

## PATIENT RIGHTS PRACTICE IN TURKEY

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### ABSTRACT

*Patient rights applications are basically the indicators showing the value given to humans raise. In recent years in Turkey, under the influence of regulations in the area of human rights, patient rights issues had been gaining momentum. In this respect, the Turkish Ministry of Health issued the Patient Rights Legislation in 1998 and defined the rights of patients admitting to health institutions in detail. In 2003, to ensure de facto application of patients' rights in the health organizations that had defined in the Patient Rights Legislation, the Patient Rights Application Directive was issued. In line with this directive, provincial patient rights coordinatorships, patient rights commissions and patient rights services had been established under the Ministry of Health. These units receive and evaluate applications of the patients' and their relatives' complaints about violation of their rights and bring them to conclusion.*

**Keywords:** Patient rights, Patient Rights Services, Patient Rights Committees

### INTRODUCTION

Like the basic rights and freedoms that are supposed to give people as their birth right are defined as human rights, the application of these principles to the area of health brings up the issue of patient rights. Today, as the understanding that prioritize human beings and their value on the bases of human rights and rule of law upon everything else gain importance and spread worldwide, patients rights issues also gain importance. Patient rights are basically the application of the understanding of human rights and related values on health services and uses the core references of human rights as base (Özlu, 2005: 14-17).

Respect to the individual's value and honor besides the belief that individuals and society can develop and change under certain conditions are two basic principles of social work profession. In this sense, while the profession of social work focuses on meeting the needs and solving the problems of individuals, groups and communities; it acts with the thought that meeting the basic needs and solving the problems of people are the rights of all. Social work profession carries out all its activities not because people need them but it is their right to receive these services. Any subject or concept that is in the area of interest or intervention in terms of social work profession is defined on the basis of rights. A patient right which cannot be separated from human rights in terms of coverage is being evaluated under the basic principles and philosophy of social work profession. Patient rights are indistinguishable from basic human rights and the patient is a human being before everything else.

Patient rights, state the rights of individuals, who are in need of accessing health services that they have only because they are human beings which are guaranteed via the Turkish Constitution, international agreements, legislations and other regulations (Patient Rights Directive, 1998: 1).

Patient rights applications which were initiated by the Ministry of Health in 2003 to secure patient rights in the area of health and ensure effective supply of health service; as Oğuz (1993:232-237) commented have had the chance to be actualized depending on the level of internalization of human rights values and related concepts by the health service professionals as well as their level of applying these values in their activities.

### **THE DEVELOPMENT OF PATIENT RIGHTS IN THE WORLD**

Patient rights became an issue beginning from 19th century and especially via the application of human rights to health services after the First and Second World War (Canpolat, 2002: 67). Development of patient rights and its extension to current level had been through painstaking efforts.

With relation to the patient rights, the experiments by "the Nazi Butcher" Dr. Albertus Stronghold during the World War II had generated distrust towards medical professionals (medical doctors and others). These experiments included well known pressure chamber experiments, forcing hundreds of captives, who died of coma induced by liver and kidney perforation, to drink sea water in order to develop sea water desalination techniques to help nazi officers who fall overboard survive, the Tuskegee Sfiliz study and many other violations. This distrust has reduced the prestige of the medical profession. In return, the medical doctors and other medical professionals who wanted to serve in line with professional ethics and respect for human life backed the concept of human rights. It means, the medical profession's prestige did not degraded because of the concept of patient rights but related applications had been initiated to enhance the professional prestige, protect and develop successful and ethical professionals (Akten, 2008: 16).

