



# Patients' Rights and negligence in Public Hospitals in Oyo State, Nigeria: How can Medication Therapy Management help?

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## Background

Patient rights, covered by a legal declaration adopted by most healthcare personnel, cover access to care, patient respect, privacy, and consent to treatment. The "Five Rationality Rights" are familiar to pharmacists. The 12 rights the patients are entitled to are all-encompassing, from the right to relevant information to the right to lodge a complaint and voice dissatisfaction with services provided. The "5 Rights" (the right patient, the right drug, the right dose, the right route, the right time) are familiar to pharmacists since they're in charge of dispensing medications

A part of human rights is patient rights; human right is a concept that decides minimum expectations for how others should treat people. Patient rights refer to the fundamental standards of conduct between patients and medical caregivers, as well as the institutions and individuals who aid them. A patient is any person who has sought or is being assessed by a healthcare practitioner. Hospitals, healthcare workers, insurance companies, and any other payer of medical-related costs are all examples of medical careers. From the patient's standpoint, it should be evident that the pharmacy department can help the person who provides the Medicine fulfil the 5 Rights better. Many decisions made in the pharmacy department will influence the capacity to ensure that the Medicine is correct in every way. Automation, packaging, labelling, clinical decision support, and drug naming, among other factors, might influence the chance that the person administering the medication will be able to do so safely

For better treatment outcomes, managing patients must shift from paternalism, technical and friendly concept to holistic approach wherein patient-centered is the focus, especially in the elderly (Wakefield, 2018). The paradigm is shifting from a professional attitude of a one-size-fits-all approach to patient empowerment. Depending on the context and goals, patient empowerment can be characterised differently. It's a "process that helps people achieve control over their own lives and strengthens their capability to act on issues that they designate as significant," according to the European Patients Forum (European Patients Forum EPF, 2017). The European Patients forum draw ten charters on empowerments of patients these are: I am more than my health condition; I am empowered to the extent that I wish to be; I am an equal partner in all health decisions; I have the information I need in an easily understandable format, including my health records; my health professionals and our health system actively promote health literacy for all; I have the on-going support I require to manage my care and; I have the experience I need to manage my care. Equity and empowerment are inextricably linked - I want a level playing field for all sufferers (EPF, 2017).

Patient's satisfaction is a critical determinant of the quality of the healthcare systems and a critical humanistic tool to measure outcomes in MTM. It can be used as a predictive tool to determine a health facility or professional. It is also a personal assessment of a service or product (Paul, 2018). Patients' needs for information to help them improve their health are increasing. Communication satisfaction is low. There is a low level of satisfaction with information about prescription medications. Patients frequently do not understand what they have been told (Berhane and Enquesselassi, 2016; Ayalew, Taye, and Tsega, 2017), all of whom found that patients' intervals were frequently far from optimal and that confusion about inter-dose intervals seem to be shared.

Dissatisfaction with pharmacy services can result in insurance cancellations, lawsuits, poor treatment outcomes, and decreased government revenue (Shambel and Dumessa, 2018). As a paradigm shift in thinking, patient satisfaction must be assessed, improved, and sustained. Irrespective of the Health Sector Reform or any future changes in health care, the primary emphasis of pharmaceutical practice remains the patient. The "recipe" for achieving patient satisfaction and service excellence is based on the pharmacy practice's mission and creating a shared vision among colleagues and employees. An action plan should be established and "visited/revisited" regularly to keep everyone up to date on the latest information and improve the quality of patient care.

MTM involves essential primary pharmaceutical care functions. Primary MTM is practised in outpatient pharmacies in the Hospitals. Secondary MTM care deals with more complex medical conditions than primary care. Secondary MTM is practised in acute-care setup and specialised care programmes such as oncology and pain control (Kolawole and Adejumo, 2020). Tertiary MTM care is offered in institutions that deal with critical healthcare needs. Tertiary MTM involves the provision of patient critical-care service. Generally, MTM services can help people take their medications more effectively, stick to their regimens, and enhance their overall health. When utilised, medication Therapy Management (MTM) has been documented to assist in minimising harmful drug interactions for patients who take multiple medications; MTM provides shared cost savings and allows patients to assess to pharmacists to share concerns about their medications.

