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Education on human rights and healthcare: evidence from Serbia

ALEKSANDRA JOVIC VRANES*, VESNA BJEGOVIC MIKANOVIC, DEJANA VUKOVIC, BOSILJKA DJIKANOVIC and MOMCILO BABIC

Institute of Social Medicine, Medical School Belgrade University, Dr Subotica 15, Belgrade 11000, Serbia
**Corresponding author. E-mail: aljvranes@yahoo.co.uk*

SUMMARY

Ensuring and enforcing human rights in patient care are important to promote health and to provide quality and appropriate healthcare services. Therefore, continued medical education (CME) is essential for healthcare professionals to utilize their sphere of influence to affect change in healthcare practice. A total of 123 participants attended three CME courses. Course topics covered: (i) the areas of human rights and healthcare, (ii) rights, obligations and responsibilities of healthcare professionals in relation to human rights and the rights of patients, (iii) healthcare of vulnerable groups and (iv) access to essential medical services. Evaluation of the CME courses involved two components: evaluation of participants' performance and the participants' evaluation of the teaching process. The participants were assessed at the beginning and end of each course. Each of the courses was evaluated by the participants through a questionnaire distributed at the end of each course. Descriptive statistics was used for data interpretation. Knowledge of the healthcare professionals improved at the end of all the three courses. The participants assessed several aspects of the courses, including the course topics, educational methods, the course methods, organization, duration and dynamics as well as the physical environment and the technical facilities of the course, and rated each very highly. Our results corroborate the importance and necessity of courses to heighten awareness of the state of current healthcare and human rights issues to increase the involvement of healthcare professionals both locally and globally.

Key words: human rights; patient rights; continuing medical education; healthcare professionals

INTRODUCTION

'The Universal Declaration of Human Rights has been instrumental in enshrining the notion of human dignity in international law, providing a legal and moral grounding for improved standards of care on the basis of our basic responsibilities towards each other as members of the 'human family,' and giving important guidance on critical social, legal, and ethical issues' (United Nations, 1948). However, there remains a great deal of work to be done to clarify the relationship between human rights and patient rights in healthcare policies. The right to healthcare is a fundamental human right, i.e. everyone has the right to the highest attainable standard of physical and mental healthcare, which includes access to all available medical services, sanitation, adequate food, decent housing, safe working conditions and a clean environment (Committee on Economic, Social and Cultural Rights, 2000).

Regardless of gender, age, race or socioeconomic background, we consider our health to be our most important and essential asset. Increasing attention has been paid to the right to the highest attainable standard of healthcare, especially by human rights monitoring bodies, such as the World Health Organization and the Commission on Human Rights (WHO, 2008). The human right to healthcare means that hospitals,

clinics, medical products and doctor services must be accessible, available, acceptable and of good quality for everyone, on an equitable basis, where and when needed (UN, 2000). Therefore, the design of a healthcare system must be guided by key standards and principles in accordance with human rights, which incorporate universality, indivisibility, participation, transparency, non-discrimination and accountability (NESRI, 2013).

Legal, ethical and human rights norms are an increasingly important component of the delivery of quality medical care (OSI, 2011). Doctors and healthcare professionals are often constrained in their ability to provide quality healthcare to their patients or are unaware of how to incorporate ethical and human rights norms into their practices, particularly if they are faced with limited diagnostic and therapeutic options, unsafe working conditions and an inability to provide evidence-based care (Beletsky *et al.*, 2013; Ezer and Overall, 2013).

Topics related to human rights and the protection of patient healthcare services were not addressed in the previous curriculum at Serbian medical schools. The lack of formal education may be reflected in the knowledge of healthcare professionals. Thus, there is a need for continuing medical education (CME) courses that address this gap as part of the basic training of the next generation of doctors and healthcare professionals.

Education is concerned with changing attitudes and behaviors, learning new skills and promoting the exchange of knowledge and information. It is long-term and aims to provide an understanding of the issues, and equip professionals with the skills to articulate and communicate their knowledge to others.

Increasing the knowledge and understanding of human rights empowers healthcare professionals to protect human rights and uses interactive and participatory methodology to develop attitudes of respect for human rights, develop skills needed to defend human rights, integrate the principles of human rights into everyday practice and encourage respect and tolerance (Rashid, 2005).

