



Journal of Fundamentals
of Mental Health



Mashhad University
of Medical Sciences



Psychiatry and Behavioral Sciences
Research Center

Original Article

Codification of the psychiatric patients rights charter in Iran

Marzieh Ammari¹; *Arash Ghoddousi²

¹MS.c. in psychiatric nursing, Faculty of Nursing and Midwifery, Islamic Azad University, Isfahan Branch (Khorasgan), Isfahan, Iran

²Associate professor of legal medicine, Research Center of Legal Medicine, Islamic Azad University, Isfahan Branch (Khorasgan), Isfahan, Iran

Abstract

Introduction: Because people with mental disorders are a vulnerable section of society, the knowledge and awareness about their rights is necessary.

Materials and Methods: In the present study, the first phase conducted through literature review and in the second phase, the Delphi technique was used. In the initial stage after extraction of primary codes consisting of 5 main axes and 38 sub clause codes, fifteen psychiatrists and 15 adult patients or their executors, 15 nurses or psychiatric nurses, 10 physicians with jurists and 10 clinical psychologists were assigned to receive comments, amendments and suggestions and they asked for comments and corrections. In the implementation of Delphi second line, ethical codes were reformed and made as a questionnaire. Subsequently, with the opinion of the professors and consultants of the ethical charter, the final version was formulated in five main axes.

Results: The final charter with five main axes includes receiving optimal quality psychiatric services, obtaining the necessary information as desired, the right to choose and freely decide the patient in receiving psychiatric services, respecting the privacy of the patient, and observing the principle of secrecy and awareness and access to effective authorities were approved to handle patient claims in the field of psychiatric treatment and 40 codes were approved.

Conclusion: The codification of the psychiatric patients' rights charter and its knowledge can have a positive effect on the observance of the rights of these patients and improve patients' relations with therapists.

Keywords: Delphi technique, Patients rights charter, Psychiatry

Please cite this paper as:

Ammari M, Ghoddousi A. Codification of the psychiatric patients rights charter in Iran. *Journal of Fundamentals of Mental Health* 2018 Nov-Dec; 20(6): 382-94.

*Corresponding Author: Research Center of Legal Medicine, Islamic Azad University, Isfahan Branch (Khorasgan), Isfahan, Iran

Received: Aug. 20, 2017

Accepted: Jan. 17, 2018

Introduction

Among different medical fields in Iran, the specialty of psychiatry is ranked 16th in terms of the number of complaints for various reasons. More than 80% of physicians in the country want to enact laws that protect patients' rights. (1) The Patients' Rights Charter, which has been developed in health systems of most countries, can be a starting point for the provision of patients' rights, including psychiatric patients. But it should be noted that, as stated in the WHO report, in protecting the rights of patients, including psychiatric patients, the responsibility for protecting these rights can not be reserved solely to a particular group and this is more successful if the involved individuals are more agreed about the need to enforce each right (2).

Therefore, it is necessary for authorities and decision makers to consider these provisions in order to respond to the needs of psychiatric patients and to prevent their rights being violated. However, if necessary to amend the provisions of the charter, necessary efforts should be taken. Therefore, specific characteristics of psychiatric patients such as: long-term treatment, loss of some rights, compulsory admission, deprivation of free life, dissatisfaction with therapeutic measures (physical inhibition, forced injection, shock therapy, ...), and not being able to make the right decision for treatment and the existence of different treatment options that have different paths.

One way is to find out that the rights that are not agreed upon on the basis of the results of this research and similar studies regarding their necessity among the groups under study are investigated in the legal, ethical, professional, and management baccalaureate groups until the defects are resolved. Similarly, the provisions that all the involved groups agree to its necessity for psychiatric patients, is considered as a legal

right for these categories of patients in the charter (3). Despite the desirable awareness of the medical group, the charter of patient's rights was not as favorable as that of other studies (4).

The most important factors that have been mentioned as barriers to observing patients' rights in the studies were the lack of awareness about the patients' rights charter among patients, nurses, physicians and students, the lack of the implementation of the Patients' Rights Charter in Iran, nurses work load, lack of personnel and finally, educational hospitals.

The purpose of this study was to clarify the structure and nature of the charter of the rights of psychiatric patients in Iran (case study: Ibn-e-Sina Psychiatric Hospital in Mashhad) to identifying the weaknesses of the patient's rights charter about psychiatric patients and offering suggestions for correction of these weaknesses to help in providing services for admitted patients through planning to correcting weaknesses in psychiatric hospitals and promotion of existing policies.

