





U-Impact! From Citizen Involvement to EU Policy Impact

Improving patients' rights in the age of the Cross Border Healthcare Directive

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The EU Charter of Patients' Rights A civic Assessment

Active Citizenship Network has developed two European Assessment programmes on the respect of the European Charter of Patients' Rights





The last study (2011) was done by collecting three types of information

- A. Institutional actions for patients' rights
- B. Actual conditions of hospital patients
- C. Alerts from civic organizations

Involving: **20** countries, **56** hospitals, **23** Ministries of Health and **70** civic organizations





An overview of the results

| Right | Assessment | PRES |
|---|------------------|------|
| 7. RIGHT TO RESPECT OF PATIENTS' TIME | NOT RESPECTED | 41 |
| 5. RIGHT TO FREE CHOICE* | NOT RESPECTED | 43 |
| 2. RIGHT TO ACCESS – care | NOT RESPECTED | 46 |
| 3. RIGHT TO INFORMATION | HARDLY RESPECTED | 54 |
| 15. RIGHT TO ACTIVE CITIZENSHIP | HARDLY RESPECTED | 54 |
| 11. RIGHT TO AVOID UNNECESSARY SUFFERING AND PAIN | HARDLY RESPECTED | 58 |
| 9. RIGHT TO SAFETY | HARDLY RESPECTED | 60 |
| 8. RIGHT TO THE OBSERVANCE OF QUALITY STANDARDS | PARTLY RESPECTED | 61 |
| 10. RIGHT TO INNOVATION | PARTLY RESPECTED | 63 |
| 4. RIGHT TO CONSENT | PARTLY RESPECTED | 64 |
| 14. RIGHT TO COMPENSATION | PARTLY RESPECTED | 64 |
| 13. RIGHT TO COMPLAIN | PARTLY RESPECTED | 66 |
| 12. RIGHT TO PERSONALIZED TREATMENT | ALMOST RESPECTED | 74 |
| 1. RIGHT TO PREVENTIVE MEASURES | ALMOST RESPECTED | 75 |
| 6. RIGHT TO PRIVACY AND CONFIDENTIALITY | ALMOST RESPECTED | 77 |
| 2. RIGHT TO ACCESS - physical | ALMOST RESPECTED | 84 |
| TOTALS - MEAN VALUES | PARTLY RESPECTED | 62 |





Right to Respect of Patient Time – NOT RESPECTED

At Institutional level

Only in 4 countries maximum **waiting times** both for specific exams and not urgent surgical procedures have been legally established.

Moreover a problem of **transparency** emerges, both at institutional and at hospital level, as citizens can hardly find information on the waiting lists for diagnostic exams, treatments and elective surgery.

Worrying indicators from hopitals

publicly-available lists of admittance for elective surgery: hospitals of only 3 countries at least "good" publicly-available wait times for in-patients and out-patients: only 6 countries scored "excellent"

Alerts from civic organizations - violations concerning:

illness worsened because of a delay in treatment; illness worsened because of a delay in diagnosis (due to waiting times); excessively long waiting times for specific exams





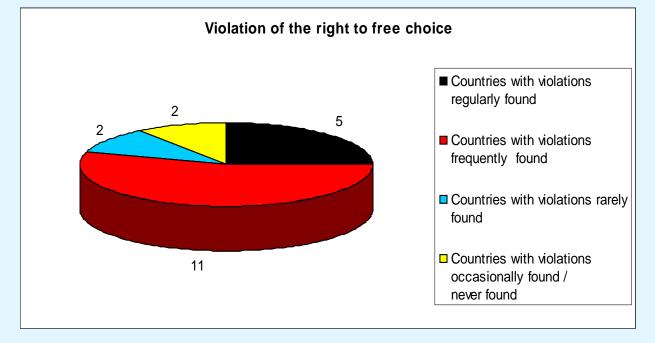
Right to Free Choice – NOT RESPECTED

A peculiar assessment: based only on violations detected by civic

organizations

Violations concerning:

Incentives to seektreatment in certainhospitals or centres



- Coverage of supplementary insurance for only some hospitals
- Difference in fees between public and private hospitals
- Need to get authorization for some treatments





Right to Free Choice – NOT RESPECTED

- Free choice is recognized in principle in all of the countries
- Often actually limited by: organizational procedure and insurance companies rules
- According to 60% of the civic organizations, administrative authorities and insurers tend to provide incentives for access to determinate hospitals and centres

In sum, what emerges is a "choice" that is not in fact very free and that is burdened with many obstacles





Right to Access – NOT RESPECTED

For a correct evaluation of the right to <u>access</u>, it is necessary to distinguish between:

