

Outpatients' Awareness and Understanding of Patients' Rights: the Case of Khmer Soviet Friendship Hospital in Phnom Penh, Cambodia

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Abstract

Objectives: 1) To identify the proportion of Cambodian patients who were aware of the existence of patients' rights, their knowledge of the content in the patients' rights guideline and their perception of patients' responsibilities, and 2) To compare the differences of the awareness of the existence of patients' rights across different socio-demographic groups. **Methods:** The sample was 250 randomly selected outpatients visiting the Khmer Soviet Friendship Hospital in Phnom Penh, Cambodia. A face-to-face interview, using a structured questionnaire, was employed to collect data between October and December 2019. **Results:** The proportion of the sample who were aware of the existence of a patients' rights was 31.6% (95%CI: 25.9, 37.8). Of those who were aware, 62.0 % (95%CI: 50.4, 72.7) had high level of knowledge about the content of the patients' rights guideline (having knowledge score > 8 out of 10), and 84.8% (95%CI: 75.0, 91.9) had the perception of patients' responsibilities that matched with what was included in the patients' rights guideline at high level (having perception score > 10 out of 12). Of those who were unaware of the existence of patients' rights, 62.6% (95% CI: 54.9, 69.8) had the perception of patients' responsibilities that matched what was included in the patients' rights guideline at high level. There was no difference in the awareness of the existence of patients' rights by gender nor numbers of visits to the hospital. However, those in the younger age group, higher educational level and the white-collar employment group appeared to be more aware of the existence of patients' rights than the older age group, lower education level and the blue-collar employment group, respectively. **Conclusion:** The policy to promote patients' rights has been implemented for more than 10 years, however, the proportion of Cambodian patients who were aware of the existence of and had knowledge of patients' rights in their own country is still low. Research to identify strategies to promote and explain the contents of the Cambodian patients' rights guideline among patients in older age group, lower education level and the blue-collar employment sector should be further studied.

Keywords: patients' rights, Cambodia, patients' responsibility, policy

ความตระหนักและความเข้าใจในเรื่องสิทธิผู้ป่วยของผู้ป่วยนอก: กรณีศึกษาโรงพยาบาล Khmer Soviet Friendship ในกรุงเทพมหานคร

