

Patient Rights and Responsibilities: Patient Perspective ¹

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Good morning ladies and gentlemen. I am very honored to be given this opportunity to discuss this topic to a big and knowledgeable audience on the science of drugs dispensation.

And I would like to thank Ms. Leonie Ocampo, current President of PPhA, and Ma'am Mita Leyesa, past President of PPhA, for inviting me to the PPhA National Convention. I have known them for about two years now, they read my papers and articles, so I guess they know how subversive my mind is on issues of the role and misrule of government, and the potentials and limits of the market.

I am also thankful that Dr. Onie Almoro spoke before me today because she extensively discussed patient rights, and patient responsibilities. That means I do not have to discuss those issues any longer, and that will free my time to discuss other topics, like some politics in healthcare.

Leonie asked me to discuss “Patient rights and responsibilities, patient perspective.” I think I have tricked her somewhere because the last time I got hospitalized was about 30 years ago. So Medicare, now PhilHealth, is jumping with joy for people like me because all we do is contribute to their fund year in and year out, and getting zero reimbursement from our high annual, mandatory contribution. Government works that way: whether you like their programs or not, whether you use their services or not as you get private services like private health insurance or sending your kids to private schools, you pay, you contribute by force, no questions asked.

I also take zero medication, no maintenance drugs, no vitamin supplement whatsoever. So I am not exactly your typical “patient” as I get sick only about once a year, a minor disease like bad cough in late December due to holiday partying, eating and drinking.

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Well I have an 84 years old father and 78 years old mother whose second house is the hospital in the province. My wife has hypertension, so somehow I understand what it is to be a typical “patient”.

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Patient rights and responsibilities refer to a set or bill of rights that a patient is expected to get from a hospital and its health professionals.

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Patient rights include:

- Right to receive considerate, respectful and compassionate care regardless of age, gender, race, national origin, religion, sexual orientation, gender identity, or disabilities.
- Right to receive care in a safe environment free from all forms of abuse, neglect, or mistreatment.
- Right to be called by your proper name and to be in an environment that maintains dignity.
- Right to be told the names of your doctors, nurses, and all health care team members directing and/or providing your care.
- Right to have a family member or person of your choice and your own doctor notified promptly of your admission to the hospital.

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Patient responsibilities include:

- Provide complete and accurate information, including your full name, address, home telephone number, date of birth.. when it is required.
- Provide complete and accurate information about your health and medical history, including present condition, past illnesses, hospital stays, medicines, vitamins...
- Ask questions when you do not understand information or instructions. If you can't follow through with your treatment plan, tell your doctor. You are responsible for outcomes if you do not follow the care, treatment and services plan.
- Actively participate in your pain management plan and to keep your doctors and nurses informed of the effectiveness of your treatment.
- Treat all hospital staff, other patients and visitors with courtesy and respect; abide by all hospital rules and safety regulations.

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Incidentally, I produced my first book more than 2 months ago entitled **Health Choices and Responsibilities**. It is about certain government policies like double price control: (1) mandatory 50 percent discount on certain drugs made by innovator pharma companies, and (2) mandatory 20 percent discount to senior citizens and persons with disabilities.

I attended the DOH Advisory Council on Healthcare just about 2 weeks ago along with Leonie and Ma'am Mita, and I saw how complicated and inconvenient it is for drugstores, the small ones especially, in complying with the law.

That is why I wrote in the back cover of the book,

Drug price control policy has the undesirable result of institutionalizing predatory pricing. By forcing the multinationals to bring down their popular drugs, the government has imposed unfair pricing that can result in the demise of some products by local firms which do not have enough leeway in further price cuts.

This affirms Newton's third law of motion: "for every action, there is an equal, opposite reaction." For every government intervention, there is an equal, opposite result that needs another intervention....

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These are Executive Order (EO) 821, the so-called MDRP, and DOH Advisory Council Resolution, the so-called GMAP, issued in late July 2009. In particular, at the last SONA of past President Gloria Arroyo.

Please take note that MRDP and GMAP are political and illegal terms. They are not in RA 9502 or the Cheaper Medicines Law, nor in its IRR. The law only mentions MRP or maximum retail price.

The past President did not like to hear that MRP would mean "Mar Roxas for President", so they inserted D, it became MDRP. GMAP simply means Gloria Macapagal Arroyo Price, a cheap political gimmick by the DOH and DTI leadership during her time.

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Speaking of "healthcare is mainly personal and parental responsibility", this graph shows that the top global health risks and top causes of death are lifestyle-related diseases: Unsafe sex leading to HIV, STDs and related diseases; alcohol use leading to liver cancer and dilapidation of

internal organs; tobacco use leading to lung and throat cancer and other diseases; high blood pressure and so on.

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Here in the Philippines, these were the main causes of death in the years 1997, 2000 and 2005: Diseases of the heart, cancer, tuberculosis, diabetes and accidents. Data is from the DOH as cited by Dr. Lazo in a presentation at the MeTA forum last year. Dr. Lazo by the way is now the FDA Director.

