CHAPTER II

LITERATURE REVIEW

CONCEPTS AND THEORIES

This chapter comprises of six components that are useful in helping to understand the theory concerning 1) quality of health care service, 2) physician-patient relationship model, 3) definition of patients' rights, 4) the Declaration of patients' rights in Thailand, 5) Prosecution problem in medical profession and 6) the concept of perception.

1. Quality of Health Care

From literature reviews, Donabedian (1980) cited that most health professionals see quality as having three dimensions: structure, process, and outcome. Structure represents the basic characteristics of physicians, hospitals, other professionals and other facilities. It describes whether there are well-educated health professionals, appropriate hospitals, as well as well-maintained medical records and good mechanisms for communication between clinicians. If the structure is solid we can concern ourselves with the process of medical care. Process is an art in service and technicality. An art in service is in the form of respecting customers' rights, interpersonal relationship and friendliness and willingness from health care workers. As for technicality, it is an application of science and technology in medicine in order to solve the customers' health problems. The third dimension, outcome, reflects the end result of care. Did people get better? Was disease or disability reduced? Was it reduced as much as it could have been, given what we know is scientifically possible?

2. Physician-Patient Relationship: Background and Model

The increasing complexity of the health care system and the wide variety of healers and healing techniques that exist, the actual encounter between physician and patient remains a central element. Parsons (1951) cited that in fact, neither patients

nor physicians are so uncomplicated or behave in such a uniform manner, and the relationship between the two can be an elusive phenomenon.

There are many models of the physician-patient relationship that actually develop between physicians and patients and to identify important influences on the relationship as follow:

2.1 The Parsonian Model

According to Parsons, the physician-patient relationship is a subsystem of the large social system. This model is highlighted, as the patient is dependent of the physician's office. It focuses exclusively on the role of the physician as shaping the relationship and assumes that the expectations of the patient will match those of the physician. Parsons believed that three circumstances dictated that physicians play the key, powerful role within the dyad and govern the relationship with patients:

2.1.1 Professional prestige, this is based on the physician's medical expertise, years of training, and the societal legitimization of physician as the ultimate authority on health matters.

2.1.2 Situational authority, it is the physician who has established the medical practice and is offering her or his services to patients who have admitted their own inadequacies by soliciting the physician.

2.1.3 Situational dependency, it is the patient who has assumed the role of supplicant by seeking out service, scheduling an appointment, often waiting past the scheduled time, answering the physician's questions, and allowing an examination to occur.

2.2 The Szasz- Hollender Model

Szasz and Hollender (1956) criticized that Parsons gave too little attention to the important influence of physiological symptoms. They developed their own typology of the physician-patient relationship which including three models.

2.2.1 The Activity-Passivity Model. This model closely parallels the asymmetrical relationship described by Parsons. The physician represents medical expertise, controls the communication flow between the two parties, and makes all-important decisions.

2.2.2 The Guidance-Cooperation Model. They viewed this form of interaction as typical of most medical encounters. The patient is acknowledged to have feelings, may be alarmed by the medical problem, and has certain hopes and aspirations for the outcome of the medical encounter. Compared to the activity-passivity model, the patient has increased involvement in providing information and making decisions with regard to treatment.

2.2.3 The Mutual Participation Model. This model elevates the patient to full participant. In this case, both physician and patient acknowledge that the patient must be a central player for the medical encounter to be successful. Therefore, the patient knows more about her or his own situation, medical history, symptoms, and other relevant events than does the physician.

This model was shown in table 2.1 with three basic models of the physician-patient relationship.

Table 2.1 Three basic models of the physician-patient relationship

	Model		
	Activity-Passivity	**Guidance-Cooperation**	**Mutual Participation**
Physician's Role	Does something to patient.	Tells patient what to do.	Helps patient to help self.
Patient's Role	Recipient (unable to respond or inert)	Cooperator (obeys)	Participant in partnership (uses expert help)
Prototype of Model	Parent-infant	Parent-child (adolescent)	Adult-adult

Resource: Szasz and Hollender (1956)

In order for this type of relationship to work, Szasz and Hollender identify three essential traits that must be present. First, both participants must have approximately equal power. Second, there must be some feeling of mutual interdependence. Finally, they must engage in interaction that will in some ways be satisfying to both parties.