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บทคัดย่อ

วัตถุประสงค์: 1) เพื่อให้ทราบถึงสัดส่วนของผู้ป่วยชาวกัมพูชาที่ทราบถึงการมีอยู่ของประกาศสิทธิผู้ป่วย และที่มี ความรู้เกี่ยวกับเนื้อหาในประกาศสิทธิผู้ป่วยและการรับรู้ถึงความรับผิดชอบของผู้ป่วยและ 2) เพื่อเปรียบเทียบความแตกต่างของ การทราบถึงการมีอยู่ของประกาศสิทธิของผู้ป่วยในตัวอย่างที่อยู่ในกลุ่มทางสังคมและประชากรที่แตกต่างกัน **วิธีการ:** กลุ่ม ตัวอย่างคือผู้ป่วยนอกที่ได้รับการสุ่มเลือก 250 คนจากผู้ที่มาใช้บริการจากโรงพยาบาลมิตรภาพเขมรโซเวียต ในกรุงเทพมหานคร ประเทศกัมพูชา การรวบรวมข้อมูลใช้การสัมภาษณ์แบบตัวต่อตัวโดยใช้แบบสอบถามที่มีโครงสร้างในระหว่างเดือนตุลาคมถึง ธันวาคม 2562 **ผลการวิจัย:** สัดส่วนของตัวอย่างที่ทราบถึงการมีอยู่ของประกาศสิทธิของผู้ป่วยคือ ร้อยละ 31.6 (95% CI: 25.9, 37.8) ในกลุ่มที่ทราบ ร้อยละ 62.0 (95% CI: 50.4, 72.7) มีความรู้ระดับสูงเกี่ยวกับเนื้อหาของประกาศสิทธิผู้ป่วย (มีคะแนน ความรู้ > 8 จาก 10 คะแนนเต็ม) และร้อยละ 84.8 (95% CI: 75.0, 91.9) รับรู้เกี่ยวกับความรับผิดชอบของผู้ป่วยสอดคล้องอย่าง มากกับสิ่งที่กำหนดในประกาศสิทธิผู้ป่วย (มีคะแนนการรับรู้ > 10 จาก 12 คะแนนเต็ม) ในกลุ่มที่ไม่ทราบถึงการมีอยู่ของสิทธิ ของผู้ป่วย ร้อยละ 62.6 (95% CI: 54.9, 69.8) มีการรับรู้ถึงความรับผิดชอบของผู้ป่วยสอดคล้องอย่าง มากกับสิ่งที่กำหนดใน ประกาศสิทธิผู้ป่วย การศึกษาไม่พบความแตกต่างในการทราบถึงการมีอยู่ของประกาศสิทธิของผู้ป่วยในกลุ่มเพศหรือจำนวนการ เข้ารับการรักษาในโรงพยาบาล อย่างไรก็ตาม ผู้ที่อยู่ในกลุ่มอายุน้อยกว่า ระดับการศึกษาที่สูงกว่า และกลุ่มอาชีพที่ไม่ใช่แรงงาน มีแนวโน้มจะทราบถึงการมีอยู่ของประกาศสิทธิผู้ป่วยมากกว่ากลุ่มอายุที่สูงกว่า ระดับการศึกษาที่ต่ำกว่า และกลุ่มมีอาชีพที่ใช้ แรงงาน **สรุป:** นโยบายส่งเสริมสิทธิผู้ป่วยได้ดำเนินการมานานกว่า 10 ปีแล้ว อย่างไรก็ตามสัดส่วนของผู้ป่วยชาวกัมพูชาที่ ตระหนักถึงการมีอยู่และมีความรู้เกี่ยวกับสิทธิของผู้ป่วยในประเทศของตนเองยังอยู่ในระดับต่ำ การวิจัยเพื่อค้นหากลยุทธ์ในการ ส่งเสริมและสร้างความรู้ในเนื้อหาของประกาศสิทธิของผู้ป่วยชาวกัมพูชาในกลุ่มผู้สูงอายุ กลุ่มที่มีระดับการศึกษาน้อย และกลุ่ม ผู้ใช้แรงงานควรได้รับการศึกษาต่อไป

คำสำคัญ: สิทธิของผู้ป่วย กัมพูชา ความรับผิดชอบของผู้ป่วย นโยบาย

Introduction

Since the introduction of the 1948 Universal Declaration of Human Rights, patients' rights have been developed and recognized as a basic right of the person as well (1). Patients' rights are also recognized as a measure to improve the quality of health care (2). After the Declaration, several countries implemented patients' rights laws or guidelines in their countries. The US, for example, implemented the first patients' rights bill in 1973 (3). In Israel, Egypt and Sudan, patients' rights act was implemented in 1996 (4), 2005 (5) and 2009 (6), respectively. Previous studies showed that the percentage of patients being aware of their own right was relatively low. In Egypt and Sudan, these percentages were 24.0 (5) and 4.8 (6), respectively. It was also found that patients' perspectives about their right varied across demographic characteristics (7, 8).

In Cambodia, patients' rights have recently gained recognition. The national standard guidelines for clients' rights and providers' rights and duties were established in 2004 and were officially endorsed by the Ministry of Health of Cambodia on August 31st, 2006 and released in 2007. It is still being used at present. The guideline for providers focuses on promoting the changes in attitude and behavior of health personnel towards effective health service delivery. The guideline for clients is intended to be used as a tool to promote greater awareness and to empower Cambodian people to exercise their rights (9).

It was proposed to conduct a comprehensive evaluation after one year of implementation of patients' rights using a survey (9). An evaluation was planned to look at both processes of the implementation, e.g. how well the strategy was put into action, and the outcomes of the implementation, e.g., awareness of the existence of patients' rights and the understanding of the contents in the guideline (9). The guideline also mentioned the responsibilities of patients when they are using health care services. Patients' responsibilities are also significant in promoting positive outcomes of the health

care services (10). However, based on our intensive literature review, no information on the outcome of the implementation was found.