Materials and Methods

Since the general objective of this research is to generate knowledge and concepts related to the codification of the charter of the rights of psychiatric patients in Iran, the present research is a basic research and in terms of data collection is a qualitative research. In the present study, literature review and Delphi technique have been used in the first and second phases respectively. In the first phase, an advanced review of texts from the Center for the Study of Ethics and Medical History (5), Health News (6), Rights and Responsibilities of Patients (7), Canadian Health Care Recipes by the Media (8), Mental Health System in British Columbia (9), the Professional Ethics Charter for Psychiatry in Iran (10), legal issues in psychiatry, the Ethics and Medical

History Research Center (12), and Latin resources. Therefore, we refer to different cites to develop the framework of the psychiatric patients' rights charter. The search in databases was done in "Google Scholar", "Pub Med," "Medline," "Web of Science," "Science Direct" and "SID" with using keywords as " patients' rights", "the Patients' Rights Charter", " psychiatric patients' rights" so preliminary draft of the rights of patients in psychiatry in Iran codificated in the form of the charter of the rights of patients in Iran issues by the Ministry of Health (13) in five main axes.

In the initial stage after extraction of primary codes consisting of 5 main axes and 38 sub clause codes, fifteen psychiatrists of Medical Council of Khorasan Razavi province and 15 adult patients or their executors, 15 nurses or psychiatric nurses, 10 physicians with jurists and 10 clinical psychologists were assigned to receive comments, amendments and suggestions and they asked for comments and corrections. In the implementation of Delphi second line, ethical codes were reformed and made as a questionnaire. Subsequently, with the opinion of the professors and consultants of the ethical charter, the final version was formulated in five main axes.

Inclusion criteria conclude: psychiatrists with a five-year work experience, even university staffs, nurses and law physicians with no legal record of the medical system based on their statements and patients with at least 1 year psychiatric treatment. Exclusion criteria defined as non-willingness to cooperate. The ethical code is IR.Mums.REC.1395.492.

It is impossible and futile to conduct educational and research methods without observing ethical points. Therefore, ethical points should be carefully considered. In all research phases, ethics should be followed: respect for the dignity of people, goodness and justice. In this study, the researcher began to register the research title at the university before starting the research. After

obtaining the necessary permissions and receiving the introduction, the researcher described the importance and objectives of the research for participants and stated that their rights maintained and try to receive their informed consent. The participants will be told that they will be free to discontinue participation in the research and that their information will remain confidential. The Trust Principle is also used to provide research resources.

Results

In the first round of the panel of experts, which included 15 psychiatrists from the Khorasan Razavi Medical Council and 15 adult patients or their executors, 15 experienced nurses in psychiatric wards or psychiatric nurses, 10 physicians with lawyers and 10 clinical psychologists, all the extracted codes from the literature of the research and the charter of patients' rights were studied and the codes were modified. By reviewing the initial codes, suggestions and corrections were made on them. The number of code extracted is as follows: The first axis consists of 18 codes, the second axis consists of 8 codes, the third axis consists of 6 codes, the fourth axis contains 3 codes and the fifth axis, including 5 codes, is identified and compiled as follows:

The first axis: Receiving the psychiatric services with good quality is the patient's right.

1.1 Providing health services should be patient and respectful of religious beliefs.

Psychiatrists and other health professionals are required to fight psychiatric disorders and use the opportunities provided by public health meetings to correct common misconceptions about psychiatric disorders, such as the fact that all these patients are violent people or that these patients have the will to do so and they also work on psychiatric therapies such as psychiatric treatments or the use of psychiatric

medications that cause them to become addicted to them.

1.2. The provision of health services should be based on honesty, fairness, politeness and kindness, and with the observance of professional ethics standards.

1.3. The provision of health services should be free from any discrimination, including ethnic, cultural, religious, gender or gender.

1.4. The provision of health services should be taught to the families of patients on the basis of updated knowledge. It is better to model advanced countries in the formulation and delivery of standard services.

1.5. Providing health services should be conducted in a safe and secure environment (adequate water supply, sanitation and waste disposal, as well as the protection of environmental hazards such as pollution, environmental degradation or infection) that ensures patients about physical, mental health and welfare.

1.6. The provision of health services should be based on the justice and medical priorities of patients and in accordance with the standards of medical ethics.

1.7. The provision of health care services should be timely, and treatment and rehabilitation should be done without regard to financial capacity.

