

PATIENTS' RIGHTS IN THE MALAYSIAN HEALTHCARE SYSTEM*

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Distinguished guest, ladies and gentlemen,

Assalamualaikum Warahmatullahi Wabarakatuh and greetings to everyone here.

Thank you for having me. I will talk about Patients' Rights in the Malaysian Healthcare System. Of course, you will be asking me why patients? Because the problem is, we tend to forget that everyone here is a patient, not always perhaps but once in a while you'll be lying in bed thinking when are the good days coming. Or you start thinking about distributing your assets or considering options who are the lucky ones whose going to take care of you. I believe that in any healthcare settings, arguably the patient is the VVIP, the most important person, be it in the hospital, medical centers, private clinics, dispensaries or even in makeshift clinics. Hence, what I intend to present today is to see whether patients are being treated as the most valuable asset aka the VVIP in the healthcare setting.

Before I proceed further, 2 issues must be clarified from the outset, number one is who is a patient and the next in line, what is a right?

Who is a 'patient'? A patient is any recipient of health care services that are performed by healthcare professionals. Normally, the patient is most often ill or injured and in need of treatment by a doctor, nurse, optometrist, dentist, or other health care providers. In this paper, my deliberation is on doctor-patient relationship rather than other healthcare providers since many legal cases on medical negligence focus on this relationship. However, the application of the legal principles are similar with other healthcare professionals once you are in a legal limbo.

Now let us consider the meaning of a 'right'. This issue explores the interface between international human rights principles and domestic health care law. Is there a human right to health and health care? When if at all is the state justified in limiting individual autonomy on the basis of public health considerations? The WHO Constitution (1946) envisages "...the highest attainable standard of health as a fundamental right of every human being." This denotes a clear set of legal obligations on states to ensure appropriate conditions for the enjoyment of health for all persons without discrimination. Understanding health as a human right creates a legal obligation on states to ensure access to timely, acceptable, and affordable health care of appropriate quality as well as to providing for the underlying determinants of health, such as safe and clean water, sanitation, food, housing, health-related information and education, and gender equality. The atrocities of the Second World War made the protection of human rights an international priority. The formation of the United Nations paved the way for more than 50 Member States to contribute to the final draft of the Universal Declaration of Human Rights (UDHR) adopted in 1948. This was the first attempt to set out at a global level the fundamental rights and freedoms shared by all human beings. It declares that human rights

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are universal – to be enjoyed by all people, no matter who they are or where they live. The Universal Declaration includes civil and political rights, such as the right to life, liberty, free speech and privacy. In summary, human rights are principally concerned with the relationship between an individual and the state and that governmental obligations with regard to human rights broadly fall under the principles of respect, protect and fulfil.

It is interesting to note that The Alma-Ata Declaration 1978 (USSR) is the first declaration in the world under the auspices of WHO which requires all governments to formulate national policies, strategies and plans in the promotion and protection of the health of the people. It laid emphasis on universal health coverage with Health for All vision and that people have the right and duty to participate individually and collectively in the planning and implementation of their healthcare. Malaysia is a signatory to the Alma-Ata Declaration and the responsibility of maintaining and providing healthcare services to its citizens is reflected under Item 14 Federal list (Federal Constitution). As such hospitals, clinics and dispensaries, mental institutions, cancer centers and so forth were set up throughout the years and these had been reflected in the vision and mission of the Ministry of Health (MOH).

Back to the issue of a “right”. In order for the right to be enforceable it must be a legal right that is provided for in the existing laws prevalent in the country. A legal right denotes a power or privilege that has been guaranteed to an individual under the law, not merely something that is claimed as an interest or something that is a matter of government discretion. Legal right presupposes the idea that enforcement can be achieved through public institution (example. complaints mechanism) or the courts because a person’s ability to secure a remedy when a legal right is denied, reduced or terminated goes to the basic meaning of what it means to be ‘entitled ‘to something. Hence, whether particular healthcare benefits rise to the level of being a ‘legal right’ and whether the healthcare right can be enforced in court are the most fundamental legal questions in the area of health laws. The issue is whether The Malaysian Constitution confers its citizens not only the right to healthcare services and treatment, but also the ability to enforce these rights when violation or breaches of these rights occur. Although there were several academic discourses and legal cases deliberations which suggest tacitly the right to healthcare and treatment, however since the Federal Constitution does not have any express provision which recognizes health right and no health legislations in the country acknowledged such rights, my submission is that at the moment there is no legal right which can be enforced against the government to fulfill its duties as far as healthcare is concerned.

