**Human rights**

**Prof.Dr.hala Saied Zaghloul**

**Professor and head of department of Forensic medicine and Clinical Toxicology**

**Human rights are** the basic **rights** and freedoms that belong to every person in the world, from birth until death. These basic **rights are** based on shared values like dignity, fairness, equality, respect and independence. these values **are** defined and protected by law. They apply regardless of where you are from, what you believe or how you choose to live your life.

**In other words, Human rights** are intrinsic values that give all human beings dignity. They are inherent to all human beings, regardless of race, sex, nationality, ethnicity, language, religion, or any other status

**Human Rights and Ethics:**

Human rights are needed in the medical field to ensure access to timely, acceptable, and affordable health care of appropriate quality.

**Medical Ethics** is a system of moral principles (bioethical principles) that apply values to the practice. These values include the respect for autonomy (freedom of choice), non-maleficence (do no harm), beneficence (to do well), and justice.

In clinical practice, such principles may allow doctors, care providers, and families to create a treatment plan and work towards the same common goal without any conflict.

**The Duties of Clinical Care (bioethical principles)**

1. **Respect patient Autonomy ( Free decision):**

It means that everyone:

* + - * Is unique and free.
      * Has the right and **capacity** to decide.
      * Has value and dignity.
      * Has the right to ***informed consent***
      * *Has the right to keep his information* ***confidential***

**Capacity**: is the ability of an individual to weigh up information, compare and choose. **Capacity**; lack should be proved not assumed.

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**2. Do no harm(non-maleficence) :**

Taking care not to cause harm or bring harm to the patient and others

**3. To do Good (beneficence):**

Clinicians should practice medicine to high standard actions intended to benefit the patient or others

**4. Justice:**

People have the right to be treated equally irrespective of their sex, ethnicity, race & religion

Moreover, physicians frequently must deal with medical problems resulting from violations of human rights such as torture.

**Ethics and human rights shared values are**

* **Right to life** Every doctor is entitled to do his best to save his patients life**( beneficence ).**
* **No inhuman treatment all** patients must be treated with the best behavior and provided with the best equipment. **(Non-maleficence)**
* **Freedom** the right to control one’s health and body without interference (**patient autonomy**)
* **Non discrimination** Health care must be accessible and provided without discrimination (in intent or effect) based on health status, race, ethnicity, age, sex, sexuality, disability, language, religion, national origin, income, or social status ( **Equity And Justice**) .
* **Right to privacy:** Doctors are not allowed to reveal their patient’s secrets to anyone other than their families**.( confidentiality )**
* **The right to choose :** Every patient has the right to know and understand the options for his medical treatment and then make a choice of the most suitable one for him (**Informed consent)**

**Consent**:

Is voluntary agreement to some act or purpose, to give a consent, the patient should be free and have the capacity to choose.

**Key components of informed consent:**

1. **Voluntariness (free will)**

- The choice should be free of unnecessary influence or persuasion, without mis presentation or fraud.

1. **Competence:**

- Competence refers to the ability of a person to make a rational decision after considering benefits and risks.

- Competence for medical consent is determined by **the age of 18,** before which the patient is legally considered **minor,** and the consent is transferred to his guardian.

- Competence also depends to a great extent on **decision making capacity**.

-If we overrule a patient’s decision and act, we could be open to a charge of assault.

1. **Disclosure.**

**The information disclosed should include:**

1. The patient diagnosis.
2. Information about a recommended treatment, material risks of serious harm or complications associated with the recommended treatment.
3. Goals of treatment.
4. Information about reasonable alternatives to a recommended course of action.

**d. Understanding:**

The patient should understand clearly:

- What is the purpose of any test or treatment,

- What the results would imply,

- What would be the implications of withholding consent?

**Forms of consent:**

**1- Implied consent:**

• Most of the medical practice conducted under the principle of

"Implied consent".

• The fact that a person has presented at doctor's clinic to be examined, or asks the doctor to visit him, implies that he is willing to undergo the **basic clinical examination**.