Patients' rights in the Operational Guidelines for Clients' Rights and Providers' Rights-Duties of 2007 covered 22 key concepts. However, this study covered only 10 key concepts relating to out-patients' rights. These are 1) the right to be treated equally, 2) the right to access information, 3) the right to be informed of the cost of treatment, 4) the right to be educated about health promotion and disease prevention, 5) the right to choose a treatment method which respects their culture and values, 6) the right to confidentiality, 7) the right to privacy, 8) the right to choose and change their physician, 9) the right to refuse or stop any treatment or intervention, and 10) the right to express their opinion.

The main objective of this study was to identify the proportion of Cambodian patients who were aware of the existence of patients' rights, their knowledge about the content in the guideline and their perception of patients' responsibilities. This study also aimed to compare the differences of the awareness of the existence of patients' rights across different socio-demographic groups. The findings of this study would be useful for policy makers in shaping the programs to promote patients' rights in Cambodia.

Methods

The research design employed in this study was a quantitative survey. The protocol was approved by Khon Kaen University Ethics Committee in Human Research (Ref. KCU 660201.2.3/9027) and by the National Ethics Committee for Health Research of Cambodia (NECHR) N° 212 NECHR.

Subjects

The subjects were Cambodian outpatients visiting Khmer Soviet Friendship Hospital in Phnom Penh, Cambodia during October-December 2019. The inclusion criteria were being aged between 18 years to 65 years, having no mental problems, being able to

listen to and understand the Khmer language and agreeing to participate by giving writing consent. The exclusion criteria were subjects needing emergency attention or declining study participation during the data collection process.

The number of subjects being recruited for this study was estimated to be sufficient to identify the proportion of patients who were aware of the existence of the patients' rights guideline in Cambodia which was the main objective of this study. Calculation of sample size employed the formula for estimating the interested proportion (P) among an infinite population. Proportion of population being aware of the guideline was set at 0.3 based on the pilot study. The error of estimation was set to 20% of the proportion. Based on the above calculation, the minimum number of subjects should not be fewer than 224 and was rounded up to 265.

A two-stage sampling technique was used to recruit subjects. The first stage was a selection of the outpatient wards. In the Khmer Soviet Friendship Hospital, there are three wards. For each day, one ward was selected. The second stage was selection of subjects. At this stage, the unit of sampling was patient profile. The profile of patients who waited in front of the selected ward were randomly chosen one at a time. Then the patients were approached by a researcher to ask for the participation in the study.

Instrument

A structured questionnaire developed by the researchers was written in the English and was tested for face validity by three experts who were health personnel and had experience in questionnaire development for at least five years. It was then translated into Khmer language by the first author and was tested for language clarity in the pilot study. The questionnaire covered socio-demographic information, awareness of the existence of patients' rights in Cambodia, knowledge about the content in the patients' rights guideline and the perceived responsibilities of patients.

There were 10 knowledge questions about the content of the patients' rights guideline. The response options were "yes", "no" and "not sure". Each correct answer was given one point. A high level of knowledge was indicated by having knowledge score > 8 out of a possible 10. There were 12 questions about the responsibilities of patients which were taken from the package. The instruction was "Please determine which of these statements are the responsibilities of patients regarding patients' rights in a health care setting". The response options were "yes", "no" and "not sure". Each correct answer was given one point. A high score was defined as correctly answering > 10 out of the total 12 statements.

Data collection

To collect data, the researcher arrived at the selected ward at 8 AM and selected one subject from the profile of patients waiting in front of that ward. One subject at a time was selected to interview. After the interview of the previous one had finished, a researcher went to select another patient from the pile of patient profiles. The questions were read out to the subjects. The researcher then recorded the answer in the questionnaire for the patient. This method was chosen because the majority of subjects cannot read well.

Data analysis

Descriptive statistics was used to display the socio-demographics of the studied subjects. 95%CI of proportion was used to infer the proportion of interest in the total population which were outpatients of Khmer Soviet Friendship Hospital. Chi-square test was used to compare the difference of the proportion of awareness of the existence of the patients' rights among the subgroup of sociodemographic variables (gender, age, educational level and occupation, and number of visits to the hospital).

