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Original Article

Human Rights and Health Services: Results from a Case Study of Cyprus

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Abstract

Background: It has been observed that health services provided to certain patients in Cyprus do not fully meet their human rights.

Objective: This study was conducted to identify the main shortcomings of the Health System in Cyprus.

Methodology: The relevant administrative decisions of the Ombudsman of the Republic of Cyprus between years 2007 and 2014 were studied. The four most frequently occurring categories were selected: a) Triage in the emergency departments, b) Counseling the mentally ill, c) In-house treatment of children, d) A comprehensive approach to treating the chronically ill. Interviews were then conducted with 15 senior executives having decision making authority, to examine their understanding and proposed solutions of said issues through a questionnaire based on the conclusions of the Ombudsman. Descriptive statistics and qualitative analysis was used along with MS Excel 2013.

Results: All respondents stressed that there is no comprehensive treatment of chronically ill patients. 92% believed that a triage is necessary in the emergency departments. 81.8% considered child treatment at home to be unsatisfactory. 80% considered psychological support of mentally ill patients and their families to be essential.

Conclusions: The paper concludes that implementing guidelines in accordance with international best practices, the establishment of at-home treatment and nursing facilities, counseling the mentally ill in a way that promotes their social integration and occupational rehabilitation, ongoing education of health professionals along with relevant education of the community and the broad application of triage in the emergency departments will all contribute to delivering health services more effectively.

Keywords: Cyprus, health services, patient rights

Background

Safeguarding the human right to health should be mirrored in the response of health systems to that particular need. This right is enshrined in international law in a number of UN conventions, and regional organizations including the Council of Europe and the European Union framework (Dagtoglou, 2010).

The first major moment in regards to the principles of bioethics was the Nuremberg Code (1947), which has to do with the protection of humans against clinical and experimental procedures. These principles are systematized in the Declaration of Helsinki in 1964 by the World Health Organization (World Medical Association Declaration of Helsinki, 2013).

Following the Nuremberg Code are the Universal Declaration of the UN Human Rights in 1948, as well as the European Convention on Human Rights of the Council of Europe (1950), with key points being the equality before the law, the respect of freedom of others, the presumption of innocence, the right to human dignity, the right to life, the right to social security and equal access to public services by all citizens, who as members of society have the right to social security and the right to enjoy health related services, in particular, disability and incapacity related ones (Dagtoglou, 2010). Recognizing patients' rights falls within the framework of safeguarding of human rights through the above Codes.

A few years after the vesting of basic human rights comes the need to protect the social right to health. This is accomplished through a series of international and European conventions which were finally validated by the national laws of the Member States, international organizations and the European Union.

Specifically, particular reference is made to the rights of persons with disabilities. The Convention on the Rights of Persons with Disabilities was adopted by Decision 61/611 of the UN General Assembly in New York on December 13, 2006 and took effect on May 4, 2008 (UN Regional Information Centre, 2006).

The convention describes the legal and institutional framework to protect the right to health which is associated with the relevant European Union law. Key elements are the law on the protection of patients' rights and the institution of the Ombudsman.

European countries with structured health systems policies in place have already established national mechanisms for safeguarding the rights of people with disabilities and chronic diseases. It should be noted that chronic diseases affect a large part of Europe's population.

The Division of Human Rights was established and started operations in Cyprus in 2004, and is staffed by legal officers, who have knowledge of ECHR case law (European Court of Human Rights) and its procedures, as well as case law relating to human rights governed under international treaties (European Court of Human Rights, 1950).

The Cyprus Centre for Human Rights has been in operation for the last three years in Limassol serving the needs of three basic groups: the disabled, the sick and children with physical or learning disabilities. It has a legal director, advisors and distinguished experts (depending on the subject).

Following the directives of UNESCO, the Cyprus National Bioethics Committee has been established (CNBC) which deals with the organization, research and study of operation mechanisms and modes of regulation of issues related to biotechnology and its applications in human reproduction with the aim of protecting the individual from exploitation or ignorance.