Because this model requires more from the patient, they suggested it might be less appropriate for children or those who are mentally deficient, poorly educated, or very immature. On the other hand, those who are more intelligent or sophisticated, have broader experiences, and are more eager to take care of them may find this to be the only satisfying relationship.

In Thailand, most relationships are like the parent-children relationship, Thai culture makes patient dare not ask for fear and respect for physician, who is considered to be good and having moral integrity. Physician can heal anyway and decide everything. So sometimes there is a conflict between patient or relative and physician. Eungprabhanth (1994) stated that in the ancient time, before having formal physicians like nowadays, priest or witch doctor having responsibility in healing sick people in the community without charge, provided free care with warm kindness like father taking care of children, which could be called paternalism relationship among family members. Boonchalernvipas (1997) and Eungprabhanth (1994) criticized that nowadays, the patient knows about the health and diseases more and more. The medical system focusing on creating more specialized physicians leads to paying less attention to the whole human being on "holistic" approach. The consistency of democratic system ensuring the freedom of human beings and basic human rights, puts pressure on the physician to transfer the decision-making power to the authority of the patient instead. This approved by legal law becoming contractual relationship means the approval to realize the right of the patient called "Informed Consent".

Presently, in Thailand, modern medicine and technology are highly influenced by Western countries (Prathanadi, 2003). He criticized that the relationship between patient and doctor is distant, when only technology is used to obtain a diagnosis and then treatment. Asking the patient's history and physical examination occur less

often. If doctor depends too much on technology for investigation and medical care, he/she is no different from a technician who follows a technical instruction.

He might see patient as mindless material, and does not care about the patient's feelings and does not know the patient's requirements. On the other hand, patients do not trust their doctors and do not know the details of their illness, and they may not even know the reason for which an organ is surgically removed. In agreement, Boonpan (1986) mentioned that health care system uses modern technology to assist nursing care and therapeutic for better improvement, but it might inadvertently forget that patients are also human.

Most Thai patients trust their doctors to take full responsibility for medical decisions upon themselves. At present, social condition and information technology have changed as mentioned above. Therefore, patients' rights are declared in Thailand, which is the way to maintain a good relationship between patient and doctor.

3. Definition of patients' rights

Boonchalermvipas (1997) cited that right means intimacy by which one may use in the protection of his rights or benefits that he deems to have. Therefore, patients' rights mean a legitimacy that a patient may deem to receive from the medical services for the protection of the benefits that he deems to receive.

In agreement, Kunaratanapruk (2003) mentioned that right means the fairness that an individual deserves. Therefore, patients' rights mean the fairness that patients deserve to receive for their medical care from the health care services, without any exclusion of other rights. The patients, apart from those who are really being sick, include those who are receiving medical and public health services in all categories

In Thailand, Eungprabhanth (1994) divided two kinds of rights:

1. Moral Rights: They are natural rights obtained for being a human and it is an international principle that these rights are not required to be stipulated; such as the right to receive medical services which the government has to provide, the right to receive equal quality treatments and to pay appropriate fees for the services.

2. Legal Rights: It is a legitimate power with law support. In the international aspect patients' rights are parts of the human rights, as appeared in the Universal Declaration of Human Rights, 1948, section 25, which says that a person has the right to receive adequate living standards in health and good living for himself and his family, including foods, clothes, home, treatments, necessary social services; the security rights in unemployment, sickness, being handicapped, being a widow, being elderly or lacking of any necessary commodities needed for a living which is beyond his ability.

In USA, Annas (1992) proposed three kinds of rights as follows:

1. Legal rights, or claims law would currently back it if the case went to court.
2. Probable legal rights, which would likely be backed by law if the case went to court.
3. Human rights, which are critical to maintaining human dignity but have not yet, attained legal recognition.

4. The Declaration of patients' rights in Thailand

On April 16, 1998, it was the first time in Thai history that four Councils of Vocational Organizations in Public Health, consisting of Medical Council, Nurse Council, Pharmacy Council and Dentist Council joined hands in co-operation in order to declare the patients' rights.

According to Boonchalermvipas (1997), Kongja (1998) and Kunaratanapruk (2003) citations that in Thailand, health related organizations realized the advantage in summarizing and announcing patients' rights and practical traditions, according to Thai's social values. This aims to inform our citizens, patients, and medical professionals (doctors, nurses, dentists, pharmacists and others) for their mutual understanding, in order to minimize conflicts, and lead to mutual trust for the best medical care.