Patient rights were previously in the medical profession's ethical rules. But they did not have any legal sanction. But after the historical events given as examples above, it became obvious that patient rights should not only be a part of the medical profession's ethical rules but they should also be protected via legal measures. Some important historical milestones about patient rights can be given as follows;

1. The official declaration about patient rights occurred in the Nuremberg Trials in 1947 and medical doctors had been given the responsibility of taking informed consent from the patient before practicing any medical procedures (Sayek, 1991: 3).
2. The first known national patient rights document was the Patient Rights Charter published by the American hospital Association in 1972 (Sert, 2004: 64).
3. The first international document on the patient rights was the charted declared by the World Medical Association in 1981 in Lisbon, (Görkey, 2003: 100-126; Hatun, 1999: 83, Sayek, 2009: 129).
4. At a meeting carried out by the European Office of the World Health Organization in 1994 at Amsterdam, the "Declaration on the Promotion of Patients' Rights" was accepted ([www.hukuki.net](http://www.hukuki.net), 2013).
5. In 1995, Lisbon Charter had been published in a more detailed way under the name Bali Charter. The charter was accepted at the meeting carried out in Bali-Indonesia by the World Medical Association in September 1995. (Oğuz, 1997: 50-55; Sayek, 2009: 34).
6. In Rome, in 2002, The European Charter on Human Rights had been adopted (Bostan, 2005: 65).
7. Patient Right's Charter had been published by the World Medical Association in 2005 in Santiago (Sayek, 2009: 34).

## PATIENT RIGHTS IN TURKEY

Patient rights, is a new concept for our country without a deep rooted history. In Turkey, there is no legislation on patient rights. However, the regulations about patient rights are at the level of rules, precepts and directives.

Medical Statute of Deontology (Bylaw) was adopted and published by the Turkish Medical Association. The statute includes patient rights and responsibilities of the dentists and explains issues like respect to the privacy of patients, patients' right to chose their doctor, clarification of diagnosis and treatment, confidentiality, withdrawal of the doctor from patient treatment (Vural, 1993: 6; Bozkus, 1997: 20). Medical Statute of Deontology was insufficient in terms of patient rights despite it included some terms about the subject. In addition, this statute was recomposed and adopted under the name of "Rules on Medicine and Professional Ethics" by the Turkish Medical Association at the 47th Grand Congress organized in Ankara in 1998 (Hatun, 1999: 22).

The most important step taken in terms of patient rights in Turkey; under the influence of human rights conventions that Turkey is a party to and the agreements on patient rights at the international level, was "The Patient Rights Directive (HHY) ", adopted on August 1, 1998.

The Patient Rights Directive, covers every public and private medical institution, every individual related directly or indirectly to these institutions in terms of providing medical services at every level and under any title besides the ones that have the right to receive medical treatment from aforementioned institutions and persons. This directive covers; utilizing health services according to the principles of justice and equity, right to request information, right to chose and change the medical facility, right to know, chose and change the personnel, right to request determination of priority, right to request being diagnosed, treated and cared appropriate to medical reasons, refuse interventions that are not related to medical necessities, right to receive medical attention, right to receive general information, right to examine records, right to request record correction, right of privacy, right to not being exposed to any medical procedure without informed consent, right to keep records confidential, right to refuse or discontinue treatment, right to have informed consent prior to organ or tissue transplantation or other medical research, right of the volunteers to be protected and informed, right to security, right to practice the religious duties and receive religious services, right to request respect to humanitarian values and right to have visitors and attendants (The Rights Directive, 1998: 1-11).

There has not been any regulation as to the ways of applying this directive which was issued in 1998, until 2003 in Turkey. To ensure the application of the Patient Rights Directive issued in 1998 under the frame of Health Reform Program, "Directive on Patient Rights Application in Health Facilities (HHUY)" had been adopted in 2003. With this directive it was aimed to ensure patients and their attendant relatives can utilize their rights, be informed at every level, be protected against violations and be actually able to use legal precautions if necessary.

In line with the "Directive on Patient Rights Application in Health Facilities" adopted in 2003, 60 hospitals started the application of patient rights at the first step and it had been extended to all the hospitals and other ambulatory medical centers under the Ministry of Health today. For the purposes of removing the difficulties, problems and deficiencies during the first application of the directive in hospitals and in line with the suggestions coming from the responsible parties and service units; the need to recompose the directive had risen. So the directive had been revised and adjusted to the current conditions and adopted at

24.04.2005. This directive covers all the institutions and establishments under the Ministry of Health. It does not cover private health institutions and establishments.