"The institution of the Ombudsman was established and operates in Cyprus since 1991. It is the application of the principle of the Ombudsman, which first appeared in Sweden and currently operates in more than 100 countries around the world" (Commissioner authorities, 2014).

Essentially, under the control of the Ombudsman is the administrative system itself, the shortcomings of which are identified and pointed out, and suggestions and recommendations are then made for its institutional and organizational improvement. Most importantly, the Ombudsman is the institution par excellence defending human rights (Official Gazette of the Republic of Cyprus, 2012).

The purpose of this paper is to examine the responsiveness of health services in the Republic of Cyprus (from now on referred to as "The Republic") with regards to vulnerable groups of people such as the mentally ill, the chronically ill, and children.

Method

The administrative decisions of the Ombudsman of the Republic on health issues were sought. All cases related to complaints were examined. The full text of the administrative decisions of the Commissioner for Administration, concerning the period 2007-2014 (which are posted on the official website of the Commissioner) regarding human rights and health services were studied.

Subsequently, 16 cases of complaints from the Ombudsman's file were selected and analyzed in accordance with current practice: complaint description, applicable legal framework, findings

and finally conclusions, criticism and suggestions.

Furthermore, four main categories were selected for further investigation. Selected were the most common (in regards to vulnerable groups) problems of the health service system. Based on these data, four key human rights subject modules were created out of which the related shortcomings of the health system emerged along with the first research findings which prompted further investigation through a structured questionnaire.

The four modules of the questionnaire regard:

- (a) patient screening at the Accident and Emergency Departments
- (b) the effective counselling of the mentally ill,
- (c) at-home treatment of children
- (d) treating patients with chronic diseases

To have better and more specific questions, the creation of short structured interviews was decided, which were addressed to country informants who have the knowledge and competence but also the responsibility for taking relevant decisions. The study began in May 2014, and completed in early January 2015. We chose both qualitative and quantitative research.

Each section of the questionnaire consists of two questions, the first being more generic and the second more particular in regards to the actions that the respondents believe will create the appropriate structures to resolve the problems being investigated.

The questions were finalized after pilot-distributing them to two specialized members of the field that have the authority and responsibility for taking relevant decisions. Each of them answered all four modules to make sure that they were understood; that they do not contain ambiguities and that the respondents will be able to answer easily.

Interviews were conducted over the telephone, and a letter explaining the purposes of the investigation as well as assuring the participants of their anonymity was sent to the country informants

Interviews were made with 15 qualified officers. Each of them responded to at least two modules for which they felt they were more competent or had better knowledge of. A percentage of 26.6% answered all four modules. Interviews were

stored along with the scientific background of the respondent. Questions were accompanied by a letter from the author stating the voluntary nature of participation, the condition of anonymity and confidentiality of data and the use of the respondent's spare time. Acceptance of the interview over the phone was followed by the sending of the letter described above.

For statistically analysing the survey, the method of descriptive statistics (descriptive design) was used, along with qualitative analysis of data from the interviews. Graphs were created with MS Excel 2013 software suite. The responses given by the participants were carefully studied and grouped into recommendations. Frequency diagrams were then generated showing what views / proposals were the most frequent per each matter investigated.

Results

Screening at the Accident and Emergency Departments

Participants responded as follows:

92% believed that triage is necessary for the proper operation of the Accident and Emergency Departments in order to more readily manage emergency incidents.

46% suggested the gradual staffing of Accident and Emergency Departments with doctors of different specialisations to more timely and effectively handle the more intricate and complex cases (which until now are very time consuming).

100% felt that Accident and Emergency Departments do not operate according to international protocols such as those mentioned in the literature and implemented by states with more structured healthcare systems.

Mental patients and their effective / participatory counselling

Participants responded as follows:

80% suggested the psychoeducation of patients and their families

40% suggested the distinguishing by experts (responding psychiatrists) of mental illnesses to simple and acute cases. In cases of serious psychoses, such as schizophrenia, the use of milder terms is suggested such as the generic

term "psychosis" because the term "schizophrenia" is accompanied with stigmatization, fear and social prejudice. Also 40% suggested informing patients of their rights and the relevant associations to which they can refer.