INTRODUCTION

Main Purpose of Health Laws

Health laws are enacted when the need arises. The legislations were scattered and is not incorporated in one particular Code such as The Penal Code of Malaysia where all the general crimes in the country are derived from the Code. A perusal of the laws is mostly meant to protect society from diseases such as the Prevention and control of Infectious diseases Act 1988 namely to curb Aids, SARS, dengue, Covid-19, and so forth. The Food Act 1983 is meant to safeguard the safety of food preparations & premises and to control tobacco consumptions amongst others, The Environmental Quality Act 1974 (amendment 2006) is enacted to control pollution and enhancement of environment. Likewise, The Mental Health Act 2001 is to protect the mentally-ill by setting up special institutions, whereas drastic measures and punishment will be meted out under the Medicines (Advertisement and Sales) Act 1956 against companies

which advertise traditional drugs for specific ailments, without the approval of the Medicines Advertisement Board. Further other health laws are enacted to monitor and improve standards of healthcare professionals such as the Medical (Amendment) Act 2012, Dental Act 2018, Nurses (Amendment) Act 2006, Allied Professions Act 2016 and so forth. Likewise, the Private Healthcare Facilities and Services Act 1998 is to regulate and control private healthcare facilities. Health laws or statute laws are often drafted in general terms prescribing duties, responsibilities, sanctions and punishment, hence there is a need to draft regulations in order to assist with the implementation and promote Laws 's underlying policy goals. This is where the administrative agencies or executives branch of government come in to enforce laws and draft regulations, rules and orders necessary to carry out statutory needs.

The emergence of patients' rights signaled a significant departure from a medical model of health care based on traditional Hippocratic virtues. The oath emphasizing practitioners' obligations only served to produce and encourage paternalistic or authoritarian obligations. The Amsterdam Declaration 1994 engendered a positive response from countries all over the world that patients' rights should be given due recognition. This could be seen from Malaysia's own initiative to set up the Patient's Charter in August 1995. This charter is actually a reinforcement of the recognition of the rights of all people to dignity, physical security, self-fulfillment and equality. However, it is a non-legal document, thenceforth parties are only morally obligated to adhere.

Further, the MOH has set up the Patient safety Council in 2003 to ensure that patients in government hospitals are not harmed, by preventing human errors and adverse effects to patients associated with healthcare. In fact, The Patient Safety Council (website: 2024) had stated that 10% of patients in government hospitals is harmed while receiving hospital care. Likewise, there are many other programs develop by private hospitals and non-governmental organizations such as the Federation of Malaysian Consumer Associations, Malaysian Medical Association, Islamic Medical Associations to reduce human errors and prevent injuries to patient in the course of treatment. In summary, findings indicate that the main priority of the government and the laws are to ensure that basic health care needs, preventive measures and protection to society are met.

The question is where is our right as a patient from this maze of health legislations prevalent in the country? ARE we not the VVIP in the whole healthcare setup? As one journal article says (Jacob P: 2024) :

*Rights aren't rights if someone can take them away. They're privileges.
(Carlin C. It's Bad for Ya. Eardrum Records; 2008).*

Now we will consider what are the healthcare rights that had been given due recognition by the Courts.

THE RIGHT TO MAKE INFORMED HEALTHCARE DECISION

One of the most important healthcare rights is the right of individual patient to make informed decisions about the scope and course of their own care. This includes the right to refuse treatment, regardless of the treatment's nature or urgency. Basically, the right of a person to control his body is a concept that has long been recognized in Malaysia under the law of Torts. The ethical principle that each person has a right to self-determination and is entitled to have his autonomy respected finds its expression in law through the notion of consent. "Every

human being of adult years and sound mind has a right to determine what shall be done with his own body; and a surgeon who performs an operation without his patient's consent commits an assault, for which he is liable in damages" as stated by Justice Benjamin Cordozo (1914) in the American case of *Schloendorff v Society of New York Hospital*. The general meaning of the word 'consent' denotes the idea of agreement or voluntary acceptance of the wish of another, to agree to do something or to allow someone to do something. Similarly, the word 'informed' means having or showing a lot of knowledge about a particular subject or situation. The legal terminology states that consent is the voluntary agreement or acquiescence by a person of age or with mental capacity who is not under duress or coercion and who has knowledge or understanding.