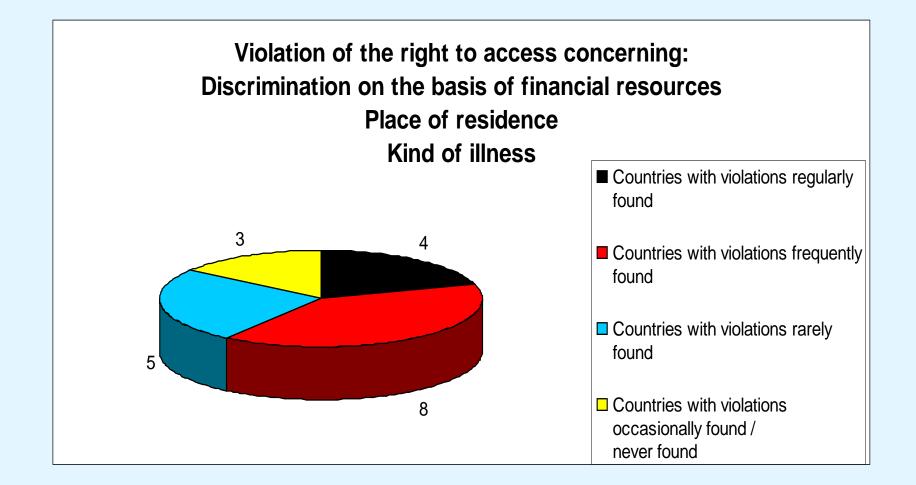
<u>"physical access"</u>to hospitals (transportation, parking, absence of barriers, etc.): ALMOST RESPECTED (the "best" score)

<u>"access to care"</u>: this aspect refers to that which is explicitly declared in the right: access to needed health services. This aspect was examined by means of information reported by civic organizations, which responded to a questionnaire regarding cases, if any, of violations of the right of access to care: NOT RESPECTED





The image that emerges from the direct experience of the civic organizations is very grave. These organizations report an overall high frequency of violations







Right to Information – HARLDLY RESPECTED (score 54/100)

Common failure by health authorities to provide information about consumer satisfaction related to health services' clinical performance: only 4 countries are in compliance with this indicator.

The indicators for the availability of **regularly updated hospital lists specifying facilities** and services provided and the availability of a healthcare information service have attained good mean scores, but some critical situations are evident

In hospitals:

- patient' access to free clinical records: only 4 excellent
- scarce existence of a free information telephone number
- insufficient informative contents of websites (mean score 38)

What deeply lowers the synthetic PRES index is the high frequency of **violations** denounced by civic organizations.

This bad result is even more serious, since this right is particularly **relevant from a civic perspective** and deal with matters of **accountability** and **transparency** of institutions





The mediocrity: quality and safety

RIGHT TO OBSERVANCE OF QUALITY STANDARDS:

Absence of nationally issued lists reporting the quality ranking of health services

RIGHT TO SAFETY

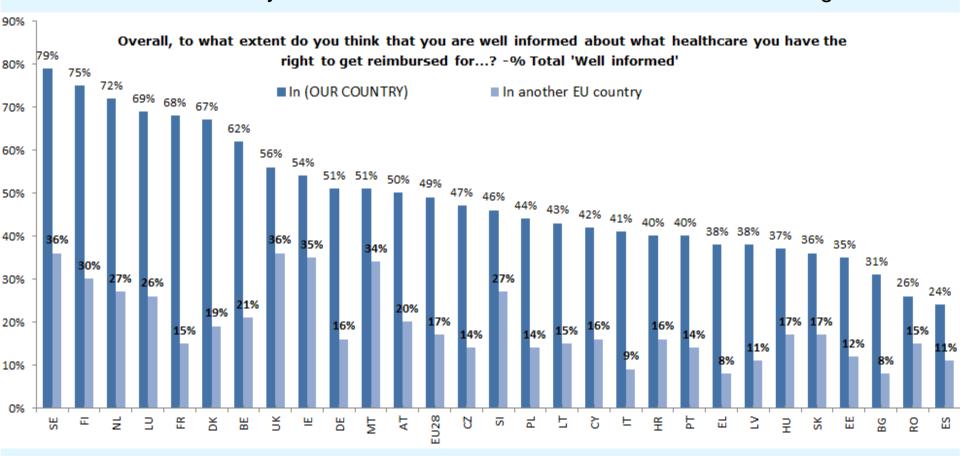
In 17 countries out of 20 no form of legal protection has been established for people who report an adverse event.



Cross-border healthcare rights



A recent <u>Eurobarometer survey</u> published in May 2015, indicates that less than 20% of citizens feel that they are informed about their cross-border healthcare rights:



If citizens do not know their rights, they cannot stand for them and, above all, **exercise** them.









Thank you for the attention!



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