100% believe the modernization of the institutional, social and legal framework governing the treatment of people with mental health problems, along with vocational rehabilitation and social integration of the mentally ill to be essential,

At-home treatment of children

Participants responded as follows:

64% suggested the creation of support services for home care of children (paediatrician, child psychologist, paediatric neurologist).

64% suggested the creation of support structures for individuals and their families (psychologists, caregivers, volunteers).

27% noted the need for appropriate distance learning programs.

36% suggested that travel to the hospital should be facilitated by ambulance, caregiver and nurse.

Caring for the chronically ill

Participants responded as follows:

100% noted the lack of coordinated and comprehensive support services as well as the marginalization and social exclusion of these persons.

88% stressed the need for support structures and services.

63% consider the number of specialized health professionals to be unsatisfactory.

50% believe psychological support of patients and their families to be insufficient.

34% believe that occupational and speech therapy services are limited.

25% consider that social welfare services are limited. Also 25% consider that home community services are unsatisfactory.

13% think the extent of supply and distribution of special aids and equipment to be limited.

Discussion – Conclusions

Although the sample size was relatively small, the conclusions reflect the situation in the healthcare sector of Cyprus.

The Republic of Cyprus, having adopted international conventions on human rights to health, especially for people with disabilities, is committed to align with international regulations and to develop a person-centred health system so that all citizens can equally enjoy the wellness they deserve, everyday practice reveals inefficiencies in the health sector.

The main problems that emerge through this research are deficiencies (malfunctions, failures) for the institution of social welfare in cases of home care, palliative care, psychological, economic and social support for patients with disabilities, chronic disease and mental illness, lack of education for children with chronic diseases and disabilities, and triage in the Accident and Emergency Departments.

Among the factors contributing to the effective operation of a high quality health system are the availability and accessibility of health care services and the existence of an integrated system of care that will improve the quality of life and social integration of patients with disabilities. More specifically:

Screening at the Accident and Emergency Departments

To provide satisfactory services at the accident and emergency department staffing with more medical specialties is required in order to most timely and efficiently treat and handle the complex cases that they face. The use of new technologies and guidelines is also considered necessary, for example the Scoring System, which ranks the severity of the patient's condition.

The mentally ill

The need for psychoeducation of patients and their families is important. Equally important is the need to inform the public about mental illnesses through the media, with the participation of the Pancyprrian Medical Association, the Psychiatric Association and the Ministry of Health.

Continuous investigation of the legal framework of other countries (mainly European) and international practices for people with mental disorders is advised. Promoting vocational rehabilitation of people with mental disorders through specific programs in order to facilitate their socialization is needed. Coordinated counselling of mentally ill patients on their rights and possible existence of mental health associations in Cyprus and abroad, as well as the law on patient rights is advised. Opportunities to develop mental health promotion programs, involving patient associations on matters relating to them should be sought.

Finally the continuation of organising of periodical Pancyprrian conferences or workshops for continuing education of doctors / psychiatrists in modern models for mental disorders, therapeutic intervention and prevention is suggested.

At-home treatment of children

Home treatment and care of children who are in need of the love and presence of their family and the daily provision of special health services from the state is suggested. Children with disabilities or chronic illnesses have the right to live with their families in conditions that ensure the protection of their health, physical and mental development and prevent social isolation and exclusion.

Patients with chronic diseases A detailed study on best practices should be undertaken. Investigation and possible testing of the implementation of additional international guidelines in Cyprus should be considered.

The creation of suitable hospitality and care units to meet all the needs of patients with chronic diseases as well as their rights is suggested.

The finding of this study, having reviewed the proposals of experts, may help the competent bodies towards the updating and strengthening of the relevant policy in the country.

Limitations

The sample size was the main limiting factor in this study. Although the sample size was relatively small, the conclusions reflect the situation in the healthcare sector of Cyprus.

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