4.2 Informed consent must be obtained from the patient and/or their legally appropriate representative prior to being enrolled in a research project. This should include explanation of benefits and risks of participating in the project.

4.3 The patient has a right to refuse to participate, or to withdraw from a research project at any time. This will not in any way affect the quality of care provided to the patient.

4.4 Strict confidentiality of research data will be maintained.

5.0 The Hospital Ethics Committee

5.1 The Hospital Ethics Committee exists to serve as an important mechanism for addressing ethical/moral dilemmas arising in the process of patient care. Its role is consultative and advisory.

5.2 Ethics consults can be sought by the patient or their legally appropriate representative by speaking to their relevant consultant.

6.0 Patient’s Complaints/Suggestion

6.1 While it is our objective to provide the best possible care and service, we recognize that patients are not always satisfied. In case of a complaint, or in order to make a suggestion, the patient or their legally appropriate representative should speak directly to the Manager/team leader assigned to their care in the first instance.

6.2 If the issue is not resolved, the patient or their legally appropriate representative may make a formal complaint in writing by filing in the Comment Card which is available at all service counters, and deposit it in the complaint/suggestion boxes available at several locations throughout the Hospital.

6.3 All complaints are acknowledged within two working days, and a formal response provided within 9 working days.

Responsibilities of the Patients

1. Patients and/or their legally appropriate representatives are responsible for:

   - Providing complete and accurate information necessary for his/her medical treatment.
   - Abiding by the Hospital rules and regulations regarding admission, treatment, safety, privacy and visitors, etc.
   - Seeking complete and accurate information and/or explanation regarding Hospital services and charges and for ensuring payment of Hospital bills in full and in a timely manner.
   - Exercising care and caution in using hospital facilities and equipment.
   - Complying with all discharge instructions and ensuring timely attendance for follow-up appointments.

2. It is expected of patients and/or their legally appropriate representatives to cooperate with nursing staff, consultants, house staff, trainees and students in carrying out assessment, investigations and treatment procedures.

3. While we make every effort to respect the rights of our patients, our staff also have the right to be treated with respect, dignity and courtesy and to be allowed to function in a safe and non-threatening environment.
Our Mission

“To act as a model institution to alleviate the suffering of patients with cancer through the application of modern methods of curative and palliative therapy irrespective of their ability to pay, to educate healthcare professionals and the public and to perform research into the causes and treatment of cancer.”

The entire staff of the Shaukat Khanum Memorial Cancer Hospital and Research Centre (SKMCH&RC) is committed to fulfilling this mission.

Rights of the Patient

1.0 Accessibility

1.1 We will provide the best possible care available to patients regardless of age, gender, ethnic background, religion or financial means.

1.2 We will provide proper guidance to patients seeking financial assistance in connection with their care and treatment at SKMCH&RC. Such financial assistance is subject to the availability of resources in the institution and institutional policies.

2.0 Communication

2.1 Reasonable efforts will be made to inform patients of their rights in a manner they can understand. In addition, other relevant information such as the mechanism to lodge a complaint, make a suggestion, obtain an ethics consult, etc. will be provided to the patient and/or family.

2.2 We will provide the patient/family with education about their disease process. At discharge, each patient will be provided with a discharge summary. A full clinical summary can be provided on request for which a fee will be charged.

3.0 Patient Care

3.1 Care will be respectful of the patient’s need for privacy and confidentiality.

3.2 The organization will make a reasonable effort to be considerate of the cultural and religious values and beliefs of patients.

3.2.1 As part of the nursing assessment, individual religious / spiritual needs are explored and documented. Patients are advised to contact the unit manager to discuss routine as well as complex spiritual needs as and when necessary.

3.3 Patients admitted to the hospital will be seen at least once a day by a consultant physician. Scheduled outpatient visits will be overseen by a consultant.

3.4 We will involve the patient or their legally appropriate representative in decisions regarding admission, treatment, referral and/or transfer and discharge. The patient or their legally appropriate representatives have a right to be informed about the benefits and risks of the proposed investigative and treatment procedures.

3.4.1 The treating physician will be responsible for discussing the proposed treatment plan and any subsequent changes to this plan, and documenting all relevant discussion.

3.5 Informed consent will be sought from every patient (or their legally appropriate representative) undergoing treatment procedure according to Hospital policy.

3.6 The patient or their legally appropriate representative has a right to refuse treatment and to seek discharge. We will advise the patient of the medical consequences of such a decision. However, the Hospital will not be responsible for any consequences resulting from such a decision on the part of the patient or their legally appropriate representative.

3.7 We will respect the right of the patient to seek a second medical opinion, which in most instances will be provided by an SKMCH & RC credentialed physician/specialist. A request for consultation from an outside non-credentialed physician will be honoured with the concurrence and approval of the treating physician and the Medical Director of SKMCH&RC.

3.8 In case of a genuine dissatisfaction with treatment, the patient is entitled to request a change in his/her treating physician and to seek redress of his/her grievance. The concerned Department Head / Medical Director will assist the patient in this regard.

3.9 All possible support will be provided to any patient being considered for transfer to an alternate treatment facility.

3.10 We will provide appropriate protection to identified vulnerable patients during care.

3.11 We will provide respectful and compassionate care at the end of life.

3.12 Hospital will not be responsible for payments, which patient incurred for treatment outside hospital even when patient was referred or transferred by hospital’s doctors.

4.0 Research

4.1 All research projects involving patients and/or review of their medical records will be undertaken after approval of the research protocol by the Institutional Review Board of SKMCH&RC, to ensure that the rights of the patients are protected.