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GUIDE ON PATIENT RIGHTS

The rights and obligations of patients

Act CLIV of 1997 on Health Care includes the following patient rights, which must be guaranteed when providing health care services and measures:

1. The rights of patients

1.1. The right to health care services

a) Every patient has the right to life-saving medical care, to the prevention of serious or permanent damage to their health, to alleviation of their pain and to the reduction of their suffering in urgent cases.

b) Every patient has the right to appropriate, adequate and continuously accessible medical care, within the limits set by law, which is justified by their state of health and which meets the requirement for equal treatment. Medical care is appropriate if it is provided in accordance with the professional and ethical rules and guidelines that apply to the health care service.

c) Patients have the right to choose a health care provider to deliver the level of service professionally justified by their condition and, unless an exception is provided by law, the physician to provide the service, with the agreement of the doctor of their choice and unless this is precluded by the professional content of the medical service justified by their state of health, the urgency of the service or the legal relationship on the basis of which the service is provided.

d) Patients may request to be examined by another doctor in connection with any diagnosis or recommended therapy established by the physician providing the treatment, as well as their planned discharge from an inpatient institution or referral to another health care provider.

e) If a patient cannot receive the necessary medical service from the health care provider in the shortest time reasonable for their state of health, they must be informed of the health care provider that can provide the required service.

f) If placed on a waiting list, the patient has the right to be informed of the reason for, and expected duration of their wait, as well as of its possible consequences.

1.2. The right to human dignity

a) The human dignity of patients must be respected in providing health care services.

b) Unless otherwise stipulated by law, patients may undergo only the procedures necessary for their care.
c) During treatment, patients may be restricted in the exercise of their rights only to the extent and in the manner prescribed by law for the period of time justified by their state of health.
d) The personal freedom of a patient may be restricted by physical, chemical, biological or psychological methods or procedures during their medical care only in cases of urgent need or in order to protect the life, physical integrity or health of the patient or others. Restrictive measures of a tortuous, cruel, inhuman, degrading or punitive nature are prohibited. A restrictive measure may only last as long as the reason for which it was ordered persists.
e) The use of restrictive methods or procedures must be ordered by the patients' physician providing the treatment, unless an exception is provided by law. The physician providing the treatment will document any restrictive methods or procedures in the patient's medical records prior to administration, or as soon as possible after commencement of administration, and if this is not possible, will state the reasons for and the duration of their use. In the absence of permanent medical supervision, a temporary restriction may be ordered by a specialist nurse in exceptional and justified cases. The physician providing the treatment must immediately be notified of any restriction and must approve it in writing within 16 hours. Failing this, the restriction should be lifted. When restrictive methods and procedures are used, the patient's condition and physical needs must be regularly checked in accordance with professional rules. The fact and result of the check must be shown in the patient's medical records.
f) Patients should only be kept waiting for a justifiable reason and for a reasonable length of time.
g) During the patients' care, their clothing may be removed only for the time necessary and to the extent that is professionally justified, while taking into account their decency.

1.3. The right to have contact

a) The right to have contact may be exercised by patients subject to the conditions existing at the outpatient clinic, while respecting the rights of their fellow patients and ensuring undisturbed delivery of medical services. Without limiting the content of these rights, the detailed rules are laid down in the rules of the outpatient clinic.
b) A patient may forbid the fact of their treatment or any other information related to their treatment be disclosed to third parties. This may only be disregarded at the request of a close relative or a person responsible for their care in the interest of providing medical services for them.
c) A patient in a severe condition has the right to be accompanied by a person designated by the patient. In the case of a legally incapable patient, the person specified in Article 16 (1)-(2) of the health care Act is also entitled to designate the above person. (For the purposes of this subsection, a patient in a severe condition is one who, due to their condition, is physically unable

to look after themselves, or whose pain cannot be relieved even by medication, or who is in a state of psychological crisis.)

d) A patient who is a minor has the right to be accompanied by their parent, legal guardian or a person designated by them or by their legal guardian.

1.4. The right to receive information

a) Patients are entitled to receive full and complete information in an individualised form. Patients have the right to be informed even if their consent is not otherwise a precondition for starting their treatment.

b) Patients have the right to receive detailed information on:

- their state of health, including its medical assessment
- the recommended examinations and interventions
- the possible benefits and risks of carrying out or not carrying out the recommended examinations and interventions
- the planned dates for the examinations and interventions to be carried out
- making a decision on the recommended examinations and interventions
- possible alternative procedures and methods
- the process and expected outcome of their treatment
- additional services
- the recommended lifestyle

c) Patients have the right to ask additional questions while being provided with information and subsequently.

d) Patients have the right to know the results of the examinations and interventions carried out during their treatment, their possible failure, and the reasons for any unexpected results.