Pharmacists have a critical role in ensuring patients' rights are protected, given the current need for enhanced knowledge of human rights related to health. Like all licensed professions, practising pharmacy is a privilege, not a right (Kruijtbosch et al., 2019). Patients must be motivated to obtain information and confirmation regarding the medication they are consuming when they do not entirely grasp directions in partaking properly in decision-making (Bailo, Vergani and Pravettoni, 2019). By implementing the care plan, giving correct and comprehensive health information, and expressing comprehension of techniques and treatment instructions, the patient is supposed to meet a reasonable share of responsibility (Heath, 2020). The patient is accountable for the implications of refusing treatment, failing to obey hospital rules and regulations, and failing to respect the rights of others, as well as for ensuring that financial obligations of care are paid (Shaghayegh, 2014 and Heath, 2020).

## Aim

To assess how medication therapy management can improve patients' awareness of their rights

## Methods

- The study adopted a qualitative approach to have a deeper insight into factors influencing adoption of online MTM.
- Social Action and Consumer Satisfaction Equity theories were used as the framework
- The main thrust of the theories is the assessment of the level of fulfillment of the patients' rights by the Pharmacists
- The study further assessed how medication therapy can bridge the patients' negligence
- The theories helped to explain the interplay of factors that influenced the practise of online medication therapy in a hospital pharmacy setting
- Oyo State was purposively selected with low pharmacist-patient ratio of 1 25 000

## Results

In the study, larger percentage (71.8%) of those who patronised the pharmacies had secondary and tertiary education. In contrast, only about 8.0% had no formal education. This perhaps was because the research was conducted in hospital settings (hospital-based research). Some elderly illiterate patients were often accompanied to the pharmacies by their educated relatives to help them understand their prescriptions. This was justified by the explanation given by one of those interviewed:

"There is often the need to accompany mama to the pharmacy to grasp the prescription properly. This is better to avoid further complications which may arise from misuse of drugs, such as taking an overdose. And unfortunately, some of these people (pharmacists) are not always patient with the elderly because of the long people on the queue which they have to attend to" (IDI/Male Relative/Adeoyo/ December 2019)

People's perceptions of hospital pharmacists' working conditions and environment. The majority (77.8%) of the respondents stated insufficient pharmacists to handle the growing population patronising the pharmacies. Similarly, the majority (67.1%) of the respondents stated inadequate supporting staff like pharmacy technicians in most public hospitals. It was primarily agreed by a large number (74.1%) of the respondents that the government was yet to employ more staff for health institutions, including pharmacists and technicians. This is reflected in the comments of almost all participants during the IDIs conducted, some of which are presented here:

"There is not enough staff in the pharmacy. For instance, in the pharmacy where there is only one professional pharmacist. The situation is better in the city but not sufficient too" (IDI/ Male Patient/Moniya/December 2019)

On drugs availability in public hospitals, findings from respondents who visited pharmacies revealed that most (53.9%) of the respondents felt the drugs were enough. About 41.0% of the respondents stated that the availability of the drug was very sufficient. However, a significant (44.7%) population of the respondents were not satisfied with the availability of the drug in the hospital pharmacies. There were complaints about the non-availability of particular drugs as a note by some of the interviewees presented here:

"I learnt that the hospital operates two types of drugs supply. There are essential drugs supplied and supplemented by the government. They cover common ailments while other medications are managed through a partnership between government and private sectors. The common medicines are often available, while those particular drugs for uncommon ailments are rarely found or sometimes costly" (IDI/ Patient's Relative/Ring Road/December 2019).