According to the Malaysian Medical Council (MMC) guidelines 2016 concerning consent to treatment :

Informed consent can be said to have been based upon a clear appreciation and understanding of facts, implications and future consequences of an action. Informed consent is a medico-legal requirement to ensure that a patient knows all the risks and costs involved in the treatment including informing the patient of the nature of the proposed procedure, surgery, treatment and the potential risks and benefit of the treatment.

Thus, a doctor is required to give his patient sufficient information about the proposed treatment so as to provide him with an opportunity of making an 'informed choice' or 'rational choice' whether to undergo or withdraw from treatment. In 2006, The Federal Court in the case of *Foo Foo Fio Na v Dr. Foo Sook Mun & Assunta Hospital* stamped its approval giving patients the legal right to sue under negligence for any non-disclosure of information in the course of treating the patient. Other legal cases follow suit to uphold patient's autonomy and self-determination when making healthcare decisions.

MEDICAL NEGLIGENCE CASES

It is a form of legal actions brought by patients against doctors and healthcare institutions for damages to compensate for injury. The injury may arise out of the treatment provided such as needle left in the womb, or the patient's illness or disease has not been adequately treated leaving her with permanent harm or perhaps a misdiagnosis resulting in wrongful treatment. Damages could cover the patient's medical expenditures, loss of earnings, physical injury, mental anguish and emotional distress resulting from the negligent act. The Law has given due recognition to patients to sue the doctor or the healthcare institutions if he has fallen below the standard set in the tort of negligence. According to the Bolam test (1957) :

"A doctor is not guilty of negligence if he has acted in accordance with a practice accepted as proper by a responsible body of medical men skilled in that particular art namely the common or approved practice set by the medical profession".

It is noteworthy to mention that the winds of change finally diluted the Bolam test in 1997 when Lord Browne *Wilkinson in Bolitho v. City Hackney Health Authority* (UK) reiterated that ultimately the Courts and only the Courts are the arbiter of what constitute reasonableness. Doctors cannot be judges in their own courts. Nowadays, this statement forms the basis of the Bolitho Test (1998) adopted in Malaysia. As demonstrated, it dictates that, while it may be

possible to find a number of medical professionals who argue that they would have acted in a particular way, it is the responsibility of the Court to determine whether or not that particular course of action would have been logical.

According to the Malaysian Reserve News portal online (2019), the number of errors and accidents at both government and private hospitals has increased in recent years despite efforts by the administrators of these healthcare centres to improve treatment safety. The portal stated that :

Health Ministry's official figures showed that between 2016 and 2018, the number of incidents involving wrong surgery, unintended retention of foreign objects (URFOs), transfusion and medication errors and patient falls have nearly doubled in both public and private hospitals. Over the three-year period, the number of wrong surgeries has increased from six cases to 11, while URFOs went up from 27 cases to 32 cases. Transfusion errors rose from 40 cases to 47 cases, while medication errors jumped from 3,104 cases to 3,741 cases. Patient falls recorded the highest increase, with those involving adult patients rose from 2,374 cases to 3,547 cases and those involving children increased from 441 cases to 696 cases.

We are now living in an age where traditional social deference is increasingly being challenged and questioned by a better-informed and more assertive public. There has been a shift away from the relatively passive acceptance of authority and establishment institutions by society. Informed by access to health information that was once the sole preserve of the profession, the public are more likely to challenge received opinion. Greater media scrutiny of once privately managed difficulties is subjecting the profession to closer examination. There is emerging and growing public pressure for the relationship between the health professional and the patient to be an open, honest and active partnership, and a declining public willingness to accept passively and unquestioningly the clinical judgements that are made for them.

These errors and accidents usually did not reach the standard of legal negligence per se, however these medical errors resulted in untold damage and misery to the patients at large. According to the 2019 World Health Organization (WHO) Patient Safety Factsheet, adverse events due to unsafe patient care are among the top 10 causes of death and disability worldwide. Although both private and government sectors had set up several internal mechanism to combat these problems, these incidents are on the rise . As stated by Datuk Sri Dr DZulkefly, the Minister of Health, at the first World Patient Safety Day and Patient Safety Seminar 2019, those errors were mainly due to ineffective communication, lack of teamwork, heavy workload, staff fatigue, failure to follow procedures and use of shortcuts. A summary of literature reviews did show that communication problems, both vocal and written, are one of the most common causes of medical errors. Miscommunication can occur between a doctor, nurse, a lab technician, or any other medical professional. Further, an analysis of the punishments meted out by the Disciplinary Board Malaysian Medical Council (MMC) suggest that the main factor doctors have been guilty of serious professional misconduct are in the area of Neglect or disregard of professional responsibilities. What does these entail?