The aim of the directive is to prevent patient rights violations and related problems in health facilities, increase the quality of health services, providing health services humanely, protect the patients from violations of their rights and determine the basis and procedures for patients to use their legal rights (Directive on Patient Rights Application in Health Facilities 2005: 2).

Along with this application, Ministry Main Branch of Patient Rights, Patient Rights Provincial Coordinator ship, Hospital Patient Rights Board, Patient Rights Boards at Health Group Presidencies, Patient Rights Communication Units in Ambulatory Medical Institutions and Facilities.

The ministry of health Patient Rights Branch has duties like, ensuring the foundation of Patient Rights Provincial Coordinator ships and Hospital Patient Rights Boards, determine the qualities of the personnel who are going to take part in the boards and units in hospitals, produce projects towards patient right applications, coordinate the continuous training of health service providers, patients and their attending relatives about patient rights within the body of patient rights boards and units, advise and control such activities, direct the direct requests to the appropriate organ, ensure timely resolution of the requests, carry out collaboration and coordination with the ministry and units outside of the ministry, evaluate the performances of institutions about their patient rights applications, ensure the publication of books, banners, brochures, journals etc. on the subject, build, develop and ensure the functionality of a website, participate activities like symposiums and seminars, follow current publications on the subject and announce them to relevant parties, carry out or have others make research on patient rights, systematically evaluate patient rights applications, develop necessary statistics and record keeping systems, examine and evaluate te forms coming from the health board, carry out investigations on site at all the public institutions and facilities that carry out patient rights activities or have others carry out investigations, examine international patient rights applications and have them be adapted at the national level and put effort to ( Directive on Patient Rights Application in Health Facilities, 2005:3).

Patient Rights Provincial Coordinator ship is founded under Health Board in order to coordinate and control patient rights applications at the provincial level. Provincial coordinator, is chosen form a group of people suggested by the Provincial Health Director with the Provincial Governor's offer by the approval of the Ministry (Directive on Patient Rights Application in Health Facilities, 2005:4).

Hospital Patient Rights Council is the organ that evaluate and concludes the reports coming from the patient rights unit of the hospital besides providing suggestions to develop patient rights applications in the institution. By force of the directive, "Patient Rights Boards" are established to plan, evaluate, implement and provide suggestions for patient rights applications in every public hospital within the center of provinces and every hospital in the districts with impatient bed availability more than 100. The board is composed of eight members, one of them being the president. Members of the Board is composed of the Deputy Chief Physician responsible for the quality of services in public hospitals, patient rights unit supervisor, the supervisor of the unit from which the defended works, representative of the NGO working on patient rights, patient's advocate if available (advocate has to have proxy), the representative of the labor union having the authorization according to the Legislation on Public Trade Union No. 4688, a citizen chosen by the Provincial Governor or the District Governor (the chosen citizen and his or her relatives should not be in commercial relation with any institutions under the Ministry of Health, should have come to the fore in the fields of health services and social services, should be devoid of chronically diseases that can

hinder his or her participation to the meetings of the board, he or she should be voluntary) and a member among the Provincial Council chosen by the Governor (Directive on Patient Rights Application in Health Facilities, 2005:5).

Patient rights units in the hospitals had been established in this context. Patient Rights Unit supervisor is chosen with the suggestion of the Governor and by the approval of the Ministry of Health among social workers psychologists, public relations specialists and nurses (undergraduate level) for taking responsibility at the public hospitals. After the assignment to the patient rights unit, the members of the unit cannot be assigned to another institution, facility or unit without their consent. Pursuant to the nature of their work in the unit, they cannot be put through any process that can be perceived as discrimination or punishment. Unit supervisor can be dismissed or relocated with the offer of the Governor and approval of the Ministry (Directive on Patient Rights Application in Health Facilities, 2005:6).