**2- Expressed consent (oral or written):**

* It is either taken orally or written,
* It is when a patient specifically allows the physician to undertake the diagnosis and treatment of a specific problem. e.g.: Vaginal and rectal examinations or **invasive** examinations such as venipuncture, these procedures necessitate expressed consent.

• It requires explaining what is to be done and why in terms which the person can understand.

• Expressed consent usually obtained in **writing**, but this is **not a legal** requirement. However, written consent is much easier to prove later on upon need.

* Oral or written consent should be witnessed by another person (doctor's secretary or assistant, a nurse etc.

**Informed consent:**

Consent must be freely given with patient understanding

- nature

- risks

- benefits

- alternatives

- limitations

of proposed treatment.

- It is obtained in surgical operations, invasive diagnostic procedures, in clinical research trial **Written consent is necessary.**

**Refusing treatment**

* A competent adult Patients has the right to refuse any drugs, treatment or procedures to the extent permitted by law after hearing the medical consequences.
* The patient’s refusal for treatment should be documented, better in the presence of witnesses (Consent of refusal)

**Confidentiality**

Confidentiality is an essential right of the patient to control the information relating to their own health.

**It is defined as** the ethical principle or legal duty of a physician or other health professional to hold secret all information relating to a patient, unless the patient gives consent permitting disclosure

**End of life** OF LIFE ISSUES End of life

End-of-life care decision making carries paramount importance due to the advancements in medical sciences. End-of-life issues range from attempts to prolong the lives of dying patients to efforts to terminate life prematurely.

**Physician’s Role and Responsibilities towards End-of-Life issues:**

• To provide detailed information honestly and sensitively about advanced medical treatment which can be used during end-of-life care.

• To identify the patient's preferences.

• To develop skills necessary to manage these situations effectively.

• To be able to consider, not just the physical condition, but also the social and the spiritual elements.

• To follow the updates and changes in guidelines and law.

**I. Withdrawal or withholding of medical intervention.**

**“Letting to die”** is a term referred to withdrawal or withholding a specific medical intervention such as cardiopulmonary resuscitation, elective intubation and mechanical ventilation.

**It should be distinguished from murder, suicide, and assisted suicide by the following characteristics:**

1. The intention of patient refusing treatment is not self-destruction but rather of sell control of treatment decision.

2. The cause of death of the patient is the patient’s illness not the patient’s refusal of treatment.

**Decisions to withhold or withdraw therapy should be supported by:**

• Legal perspectives.

• Evidence based medicine.

• Available resources.

**Terminal sedation:**

It refers to an intervention used in patients at the end of life. It involves sedating the patient to a point in which refractory symptoms are controlled.

The goal is to control symptoms, and the patient is sedated to varying degrees of consciousness to achieve this.

**Criteria Required for Terminal Sedation:**

**•** Patient has a terminal illness.

• Severe symptoms not responsive to treatment and intolerable to patient.

• Death is imminent (hours to days).

**Euthanasia;** known as merciful killing. It occurs when the physician performs the intervention that takes the patient’s life.

**Assisted suicide;** where the patient is provided with the means to carry out suicide, such as providing a lethal dose of a medication.

Both are morally unacceptable and considered a violation of the patient- physician relationship.

**Violations of human rights in health care**

Failure to respect human rights is often associated with harm to human health. Some groups or individuals, such as **children, women, persons with disabilities or mental ill persons or those living with HIV/AIDS**, **and persons who may subjected to violence from abuse of power (torture )**  , face specific difficulties in relation to the right to health.

**Forms of violence against specific groups of population**

1. **Women** Face multiple forms of discrimination .The limited power many women have over their reproductive lives and their lack of influence in decision-making are social realities which have an adverse impact on their health.

