



Patient Safety Rights Charter

(Draft)

World Patient Safety Day 2023

In memory of the patients who have lost their lives or suffered from avoidable harm in health care. May this charter serve as a beacon of light, ensuring that the rights of every patient to safe care are protected, and their voices are heard.

Positioning

The World Health Organization presents the Patient Safety Rights Charter within the frames of World Patient Safety Day 2023 under the theme “Engaging patients for patient safety” and slogan “Elevate the voice of patients!”, concurrently supporting the implementation of the Global Patient Safety Action Plan 2021-2030.

Aim

The Charter outlines the rights of all patients in the context of safety regardless of their age, gender, race, language, religion, disability, socioeconomic status or any other distinguishing characteristics. It aims at fostering a health care environment that values patient-centered care and works towards the shared goal of providing safe and high-quality care for everyone. The Charter will support stakeholders in formulating concrete mechanisms to ensure that patients’ rights to safe care are adequately respected, protected, and fulfilled.

Objectives

1. Affirm patient safety as a core patient right.
2. Identify the key rights that health care leaders and health workers are entrusted to uphold when planning, designing and delivering safe health services.
3. Promote a culture of safety, equity, transparency and accountability within health care systems.
4. Empower patients to actively participate in their own care as partners and to assert their right to safe care.
5. Support the development and implementation of policies and procedures that strengthen patient safety.
6. To create a foundation for recognizing patient safety as a basic human right.

Scope

The Charter is universally applicable across all healthcare settings and relevant at every level of healthcare provision, although its scope and application may vary based on jurisdiction, healthcare system design, and the specific country or local context.

Target audience

The Patient Safety Rights Charter is aimed at a wide range of stakeholders, each with a distinct role in enhancing healthcare safety. This includes:

- Policymakers who shape the overall healthcare landscape as well as, health care leaders and facility managers responsible for overseeing implementation.
- Health and care workers at the forefront of delivering direct patient care.
- Patient organizations, groups, and advocates with invaluable patient-centred perspective.
- Professional associations providing essential guidance and support to their constituencies
- International organizations and non-governmental organizations contributing to global health efforts.
- Legal and regulatory bodies playing a pivotal role in enforcing standards.
- Human right experts and activists being instrumental in establishing and upholding rights and accountability within healthcare systems.

Charter development process

The Charter is based on a comprehensive review of existing patient rights charters and legislative bills across the six World Health Organization (WHO) regions, covering national and healthcare facility levels. It has been developed through a consultative process, engaging a diverse range of stakeholders including patient advocates, patient safety experts, human rights experts, health workers, policy makers and health care leaders. An advanced draft of the Charter underwent a final review, culminating in a broad consensus, by the participants of the WHO Global Conference "Engaging Patients for Patient Safety," which took place on 12 and 13 September 2023 at WHO Headquarters in Geneva.

Patient safety central to human rights

Human rights are identified in various international instruments, including the Universal Declaration of Human Rights (1948), the International Covenant on Economic, Social and Cultural Rights (1966), the Convention on the Rights of the Child (1989), the Convention on the Rights of Persons with Disabilities (2008), and other international and regional treaties. These instruments recognize and seek to uphold the fundamental principles of equality and non-discrimination that

safeguard the dignity and worth of every individual regardless of their background and on which all human rights are grounded, the rights to health, life, liberty, security, equality, privacy, education, freedom of expression, and much more.

Patient safety is an expression of core principles of human rights. "*First, do no harm*" stands as an ethical cornerstone in health care embodying the theorem that safety is intrinsic to the **right to health** components which encompasses the right to care that is integrated, people-centred, accessible, appropriate, of high quality, effective, efficient, timely and equitable. Patient safety is grounded in the broader human rights framework which underpins the right to health.

At the core of patient safety lies the **right to life and dignity**. The right to life does not only imply the right to be free from intentional harm but also the right to receive health care that is free from avoidable and unintentional harm. Similarly, the right to dignity encompasses right to health care that respects a patient's humanity and autonomy.

Patient safety finds resonance with the **right to information**. Every patient has the right to be provided information in an accessible format, about their health condition, treatment options, potential risks, benefits and prognosis. This right empowers patients to actively participate in their health journey and make informed decisions about their care.

Furthermore, the **right to non-discrimination** goes hand in hand with patient safety. Safe health care must and should be accessible for every patient, everywhere, every time regardless of their age, gender, race, language, religion, disability, socioeconomic status or any other distinguishing characteristics.

Patient safety represents a tangible manifestation of human rights and is a litmus test to the global commitment towards these rights.