Occupationally, most respondents who patronised the hospitals worked and thus had the economic capacity to pay for drugs. A little above average (58.1%) were civil servants, while only about 9.0% were unemployed, and very few (0.5%) were high profile politicians and traditional rulers. The estimated monthly income intervals of the respondents showed that about 85.0%, earned less than ₦60,000:00, in which the largest percentage of respondents, about 34.0%, earned between ₦20,000 and ₦40,000, while only a few, about 15.0%, earned above ₦60,000:00. The estimated earnings of respondents' spouses showed that only about 30.0% earned above ₦60,000:00 monthly. This influenced the households' financial status and purchasing power. It affected their health decisions as related to purchasing recommended drugs. These excerpts from IDIs corroborated this:

"One of the attractions to a public health facility is the low cost of drugs. Most of our medications are subsidised. The cost of some drugs may be higher when purchased outside hospital pharmacy" (IDI/Male Patient / Ring Road /December 2019)

patronage of public health institutions was often by about 42.0% of the respondents. In contrast, only a few, just 7.2%, claimed to use public health pharmacies occasionally, and very few (3.8%) stated that they did not patronise public hospitals' pharmacies at all in the previous year. Patients adduced various reasons on why they visited public health institutions. Some of these reasons were economic and based on perceptions of efficiency and effectiveness. The opinions of some of those interviewed affirmed these motivating factors to patronise public hospitals:

"I am often attracted to public hospitals because of all types of professionals, most of who cannot be found in private hospitals. The hospitals also have some specialised medical equipment and facilities to treat some chronic diseases. The cost of drugs available in the pharmacy is relatively cheaper when compared to those in the private clinics" (IDI/Male Relative/Adeoyo/December 2019)

However, amongst those who refused to patronise public hospitals, there were complaints amongst which are presented here:

"Honestly, I won't go to that hospital if I have my way. The workers are very unfriendly and are not always friendly. Sometimes the prescribed drugs are said not to be available, especially some strong antibiotics and specialised drugs" (IDI/Female Patient/Ogbomosho/ December 2019)

According to some of those interviewed, most educated people patronised hospitals mainly because of their knowledge of health education. Some of such opinions are presented here:

"The educated elites have no excuse for not patronising hospitals. Moreover, some of them even have doctors as friends. They know more about the consequences of not patronising hospitals with well-trained healthcare professionals. They also have the money to pay for the bills" (IDI/Male Relative/Adeoyo/December 2019)

Respondents' perception of the roles of pharmacists in medication therapy management showed that almost half (48.2%) of those interviewed perceived the pharmacists as mere dispensers of drugs. Pharmacists were not well respected as experts in medication. About an average (52.7%) of the respondents believed that pharmacists were mere appendages of physicians. Though most (93.4%) of the respondents acknowledged that pharmacists had the expertise in the management of drugs, the majority, 664(86.3%), of the respondents opined that there was no need for the pharmacists to be consulted by the physicians who often took sole-decisions on patients' medication needs. Only a few (5.2%) of the respondents believed that pharmacists reviewed prescriptions before dispensing, as many people still saw that as the exclusive function of medical doctors.

There was insufficient knowledge (10.4%) of whether pharmacists could keep patients' medication records, while only 30.0% of the respondents agreed on the need for pharmacists to keep laboratory records. However, the majority (87.1%) of the respondents agreed that pharmacists are well trained to meet patients' medication needs and should be part of MTM, believing it would enhance health outcomes. In comparison, the majority (75.3%) agreed that it would ensure medication safety by reducing cases of ADEs.

A patient interviewed at the General hospital Moniya on whether pharmacist can alter prescription stated thus:

"If there is a problem with the use of drugs, e.g. side effects, they (pharmacist) ask us to go back to the doctor to complain to change the drugs to another one. They will not change the drugs unless the doctor changes them and signs. They sometimes follow to discuss with the doctor" (IDI/Male Patient/Moniya/December 2019)

## More Results

On medication education, a more significant proportion of the respondents, 664(86.3%), affirmed that pharmacists guided the patients on drugs use before dispensing. However, the respondents did not hold the Pharmacists responsible for Adverse Drugs Effects. Thus a Majority (86.30%) did not accept that pharmacists educate the patients more about drugs before dispensing to reduce the incidence of ADEs.