**Forms of violence against women that violates their rights** :

* 1. **Female genital mutilation**

FGM is recognized internationally as a violation of the human rights of girls and women. It reflects deep-rooted inequality between the sexes, and constitutes an extreme form of discrimination against women. It is nearly always carried out on minors and is a violation of the rights of children. The practice also violates a person's rights to health, security and physical integrity, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to life when the procedure results in death. According to a 2013 [UNICEF](https://en.wikipedia.org/wiki/UNICEF) report covering 29 countries in Africa and the Middle East, [Egypt](https://en.wikipedia.org/wiki/Egypt) has the region's highest total number of women that have undergone FGM (27.2 million)**4**.Egypt's Ministry of Health and Population has banned all forms of female genital mutilation since 2007. The ministry's order declared it is prohibited for any doctors, nurses, or any other person to carry out any cut of, flattening or modification of any natural part of the female reproductive system

**2-Battered Wife** It is the one who suffers demonstrable and repeated injuries at the hand of her husband or x-husband.

***These injuries may include:***

* ***Physical abuse,*** Multiple bruises, abrasions and sometimes lacerations or fractures. Face, limbs, breasts, buttocks, or external genitalia are the commonly affected sites.
* **Abortion and miscarriage** may occur in pregnant wives.
* **Emotional abuse**; verbal insults, stigmatization, rejection and ***economic abuse***.

**Long term effects** as abused women usually suffer post-traumatic stress-syndrome (***PTSS***) with difficulties of perception, memory and motor functions.

**3-Sexual Abuse**: any sexual behavior performed without a partner’s consent.e. g

Sexual harassment, rape, incest.

**4-Marriage of female child**

1. **Children and adolescents**

Children face particular health challenges related to the stage of their physical and mental development, which makes them especially vulnerable to malnutrition and infectious diseases, and, when they reach adolescence, to sexual, reproductive and mental health problems Appropriate measures should be taken to abolish harmful traditional practices that affect mostly girls’ health, such as female genital mutilation, early marriage, and preferential feeding and care of boys

**Forms of violence against children and adolescent**:

Child abuse It is any harm or threatened harm to a child which results from the actions of a parent, adult member of the household or other person responsible for the welfare of the child.

**The major types of child abuse are:**

1. Physical abuse
2. Sexual abuse
3. Emotional abuse
4. Neglect

**Role of Physicians in Case of Child Abuse**:

1. Physicians are mandated to file a report with law enforcement when suspicious of abuse.
2. Physicians should also report such cases to **Child Protective Services** with a recommendation of having other children under the care of caretakers in question, assessed.
3. In fatal cases autopsy and postmortem skeletal survey may provide in valuable information.

1. **Persons with disabilities** are susceptible to violence and abuse. They are victims of physical, sexual, psychological and emotional abuse, neglect, and financial exploitation, while women with disabilities are particularly exposed to forced sexual violence. Medical practitioners sometimes treat persons with disabilities as objects of treatment rather than rights-holders and do not always seek their free and informed consent when it comes to treatments Such a situation is not only degrading, it is a violation of human rights and unethical conduct on the

part of the medical professional.

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**Dealing with patients in special situations**

**1. Intimate examination**

**2. Patients with HIV**

**3. Mentally ill patients**

**4. Patients with violent behavior**

**5. Imprisoned patients**

**1- Intimate examination:**

Intimate examinations refer to examination of breasts, genitalia or rectum. It could also include any examination where it is necessary to touch or even be close to the patient.

Whenever possible you should offer the patient the security of having neutral observer ,a member of practice staff, or a relative or friend of the patient may be an acceptable chaperone**.**

**Before conducting an intimate examination, you should:**

 Explain to the patient why an examination is necessary and give the patient an opportunity to ask questions.

 Explain what the examination will involve, in a way the patient can understand, so that the patient has a clear idea of what to expect, including any potential pain or discomfort.

 Obtain the patient’s permission before the examination

 Give the patient privacy to undress and dress and keep the patient covered as much as possible to maintain their dignity.

 Do not assist the patient in removing clothing unless you have clarified with them that your assistance is required.

 During the examination you should explain what you are going to do before you do it and, if this differs from what you have already outlined to the patient.

 Discontinue the examination if the patient asks you to.

 Keep discussion relevant and do not make unnecessary personal comments.