1.8. The provision of health services should be accompanied by the provision of all essential welfare facilities, such as home visit services, and the addition of the number of health care personnel and away from suffering.

1.9. The provision of health services should be done at the earliest possible time. An emergency for psychiatric patients is required to move them to treatment center.

1.10. The provision of health services should be based on variables such as language, age, gender, type of disorder and type of patient (psychiatric-psychiatric addict).

1.11. Emergency care should be done, regardless of the cost. In non-urgent (elective) cases, it is defined according to the criteria.

1.12. The provision of health services should be optimal in the necessary and unnecessary care; the time of insurance for non-urgent cases increases and insurance should be responsible for counseling and psychotherapy and consultancy services.

1.13. In the final stages of life, when irreversible illness and death of the patient is imminent, the health services should be provided with the aim of maintaining his comfort. In order to reduce the pain and suffering of the patient, we should pay attention to his/her psychological, social, spiritual and emotional needs at the time of dying. The patient is dying should be accompanied with the person who wants in the last moments of life.

1.14. Compulsory treatment is recommended only for patients who are examined by a psychiatrist and whose illness is subject to admission and compulsory treatment. If you find suicidal thoughts and anxiety, compulsory treatment should be done by two physicians.

1.15. Surgery, shock therapy, medical treatment, medications or tentative measures should only be made with the permission of the patient or relatives so that the rights of such patients are more guaranteed.

1.16. Denial of patients from freedom and the imposition of compulsory psychiatric treatment should be carefully observed in accordance with the ethical standards of medicine.

1.17. The patient has the right to access to health care, receive timely emergency care, treatment and rehabilitation, regardless of ability to pay.

1.18. Conscious Consent: The patient will be informed about the specific treatment and other alternative methods and their potential

benefits and disadvantages. The patient will understand this information and express his consent with freedom and information.

The second axis: Receiving the necessary information in a desirable manner, is the right of the patient, his or her parents or executor.

2-1: Predictive criteria and costs of the hospital, including medical and non-medical services, insurance policies, and the introduction of supportive systems at the time of admission, shall be communicated orally or in writing to the patient.

2-2: The name, responsibility and professional rating of the members of the psychiatric group responsible for providing care, including psychiatrists, psychiatric nurses and students, and their professional communication with each other should be communicated to the patient.

2-3: The diagnostic and therapeutic methods and the strengths and weaknesses of each method and its possible complications, the diagnosis of the disorder, as well as all the information that influences the decision making process of the patient, should be reported to the patient or his or her executor.

2-4: The patient has the right to choose a hospital, how he or she can access the physician and healthcare provider during treatment.

2-5: A psychiatric patient can only participate in a scientific research that does not conflict with his treatment plan and the consent or refusal to participate in the research does not exclude any of his rights or privileges.

2-6: Psychiatric patients should see all necessary training during and after admission, and the training and information given to patients should be stress-free and appropriate to the characteristics of individuals (age, education, gender, language, ability to understand, etc.).

2-7: The patient or patient's executor can access all of the information recorded in his/her clinical record and receive the image and request correction of the errors contained therein.

2-8: Psychologists consider the commitment to ethical professionalism to be important in their lives, and they accept the philosophy of ethical practice and respect the existing laws within the framework and increase the public confidence in this profession and its employees.

The third axis: The patient's right to choose and decide freely in receiving psychiatric services should be respected.

3-1: Choosing the physician and health service center is within the framework of the criteria, and there are no external constraints on the choice of the patient.

3-2: The patient has the right to choose a full physical and clinical examination by the selected physician or a second physician as counselor to ensure that the condition is physically and psychologically indistinguishable and untreated.

3-3: Approval or rejection of the proposed treatment is the right of the patient, after being aware of the possible complications of admission or rejection, except in the case of suicide or in cases where the refusal to treat leads to another person be at serious risk.

3-4: The patient's prior opinion about future therapeutic acts is recorded when the patient has the decision-making capacity and as a guide to medical measures in the absence of his decision-making capacity, observing the legal requirements of the health care providers and patients executor.

3-5: patient's selection and decision making should be freely and consciously informed, and in cases where the patient is unable to make decisions, with the opinion of the patient's executor, based on adequate and comprehensive information.

3-6: After the information is provided, give enough time to the patient and his or her executor to make decision and selection.

The fourth axis: Respect for patient privacy and respect for the secrecy principle during the psychiatric treatment is the patient's right.