4.1 Every patient has basic rights to receive health service as have been legally enacted in the Thai Constitution 1997.

There are two important sections relating to citizen health in the Constitution of Kingdom of Thailand 1997 (Kerdwichai, 1999).

Part 3: About right and liberty of individual, section 52: Citizen should have equal right to receive health services in a good standard. And poor people also have right to be healed from government health care center without charge, due to the Law Regulation.

The public health service must go on thoroughly every area, as most as possible and effective enough. It must be prompted in both local and rural and municipality to take parts in working as much as possible. In case of preventing and getting rid of severe communicable disease, government must deal urgently free of charge.

Part 5: Basic policy of government, section 82: Government must hold standard services and promote effective health care to people thoroughly.

It is evident that there are still provisions by other laws to protect people in defending and getting rid of severe communicable disease, by having government places to give services about public health care to the poor and needy, free of charge. But if the people who are not in poverty, having to pay for themselves and taking responsibility in expense of their own health care, can choose to use either government or private hospital according to ability in financial and their need.

4.2 The patient is entitled to receive full medical services regardless of their status, race, nationality, religion, social standing, sex, age, and the nature of their illness from their medical practitioner.

In the Constitution, section 30, it says: All persons are equal before the law and shall enjoy equal protection under the law. Men and women shall enjoy equal rights (Kerdwichai, 1999). Therefore, every patient has right to receive full medical services as best as possible, according to proper status of

everyone, without partially chosen to be treated in unfair way for any reason. However, in this case except other right that outside the law indicated, such as not paying the healing expense, staying in luxury-room and special service charge...etc.

This is the global principle that all doctors accept and practice. The World Medical Association registers this principal in Declaration of Geneva since 1984 and it appears in the rules of medical ethics 1983 of the Medical Council of Thailand.

Part 1 item 3, it says: Medical professionals will practice their medical services in good faith, regardless of the patient's financial status, nationality, citizenship, religion, social status, or politics.

Part 3 item 1, it says: Medical professionals must provide standard medical services to their best ability.

The Regulations of the Nurse Council of Thailand are specified in the Limitation and Condition in Professional Practice of Nurse and Midwife, and Code of Ethics of Nurse and Midwife 1987.

Part 1, item 2, it says: The person who is professional nurse, midwife, midwife-nurse, must keep good standard and intention, regardless of status, race, nationality, social standing or politic creed.

Part 4, item 2 it says: The person who is professional nurse, midwife, midwife-nurse, must keep good standard as best as possible. Moreover, they must promote people to follow good health care suggestion, knowing how to prevent and control the disease, and willingly giving revival to patient without claiming for extra-money or reward more than the real normal expense.

4.3 Patients who seek medical services have the right to receive their complete current information from their medical practitioner in order to clearly understanding about their illness. Furthermore, the patients can either

voluntarily consent or refuse treatment from medical practitioner treating him/her except in case of emergency or life threatening situation.

The right to get information and to choose the medical care is the basic right of every patient. Health care professionals have a duty to explain patients about their progress of disease, method of treatment, prognosis and everything concerning their health. Patient's agreement will be legally regarded as informed consent except urgently helped according item 4 will effect the approval from patient.

4.4 Patients at risk, in critical condition or near death, are entitled to receive urgent and immediate relief from their medical practitioner as necessary, regardless of whether the patient requests assistance or not.

It is a moral science of health care professional to help patient at risk, in critical condition or near death. It is necessary if possible to help, even without asking from patient who is often unconscious, and is counted to be right deed. The refusal to help is wrong and will be breaking the regulation of the Limitation and Condition in Professional Practice of Nurse and Midwife, 1987 in Part 12, and the Medical Council regulation on ethic issues 1953, Part 3, item 10, especially it is against criminal law too, section 374. This section 374, which says if anybody seeing somebody in danger to life and he could help with no fear to himself or others but refused to do so, he shall be liable to 1 month imprisonment or Bath 1,000 fine or both.

4.5 The patient has the right to know the name-surname and the specialty of practitioner under whose care he/she is in.

In the place of medical service, there are so many kinds of branches working together in helping the patient; so often it is not sure, and not clear for patient and general people. It is to provide this right for patient to dare to ask information for good understanding in order to make decision for the sake of him/herself, especially to prevent the service from unqualified healer.