Patients and their relatives who are utilizing health services can apply about any violation of their rights during the first appeal to hospital or at the levels of diagnosis, treatment, hospitalization and follow-up in many different ways. Patient and their affiliates can convey their complaints, suggestions, wishes and thanks via various numbers of ways including; BIMER (Prime Ministry's Communication Center), SABIM (Ministry of Health Communication Center), the Ministry of Health web page, the web page of the related health care organization or directly applying the patient rights unit of that hospital. In this context the following studies are being carried out in the patient rights units;

1. Applications resolved on-site (verbal references)
2. Studies on written appeals
3. Studies on submission of thanks
4. Studies on suggestions from the patients and their relatives
5. Studies on training
6. Statistical studies

### **Studies on Applications Resolved On-Site (Verbal References)**

When an application is submitted via the aforementioned methods by the patients or their relatives, initially, patient rights unit supervisor tries to gather information on the subject from them. If the patients and their relatives personally come to the unit to do an application, the nit supervisor takes every precaution to make them comfortable. The unit chief gathers in-dept knowledge on the subject from the patients and their relatives and asks necessary questions to understand the issue clearly. The unit supervisor tries to help the patients and their relative's according to the nature of the issue and tries to solve their problems on-site. Patient rights unit supervisor tries to help the patients and their relatives by making contact to the related unit supervisor or the people related to the problem. If the issue is possible to conclude on-site, it will be solved by the unit and the process is recorded to On-Site Solutions Book. This book includes the recordings about applicants name, surname, age, gender, cause of applying and what had been done to solve the issue by the related unit or personnel. If the problem of the patients or their relatives is not solvable on-site and if they want to fill a written application, their application is received on paper. However, the important thing is to solve the issues on-site. A trained, experienced and efficient patient rights unit supervisor had an important role in solving the problems of patients and their relatives. Due to this reason, it is important to assign personnel with training on knowledge, skills and values. Because patient rights units have the function of problem solving. Patient rights units are intermediaries and problem solvers between the health service personnel and patients and their relatives rather than being a reception center for complaints.



Patient rights unit supervisor checks the web site of the institution with the password given by the Ministry of Health and looks for applications to the hospital. In the cases where written and verbal application is received indirectly (via SABİM, BİMER letters, the Ministry or the health institution's web page), patient rights unit supervisor receives the contact information of the applicant and tries to receive detail information about the issue. Because, there might be some misunderstandings about the name of the hospitals or the personnel. After receiving detailed information, the unit supervisor invites the applicant for writing a new application document.

### **Studies on Written Appeals (Complaints)**

In the cases where the problem of the patients and their relatives is not solved, their written complaints are received and the document is given a number and a date. The written applications of the patients and relatives without the ability to read and write, lacking the help of any attendants or the ones without the capacity to write due to their physical disability; have their applications be written by the patient rights unit supervisor in line with the applicant's statements and signed by the applicant. The applications that are received via the web page, postal services, BİMER and SABİM also goes through the same process. The written applications coming through these channels are examined by the unit supervisor and lacking information, if there is any, is completed by getting in connection with the applicant. The accepted applications in writing are recorded on the web purge of the Ministry any applicants are given passwords to be able to follow their application via internet. The later process of follow-up continues as follows:

- a. If it is an emergency, the hospital administration is informed within the same day of the application.
- b. The hospital personnel facing the complaint give written information within a day. The information request message, baring the signatures of the chairperson of the patient rights board and the patient rights unit supervisor, is conveyed by the hospital administration to the related personnel with depot. The personnel have to answer this request in a written form within two days.
- c. If there are persons that are supposed to give information (if there are witnesses produced by the patient or the personnel) about the issue, their information is also received in two days.
- d. All the information and documents that have been collected are summed in to a file and distributed to the members of the patient rights board at the end of the third day.
- e. The board meets every week (at the day and time determined by the members), evaluates and concludes the files by majority of votes within 11 days at the latest. The written application of the patients or their relatives and the written explanation of the personnel and other documents are read by a member of the board. After this process, the subject is discussed by the members. At the end of the discussion, a secret ballot is carried out on whether there is any violation of rights in terms of the patient. According to the results of the vote, either the applicant or the employee is recognized.
- f. The decision is notified to the patient rights unit. Patient rights unit archives the reports.
- g. The parties of the complaint are notified in written about the result within 15 work days following the date of the written application at the latest.