4-1: The patient's privacy should be respected in all stages of care, including diagnosis and treatment. A photographic and filming license is not required from the psychiatric center.

4-2: Only the physician, patient, treatment group and authorized persons by patient or executor can access the information.

4-3: Patient has the right to have his/her trusted person at diagnostic stages, including examinations. The patient medical record should be considered confidential in the counseling room and during the examination.

The fifth axis: Awareness and access to competent authorities to address patient claims in the field of psychiatric treatment is his/her legal right.

5-1: Any psychiatric patient or his executor has the right to sue competent authorities if he claims to be in breach of his or her rights, which is the subject of this charter, without disturbing the quality of health care provision.

5-2: Patients have the right to know how to handle their complaints by observing the complaints process by signs within the wards and the possibility of direct telephone complaints in the wards.

5-3: The damage caused by the failure of the health service provider must be compensated for after the trial and proof of compliance in the shortest possible time. In the implementation of the provisions of this charter, if the patient for any reason lacks decision-making capacity, the application of all patients rights mentioned in this charter will be replaced by the patient's guardian.

5-1: Every psychiatric patient or his or her executor has the right to complain to the competent authorities in the event of a violation of his or her rights under this charter, without disturbing the quality of health care provision.

5-2: Patients have the right to know how to handle their complaints and complaints through the observation process of the complaints by the boards within the sectors and the possibility of direct telephone complaints in the sections.

5-3: The damage caused by the failure of the health service provider must be compensated for the shortest possible time after consideration and proof of compliance. In implementing the provisions of this charter, if the patient for any reason lacks the capacity to make a decision, the exercise of all patients rights mentioned in this charter will be replaced by the patient's executor.

5-4: If the patient's executor, contrary to the psychiatrist's opinion, prevents the patient from receiving treatment, the physician may apply for a decision to appeal through the relevant authorities.

5-5: Patients or their executors have the right to appeal to the Supreme Court to determine whether the patient should stay in the hospital.

The patient or his executor has the right to have access to the criminal justice system as equivalent to the care provided by the community.

The patient or his executor has the right to sue (complaints may include any type of treatment of torture, violent, inhuman or degrading treatment under psychological care).

The patient or his or her executor has the right to have a private lawyer and legal counsel if necessary for legal action.

The center for complaints for psychiatric patients should be considered.

Discussion

Since the main objective of this study was to determine the structure and nature of the rights charter of psychiatric patients in Iran, based on the findings of the present study, the rights charter of psychiatric patients was provided in five main axes and 40 sub clauses. Respecting the patient's dignity is an effective step in increasing patients' satisfaction with the services provided by the personnel, and the consequences such as the desirable relationship between the patient and the personnel, the sense of importance and reducing the duration of stay in the hospital, reducing costs, and increasing the incentives of the personnel to provide better service. It will be necessary for health workers to understand this concept more deeply and to take it as much as possible.

Respect for human rights has been approved in the studies by considering the values, social and cultural rules and beliefs of the patient in the provision of health services (14,15). The right to receive dignified treatment among other rights has the lowest score. In public health perspectives to reduce the burden of mental disorders, many measures must be taken such as: ensuring comprehensive access to appropriate and cost effective services, adequate care and protection of human rights for patients, support for balanced family life and social solidarity.

Also, the most important issues in this field are the satisfaction of mental patients with their respective services and their rights. Because satisfaction of patients is one of the characteristics of the effectiveness of hospital services, it is necessary to achieve patients 'satisfaction with patients' rights. Patient awareness of their rights increases the quality of care and reduces costs. Another striking issue is that informing patients and sharing them in decision

making and respecting their rights will speed up their recovery, reduce hospital admissions and prevent further irreparable mental and physical harm. Because failure to observe the rights of patients with psychiatric disorder can endanger the health, life and safety of patients, as well as undermine the relationship between health care workers and patients. Since the purpose of medical and paramedical work is to create well-being and health for individuals, they must with satisfaction and agreement of the patient. In order to be satisfied with satisfaction, the name of the doctor or psychiatrist's intended action, the risks, the various treatment methods, and the possible consequences thereof, should be communicated to the patient by a physician or psychiatrist. In this case, it can be concluded that the patient is consciously satisfied with the necessary treatments. Therefore, informed consent means understanding the benefits and risks of treatment with voluntarily consent, which is essential for medical ethics and medical activities and aims to protect patients' rights (16,17).