Topics related to human rights and the protection of patient healthcare services has always been of interest to experts in various fields and the community as a whole (Trejo, 2000). CME in the field of human rights is of great importance for the democratization of society and the strengthening of the rule of law. A modern democratic society functions as a result of a consensus between members of different philosophical traditions and is based on the principles of equality and social justice. The question of human rights allows for fundamental protections that permit equal participation in a democracy. The healthcare system encourages patients to be involved in decisions about their care, and provides legal frameworks to allow medical decisions to be reviewed (Peel, 2005). Improving knowledge of healthcare workers in human rights through the CME and equal participation of all stakeholders is another important step in this process. It is equally necessary to stress the point that everyone has the right to affordable healthcare in accordance with available medical services and within the financial resources of the healthcare system (Health Care Law, 2005).

The Republic of Serbia experienced a very tumultuous period after 1990 and visible consequences are reflected in the governmental structure and, unavoidably, in the healthcare system. The Serbian civil war, ethnic cleansing, sanctions and NATO bombing negatively impacted the delivery of healthcare services. In 2012, the Commissioner on Human Rights for the Council on Europe characterized the civil war in the former Yugoslavia as the period with the greatest human rights and humanitarian law violations in Europe since World War II. Physicians for Human Rights provided a similar assessment (PHR, 1996; Muiznieks, 2012).

Patients and members of vulnerable groups in Serbia were faced with specific problems in regard to the enjoyment of their basic patients' rights to privacy and confidentiality, rather than places of treatment and care. The healthcare system is now undergoing tremendous changes due to healthcare reforms, as a set of new rules and laws were adopted. The law governing patient rights was revised and harmonized with the European declaration on patient rights (Patient Rights Law, 2013). Healthcare professionals, as well as all other participants in the healthcare system, are obliged to abide by these rules and laws.

Therefore, understanding human rights and the rights of patients is of great importance for all participants in the healthcare system, as they have an obligation to respect, protect and fulfill these rights to promote a healthcare system that is fair, available and ready to meet patient needs. Raising awareness of patients on their rights may encourage underrepresented groups to take an active role. The human rights lens reveals issues of discrimination and social exclusion that often

underlie violations of patient and human rights. This is a critical topic, since vulnerable groups are especially rife in healthcare settings. The development of positive attitudes and behaviors of healthcare professionals in relation to human rights of vulnerable groups is the basis of successful preservation and improvement in patient healthcare.

METHODS

A descriptive study was performed by the Medical Faculty of the University of Belgrade to stress the importance of CME for healthcare professionals in the field of human rights and healthcare through three continuous education courses that were part of the project 'Law, Human Rights, and Patient Care', in May 2013.

A total of 123 participants were included in the study. The professional backgrounds of the participants were relatively heterogeneous, consisting of medical doctors, dentists, nurses, pharmacists, clinical officers, as well as fifth year medical students. Course topics covered: (i) the areas of human rights and healthcare; (ii) rights, obligations and responsibilities of healthcare professionals in relation to human rights and the rights of patients; (iii) healthcare of vulnerable groups and (iv) access to essential medical services. For each particular course, we carefully determined the educational aims and defined relevant information and skill sets to enrich the knowledge of the participants. The courses reflected all necessary and desirable information, skills and knowledge related to the field of healthcare and human rights.

The lecturers consisted of healthcare professionals, lawyers and pharmacists. Educational methods included presentations and discussions, panel discussions, working groups, case studies, problem-solving/brainstorming sessions, simulation/role-playing, practical exercises and round-table discussions.

Evaluation of the CME courses involved two components: evaluation of participants' performance and the participants' evaluation of the teaching process. The participants were assessed at the beginning and end of each course using a multiple choice questionnaire that contained 10 questions regarding knowledge gained from the classes. The evaluation was totally anonymous.

Each of the courses was evaluated by the participants through a questionnaire distributed at the end of each course. Questions were related to selection of the course topics, course organization, course duration, educational methods, course methods, physical environment and technical facilities and course dynamics. The evaluation was totally anonymous.

Descriptive statistical analyses (frequencies and percentages) were used to interpret the data.

RESULTS

A total of 123 participants completed the three courses and were included in the study. The participants included healthcare professionals: medical doctors (including general practitioners and specialists), dentists, nurses (of various specialties), pharmacists, clinical officers, as well as fifth year medical students. More than half (55.8%) of the participants had between 15 and 25 years of experience and a minority (6.7%) had more than 25 years of experience. Most participants were employed in either secondary or tertiary healthcare facilities (Table 1).