Some varying opinions presented on the roles of pharmacists in educating patients are captured in a few of the responses presented here:

"Do the pharmacists provide other services other than dispensing drugs? They show love and explain how to use drugs to patients. The doctors only hand over the prescriptions for you to take to the pharmacy" (IDI/Male Relative/Saki/December 2019)

However, a patient disagreed on the depth of medication education provided by the pharmacists.

"(Hissed) Which education? They count the pills into the nylon and draw the lines to show the number of times you need to take the drug and explain one. And if you don't hear once, they hardly explain again. Hen! On the misuse of drugs, they will only say, 'Mama, don't misuse the drugs oo! It is dangerous oo!' (IDI/ Female Patient/Saki/December 2019)

Respondents were largely not satisfied with the level of privacy with the pharmacists. Only very few (21.8%) were very satisfied with the level of confidentiality with the pharmacists. This was corroborated by one of the patients who actually would have loved privacy while drugs were dispensed:

"You know that some ailments require privacy in the dispensing of their drugs. People know the nature of your sickness once they see the pharmacist just pushing the drug to you through the pigeonhole and shouting the usage. For instance, as a young lady with a vaginal infection, imagine how you feel when sometimes these young pharmacists start shouting how to apply a particular medication on that part (laughs)" (IDI/ Female Patient/Adeoyo/December 2019)

The analysis of patients' level of satisfaction based on key areas of pharmaceutical services classified patients' level of satisfaction with pharmaceutical services. Such was in terms of MTM into 35.0% high satisfaction, 41.0% moderate Satisfaction and 24.0% low satisfaction. Level of satisfaction is a measure of rating perceived performances with expectations that largely affect patronage (number of visits and use of hospital pharmacies). The study revealed that respondents expressed satisfaction with the quality of personnel, punctuality of pharmacists at their duty posts, relationship with other health professionals in the MTM team, work environment, courteous and friendly reception. There was moderate satisfaction with many other services like assessing patients' adherence to medication, method of payment for medication charges in hospitals, pharmacists' communication with patients on medication and overall satisfaction with pharmaceutical services concerning MTM.

Further analysis of patients' satisfaction showed low satisfaction with follow-up with patients after dispensing drugs to monitor their health outcomes. Such was amidst the delivery of non-pharmacological medication education to patients, educating patients on how drugs work, assessing patients' adherence to medication, and patients' privacy with pharmacists and availability of prescribed medicines at the hospital pharmacy. All these affected the general level of satisfaction of patients with pharmaceutical care regarding medication therapy.

The pharmacists were perceived as not doing enough in Drug Information services in Medication Related Problems. On assessing patients' adherence to medication, most respondents were not satisfied with the pharmacists' roles in this regard. Only very few were very satisfied with the level of confidentiality with the pharmacists. The level of satisfaction was low with pharmacist's inability to follow-up after dispensing drugs to in/out patients. Respondents expressed satisfaction with some pharmacists' willingness to provide critical information to patients on chronic diseases. On drugs availability, the respondents were not satisfied with the level of availability of prescribed drugs.

## Conclusion

The study helps patients to identify their rights as patients and limit the negligence on their part. The study is also an eye-opener for Pharmacists towards Pharmaceutical care. Improved Medication Therapy Management services would help to solve negligence of duty, deviation from standard of care, reduce damages and results in better health outcomes

The study concluded that the moderate level of satisfaction with the quality of pharmaceutical care received in terms of MTM was mainly due to the frustrations people experienced in terms of waiting for time and the drugs supply system. Such deprived them of the availability of some drugs to manage chronic health conditions and the perception that there was corruption in the drug management system in the state.

The study concluded on the need for pharmacists to appreciate the participation of people in the management of their medications. This can be done by respecting their culture and showing more enthusiasm in dealing with them. Pharmacists are to recognise that improvement in medication therapy automatically leads to improvement in health outcomes as drugs and thus respect social pharmacy. There is, therefore, the need to follow the current global practice, which is changing the orientation of pharmacists from focusing on the product to the patient as a new concept in pharmaceutical care through the concept of Medication Therapy Management.

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