As the saying goes, 'To err is human' meaning it is natural for humans to make mistakes. Is that so? Is it natural that human errors are the leading cause of preventable deaths amongst patients worldwide whereas these errors can be prevented? (WHO:2019). The Roman Philosopher Cicero (106–43BC) wrote that anyone can make a mistake, but only a fool persists

in error. Learning from regular and repeated mistakes in health care is one of the most important elements to improving patient safety. I would submit that human errors which in turn cause so many preventable deaths are intertwined with the *akhlaq* and character of the main players in the healthcare setting namely healthcare professionals and patients. It is conceded as a fact that systemic issues do play a role in human errors, but the main contributing factor in medical errors are to my mind the fallibility of human nature. Hence my submission would be, Religion plays a significant role in character formation. It is through religious education and the influence of religious values that individuals develop positive attitudes, behaviors, and moral principles.

DOCTOR-PATIENT RELATIONSHIP IN SYARIAH LAW

The Holy *Qur'an* is the main source of all inspirational knowledge and the guiding spirit that all Muslims have to follow. In turn, the *Sunnah* (sayings and deeds) of the Prophet (Pbuh) would interpret, supplement and complement the guiding principles as laid down in the *Qur'an*. Wise men often say that every disease begins from the heart. Once the heart is wounded, then the whole physical being is in pain. Indeed, it is only through faith that the spiritual and psychological aspect of mankind would be protected. Faith is the basis of ethical conduct for the Muslims, which include *inter alia*, belief in God, after-life and the day of judgement. Faith has a very profound effect upon the spirit and the body of man. According to Shahid Athar in his book *Islamic medicine* (2006) 'disease in fact is the result of the dissociation of the harmony between the body and the spirit, and faith is extremely effective in keeping this harmony intact'. Natural healing thus comes from the faith that every disease that befalls human being has a cure for it. As the Holy Quran says in Surah Yunus: 57 :

O mankind! There hath come to you a direction from your Lord and a healing for the (disease) in your hearts, and for those who believe, Guidance and a mercy.

In Islam, the emphasis is in developing a cordial relationship between doctor and patient. Due to this, ethical considerations are necessary for a doctor to equip himself with the tools of his trade in order to gain respect from colleagues and patients. In the eyes of Islam, who is a doctor? What are the physical characteristics of a doctor as required by Islam? What are his obligations towards patients and colleagues? Conversely, what is the obligation of a patient, what are his rights and duties?

The Islamic teachings laid great emphasis on the *Akhlaq* or the character of a Muslim as stated in Holy *Qur'an*; (Surah Al-Imran 3:104) :

Let there be a community among you who will invite [others] to [do] good, command what is proper and forbid what is improper; those will be prosperous.

The character of a Muslim must be in accordance with the Islamic teachings. No doubt there are many Muslims who profess to know the teachings of Islam, yet the character did not commensurate the moral virtues expounded in the Holy *Qur'an*. Again, we might ask the question of what is 'good' and what is 'bad' or 'evil' in the eyes of Islam. The answer can be found in the *Qur'an*: Surah Al-Baqarah 2:177 :

Virtue does not mean that you turn your faces towards the East or West, but virtue means to believe in God [Alone], the Last Day, the angels, the Book and the prophets; and to give one's wealth away, no matter how one loves it, to near relatives, orphans, the needy, the wayfarer and beggars, and towards freeing captives; and to keep up prayer and pay the welfare due; and those who keep their word whenever they promise anything, and are patient under suffering and hardship and in time of violence. Those are the ones who are loyal, and those are the heedful.

Surah Fussilat 41:33-36 :

Who is finer in speech than someone who appeals to God, acts honourably, and says: "I am a Muslim"? A good deed and an evil deed are not alike: repay [evil] with something that is finer, and see how someone who is separated from you by enmity will become a bosom friend.