In a study entitled "Patients Rights Charter" in Iran, there was no significant difference between the viewpoint of physicians and patients regarding patients' rights to receive appropriate health care services (18). Patients have not been very satisfied with the practice of nurses and physicians regarding the observance of the charter of patient rights. Justice and equality are among the fundamental principles of international human rights law, which is one of the most important issues is the right to receive health care. Certainly, this right applies in all medical disciplines (19).

Also, the results of this study showed that psychiatrist's awareness, attitude and practice about the obligatory admission of patients showed that more than 50% of

psychiatrists opposed the right to psychiatric disorder for non-acceptance of treatment (1). This finding is consistent with the findings of another study that patients were agree less likely to use physical limitations and use of coercion and force in the treatment than personnel (20).

Findings about the necessity of the rights derived from the principles of mental health care of the World Health Organization showed that the obligatory hospitalization of the patient contrary to his wishes, in the condition that the patient 1- because of the disease is a source of danger to others, 2- the patient is not able to care himself due to disorder and his needs were not supplied or his physical health was in danger, and 3- attempted suicide, among the cases where the respondent groups, even the patients, agreed to it. Perhaps the reason for consenting patients to the issue of compulsory admission can be explained as follows: Patients usually find better insights to necessity of treatment after relatively improvement.

Other findings of the studies in this field have shown that the viewpoints of patients who are compulsorily admitted to a psychiatric hospital change about the need for hospitalization after receiving treatment rather than admission time. These studies showed that a high percentage of patients who refused to admit and they considered admission unnecessary, after receiving care and relative improving suggest that they need hospitalization (21). Studies have also shown that current laws in Iran in this area are not a solution to the problems (22). Another study in Croatia showed that the existence of a law to protect psychiatric patients in which the issue of compulsory admission was legally stated significantly reduces the incidence of forced admission (24). The World Health Organization (WHO) requires three conditions for

admission and compulsory treatment of psychiatric patients (25): a. Individuals with severely defined mental illness, b) Self-harm or others, c) The most appropriate environment with the least limitation. Mandatory hospitalization of psychiatric patients in questioned conditions in some countries is a legal right, but in Iran the issue of compulsory admission of psychiatric patients is not raised in the Patients' Rights Charter, and there are currently no clear and approved laws in this regard that in this research it is provided in 14th clause of charter.

Observing the rights of individuals, as members of the human community, leads to the physical and mental health of the individual and society. Mental patients are also have legal rights which should be respected. One of the patients' rights is to know the condition of their disease as a person as a person, but there are circumstances in which the patient is informed. There are two theories in this regard: - The patient has the right to be aware of his or her state of illness, although his illness is very advanced and dangerous and awareness if disease making difficult his/her improvement. - The patient is enable and not in normal condition and he/she can not make a decision, and informing the patient causes mental distress and delay in treatment. In this case, the physician should give the patients executor a precise report, and aware them about the process of the disease and decide in consultation with them. However, the physician or psychiatrist has a duty to inform, but according to the patient's mental state, he must take the wisest decision. If the patient does not lose his temper and can make positive decisions, tell him the truth but if the patient has a fragile temper and informing him can lead to a psychological discomfort and delay in treatment, the patient's condition should be

informed to his or her parents and treated with the opinion of the parents (26).

In a study, it was shown that the average observance of the Patients' Rights Charter from the view point of more than two thirds of the studied population was at a weak and moderate level, indicating a non-complete observation of patients' rights (27). Also, in the study, the average patient compliance rate was reported as 1.45, indicating a weakness in this case. The physician and psychiatrist are required to express the cost of treatment in a fully and unambiguous manner for the patient or his or her executor. In order to the patient has a complete knowledge of this subject, in the other words, the patient or the executor will receive enough information and make informed decisions about it. Also the degrees of each person and the rate of responsibility (nurse, physician, psychiatrist etc.) should be clear. It should be obvious that the patient or his executor know they talk to him/her and what extent he/she can help them about treatment and methods of treatment. One of the other important rights of psychiatric patients in this clause is to inform and provide sufficient information on the diagnosis of the disease, the treatment which should be clearly disclosed to the patient or her executor. By informing psychiatric patients or their executors of their legal rights in health centers and raising their wishes and expectations, all who are involved in providing care to patients should also be aware of these rights to fulfill their demands and expectations, as well as provide better and high quality care with respect and dignity to patients. Psychiatric patients and their executors can definitely be able to help the health care providers through expression of their views on such topics as information about the disorder, communications, privacy

and their environment with healthcare providers (28).