Results

Sociodemographic data

In the main survey 265 patients were contacted to participate in the study, 250 agreed to participate,

yielding a response rate of 94.3%. Of 250 subjects, the majority are female. The average age of the sample was 39.0±12.4 years. A majority of the sample had a level education lower than secondary school and were in the blue collar occupation group. Most of them had visited

hospital once within three months. The most reported reason for visiting the hospital was having acute diseases. Details of the sociodemographic data are shown in Table 1.

Table 1. Sociodemographic data of subjects

sociodemographic data	frequency (n=250)	percentage
gender		
female	158	63.2
male	92	36.8
age (mean: 39.0±12.4 years old)		
18-39	135	54.0
40-65	115	46.0
educational level		
low (primary level or grade 6)	109	43.6
high		
secondary (grade 7-9)	56	22.4
high school (grade 10-12)	44	17.6
vocational training	2	0.8
university level	39	15.6
occupation:		
white collar group		
office workers	44	17.6
student	41	16.4
self-employed/own business	32	12.8
blue collar group		
agricultural workers (farmers / animal and poultry farmers)	77	30.8
industrial workers (workers in factories)	37	14.8
construction workers (laborers)	14	5.6
no job	5	2.0
numbers of visits to the hospital within 3 months		
1 time	108	43.2
2 times	83	33.2
3 times	45	18.0
4 times	13	5.2
5 times	1	0.4
health condition (having chronic diseases)		
yes	93	37.2
no	157	62.8

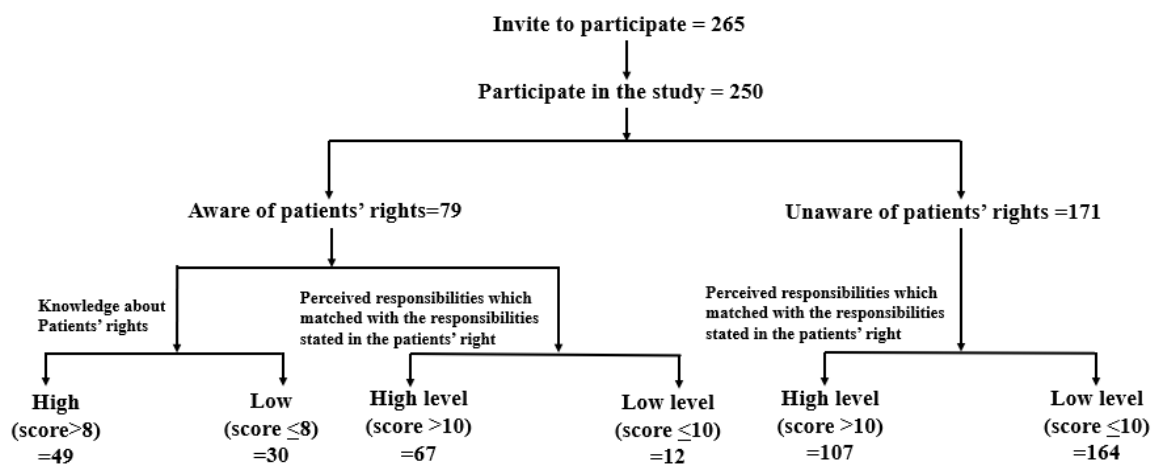


Figure 1. Distribution of subjects according to their awareness of the existence of the patients’ rights, knowledge about patients’ rights and perceived patients’ responsibilities

Awareness of the existence of patients’ rights

Of 250 studied subjects, 79 were aware of the existence of patients’ rights (31.6% 95%CI: 25.9, 37.8). Of those who were aware of the existence of patients’ rights, 49 subjects (62.0 %, 95%CI: 50.4, 72.7) had a high level of knowledge of the content in patients’ rights guideline (knowledge score > 8 out of 10), and 67 (84.8%, 95%CI: 75.0, 91.9) had the perception about patients’ responsibilities that matched what was

expected in the patients’ rights guideline at high level. Of those 171 subjects who were unaware of the existence of patients’ rights, 107 (62.6%, 95%CI: 54.9, 69.8) had a perception of patients’ responsibilities that matched at high level with what was expected in the patients’ rights guideline (Figure 1).