- h. Reasoned decision of the Patient Rights Board is sent to the patient or their relative and the personnel or the personnel's unit via e-mail (on the condition that the application is in written form), by postal services or through administrative channels in the institution. The written result informs both parties about the decision of the board and the things they can do after this phase, the patient is given contact numbers and the record numbers to ease the process that follows (Directive on Application of the Patient Rights, 2005: 7).

If the personnel are recognized according to the result of the board's decision, the reasoned decision of the board is written to the minute book. On the reasoned decision document that is set to the both parties, the reasons that personnel is recognized are clearly explained, it is highlighted that the patient has the right to exception against decision and has the right of litigation. In such cases, the personnel do not face any legal or administrative sanction. The patient is also thanked with honoring remarks.

In the case where the applicant is recognized, the board has to specify which of the rights that had been defined in the Patient Rights Directive were violated clearly. The decision of the board is conveyed to the related parties. The written document that is sent to the applicant gives information about the decision of the board besides giving information about the things to be carried out following this phase.

There is no legal sanction of the decisions taken by the Patient Rights Boards, they only have advisory value. This means, the board has no authority to determine the penalty or impose sanction. However, the decisions by the board are advisory.

The reasoned decision of the board is sent by the patient rights unit to the administration with a cover letter. It is recommendable to convey information about which legal actions would be taken against the personnel under the state personnel law and other related disciplinary statute to the patient rights unit. The administration makes the file be examined by an external party in line with the Directive on the Application of Patient Rights. the administration takes action according to the decision reached after this process. According to the results of the external examination, if the personnel is found wanting, the personnel should be informed about the specific penalty or sanction. If the personnel is found wanting, one of the penalties or sanctions expressed in the state personnel law according to the nature of misconduct. Even the personnel is not found wanting, the result is conveyed to the patient rights unit by the administration. No action is taken about the personnel. After the decision making process is completely finished, the applicant is informed about it in written and it is highlighted that the applicant has the right to take legal action.

### **Studies on Submitting of Thanks**

The patients and their relatives who receive services from health institutions and facilities can submit their thanks if they had been pleased with the physical and medical services and services of the personnel in the related unit to the patient rights units. Patient's rights units are not only for receiving complaints. They also ground on patient satisfaction. The patients' rights unit receives documents that are given by the patients or their relatives who want to submit their thanks in written about the institution and its personnel. If the written thanks are directed to specific personnel, he or she is informed about this with a cover letter signed by the patient rights unit. The document usually includes honoring statements towards the personnel that encourage their positive behavior. Besides a copy of the related written thank note is conveyed to the personnel. The personnel who are honored and recognized by the patient rights unit take more gratification out of work and think what they are doing is right. This is thought to have a positive effect on productivity.

### **Studies on Suggestions from the Patients and Their Relatives**

While the patients and their relatives use health institutions; they can submit suggestions about the operation, physical condition or running of the procedures to the hospital administration. These suggestions are very important and should be taken seriously. Because many applications that are not perceived as the need of the patients or services that are never thought of by the health care personnel can be observed as a need by the patients and their relatives. For example, providing a separate room for the stereogram count that is requested from a man did not seem an important need by the administration and upon application of a patient to the patient rights unit of the hospital, it is agreed that a room for such purposes is the patients' right and need and the related unit is spared a stereogram room. In another example is the submission of a disabled patient about the lack of washing closet according to their needs at the place where disabled patients are treated which resulted in building of a specially designed washing closed for the disabled patients.

All suggestions from the patients and their relatives about the health institutions' structure, functioning and other applications are taken into consideration. Every application to the patient rights board is is being discussed. After the discussion, the board conveys some suggestions to the administration about the issue. Thanks to the suggestions submitted by the patients and their relatives, there have been many changes and new applications in the health institutions.