The results of the studies show that 33% of patients did not receive any explanation for their diagnosis, 53% of the patients had no information about treatment and medical information. Also, in the study of Baba Mahmoudi, the average patient access to information about their disorder was 1.41, which was low. Mossadegh Rad believes that two fundamental principles should be considered in the context of observing patients' rights in health centers. The first principle is education. Patients should be aware of their rights. If they don't be aware about their rights they will not require to observe them or they express their objections improperly. On the other hand, health care providers (physicians, nurses, etc.) should also be aware of patient rights and the possible consequences of non-compliance of these rights. The second principle is the executive guarantee of the patient's rights charter. An organization independent of the Ministry of Health and Medical Education and under the supervision of the judiciary should work in this regard. Patients should know how and whom to contact if they have a problem (4). Due to the prevalence of various types of mental illnesses in the community as well as the ever-increasing advances in medical science and psychiatry, the importance of the right to freely choose and decide on the treatment method even the choice of physician and health center is the responsibility of the patient or his executor. It becomes more important for the decision maker to be the patient or his executor. Initially, it is the duty of the physician or psychiatrist to make all conditions clear and unambiguous for the patient or his or her executor, and the patient is not under greater pressure to select and make a decision so the patient is able to go through the treatment

phases as well and improve. The patient has the right to choose his or her own physician partly because of the psychological conditions of the psychiatric patients, it is better for them to be in contact with people who are inspired and affected, which will definitely affect the continuation of treatment and their recovery. The patient or his executor should receive enough information from his physician or psychiatrist so that he can adequately accept the treatment methods and ultimately can make the appropriate decision regarding the treatment. Further efforts are needed to strengthen patients' rights and strengthen their participation in their own decisions. Patient's rights can not be achieved alone by relying on ethical principles and by drawing up laws and guidelines, they should provide mechanisms for continuous monitoring and control of these rights (19-27).

The study showed that the average respect of the patient's right to choose and decide freely is medium. Failure to fully observe the right to choose and decide on the patient, especially in the field of physician replacement and treatment rejection, has been shown in various studies. It is considerable that a research has reported the extent of observance of this right by half of physicians and nurses, which indicates that they don't observe this right completely. Since the patient is referred to a physician because of a disease, the physician should keep the patients talks as a lasting mystery and avoid speaking it to others (15,28,30). The main philosophy of professional secrecy is to gain the trust and confidence of the patient, who can tell physicians without any worries and concerns and not be afraid to disclose it. Therefore, it is the patient's right to be concerned about disclosing his or her secret, and the physician and the medical officer should assure him about not disclosing the secrets of him (16).

Confidentiality is a moral right that patients deserve, and the confidentiality of patient information, especially about psychiatric patients, creates trust and confidence in the treatment staff, and if patients are not confident about keeping their information confidential, they will not have the right information to physicians and psychiatrists. Psychiatric patients have the right to be associated with a trusted person to inform about their own rights, illness, treatment, and therapies in the acute condition, as the presence of such persons gives the patient more encouragement and more sense of trust and has a significant impact on the patient's treatment and improvement. The patient rights charter also endorses the provision of health services based on respect for patient privacy and respect for the principle of confidentiality. Therefore, it is necessary to state in the laws and legal declarations, the circumstances and examples of the confidentiality of the physician and other responsible authorities in relation to psychiatric patients, in order to ensure that the lack of clear rules or unknowingness of the providers of services does not undermine the rights of patients with mental disorders (32).

In the research, the researchers identified 29 components in the entire patient rights charter in different countries, and the confidentiality of patient records was the only component in the Patients' Rights Charter of all countries. Finally, it can be said that psychiatric patients and their executors have right to complain in the event of a defect in the treatment process or a shortcoming of each of the factors associated with the patient and his/her illness. The health centers are required to provide information to patients about how they treat and their rights through brochures and posters so that patients be trusted by the caregivers while encouraging them. Also, if

during the course of the treatment, the patient is injured or injured as a result of a medical failure or a system failure, the patient or his or her executor has the right to sue and seek a referral. In the treatment centers, respect for human dignity and the existence of patients must be respected in all circumstances, and avoid insults, punishments, and physical and mental harassment. If any of these factors are observed, the patient or his executor will have the right to sue and handle the affairs. Also, in order to expedite the examination of complaints filed by psychiatric patients, it is advisable to have specialized centers for such patients in order to save the time and cost, as there are many litigation cases in the centers of Judiciary, the motivation to handle complaints in these individuals is reduced and it may have a negative impact on the treatment process and their improvement.