e) Patients who are legally incapable, minors with diminished capacity to act or patients with partially diminished capacity to act in any category of cases also have the right to receive information appropriate to their age and mental state.

f) Patients have the right to know the names, qualifications and positions of the persons directly involved in their treatment.

g) Patients have the right to be informed in a way that is comprehensible for them, taking into account their age, education, knowledge, state of mind and wishes expressed on a given matter.

h) If a patient has a supporter within the meaning of the Act on Assisted Decision-Making in making decisions related to medical care, the presence of the supporter must be ensured at the patient’s request while information is being provided.

i) A patient with unlimited capacity and a minor over the age of 16 may waive the right to be informed, unless they need to know the nature of their illness in order not to endanger the health of others. If an intervention is carried out at the patient’s initiative and not for therapeutic purposes, the waiver of the right to receive information will only be valid in writing.

1.5. The right to self-determination

a) Patients, including minors over the age of 16, have the right to self-determination, which may be restricted only in cases and in a manner specified by law. In exercising the right to self-determination, patients are free to decide:

- whether they want to use any medical service
- which interventions they agree to be performed
- which interventions they refuse within the limits of the law

b) Patients have the right to participate in decision-making concerning their examination and treatment. Subject to the exceptions provided for by law, any medical intervention may only be carried out with the patient’s informed consent and free from deceit, threats and pressure (hereinafter referred to as “consent”).

c) Unless otherwise provided by law, patients may give their consent orally, in writing or by implied conduct. For invasive interventions and voluntary admission to treatment under Section 197 of the Health Care Act, a written statement by the patient or, if the patient is unable to provide such, a statement made in the presence of two witnesses, verbally or otherwise, is required.

d) If a patient has a supporter within the sense of the Act on Assisted Decision-Making in making decisions related to medical care, the supporter must, at the patient’s request, be allowed to be present and consult with the patient when consent is given.

e) Patients can withdraw their consent to the procedure at any time. If, however, the patient withdraws their consent without good cause, they may be liable to pay any reasonable costs incurred as a result.

f) Unless otherwise provided by law, a patient with full legal capacity to act must make a statement in a public deed, a private deed with full probative value or, if they are unable to write, in the presence of two witnesses:

- to designate a person with full legal capacity to exercise the right to give or refuse to give consent on their behalf, and who is to be informed
- to exclude anyone from exercising the right of consent or refusal or from receiving information, with or without the person specified in the previous point

g) If a patient is legally incapable and has not designated a person entitled to make a statement, the following persons will be entitled to exercise the right of consent and refusal, unless the patient has excluded this right, or the law provides otherwise:

- the patient’s legal representative or, in the absence thereof,
- a legally capable person living in the same household as the patient, such as:

        - the patient’s spouse or partner, or in the absence thereof,
        - the patient’s child, or in the absence thereof,
        - the patient’s parent, or in the absence thereof,
        - the patient’s sibling, or in the absence thereof,
        - the patient’s grandparent, or in the absence thereof,
        - the patient’s grandchild
    - a legally capable person not living in the same household as the patient, in the absence of a relative as indicated in the previous point, and is legally capable:
        - the patient’s child, or in the absence thereof,
        - the patient’s parent, or in the absence thereof,
        - the patient’s sibling, or in the absence thereof,
        - the patient’s grandparent, or in the absence thereof,
        - the patient’s grandchild

h) In the event of conflicting statements made by the persons listed in the same row, the decision likely to have the most favourable effect on the patient’s state of health will be taken into account.

i) The statement of the persons referred to in point (g) may include consent to invasive interventions proposed by the physician providing the treatment, only after the information set out in Section 13 has been provided. However, this statement must not, apart from any risks arising from the intervention, adversely affect the patient’s state of health and, in particular, must not lead to serious or lasting impairment of health. The statement must be communicated to the patient as soon as the patient becomes competent.

j) The opinions of a minor who is legally incapable or has diminished capacity to act, and of patients with partially diminished capacity to act in exercising their rights in relation to medical treatment will be taken into account in decisions on their treatment to the extent that this is professionally possible, even if the right to consent or refuse is exercised by a person referred to in point (g).

k) The patient’s consent to the interventions must be presumed if the patient is unable to give consent due their state of health, and

    - there would be a delay in obtaining a statement from the person designated by the patient as an authorised person to make the statement
    - in the case of invasive interventions, if obtaining a statement from the person designated by the patient or the person authorised to make a statement under point g) would result in delay and delaying the intervention would lead to serious or lasting damage to the patient’s state of health

l) The patient's consent will not be required if failure to carry out the given intervention or measure
  - would seriously endanger the health or physical integrity of others, including the foetus beyond the 24th week of pregnancy; and
  - if, subject to the right to refuse treatment, the patient's life is in imminent danger

m) If an invasive procedure requires an extension that was not foreseeable, in the absence of consent, the extension may be carried out only if
  - it is warranted by a state of emergency, or
  - failure to carry out the extended intervention were to place a disproportionately serious burden on the patient.