4.6 It is the right of patient to request a second opinion from other medical practitioner in other specialist who is not involved in the immediate care of him/her. And also the right to change the place of medical service or treatment, as requested by the patient to without prejudice.

Nowadays some patients are still afraid, and do not realize about this right and it sometimes leads to conflicts and frustrations. At the same time, physicians do not like patients to asking opinion from others. It is to provide this right to decrease conflicts and to protect patients' benefit in approving that patients have the right to make decision of their own.

4.7 The patient has the right to expect that their personal information will be kept confidential by the medical practitioner, the only exception being in cases with the consent of the patient or due to legal obligation.

Individuals reserve their right that medical professionals have no right to reveal their medical history without their consent. This right has been certified since Hippocratic oath. According to the approval of Criminal Law, section 323, Information Act 1997, and Medical Council regulation on ethical issues 1983, Part 3 item 8. It shows that society pays attention to the importance of patients' rights because it is a basic trust patient gives to their doctors for medical care.

4.8 The patient is entitled to demand complete current information regarding his role in the research and the risks involved, in order to make decision to participate in/or withdraw from the medical research being carried out by their health care provider.

At present, it is needed to have more research in human being due to the progress of science and technology. It is to provide this right according to the regulation of Nurse Council about the Limitation and Condition in Professional Practice of Nurse and Midwife, and Code of Ethics of Nurse and midwife 1987, Part 2 item 27, and the Medical Council, Part 6, item 1, which says: Medical professionals who propose human experiments must get participants' consent. The participants' consent must be made upon

informed consent, same as the consent to decide upon their medical care. Although, the experiment may be done with the patients' consent, he is entitled to the right to withdraw from the experiment whenever he chooses to do so. And they must be ready to protect their participants from any danger, caused by the experiment.

4.9 The patient has the right to know or demand full and current information about their medical treatment as appeared in the medical record ad requested. With respect to this, the information obtained must not infringe upon other individual rights.

It is doctor's standard practice to record the patient's illness and medical treatment. This is to provide continuous and efficient health care to patients. However, the medical record is personal data that the patient can access, according to the information legislation act of 1997. Some of medical records may contain doctor's comments that may affect a third party. Therefore, revealing the patient's medical information must not intrude on another person's rights. In addition, the patient's consent must be sought to reveal their medical history to a third party, such as life or health insurance companies.

4.10 The father/mother or legal representative may use their rights in place of a child under the age of eighteen or who is physically or handicapped where in they could not exercise their own rights.

Definition of children provided that child means human being under the age of eighteen years, and father/mother or legal representative can use the right instead, except any legal act that may certify him as an adult. In case of mental illness or an unconscious patient, they must be incapable of understanding or making a decision by themselves. Another example would be a patient in persistent vegetative state. Representatives who take care of the patient, such as parents, or if no parents, close relatives, are authorized to execute the patients' rights.

In consideration of the patients' rights announcement, it summarizes the patients' rights according to the Declaration of Human Rights, Citizen's rights, as declared in the Thai Constitution, in other laws and in the ethical professional society regulations. It emphasizes the perception and practice of medical professional, patients and also their relatives. Besides the rights in this announcement, in some countries, there are other laws to certify the other rights of patients, such as the right to choose to die, the right to abortion, etc. But in Thai society and doctor's comments, there is no clear conclusion in such issues and no supportive laws for implementation.

5. Prosecution problems in medical profession:

The reason for increasing prosecution problems is because of high expectations from the patients, complexity of the treatment and reduction in the professional standards. This is corresponding with Arch In-turn Med 1994 cited in Lohlekha (2002), which found that there was a deterioration of the relationship between the physicians and the patients or their relatives 71 %; the patients were abandoned by the physicians 32 %; the physicians did not listen to the patients or their relatives 29 %; the physicians gave too little or understandable information to the patients 26 %; the physicians did not understand the aspects of the patients or their relatives 13 %.In Australia there was a study of the patients who were not happy with the physicians or hospitals. It was found that there were patients with unsatisfactory treatments 64 %; rude talking physicians or bad communication with the patients 22%; physicians with no ethics or inappropriate behaviors 14 % (Aust, 1999 cited in Lohlekha, 2002).