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In 2007, the latest “Death Statistics” produced by the National Statistics Office (NSO), data released sometime middle of last month, showed that the top 4 diseases were responsible for nearly 50 percent of all deaths in the country in 2007. These are:

- Heart diseases: Coronary, cardiovascular, heart failure
- Cerebrovascular diseases: Brain dysfunction, hypertension, stroke
- Cancer: lung, liver, prostate, 200+ types
- Pneumonia: Lung inflammation due to virus, bacteria, fungi, parasites, and
- 5th is Tuberculosis

These are mostly lifestyle-related diseases. Gone are the days where the top killer diseases in the country are polio, malaria, dengue, flu and so on.

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Let's have some fun with pictures here. To become physically fit or become obese is mainly a personal choice, right? People can over-eat, over-sit, over-drink, over-watch TV in couch potato fashion.

Many literatures are showing that obesity is directly linked to many diseases: diabetes, cardiovascular, hypertension and so on.

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Smoking is also a personal choice. Whether to smoke machine-gun style as shown in the left picture, or 2 packs or 1 pack or 1 stick a day, or none at all.

Incidentally, smoking is directly or indirectly related to 6 or 7 of the top 10 killer diseases in the country as shown earlier.

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Drinking, again, is also personal choice. Heaven or hell, take your bottle.

Alcoholic drinks are even sold in drugstores. I took this picture in one outlet of Mercury drugstore in Makati. But not in the pharmacy section, it's on the convenience store section. I think all convenience stores are selling alcoholic drinks.

In a supermarket in the US, a phalanx of alcoholic drinks are displayed right below the picture of a cute baby.

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There is one troubling data in the same "Death Statistics 2007" by the NSO: About seven out of ten deaths in 2007 were not attended by medical authorities.

Of the recorded deaths in 2007, only 34.4 percent were attended by medical authorities, 65.6 percent did not get medical attendance. And it is easy to guess where most of those deaths were attended by medical professionals are in - Metro Manila of course. While the least-attended deaths were in the Autonomous Region of Muslim Mindanao (ARMM) in the south, and the mountainous provinces of the Cordillera Administrative Region (CAR).

While it will be easy to pinpoint and say that there is "government neglect" in healthcare delivery in those 2 regions, let us remember that it is not only government that provides healthcare as it is impossible to do so. So one will have to ask why private healthcare providers in those regions are so few.

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So, is "more government responsibility" in healthcare feasible?

Technically YES. All government spending is a political act. Whether the public debt is as high as Mt. Apo, if politicians will decide to increase spending on any particular sector, they can. It is easy for instance to borrow long-term loans. The legislators and officials who contracted the loan will most likely be out of office by the time the debts mature and the hard part of principal + interest payment will be done.

But is it feasible without further long-term damage to fiscal situation and future spending on healthcare and other social services?

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Here are the latest numbers of the outstanding debt of the national government. Our public debt rose from P2.2 trillion in 2000, up to P3.4 trillion in 2003, up to P3.8 trillion in 2006, then P4.4 trillion in 2009, and P4.7 trillion as of end-2010.

The total budget in 2010 was about P1.7 trillion. Our public debt is now more than 3x the total expenditures for the year. It's a number that we cannot really be proud of.

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Out of those trillions of pesos of public debt, how much are we paying each year?

From P227 B in 2000 to P470 B in 2003, P854 B in 2006, P622 B in 2009 and P670 B last year. There were lots of maturing debts that have to be paid middle of last decade. After that, debt payment somehow declined but still at a high level of close to P700 billion.

Interest payment constitutes about 40 percent of those annual debt payment. Almost P300 billion in interest payment alone in 2010, What does it mean?

It means that for every P5 of total government expenditure, P1 goes to interest payment alone. Principal amortization takes away more than P1 of that. So that ALL the sectors combined – healthcare, education, housing, agriculture, public works, social work, justice system, police, armed forces, the judiciary, congress, the various constitutional commissions like Comelec and COA – will have to fight it out with the remaining less than P3.

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Patient rights and responsibilities with respect to pharmacists:

- Right to confidentiality of records.
- Right to professional relationship with pharmacists.
- Right to proper advice in rational use and non-abuse of medicines – especially if medicines are to be distributed free by government and other civic organizations.

→ I extracted them from the Code of Ethics of PPhA

Thank you for providing us that assurance!

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In particular, on the issue of drug-switching

Arbitrary switching to the cheapest generic by some patients just to get savings. Pharmacists should be able to explain to patients about the issue of bio-equivalence, pharma equivalence and related issues.

So while patients have the right to “cheaper medicines” as part of an over-glowing mantra, patients do not have the right to suffer possible adverse effects if the switched drug will not provide the necessary ingredients that can control or kill a particular disease in their body.

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Concluding Notes

Healthcare is first and foremost, a personal and parental responsibility, and less as government responsibility.

And if people have to assume more responsibility in taking care of their own body and that of their households, friends and relatives, people should have lots of choices in healthcare, both preventive and curative. To have more choices, there should be more competition among healthcare providers, not more regulations and taxation.

We hope that pharmacists will become more integral within the health care system with patient care skills, and not just selling and dispensing medication.

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Thank you for listening.