n) If the extension of the procedure would lead to the loss of an organ or part of the patient's body or to a complete loss of function thereof, the extension of the procedure may only be carried out, in the absence of consent to such extension, if the patient's life is in imminent danger or if it were to place a disproportionately serious burden on the patient.

o) The patient's written consent will be required for use of any of the patient's cells, cellular components, tissues, organs or body parts removed in connection with the procedure for any purpose unrelated to the medical care provided to them. The patient's consent will not required for the normal disposal of these materials.

p) Patients have the right, within the limits of the law, to make arrangements for any interventions on their body in the event of death. The patient may, by law, prohibit the removal of organs and tissues from their corpse for transplantation, other therapeutic use, research or education.

1.6. The right to refuse treatment

a) Except in the cases provided for by law, a legally capable patient has the right to refuse treatment, unless failure to do so would endanger the life or physical integrity of others.

b) A patient may refuse any treatment which, if not given, would be likely to cause severe or permanent damage to their health, only in a public document or in a private document with full probative value or, if the patient is legally incapable, in the presence of two witnesses. In the latter case, the refusal must be recorded in the medical documentation, which must be authenticated by the witnesses' signatures.

c) In allowing for a disease to follow its natural course, the refusal of life-sustaining or life-saving interventions is only possible if the patient suffers from a serious illness which, according to the current state of medical science, will lead to death within a short period of time, even with appropriate medical care, and is incurable. Refusal of life-sustaining or life-saving intervention may be made in accordance with the formal requirements set out in point (b). This refusal will be valid only if a three-member medical committee examines the patient and unanimously states in writing that the patient has made the decision in full knowledge of the consequences, and that the relevant conditions are met, and the patient reiterates their intention to refuse treatment on the 3rd day following the statement made by the medical committee, before two witnesses. If the patient does not agree to be examined by the medical committee, their statement of refusal of treatment will not be taken into account. The committee is made up of the physician providing the treatment, a specialist who is not involved in the patient's treatment, a specialist specialized in the field that corresponds to the nature of the illness and a psychiatrist.

d) A female patient cannot refuse life-sustaining or life-saving interventions if she is pregnant and is expected to be able to carry the pregnancy to term.

e) In the case of refusal under (b) and (c), an attempt should be made to establish the reasons behind the patient's decision, based on a personal interview, and to change the decision. The consequences of not carrying out the interventions must be repeatedly explained to the patient.

f) The patient may withdraw their statement on refusal at any time, without any formal obligation.

g) In the case of a minor who is legally incapable or has diminished capacity to act, and patients with partially diminished capacity to act in exercising their rights in relation to medical treatment, the delivery of medical services under point b) cannot be refused.

h) A minor who is legally incapable or has diminished capacity to act may not refuse health services provided by a family doctor, a family paediatrician or a visiting nurse. It is not considered a refusal of medical care if the legal representative of a minor with limited legal capacity or diminished capacity exercises the right to choose a family doctor or a family paediatrician under the Act on Primary health care.

i) The intervention under point (c) may be discontinued or not carried out only if the patient's will to do so can be clearly and convincingly established. In the event of doubt, the patient's personal statement made subsequently must be taken into account; in the absence of such a statement, consent to the life-sustaining or life-saving intervention must be presumed.

j) Patients should not be forced to change their decision by any means when refusing medical care. Even if a patient refuses the intervention, they will still be entitled to treatment to alleviate their suffering and reduce pain.

1.7. The right of access to medical records

a) Patients have the right to view their medical records and the right to request information about their medical data.

b) Medical records are held by the health care provider, and the patient owns the data in them.

c) Patients are entitled to

- be informed about the processing of their data in connection with their treatment
- to become familiar with the medical data that apply to them

  - to consult and obtain extracts or copies of their medical records, or to obtain copies thereof at their own expense
  - receive an outpatient treatment form at the end of the outpatient activity
  - receive a written summary or abstract of their medical records at their own expense

d) Patients have the right to initiate the completion or correction of the medical documentation relating to them, which they consider inaccurate or incomplete, and the physician providing the treatment or other data controller will note this in the relevant documentation, indicating their professional opinions. Erroneous health data may not be deleted after the they have been recorded, but must be corrected so that the data originally recorded can be identified.

e) If the medical records of a patient also contain data concerning another person's right to privacy, access or other rights may be exercised only in respect of the part of the medical records relating to the patient.

f) Patients have the right to authorise in writing the person designated by them to consult and make copies of the medical records concerning the patient during the period of their medical treatment for their illness.

g) After the patient's medical treatment has been completed, only the person authorised by a private document with full probative value given by the patient is entitled to inspect and make a copy of the medical records.

h) In the event of the death of a patient, their legal representative, close relatives and heirs have the right, on written request, to obtain medical records that are or may be related to the patient's death, as well as to consult the data on medical treatment prior to the death, and to obtain extracts or copies thereof or to have copies made at their own expense.