In Thailand, the physician groups that have been prosecuted most are plastic surgery and obstetric-gynecology groups, because the patients in these groups have high expectations and very high fees to pay.

In the past, some patients who were not happy with the physicians would make their complaints through their friends or relatives, and perhaps the hospital directors. But at present, the communication technology has developed a great deal. With a computer and only one email sent by a patient, several emails can be distributed to many places at the same time in seconds.

Kongja (1998) mentioned that most problems occurred are all involving the patient's rights, such as: the patient's consent, negligence, disclosure of the patient's secret, help refusal of the injured, rejection of the patients and false medical statement issue. The details were shown as follows:

5.1.The Patient's Consent

The consent of the patient means that the patient is willing to accept the professional services rendered to him, by accepting the professional practice to be done to his life and body, i.e. allowing injection into the body, taking blood samples and doing child delivery for example.

5.1.1 Patterns and Consent Features

The patient's consent needs not be in writing. The patient must sign his name or make finger printing every time. The expression of consent with delight and without refusal is also regarded as a pattern of consent. The Consent Features acceptable by laws consist of:

5.1.1.1 Pure Consent means the feature of the patient that shows his consent without persuasion or unwillingness. For example, if a nurse asks a patient to have an injection, the patient will walk to and lie down on the bed without any refusal reaction. Such behavior of the patient indicates of his consent, which is not required in writing and waived by law.

5.1.1.2 The consent must not be in conflict with a good moral: The patient allows the professional to practice his profession in a good moral associated with his professional ethics. Since the patient has accepted and trusted the practice of the professional, therefore such practice is regarded as proper within the religious frame.

5.1.1.3 Innocent Consent Without Motive means the consent arising from the clearly understanding, the consent of the patient under normal condition of the mind and not being forced and

persuaded. The patient can make his own mind with conscious. It is the consent that has already been clarified. This means that the professional must explain his professional practice to be done on the patient's body such as an operation and nursing, including how it is going to be done and what for with respect to its good and bad effects. These are called Informed Consent. That is to say in nursing and treatment of a patient the public health personnel must obtain consent from the patient, or he may be guilty and indicted by the criminal and civil laws.

Exceptions in case where the consent need not be obtained.

1. In an emergency case where the investigation and treatment must be done to save the life of the client. The consent in this case is not needed.

2. In case where the client cannot give his consent such as children, mentally retarded patients and the insane, but consent should be sought from the parents or guardians.

According to the criminal acts section 67 writing about a guilt done due to necessity. Because it is in a confined area or under the influences which cannot be avoided or refused. For own sake or other people's sake to get away from the approaching danger. And cannot be avoided by other ways, and such danger was not created from his own mistake.

If such act is reasonably done, then there shall be no penalty. In case of checking up of the accused, according to the criminal acts clause 132 to assist the investigation official in collecting documents. This does not require the consent from the accused.

5.1.2 Disclosure of the Client's Secrets:

According to the criminal acts section 323, anyone, knowing or acquiring secrets of the others; who are doing professional duties such as a physician, pharmacist, drug dispenser, clerk, lawyer or an assistant to those professionals, and discloses the secrets. In this case it is likely

that there will be a damage done to someone, hence facing a liability of 6 months imprisonment and Baht 1,000 fine or both.

The secrets obtained from the professional practice are secrets from what the client told and recorded in the client's history file and the diagnoses. The secret may be disclosed in some cases such as:

5.1.2.1 As required by the law, such as notification of contagious disease.

5.1.2.2 Disclosure in Court, such as if the patient is insane or in cases the court wants to know.

6. Theory concerning of perception

The study has two areas concerned with the theory of perception as Theory of Reasoned Action (TRA) and concept of perception that related research studies.

6.1 Theory of Reasoned Action (TRA)

According to the Theory of Reasoned Action, Ajzen and Fishbein (1980) mentioned that, a person's behavior could be predicted by their intentions. Intention is a function of attitude towards that behavior. A person's attitude will be a result of their perceived consequences of the behavior and their perception about what others expect them to do (subjective norms).

They acknowledge that people do not necessarily behave consistently with their intentions. The ability to predict behavior will be influenced by the stability of a person's belief. Stability is determined by strength of belief, how long it has been held, whether other groups, to which the individual belongs, whether it is related to and integrated with other attitudes and beliefs, reinforce it and how clear or structured it is.