Table 2 and 3 showed the survey results in each items of questions on awareness of patients’ rights and perceived patients’ responsibilities.

Table 2. Knowledge of the content in patients’ rights guideline

statement of the content of patients’ rights guideline	subjects with correct answer (N=79)	
	frequency	percent
All patients have the right to access health care equally.	79	100
Patients have the right to access information about their health status, their diagnosis and the result of the examinations, potential risks and benefits of each procedure.	79	100
Patients have the right to access information about price list and exemptions, methods of payment for services used.	78	98.7
Patients have the right to be educated on health promotion and disease prevention.	77	97.5
Patients have the right to choose a treatment method that is appropriate for their needs and is rendered with respect for their culture and values.	72	91.1
Patients do not have the right to keep all their health information confidential such as their health status, diagnosis, or drugs used.*	51	64.6

Table 2. Knowledge of the content in patients' rights guideline (continued)

statement of the content of patients' rights guideline	subjects with correct answer (N=79)	
	frequency	percent
Patients have the right to expect facilities to ensure the privacy, particularly when physical examination and treatment are carried out.	78	98.7
Patients have the right to choose and change their physician.	75	94.9
Patients have the right to refuse or to stop any treatment or intervention.	61	77.2
Patients do not have the right to express their opinions or file complaints regarding the health care services they received.*	46	58.2

* The correct answer is no.

Table 3. Frequency (%) of subjects having perceived responsibilities that matched with those stated in the patients' rights guideline categorized by patients' awareness of patients' rights

statement of patients' responsibilities	awareness of patients' rights	
	aware (n=79)	unaware (n=171)
Patients have a responsibility to make themselves familiar with patients' rights in health care.	78 (98.7)	136 (79.5)
Patients have a responsibility to ask health providers to clarify information necessary for their decision making such as their health status, pros and cons of each choice of treatment, method of payments.	79 (100)	160 (93.6)
Patients have a responsibility to take necessary measures recommended by health care providers to promote their health and prevent diseases.	78 (98.7)	165 (96.5)
Patients do not have to provide accurate and complete information related to their health conditions.*	69 (87.3)	140 (81.9)
Patients need to follow the recommended instructions and inform the health care providers if they were unable to do so.	79 (100)	170 (99.4)
Patients need to attend the given appointment punctually at health facilities.	79 (100)	171 (100)
Patients need to pay for the service fees and equipment damaged by themselves or their representatives as stipulated in policy and regulations.	78 (98.7)	168 (98.2)
Patients cannot keep their health information confidential even though they wish to do so.*	56 (70.9)	115 (67.3)
Patients need to inform health care providers about the privacy they need.	77 (97.5)	145 (84.8)
Patients and their representatives need to accept all consequences of their decisions in relation to the choice of treatment.	72 (91.10)	147 (86.0)
Patients need to contact health facility management committees when they do not clearly understand the pros and cons of each choice of treatment.	76 (96.2)	152 (88.9)
Patients need to provide true information about their complaint of health care services to health care providers or representative bodies.	69 (87.3)	134 (78.4)

* The correct answer is no.

Comparing across sociodemographic group

There were no differences in the awareness of the existence of patients' rights between genders nor by number of visits to the hospital. However, those in the younger age group, higher educational level and white-collar employment group appeared to be aware of the existence of patients' rights more than the older age group, lower education level and blue-collar employment group, respectively (Table 4).

Discussion

The finding of this study showed that 31.6 percent of the patients in the studied hospital were aware of the existence of patients' rights in Cambodia. This figure appeared to be better than that reported in previous studies in Egypt and Sudan where 24.0 and 4.8 percent of patients were aware of their own rights (5, 6). However, the proportion found in our study appeared to be similar with that found in Pakistan where 36.0 percent of the patients were aware of their rights (11). Although it was hypothesized that patients who frequently visited the hospital may be aware of the

existence of the patients' rights more than those with few hospital visits, our findings did not support this hypothesis. It should be noted that at the time that this study was conducted there was no sign to promote nor show patients' rights in the areas of studied hospital. This may explain why there was no difference in the awareness of patients' rights between those with different number of hospital visits.