Recommendations are made in this regard, including:

- Field studies in the country on community attitudes about the rights of psychiatric patients
- Conducting expert meetings with stakeholder participation and experts to assess barriers and solutions for the implementation of each right in order to operationalize as soon as possible the provisions of the charter
- The appropriate design of the evaluation criteria for the observance of the rights of psychiatric patients and their implications in the evaluation of health care centers
- Provide appropriate education and information programs on the rights charter of psychiatric patients for the provider and receiver communities of health services
- Provide information to community members through mass media about the rights of mental patients, physicians and health care providers

- Providing brochures and posters, and installing them in hospitals for information to psychiatric patients can be helpful.

- Informing and educating health care professionals about the rights of psychiatric patients and reducing the work pressure of these personnel and promoting the structure of hospitals will play a major role in increasing the observance of the rights of psychiatric patients in hospitals.

- It is also proposed to consider part of the psychiatric ethics course entitled "The Charter of the Rights of Psychiatric Patients for Psychiatric Students, Nurses, and Healthcare Management Students".

The study was confronted with limitations such as:

-The lack of cooperation of some physicians, although with the cooperation of the heads of the hospitals and some of the faculty members, it tried to minimize this limitation to the lowest rate.

-Access to experts during the study, delayed response, as well as the relatively broad scope of patient rights that led to widespread coverage were among the most important limitations of this study.

The strength of this research was the comments made by various groups and the weakness of this research was carried out only in Mashhad and in one hospital, which would be better if it was done in all cities of the country as a national program.

Conclusion

It is necessary to protect the rights of psychiatric patients, since people with mental disorders constitute a vulnerable section of the community. On the other hand, the drafting of international human rights charter laws agreed upon by different countries of the world could serve as a common language for these communities, which has an important role in international cooperation to institutionalize these agreements.

Acknowledgment

Here we sincerely appreciate the good cooperation of all the physicians, nurses and patients participating in this study and from the directors and officials of the Ibn-e-Sina Hospital in Mashhad, Head of hospital, Dr. Moharreri, who has given her comments on the proposed text to the authors of the study. We are also grateful to Dr. Ghaddoosi for

unscrupulous guidance and follow up on the proper conduct of this research.

The interests of none of the authors were related to the subject of research, and financial support was also not made from the plan. This study was presented in the form of a master's degree dissertation which was approved at Khorasgan Branch of Isfahan Islamic Azad University.

References

1. Valipoor M, Zarghami M, Masoudzadeh A, Khalilian A, Tirgari A, Mousavi ST. [Evaluation of knowledge, attitude and practice of psychiatrists about compulsory admission of psychiatric patients and its laws in 2006 in Iran]. *Journal of Mazandaran University of Medical Sciences* 2007; 17: 148-60. (Persian)
2. Abbasi M, Rashidian A, Arab M, Amini H, Hosseini M. [Attitudes of physicians, nurses and patients admitted to selected psychiatric hospitals of Tehran about the rights of psychiatric patients]. *Iranian journal of psychiatry and clinical psychology* 2010; 16(3): 172-80. (Persian)
3. Basiri Moghaddam K, Basiri Moghaddam M, Moslem AR, Ajam H, Jamal F. [Awareness of patients and medical staff members of the patients' rights charter and their compliance with one of the hospitals of Gonabad]. *Journal of Gonabad University of Medical Sciences and Health Services*; 17(1): 45-54. (Persian)
4. Hadiyan Jazi Z, Dehghan Nayyeri N. [Obstacles and solutions to implementing the Patients' Rights Charter in Iran: A review]. *Comprehensive nursing and midwifery* 2014; 24(4): 69-79. (Persian)
5. Research Center for Ethics and Medical History. Available from: URL; <http://medical-ethics.blogfa.com>Tehran. (Persian)
6. <http://www.bashgah.net/>.Source: Health News. (Persian)
7. The rights and responsibilities of patients and recipients of health services in Canada by the media. February 2011.
8. Canadian health care recipients by media.
9. Mental Health System in British Columbia (excerpts from the draft BC Mental Health Rights Charter)
10. [The Charter of Professional Ethics of Psychiatry in Iran]. 2015. (Persian)
11. Legal issues in psychiatry. (Persian)
12. Ethics and Medical History Research Center. [The Charter of Professional Ethics of Psychiatry in Iran]. 1st ed. Tehran: 2015. (Persian)
13. Patients' Rights Charter; 2009. (Persian)
14. Sanjari M, Zahedi F, Aala M, Peimani M, Parsapour AR, Aramesh K, et al. [Moral ethics in nursing]. *Iranian journal of ethics and medical history* 2011; 5(1): 17-28. (Persian)
15. Rangraz Jeddi F, Rabiei R. [Compliance with the Patients' Rights Charter in the state hospitals of Kashan 2002]. *Behbood* 2005; 9(1): 62-71. (Persian)
16. Pourbakhsh MA. [Considering the logical criteria for the formulation of the patients' rights bill]. *Medical ethics* 2009; 3: 8. (Persian)
17. Parsapoor A, Bagheri AR, Larijani B. [Patient's rights charter in Iran]. *Medical ethics and history* 2009; 3(2): 39-47. (Persian)
18. Geshmord R, Jahanpour F, Mousavi SF, Heidari Sarvestani Z, Faghih M. [A survey on patients' satisfaction with observance of the patients' rights charter by nurses and physicians of Shahid Beheshr Hospital in Bushehr]. *Journal of nursing education and ethics* 2015; 4(1): 1-10. (Persian)
19. Nikokhesal M. [Determining the structure and nature of the charter of the rights of orthodontic patients in Iran]. MD. Dissertation. Khorasgan University, 2015. (Persian)

