

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

**7.3** All complaints are acknowledged within two working days, and a formal response provided within 12 working days.

## 8.0 FULL DISCLOSURE

SKMCH&RC believes in honesty and transparency. Hospital staff ensure that patients and their families are kept informed at all stages of their journey through the hospital. Any unanticipated outcome or adverse event is always investigated fully and, in the spirit of full disclosure, patients and their families are always informed of the outcome of such investigation.

Where harm has occurred to a patient as the result of such an event, the Medical Director, or his designee, will discuss with the patient the nature of harm, a plan of action to remedy, as far as possible, any such harm as well as steps taken to prevent a recurrence of such an event in the future.

## 9.0 RESPONSIBILITIES OF THE PATIENT

**9.1** 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 the 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:

**9.2** It is expected that patients will cooperate with nursing staff, consultant, house staff, trainees and students in carrying out assessment, investigations and treatment procedures.

**9.3** While we make every effort to respect the rights of our patients/families, our staff also has the right to be treated with respect, dignity and courtesy and to be allowed to function in a safe and non-threatening environment.

**9.4** Patients are responsible for their own belongings and valuable things whilst in hospital. SKMCH&RC will not be responsible for replacing any lost or stolen items.

### 9.5 Valuables

All valuables should be left at home or sent home with a responsible family member upon admission to the hospital. If family members are not present, valuable items should be given to the nursing staff to be secured.

### 9.6 Medications

A list of all current medications must be brought to the Hospital at each visit. This includes over the counter medications as well as prescription medications. If a list is not available, bring in the medication containers for the physician to view.

### 9.7 Lost Items

While SKMCH&RC is not responsible for patients' and visitors' personal belongings, the Admin will make reasonable effort to return any items found to their rightful owner. To report a lost item, please contact the Admin & Security department.

# Patient's Rights and Responsibilities



Shaukat Khanum Memorial Cancer Hospital and Research Centre  
Lahore: 7-A Block R-3, Johar Town, Lahore, Pakistan  
Tel: +92 42 359 5000 | UAN: 042 111 155 555  
Peshawar: 5-B, Sector A-2, Phase V, Hayatabad, Peshawar, Pakistan  
Tel: +92 91 588 5000 | UAN: 091 111 155 555  
[www.shaukatkhanum.org.pk](http://www.shaukatkhanum.org.pk)



**Shaukat Khanum**  
Memorial Cancer Hospital  
and Research Centre

## 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.

## 1.0 RIGHTS OF THE PATIENT

### 1.1 ACCESSIBILITY

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

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

## 2.0 COMMUNICATION AND PATIENT EDUCATION

2.1 Patients will be informed 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 Patient/ family education will be individualized to meet the patient's needs and will include, but not be limited to, appropriate aspects of care including condition/ disease process, procedures, nutrition, self-care techniques, hospital/ community resources and follow-up care.

2.3 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.

2.4 The practitioner will try to address any question or

concern raised by the patient/family at the time when it is presented to him/her. However, if this is not possible for any reason, the practitioner will ensure that he/she arranges for these concerns to be addressed.

## 3.0 PATIENT CARE

3.1 The hospital will provide health care respectful of the patient's need for privacy and confidentiality. The patient remains the primary decision maker regarding his/her diagnosis and treatment and access to this information. The patient may decide to nominate another person to represent him/her in making such decision.

3.2 The organization will make reasonable effort to be considerate of the cultural and religious values and beliefs of patients. Staff members will be educated about patient rights and will ensure protection of those as their responsibility.

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

3.3.1 In the outpatient setting, the patient will be seen by a consultant physician (or by fellow in a fellow-led clinic) at each visit.

3.3.2 A patient's need for privacy will be respected for all clinical interviews, examinations, procedures/ treatments, and transport.

3.4 The patient or his/ her legally appropriate representative has the right to decide their extent of participation in the care process including evaluating, planning and delivery of appropriate treatment.

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

3.4.2 The patient/legally appropriate representative has a right to seek additional information about the

doctor responsible for their care. In the first instance, such enquiries should be directed to the primary consultant.

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

3.6 The patient or their legally appropriate representative has a right to refuse treatment and to seek discharge.

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 honored with the concurrence and approval of the treating physician and the Medical Director.

3.8 When a patient is dissatisfied with treatment, he/ she may voice their concerns through the established complaint mechanism.

3.8.1 Patient/ family can request a change in his/her treating physician for any reason, with the approval of existing consultant and the Medical Director. The patient is also entitled to seek redress of any grievance by approaching the QPSD.

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

3.10 The hospital management will ensure adherence to all applicable regulations and laws.

3.11 The hospital will not be responsible for any expenses incurred for treatment outside SKMCH&RC.

## 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.

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 PATIENT EDUCATION COMMITTEE

This committee is responsible for promoting and developing high quality patient education programme and materials. The aim of the committee is to empower patients and their families to actively participate in their cancer care by helping them to receive the appropriate information, at the right time and in a manner understandable by, and acceptable to, all patients.

## 6.0 THE HOSPITAL ETHICS COMMITTEE

6.1 The Hospital Ethics Committee exists to serve as an important mechanism for addressing ethical/moral dilemmas arising in the process of patient care.

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

## 7.0 PATIENT'S COMPLAINTS/ SUGGESTIONS

7.1 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.