The Theory of Reasoned Action suggests that people's perceptions of the attitudes of others towards the behavior could be a powerful influence. According to Figure 2.1 shows the significance of factors in the TRA. The motivation to comply with perceived social pressure from "significant

others" could cause a person to behave in a way that they believe these other people or groups would think is right. The TRA suggests that behavior change is a function of:

1. Beliefs about the consequences of the behavior
2. Evaluation of the importance of the outcome
3. The expectations of significant other
4. A motivation to conform

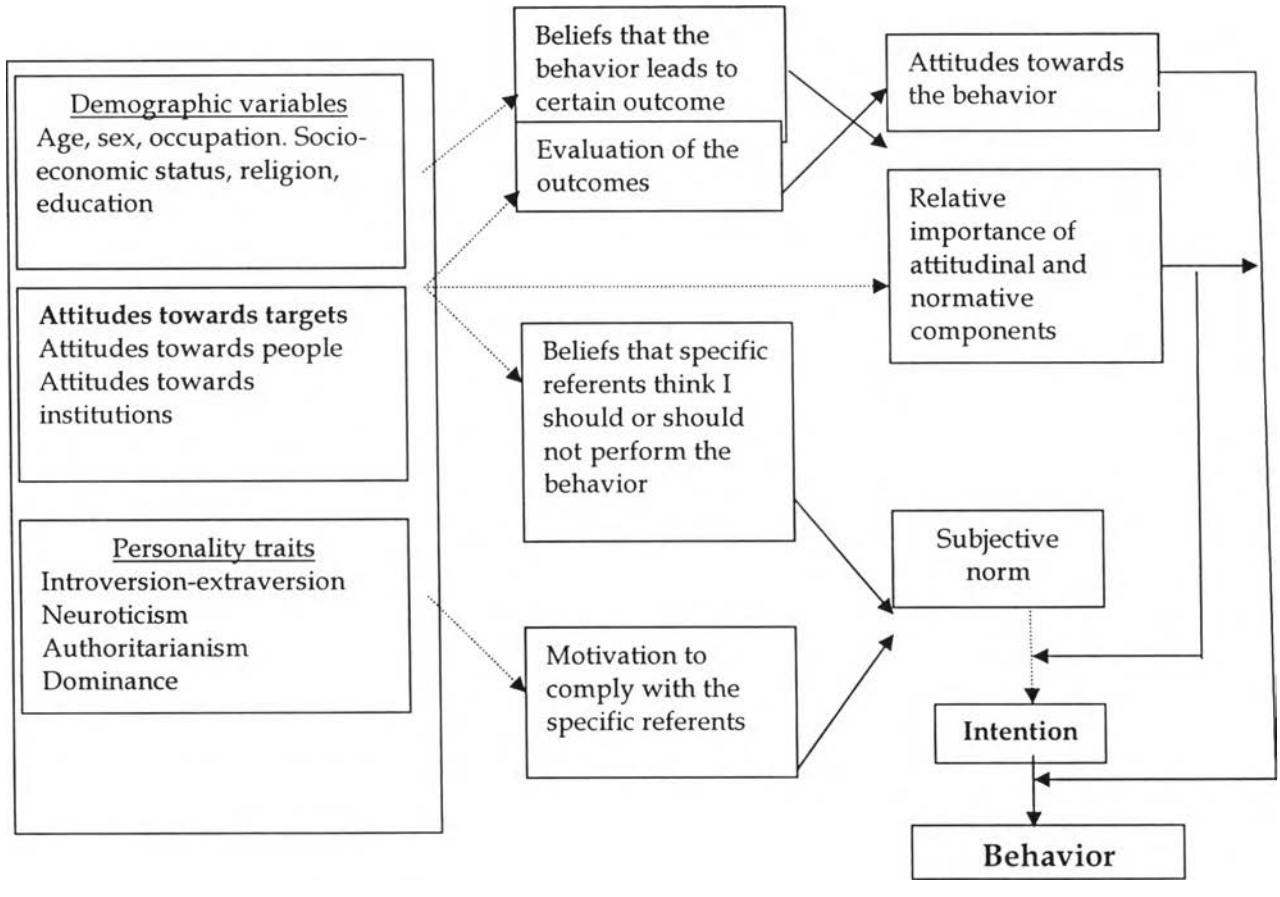

Figure 2.1 The significance of factors in the Theory of Reasoned Action.