The holy verses state that a Muslim should behave honourably with fellow human beings, such as to give one's property in the name of Allah (SWT) with sincerity without asking for rewards or tokens of appreciation. To repay an evil deed with kindness would be a severe test indeed for a true Muslim and these virtues would not be attainable unless he believes in God. The duty of the Muslim doctor towards his patient must naturally be in accordance with God's guidelines. He is but an instrument of God in alleviating people's illness. As such he should be grateful and forever seeking God's help. When entrusted with the care of a patient, the doctor must offer the needed advice with consideration of the patient's interest. However, he should never give in to his patient's demand if they were in violation of God's orders. He must render whatever assistance to the best of his capability regardless of the financial ability or ethnic origin of the patient.

Surah Al-Insan 76:8 :

And they feed, for the love of God, the indigent, the orphan, and the captive, (saying) We feed you for the sake of God alone: no reward do we desire from you, nor thanks.

The philosophy of Islam in itself does acknowledge the rights of persons in that, doctor when treating patients should do so with kindness and affection.

Surah Al-Imran 3:159 :

It is because of mercy from God that you have been so lenient with them. If you had been harsh and cruel-hearted, they would have dispersed from around you. Pardon them, seek forgiveness for them, and consult them on the matter.

A doctor should be sensitive to the needs of his patients. There should be respect for the patient's feelings and emotions. This could be seen from the verse; Surah Al-Hujurat 49:11 :

O ye who believe! Let not some men among you laugh at others; it may be that the (latter) are better than the (former); nor defame nor be sarcastic to each other.

The Muslim doctor must have faith in God and destiny. These ideals should be shared together with his patients. Both had a role to play in the treatment or the healing process. By accepting the fact that Allah is the healer, both patient and doctor will try their best but with less agony and tension. Such spiritual conviction would naturally improve the psychological state of the patient and boost his morale, thus helping him overcome his pain. The process of healing is a two-way process to achieve a common goal, a common cause that is to see that the patient is well again. As a Muslim patient, the Holy verse stipulates that when afflicted with a disease, the patient must accept it as a will of God; Surah Al-An'am 6:17 :

If God touch thee with affliction, none can remove it but He; if He touch thee with happiness, He hath power over all things.

However, early treatment is encouraged because God has not created a disease without a cure for it, except death and old age. This could be seen from the saying of Prophet Mohammad (Pbuh)); Al-Bukhari; Chap7:582 :

There is no disease that Allah has created, except that He also has created its treatment.

As a Muslim, there is a need to be patient when faced with calamity. Islam taught its followers to be patient and endure pain as part of God's Will; Surah Luqman 31:17 :

O my son! Establish regular prayer, enjoin what is just, and forbid what is wrong: and bear with patience constancy whatever betide thee; for this is firmness (of purpose) in the conduct of affairs.

Surah Al-Baqarah 2:155-156 :

Be sure. We shall test you with something of fear and hunger, some loss in goods or lives or the fruits (of your toil), but give glad tidings to those who patiently persevere. "Who say, when afflicted with calamity: To God we belong, and to Him is our return.

In Islam both doctors and patients have a role to play. Both must have faith in God and destiny. Islam laid great emphasis on moral values namely to do good and avoid evil. To have virtue would mean to incorporate moral values such as being truthful, keeping one's word, trustworthy to conduct justice and fair play, to have patience and discipline, tolerant and generous, kind and forgiving, humility and self-respect. They must learn to co-operate with one another to reach the common goal of curing the patient. Authority for this can be drawn from the general command: Surah Al-Maidah 5:2 :

Co-operate with one another for virtue and heedfulness, and do not co-operate with one another for the purpose of vice and aggression

Surah Al-Imran 3: 64 :

Let us come to an agreement between us and you: that we will worship none but Allah, that we will associate none with Him.

According to Dr. Fazl-ur-Rahman (1977), the philosophy and the Code of life as given in the Quran have morality as the central theme. For him, “The value-system, which the Holy Quran has given, establishes spirituality as the root, morality as the trunk, and all other aspects of life: economic, political etc., as off-shoots of morality”. What does this entail? As a vicegerent of God, man should function as an integrated being, a person that should be guided with the moral code of piety, selflessness, truth, justice, love, wisdom and beauty. As such by analogy any principle, which has morality as its root, would be recognized in Islam. For example, in the *Qur’anic* philosophy, piety has three meanings, namely faith in God, love for God and fear of God. Faith in God establishes humility, moral courage and optimism in one's behavior, whereas love for God cultivates unfailing love for doing good to humanity as well as for one's betterment. Fear of God would of course relate to accountability and divine judgement, which would bring about the establishment of conscientiousness, sense of responsibility and moral earnestness. Hence, in Islam, Akhlaq plays a vital role in character building. It shows the greater aspect of faith and belief that everyone be it doctors or patients have a role to play. There is no greatness amongst human because only God is supreme and magnificent.