### **Statistics and Training Activities**

The patient rights unit has the responsibility to train both the personnel and patients and their relatives about the patient rights. The unit plans and applies training programs for that aim. It also has the responsibility to inform every patient within the institution in written. These trainings are repeated constantly. Besides, it is imperative to include patient rights into the orientation programs of the personnel joining the institution as new work force.

Moreover, there are periodical statistical studies on the distribution of applications to the patient rights units. These statistics include data like the applicants' gender, age, education, social security distributions besides the distribution of applications according to the personnel and the units, the results of the applications, suggestions, submission of thanks and trainings that had been carried out.

Additionally, patient rights communication units had been established at the hospitals with impatient bed capacity less than 100. However, only the institutions that can form patient rights board and patient rights unit can provide services as defined in the Directive.

In the city centers, Health Group Presidencies had been established. Under the Health Group Presidencies; Patient Rights Boards, Patient Rights Units, Patient Rights Communication Units had been established to plan, evaluate and apply patient rights applications. The duties of the board and other units are the same as the ones established in the health care institutions.

All complaints of the patients submitted to the patient rights units are conveyed to the Patient Rights Central unit via electronic and conventional written forms. Generally, the patient rights applications in the institutions under the Ministry of Health in Turkey are being carried out as mentioned above.

### **DISCUSSION AND CONCLUSION**

Patient rights applications are being carried out and the problems faced by the patients and their relatives are tried to be solved primarily on-site by patient rights units. The problems



which cannot be solved on-site are conveyed to the patient rights boards in written and concluded by these boards. Besides, the suggestions submitted by the patients and their relatives to patient rights units are being discussed and evaluated in the patient rights boards before submission to the hospital administration.

Patient rights board decisions that are sent to the Chief Physician are advisory documents without and sanction. Thanks to the patient rights units and patient rights boards established in 2003 by the Ministry of Health, the problems between the health personnel and the patient/patient's relatives are being solved within the hospital by neutral units and boards. In this way, the patient can focus on the treatment received and the health care personnel can focus on giving health care services. The solution of the problems from both parties is to be aware of patient rights and applications.

Patient rights applications are being carried out and the problems faced by the patients and their relatives are tried to be solved primarily on-site by patient rights units. The problems which cannot be solved on-site are conveyed to the patient rights boards in written and concluded by these boards. Besides, the suggestions submitted by the patients and their relatives to patient rights units are being discussed and evaluated in the patient rights boards before submission to the hospital administration.

Patient rights applications are indicators that human beings do matter. Legal regulations being formulated in terms of patient rights does not guarantee the application. A category of right can only be guaranteed if the structure letting everyone to utilize it can be accomplished. Rights can only be meaningful and valuable via protecting, using and guaranteeing the existence of them. The consolidation of law and ethical rules in the area of health will diminish the burden of responsibility from the shoulders of health care professionals besides being useful for the patients. An employee without the knowledge of his or her responsibilities and patient rights cannot know what to do in a problematic case with a patient. Besides, the employees who are aware of patients' rights and their responsibilities towards them will behave with better awareness to the patients.

As Kut (2001:11) suggests, one of the aims of social work is to secure human rights. As Friedlander (1965:2) suggested, the first and basic principle of social work is "the belief and personal value towards honor and unity which lies in the individual from birth". The basic reason patient rights are among social work's professional area of struggle. Because patient rights are among basic values and it stems from and focuses back on the human relations.

Social workers taking part in the patient rights units try to solve the clients' problems with a generalist approach on the basis of professional knowledge and skills. To solve the problem, social workers look into it at macro, mezzo and micro levels and prepare an intervention plan accordingly. The responsibility of social workers in the patient rights units is to solve the clients' psycho-social problems. Social workers firstly try to alleviate the anxiety and stress the client is suffering from. They inform the patients about their rights and responsibilities to have experience about these issues. The patients who are aware of their rights and responsibilities firstly focus on their treatment.

Despite there are many obstacles in front of the patient rights application, as the value given to the concept of human rights increase it will also increase the value of patient rights and ease the patient rights application.

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