**2- HIV/AIDS patients**

**Role of the physician in dealing with HIV/AIDS patients:**

 All persons infected or affected by HIV/AIDS are entitled to:

adequate prevention, support, treatment and care with compassion and respect for human dignity.

 A physician may not ethically refuse to treat a patient whose condition is within his or he current area of competence, solely because the patient is seropositive.

 A physician who is not able to provide the

care and services required by patients with HIV/AIDS should make an appropriate referral to those physicians or facilities that are equipped to provide such services. Unless or until the referral can be accomplished, the physician must care for the patient to the best of his or her ability.

**3- Mentally ill Patient:**

**The following general principles should be taken when considering the medical treatment of mentally ill patient:**

- ***Liberty:*** patients should be free from interventions that inhibit liberty or the ability to enjoy life unless the intervention is necessary to prevent a greater harm to the patient or to others. Treatment options should be the least possible restrictive while still being able to realize the goals of the treatment.

- ***Dignity****:* patients should be treated with respect, and their social and cultural values should be respected.

- ***Bodily integrity****:* patients should be free from any medical interventions unless there are good therapeutic reasons for them.

- ***Confidentiality:*** incapacitated adults have the same right to confidentiality as other adults.

**4- Patients with violent behavior:**

**Violence includes:**

- Aggression

- Threats and physical assault,

- Inappropriate words or behavior that cause distress,

- The use of force that cause injury or discomfort**.**

**Reasons of violent behavior**:

1. Patient’s distress and inability to cope with the situation in which they find themselves.

2. Patients‟ medical condition.

3. Medication they use.

**How to deal with violent behavior?**

1. If violent behavior is a component of mental illness, the patient may have to be restrained and possibly admitted to hospital for assessment.

2. When it is not a symptom of their illness, patients who are threatening or racially abusive should not be denied urgent treatment

3. If any violent patient does not need treatment urgently, or when treatment is impossible because of the patient’s behavior, the police can be called to remove the patient, either from hospital or primary care premises.

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22 **5- Imprisoned patients**

• The physician in charge of medical care of imprisoned patients should provide them with health care services of the same quality and standards as non-prisoned.

**Torture**

**Torture** means, intentional infliction of severe physical or psychological [suffering](https://en.wikipedia.org/wiki/Suffering) on someone by another as a punishment or in order to fulfill certain purpose. It is a serious **violation of human rights**  it is prohibited under [international law](https://en.wikipedia.org/wiki/International_law) and the [domestic laws](https://en.wikipedia.org/wiki/Domestic_laws) of most countries**.**

**Purposes of torture are usually one or more of the following**:

1. Obtaining information, confession, or testimony against others.

2. Revenge.

3. Destroying personality.

4. Spreading terror in the community to exercise social control

**Torture** has been carried out or sanctioned by individuals, groups, and states throughout history from ancient times to modern day, and forms of torture can vary greatly in duration from only a few minutes to several days or longer.

**Forms of torture:**

1. **Physical torture***:* as beating, shaking, burning, electrocution, asphyxiation, suspension, hair or nail pulling, dental extraction and exhaustion by fixed abnormal positioning. Exposure to heat or cold temperature, starvation or drinking dirty water or urine may be also used.
2. **Psychological torture***:* as shame execution, forced observation of others or beloved one’s while being tortured, isolation, sleep-deprivation severe noise, isolation in dark, damp narrow cell, or closure of eyes
3. **Sexual assault***:* as rape, sodomy, exposure of genitalia, sexual mutilation
4. ***Using drugs:***by pain-inducing drugs, hallucinating agents.

**The role of health professionals for prevention of torture**

* 1. Early detection and diagnosis of victims of torture.
  2. Verifying the identity of the victim.
  3. Medical examination, investigation and documentation of damages by medical reports, photography, radiology and psychiatric assessment, according to international codes and standards regarding torture victims.
  4. Treatment of victims and rehabilitation of survivors.
  5. Determining the cause and manner of death where fatal torture is alleged.
  6. Notification of cases to proper authorities, to prevent further torture.
  7. Expert testimony in courts.