CONCLUSION

It is submitted that the only legal redress for patients is through the courts. Although it is expensive and cumbersome the Judicial approach towards resolving conflicts of interests between patients and doctors is commendable. It could be argued further that, the 'knowledge gap' between doctors and patients could be very far apart, which would put patient at a disadvantage. Although good medical practice should be the standard guidelines, nevertheless the Judges, being far sighted are able to acknowledge that 'respect for patients rights' is still insignificant and not fully appreciated by the majority of doctors, although the new breed of doctors nowadays is more open-minded.

A perusal of the existing health laws indicates the intention of the legislators and the policy-makers that the main concern of health laws is to ensure a healthy life and environment for all citizens. However, reality reflects differently. As the pursuit for materialism increases, the public trust in the profession has somewhat declined, or in other words patients were no longer in awe, so to speak of the medical profession. Patients now routinely seek second opinions and many resorted to alternative medicine although they are aware of the inherent dangers.

The humanistic aspect in a patient-doctor relationship will not survive long as lucrative rewards hastened the shift from a health care system focused on patients to one based on disease. The business model of medicine would strain the patient-doctor relationship further because of the growing suspicion that a doctor's advice is guided by the corporate bottom line. With regards to complaints, which do not deserve legal merit different approaches appear to have been adopted. There are hospitals, which had some form of complaint redressed mechanisms. These would include complaints for rude treatment, unfriendly staff, not user-friendly facilities and so forth. It is noteworthy to mention that some countries had set up special ombudsman such as The Patients Advisory Committee in Sweden, The Parliamentary & Health Service Ombudsman in UK, the Norwegian Health & Social Service Ombud, and so forth. Although there is no special tribunal for patients' grievances and complaints mechanism in Malaysia, yet patients could always seek justice through various means, namely complaints

could be made to certain consumer associations such as the Consumer Association of Penang (CAP) or the Federation of Consumers Association (FOMCA). Furthermore, complaints could also be lodged with the Public Complaints Bureau, the government's mechanism for dealing with complaints relating to misconduct or inefficiencies in providing public or utilities services. In addition, complaints could be made to the Malaysian Medical Council (MMC) or the Malaysian Medical Association (MMA). However, the passive regulatory nature of the MMC which relies on complaints and only reacting once reported, severely reduces the number of offences brought before the MMC. The composition of the key regulatory bodies as well as the regulatory processes do not show that they provide sufficient safeguards to protect the interests of the public although the impact of the amended Medical Act 2012 and Regulations 2017 has yet to be seen. Public trust in the professions needs to be sustained and enhanced by ensuring that the regulators provide effective and objective scrutiny of practitioners from the perspective of reasonable patient expectations, free from any doubt that the regulators are overly sympathetic to lapses in conduct or competence through a sense of professional loyalty.

As it stands, patients' rights are still insignificant as compared to that of attaining 'health for all' or achieving universal health care. Viewed in this way, all the rights are no rights except privileges conferred at the pleasure of the powers that be. The only acknowledgement of patients' rights is through judicial pronouncements. To conclude, legally enforceable rights for citizens in general and patients in particular, have never been part of the culture of our legal system. Instead the traditional social welfare system still persists, in the sense that citizens pay taxes and in return, receive among other social goods, the health services they need. Perhaps this is for the better because the main priority of our legal system especially in relation to health care issues is to protect citizens from infectious and dangerous diseases and to ensure that basic health care needs are fairly distributed throughout the country. With the increasing competitiveness among private medical centers, and patients' demand and expectation for better quality health care, perhaps the concept of patients' rights would have more substance. This is especially true in patient-health professional settings where nurses, doctors, specialists and consultants would cater to the patient's needs because he could afford to pay for the services. In public hospitals, the atmosphere won't be that consumer/patient friendly, however quality assurance programs would at least ensure that the basic comforts are there.

With that, ladies and gentleman, I leave it to you to decide whether we as patients are the VVIP in the healthcare setting.