1.8 The right to professional secrecy

a) Patients have the right to have their health and personal data (hereinafter referred to as "confidential medical data") disclosed only to the person entitled to receive it and kept confidential by the persons involved in the medical services provided to them.

b) Patients have the right to make a statement on who can be informed about their illness, the likely outcome of their illness, and who is excluded from partial or full access to their health data.

c) The health data of the patient concerned must be disclosed even in the absence of the patient's consent, where it is

  - required by law
  - necessary to protect the life, physical integrity and health of others

d) The health data, the lack of which may lead to the patient's health being compromised, may be disclosed to the person providing further medical care or treatment to the patient without the consent of the patient concerned.

2. Patients' obligations

2.1. Compliance with legislation and the health service provider's operating rules

a) When using a health service, the patient must respect the relevant legislation and the health service provider's rules of operation.

2.2. Obligation to cooperate

a) Patients must, if their state of health so permits, cooperate with the health professionals involved in their medical care, according to their ability and knowledge, as follows:

- inform them of all details necessary to establish a diagnosis, to draw up an appropriate treatment plan and to carry out the required interventions, in particular, the history of previous illnesses, medical treatment, medication or medicinal products taken, and any risk factors that can be detrimental to their health
- inform them, in the context of their own illness, of anything that could endanger the life or physical safety of others, in particular, of any communicable diseases and conditions disqualifying them from pursuing an occupation
- in the case of communicable diseases, name the persons from whom they may have contracted the communicable disease, or whom they may have infected
- inform the health professionals of any previous statements they have made about medical care
- comply with the instructions the health professionals have given them about their treatment
- follow the rules of the medical institution
- pay the fee required by law
- provide credible evidence of their personal data that must be processed

2.3. Obligations relating to the exercise of patients' rights

a) Patients and their relatives must respect the rights of other patients when exercising their own rights

b) The exercise of the rights of patients and their relatives must not infringe the statutory rights of health care workers

c) The way in which patients' rights are exercised – within the framework of the law, including the procedure for the release of medical records – is regulated by the medical service provider's operating rules (RMC Clinics' policy)

3. The protection of patients' rights

3.1. The procedure for investigating complaints

d) Patients have the right to lodge a complaint with the private RMC Clinics regarding the medical service provided to them

e) Complaints can be lodged with the following individuals:

Name	Position	Contact details
Andrea Kuhárszky	Customer Relations Manager	kuharszky.andrea@rmc.hu
Dóra Mathiasz	Medical Director	mathiasz.dora@rmc.hu
Zsuzsanna Kadala	Operating Director	kadala.zsuzsa@rmc.hu

f) We will investigate your complaint and inform you of the outcome in writing as soon as possible, but no later than within 30 working days

g) The exercise of your right to lodge a complaint does not affect your right to apply to the organisation employing the representative of patients' rights (patients' advocate), the representative of the rights of persons provided with medical services and the representative of children's rights, as well as to other bodies, as provided for in specific legislation, in order to have the complaint investigated

h) Your complaint will be registered, as required by law, and the documents related to the complaint and its investigation will be kept for 5 years

3.2. Patients' advocate

a) The National Centre for Patients' Rights, Rights of Persons Provided with Medical Services and Children's Rights and Documentation (hereinafter: the OBDK) has been operating a national network of legal representatives, including those pertaining to patients' rights, rights of persons provided with medical services and children's rights, and managing, organising and monitoring their professional work since November 1, 2012.

b) You can also lodge your complaint directly with the central complaints office within the OBDK or with the patients' advocate with territorial jurisdiction.

c) The patients' advocate
Name: Dr Julianna Munk
Tel.: +36 20 489 9520
Email address: julianna.munk@ijb.emmi.gov.hu

d) For more information on the National Centre for Patients' Rights, Rights of Persons Provided with Medical Services and Children's Rights and Documentation, and its patient advocacy services, please visit http://www.obdk.hu or http://www.obdk.hu/betegjog.html.

3.3. Other provisions

Additional provisions regarding the patient rights described in this guide are set out in the General Terms and Conditions published by RMC Medical Zrt.