20. Roe D, Weishut JN, Jaglom M, Rabinowitz J. Patient and staff members' attitudes about the rights of hospitalized psychiatric patients. *Psychiatr Serv* 2010; 53(1): 87-91.
21. Gardner W, Lidz CW, Hoge K, Monahan J, Eisenberg M, Bennett S, et al. Patients' revisions of their beliefs about the need for hospitalization. *Am J Psychiatry* 2009; 15: 385-91.
22. Yadollahi Z, Bolhari J. [Viewpoints of psychiatrists in Tehran about mental health laws]. *Iranian journal of psychiatry and clinical psychology* 2004; 10(1-2): 44-9. (Persian)
23. Kozumplik O, Jukiae V, Goreta M. Involuntary hospitalizations of patients with mental disorders in Vrapce psychiatric hospital: Five years of implementation of the first Croatian law on protection of persons with mental disorders. *Croat Med J* 2003; 44(5): 601-5.
24. Rashidian A. [Clinical governance in Tehran University of Medical Sciences]. Center for Policy Development in the Health System, 2010. (Persian)
25. Nasr Esfahani M, Attari Moghadam J, Rasoulia M, Ghalebani M, Saberi M, Ardestani M, et al. [Mandatory treatment and treatment: A review of mental health laws]. *Iranian journal of psychiatry and clinical psychology* 2008; 14(1): 4-16. (Persian)
26. Samadbik M, Rezaei N. [Conscious consent]. Summary of Articles of the 10th Asian Bioethics Conference, Tehran, 2009. (Persian)
27. Kazemnejad SM, Hesamzadeh A. [Surveying the observance of the patients' rights charter by physicians and nurses from the perspectives of their employed employees in educational hospitals of Mazandaran University of Medical Sciences]. *Jurnal of Mazandaran University of Medical Sciences* 2012; 22: 216-23. (Persian)
28. Baba Mahmoudi F, Meftahi M, Khademloo M, Hesamzadeh A. [Study of patients' rights and implementation from patients' perspectives in educational hospitals of Mazandaran University of Medical Sciences]. *Iranian journal of history and ethics* 2011; 4(4): 37-44. (Persian)
29. Zolfikar F, Ulusou MF. Are patients aware of their rights? A Turkish study. *Nurs Ethics* 2001; 8(6): 487-98.
30. Hosseiniyan M. [A study of nurses' attitudes about the implementation of the rights of the hospital in Hamadan University of Medical Sciences]. First National Assembly Conference on Patient Bill. Fasa: Fasa University of Medical Sciences, 2006. (Persian)
31. Goodarzi MR. [Study on the implementation of patient rights by physicians and nurses in Amirmomenin Hospital of Zabol]. Proceeding of National Conference on Patients Rights. Tehran University of Medical Sciences, 2013. (Persian)
32. Dargahi H, Eshaghi Sh. [Comparative study of the patients' rights charter in selected countries with Iran]. *Iranian journal of diabetes and lipid (Special issue on medical ethics)* 2007; 7: 91-8. (Persian)