6.2 Concept of Perception

Perception is a working process of organs (Hilgard and Bower,1960). First of all the entrance for dealing with outside world is the entering through each one of sense organs, such as ears, eyes, nose, tongue, skin, stimulating each organ to acknowledge many kinds of stimuli or stimulant. In agreement of

Uparamai (1980) citation that perception is the whole process that a person catching or perceiving stimulus or stimulant, and then using his/her own experiences or old knowledge for interpretation and feeling the meaning of that stimulus at last. According to Wongsawan (1986) noted that a person would act or behave out of the way he/she can perceive and acknowledge how he/she will deal with that stimulant. In case he/she has perceived something properly and correctly, then he/she can act a right behavior according to the cause and reason. On the contrary, if the perception is not accurately agreed to the fact, the behavior will come out wrongly or not properly.

6.2.1 The process of perception

According to Suwannasang (1997) mentioned that the process of perception is the continuous process dealing with understanding, thinking, feeling, memory, and learning, making decision then acting. The process of approach and the procedure of perception goes on like this:

Having a stimulant to motivate at the end of nervous line, touching occurred, then the process of interpreting occurred to give the meaning of that touch, and willingly to acknowledge the intention to interpret that touch, the touch-interpreting occurred in the brain.

The person who received the touch will interpret the touch meaning out of the old experience combining with touch perceiving. When sense organ perceived the touch from stimulus, it sent the message to the brain so that the brain could send command to motor organ to act or re-act. The behavior will go on according to the body's perception of the stimulus and depending on thinking, understanding, and past experience. So sometimes the action or behavior goes out accompanied by emotion. Psychologists called it "On-purpose-behavior." Perception has great influence upon person's behavior.

6.2.2 Component of perception

6.2.2.1 Having stimulant or stimulus such as, taste, smell, sound...etc

6.2.2.2 Having sense organs and touch feeling such as ears, eyes, nose, tongue, and skin.

6.2.2.3 Old experience or old knowledge concerning the stimulus that has been touched, such as already been acknowledged that the act of the two palms of hands contacted closely with bending head, means paying respect.

6.2.2.4 Interpreting the meaning of symbolic-contact, such as driver sees red-light at the cross-road, meaning to stop the car, passenger sees the conductor shaking the ticket-selling-box and walking toward him/her, meaning to pay the bus-fare.

Perception of Patients' Rights:

The perception of patients' rights by the medical personnel is considered very important to the thinking process of the medical personnel, who will pass on the behaviors or treatments to their patients. Making the understanding and convincing the medical personnel of the patients' rights is necessary, since the right perception will enable the physicians, nurses and medical personnel to carry out the treatments correctly according to the facts and in line with the reasons. This will help promote the atmosphere of satisfaction and understanding between the medical personnel and the patients. On the contrary, if the perception is off from the actual facts, this will make the physicians, nurses and medical personnel behave wrongly, which will cause problems and un-smooth relationship with the patients.

The perception process of the patients' rights can be applied as follow:

It can be used in producing the various media concerning patients' rights such as radios, televisions, Internets, cable radios or publishing in a magazine. The principle

of relevant properties and arousing materials is used to stimulate the feeling or alertness and attraction of the perceiver's attention to become interested in the patients' rights The beneficial application of the knowledge in perception mechanism to the perception of physicians, nurses and medical personnel about patients' rights is an important matter. Because if good and right perception ability can be created, it will help the physicians, nurses and medical personnel carry out a good and right treatment of the patients with respect to their rights as well.

In Thailand, many researchers studied perception of patients' rights. Ittithemwinit et al (1996) studied the opinions of Thai physicians, nurses, and patients about the American Hospital Association (AHA)'s Patients' Bill of Rights at Siriraj Hospital. Out of 12 items, the researcher focussed on only 4 aspects: first; the right to know information about present illness; second, the right of oneself and privacy; third, the right of dignity; and finally, the right of obtaining safe treatment. The study subjects scored the highest in the first two items: first; the right to know information about present illness; second, the right of oneself and privacy. Suvapap (1999) studied perception of patients' rights among nurses in Nakorn Ping Hospital, Chiang Mai Province. The study found that the mean score of the perception of patients' rights among nurses was 80.02%, the highest score of item 1 and item 8 of patients' rights.