In our study, it was found that there were no gender differences in awareness of the existence of patients' rights. This finding is similar to those in previous studies (7, 8). It makes sense that patients in the younger age group, higher educational level and white-collar employment group appeared to be aware of the existence of patients' rights more than those in the older age group, lower educational level and the blue-collar employment group because they are likely to gain more access to source of information and had better understand of the information.

Although it was also found that among those who were aware of the existence of patients' rights, the majority had high level of knowledge on the content in

Table 4. Awareness of the existence of patients' rights categorized by sociodemographic factors

sociodemographic factors	N	number of those	proportion of subjects with	χ^2	P
gender				2.9	0.087
male	92	23	25.0 (16.6, 35.1)		
female	158	56	35.4 (29.8, 43.4)		
age (year)				17.5	<0.001
young (18-39)	135	58	43.0 (34.5, 52.8)		
old (40-65)	115	21	18.3 (11.7, 26.5)		
educational level				34.6	<0.001
low	109	13	11.9 (6.5, 19.5)		
high	141	66	46.8 (38.4, 55.4)		
occupation				19.1	<0.001
white collar	117	53	45.3 (36.1, 54.8)		
blue collar	133	26	19.5 (13.2, 27.3)		
numbers of hospital visits				0.5	0.811
1	108	35	32.4 (23.7, 42.1)		
>1	142	44	31.0 (23.5, 39.3)		

the patients' rights guideline (62.0 %). This percentage is still considered low as it is expected that all patients should know their rights (9). When looking into 10 different rights listed in the questionnaire, it was found that the right to express their opinions, the right to keep all their health information confidential and the right to refuse any treatment or intervention were not known by the majority (Table 2). It may be because patients misunderstood that they need to provide their complete health information in order for doctors to make a rational decision about treatment and therefore their health information is no longer confidential. In a health service delivery context, most patients do not have the same level of medical knowledge as doctors and in most cases, doctors act not only as providers but also as patients' agents, making decision on behalf of patients (12). Hence it is possible that Cambodian patients did not think that they can express their opinions nor refuse any treatment suggested by doctors.

In terms of patients' responsibilities, this study found that a majority of those who were aware of the existence of the patients' rights had the perception about the patients' responsibilities that matched what were stated in the guideline. This figure appeared to be higher than that among those who were unaware (84.8% vs 62.6%). These findings suggest that the government should provide more information on patients' rights to all patients because the results showed that those being aware of the existence of patients' rights had a higher level of perceived patients' responsibilities than those unaware. The findings also suggest that the responsible authority should educate patients that they need to contact management committees at health facility when they do not clearly understand the pros and cons of each choice of treatment and patients need to provide true information about their complaint of health care services to health care providers or representative bodies.

The findings of this study should be carefully interpreted as there are some limitations. The findings

may not well be generalized to the whole Cambodian patients as the number of subjects was small and the study only conducted in one hospital. There may be information bias to some extent. High percentage of people perceiving responsibilities that matched with those stated in the patients' rights guideline may due to social desirability effect as patients tend to give the answers that please health professionals even though they don't agree with statements in the questionnaires. Perceived knowledge of those being aware of patients' rights appeared to be high however it is not known whether the high level of perceived knowledge would determine patients' behavior on service utilization. Future study should focus on how patients take action to protect their own rights.

Conclusion

Based on these findings it seems obvious that although the policy to promote patients' rights has been in effect for more than ten years, the proportion of Cambodian patients in the studied hospital being aware of the existence of patients' rights is still low. Strategies to inform on patients' rights should be identified. Although all patients should be informed about patients' rights, the main target population that the government should focus is patients of older age, with lower educational level, and having blue-collar employment. The promotion or the intervention should make sure that Cambodian patients can clearly differentiate between "reveal health information to doctors" and "have the right to keep their health information confidential". The first term refers to the condition where patients have the responsibility to provide complete and accurate information about their health to the doctor. The later term refers to the situation where doctors must not provide patients' health information to others who are not involved in the treatment without patients' permission.

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