The average test score at the beginning of the first course was 66.7% (6.67/10) and 88.2% (8.82/10) at the end of the third course. Slightly lower average scores were achieved after the second and third course (Table 2). The majority (60.0%) of participants evaluated the selected topics as important and inspiring, and 23.0% of the participants considered the topics encouraging and worthy of further work. Unfortunately, only 6.7% said that they were completely familiar with topics in all courses (Table 3).

Two-thirds (67%) of the participants considered the methods used in the courses as illustrative and memorable, whereas a smaller number considered the methods common, and some (4.4%) found them difficult (Table 3). The course dynamic was assessed by most participants as active (46.7%) and interesting (30.0%).

Table 1: Participants' characteristics

Characteristics	*n*	%
Years of employment		
≤5 years	15	11.9
5–15 years	32	25.6
15–25 years	58	55.8
>25 years	8	6.7
Place of employment		
Primary care	17	13.7
Secondary and tertiary care	84	68.5
Others	22	17.8

Table 2: Average knowledge scores before and after courses

Course	Before	After
First course	6.67	8.82
Second course	6.21	8.25
Third course	6.27	8.40

Table 3: Participants' course evaluation

	n	%
Course topics		
Important and inspiring	74	60.0
Encouraging for further work	28	23.0
Systematize existing knowledge	13	10.3
Familiar	8	6.7
Course method		
Illustrative and memorable	80	65.6
Common	37	30.0
Difficult	6	4.4
Course dynamics		
Active	58	46.7
Interesting	37	30.0
Other	28	23.3
Physical environment and technical facilities		
Adequate	110	89.6
Other	13	10.4

None of the participants considered the course dynamic as inappropriate (Table 3). The physical environment and technical facilities were deemed as adequate and appropriate by the majority of participants (Table 3).

DISCUSSION

The number of studies in the literature pertaining to healthcare and human rights is extensive and there are currently many courses and on-line courses available. However, there is a lack of participant evaluation of such courses, although evaluation is an essential component of any educational program, especially in CME, which extends into many diverse settings and serves many different types of healthcare professionals (Knox, 2002).

The evaluation process is also critical to judge whether education and training provided to healthcare professionals meets societal needs. The value of evaluation is much greater than the provision of simple audit information, as it also enables CME to evolve in response to the needs of participants, institutions and society. The results of our study are promising and encouraging, as the participants improved their knowledge following each of the three courses and the course evaluations submitted by the participants reflected good outcomes. There is evidence that CME can improve the confidence and competence of practitioners, and advancements in healthcare practice as a result of education have also been reported (Coomber *et al.*, 2006; Garrad *et al.*, 2006; Lougheed *et al.*, 2007). Without investment in CME, the vision of a high quality healthcare system will never come to fruition (Fletcher, 2007).

Introduction of courses related to human rights in patient care should be included in the regular curriculum of medical schools in Serbia. Incorporating human rights in patient care into the professional training of medical personnel develops an understanding of the interconnectivity and human value of all of the stakeholders, including patients, doctors, health managers and others, as well as the role of the state. By understanding and respecting patients and their values, providers can help to meet patient needs for treatment and services, as well as to protect patient rights. We speculated that the lack of knowledge, as a consequence of absence of such courses, can render healthcare professionals unaware of how to apply human rights-based frameworks, tools and methods to participants' fields of practice.

CME programs and implementation of patient and human rights play important roles in sustainable healthcare and provide tools for transition to a modern democratic civil society. The primary challenge is to cope with conflicting priorities to improve healthcare available to the population, as well as to reform the healthcare system. It is obvious that the healthcare reform process in Serbia is dependent on the continued training of healthcare professionals. In order to provide the best patient care, health professionals should invest in educational opportunities that give them up-to-date knowledge and skills. Principles, such as confidentiality, privacy and informed consent, were of interest to doctors, medical students and healthcare managers when approached through a human rights lens. Evaluation of existing healthcare-related policies, programs and legal instruments through rights-based approaches is important to mobilize professionals, communities and resources to achieve positive changes by influencing healthcare-related decision-making. Building the capacity and promoting new approaches could greatly contribute to the general reform of healthcare policies.

We believe that CME courses are the starting points in a wide range of educational activities, which are very important to the healthcare reform process and to promote public trust. Evidence suggests that careful planning of CME will improve the key measure of healthcare professionals' performance and health outcome (Amin, 2000).

Good responses from the participants led us to think that ensuring and enforcing human rights in patient care are important to promote health and to provide quality and appropriate healthcare services. In that way, positive long-term outcomes can be expected. Human rights are the limit that power must not exceed in its relation to the individual.

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CONFLICT OF INTEREST

None declared.

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