Patient Safety Rights (Included are key points for each right to clarify its scope. The final write up will be developed after the list of rights is agreed upon at the Global Conference)

1. **Right to qualified and competent health and care workers:** Health workers possess the necessary qualifications, skills, and competencies to provide safe and effective treatment.
2. **Right to safe clinical processes and practices:** Such as correct patient identification, safe referral and transitions of care, medication safety, safe surgery, and IPC.
3. **Right to access to timely and evidence-based care:** Patients have timely access to treatments and interventions which are based on the latest scientific knowledge and evidence.
4. **Right to freedom from medical errors and hazards:** Commitment to put in place to identify, prevent, and address potential risks, errors or hazards.
5. **Right to safe medical products and their safe use:** Patients have access to medical products such as medical devices, medicines, blood and blood products and vaccines that meet safety standards, also ensuring their safe and appropriate use.
6. **Right to safe health care environment:** Includes WASH, security, smoking regulations, hazard prevention, structural integrity, barrier-free access, fire safety, electrical safety and freedom from violence and harassment.
7. **Right to information:** Includes information in accessible formats to patients of all age groups about treatment options, potential risks and benefits; transparent communication with health and care workers and patient safety education.
8. **Right to access to medical records:** Patient's right to obtain information and documentation related to their medical history, diagnosis, test results, treatments, and other relevant healthcare information.
9. **Right to informed consent and shared decision-making:** Patients' right to obtain all relevant information about their treatment plan or procedure enabling them to provide consent, to access adequate support to take decisions, and actively participate in the

decision-making process concerning their treatment options and care plans' risks and benefits.

10. **Right to autonomy:** Right to respects individuals' personal beliefs, age, values, will and preferences. Includes second opinion, right to name a proxy or a support person, right to decline care, right not to be detained against one's will.
11. **Right to incident reporting, disclosure and resolution:** Patient's right to report and receive information about incidents that occur during their care with clear explanations about what happened, why it happened, and what steps will be taken to address the situation and prevent its recurrence. Resolution includes the commitment to fair and just processes for addressing harm caused in health care.
12. **Right to dignity and respect:** Individuals are valued and treated as unique human beings, irrespective of their background (such as age, gender, race, language, religion, disability, socioeconomic status or any other distinguishing characteristics).
13. **Right to privacy and confidentiality:** Maintaining the confidentiality of sensitive patient data, medical records, and personal conversations which are kept secure and disclosed only with the patient's explicit consent or as required by law.
14. **Right to family support:** Recognizes the patients' right to involve on the basis of free choice, their family members, caregivers, or other designated individuals in their care. Encompasses visitation and access of patients to their family members.
15. **Right to safe care equitably:** Commitment to implement proactive measures to address disparities and systemic inequities that marginalized groups face thereby eliminating barriers to safe care.
16. **Right to participate:** Right to participate in policy development and implementation, service assessment, delivery, monitoring and evaluation, patient safety research, and in the development of digital tools and deployment of new health technologies.

Call for adoption by countries and stakeholders

WHO invites Member States and stakeholders to adopt and disseminate the Charter while adapting it to local context as appropriate. The following multifaceted approach is advocated by WHO to ensure the strategic adoption, implementation, enforcement and improvement of the Patient Safety Rights Charter.

- **Acceptability and legislative environment:** Conduct a thorough assessment of how well the rights within the Charter are already included in legislative and policy frameworks and in the practice of health care settings, as well as an assessment of the opportunities for further inclusion.
- **Stakeholder engagement:** Conduct a stakeholder mapping, identify relevant stakeholders, raise their awareness and secure their commitment and active participation in implementing the Charter.
- **Incorporation into policies, legislation, and professional guidelines:** Collaborate with stakeholders to incorporate the principles of the Charter into national and local policies, laws and regulations, as well as into professional guidelines and operational procedures.
- **Accountability, remedial and incentive mechanisms:** Create or use existing mechanisms for holding health care institutions and professionals accountable for upholding patient safety rights. Designate clear channels for reporting violations and establish remedial actions to address non-compliance. Consider introducing compliance incentives which could range from recognition to financial rewards.
- **Advocacy campaigns:** Launch comprehensive awareness campaigns that promote the Charter's content, benefits and long-term impact on patient safety and health outcomes. Adapt communication messages as per target audience and leverage various communication channels to ensure broad outreach.
- **Capacity building of health and care workers and patient advocates:** Equip health and care workers and patient advocates through education and training with the knowledge and skills needed to advocate and implement the Charter.

- **Monitoring by independent authorities:** Set up independent authorities or use existing mechanisms where such exist to assess compliance to the patient safety rights, investigate complaints, and ensure transparency in the process.
- **Continuous improvement:** Establish mechanisms for ongoing evaluation and improvement of the Charter and its implementation strategies by regularly assessing the effectiveness of various approaches and making adjustments as needed.
- **Research:** Allocate resources to support research around the relationship between upholding patient safety rights and the burden of patient harm, patient satisfaction and healthcare outcomes.