to improve legal protection of patients, the Act on the Status and Rights of Patients is included in Finnish legislation. The Act applies to the entire health care system and to health care services provided in social welfare institutions.

The main provisions of the Act are:

- *Treatment requires the consent of the patient.*
- *Patients are given information on their state of health and treatment; the extent of the proposed treatment, any risk factors, and possible alternative forms of treatment.*
- *Those on a waiting list for treatment must be told the reason for the delay and its estimated duration.*
- *Patients dissatisfied with their treatment are entitled to lodge an objection with the health care establishment concerned or a complaint with the authority overseeing the health care system.*
- *Establishments providing medical treatment must have a patient ombudsman, whose duty is to assist patients.*

Every person who lives in Finland is entitled to the health care and medical care required by his or her state of health within the limits of the available resources. In Finland, municipalities are responsible for arranging health care, and provisions on their obligations have been provided for in legislation.

Patients have a right to good care and treatment. The care of patients has to be arranged so that their human dignity, convictions and privacy are not violated. The mother tongue, culture and individual needs of patients are taken into account as far as possible. The treatment of minors must also take into consideration the needs of other family members.

Consent and mutual agreement

Decisions about treatment must be made in mutual agreement with patients, i.e. with their consent. If a patient refuses treatment or a specific procedure, agreement is sought on some other method of treatment. A patient may also refuse treatment completely.

In the case of minor treatment procedures, the fact that a person has sought treatment can be regarded as patient consent. In principle, however, the consent of patients must be clarified through mutual discussion. It is therefore important that patients are given sufficient information on their state of health, the extent and effects of the treatment, any possible risk factors, and alternative forms of treatment. The Act obliges health care professionals to provide patients with sufficient information in an intelligible form before and during treatment. If the patient and health care staff do not share a common language, interpretation should be arranged if possible. An interpreter may also be necessary for discussions with patients who have a sensory defect or speech disability.

In clarifying to the patient issues relating to treatment, health care staff must ensure that information concerning the patient is not divulged to outsiders. Information regarding treatment must not be given to patients against their will.

In cases where the life or health of a patient who is unconscious is in danger, necessary treatment has to be given even if it is not possible to assess the patient's wishes. If patients have expressed their wishes concerning treatment in a living will, and there is no reason to believe that, for example, the document is out of date or patients have changed their mind, steps must be taken according to the expressed wishes concerning treatment. In any unclear cases, health care staff will discuss the matter with close relatives of the patient.

If patients are unable to decide on their treatment because of mental disability or infirmity, assessment of their wishes must be sought from close relatives before making decisions about treatment.

Treatment of minors

When treating children, the opinion of the patients have to be taken into account if it is possible with regard to their age and level of development. If minors are able to decide on the treatment given to them because their age and level of development are sufficient, care must be provided by mutual agreement. They also have the right to prevent parents, guardians or other close relatives being provided with information on the state of their health and care. If patients are too young to express their opinion, treatment must be provided by mutual agreement with their parents or guardians.

A doctor or other health care professional will assess the level of development of a child or young person.

The Act also protects patients who are minors in that their parents or guardians do not have the right to prevent treatment necessary to ward off a threat to the life or health of a minor.

Access to treatment

A patient has access to urgent treatment without delay. An act on access to non-emergency treatment entered into force in 2005. In accordance with this act, health centres must provide immediate contact by telephone during office hours on weekdays, and the required treatment must be assessed within three working days from the point of contact. An assessment of the treatment required can often be provided over the telephone, and may be issued by some other health care professional as well as a doctor. If the patient's condition so requires, a visit to a health centre must be possible within three days.

In hospitals, a doctor must make an assessment of the treatment required by a patient within three weeks of the date that the referral has arrived at the hospital. The assessment can be made on the basis of the referral or the patient can be invited for an examination at the hospital. Any treatment that has been assessed as necessary by a doctor has to be available within six months.

If it is unable to arrange treatment of the patient in the specified timeframe, the hospital is responsible for arranging for treatment elsewhere, such as at another hospital or private health care institution. This will not incur the patient in any extra costs.

Patient documents

Patients have the right to check the information concerning themselves contained in patient documents, and to rectify the information as necessary.

The information contained in patient documents must remain confidential. Health care professionals are not obliged to give information concerning the documents to outsiders without the written consent of the patient. 'Outsiders' are deemed to be persons other than those who participate in the care of the patient in the health care unit, including relatives. If a patient is unable to make a decision concerning treatment, the necessary information for assessing the patient's wishes will be given to relatives. Information about the treatment and state of health of patients who are unconscious will be given to close relatives or other person close to the patient, unless there is reason to believe that the patient would prevent this if conscious. In some rare cases, the right of patients to receive information and check patient documents can be restricted, if providing the information is considered to cause serious hazard to their life or health.

Patient ombudsman provides assistance

All health care establishments have a patient ombudsman. A patient ombudsman informs patients of their rights and assists them as necessary in submitting an objection or complaint concerning treatment, or a claim for indemnity for professional negligence.

Patients who are dissatisfied with their care or treatment can make an objection to the director of the health care unit. The idea of submitting an objection is to provide patients with a straightforward and flexible way of passing their opinion to the health care unit. At the same time, the health care unit has the opportunity to rectify the situation without delay. If, when the objection is dealt with, it becomes obvious that it may lead to liability for patient injury, indemnification liability or disciplinary proceedings, a patient ombudsman will assist the patient in initiating the matter and submitting it to the Patient Insurance Centre or will provide guidance in submitting a complaint.

Making an objection does not restrict the right of a patient to lodge a complaint on treatment. A complaint on treatment can be submitted to the relevant State Provincial Office, which customarily deals with complaints. More complex complaints are transferred by the State Provincial Office to be dealt with by the National Authority for Medicolegal Affairs. Patients may submit a complaint directly to the National Authority for Medicolegal Affairs, but according to an agreed division of labour, the Authority refers the majority of complaints to the State Provincial Offices.

Source: Act on the Status and Rights of Patients (785/1992)

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