

Chain of Communication and Patient's Right to Information in Cancer Treatment and Health Care - A Case Study of Pakistan



Written by
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Horizon Research Publishing, USA

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Care - A Case Study of Pakistan**

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Preface

The Physician-Patient Relationship (PPR) is being built on three factors: professional advice, medical treatment and care. The fourth factor that cuts across these three is ‘communication’. Whereas the first three are evident from the medical record of the patient, the fourth one is indiscernible or too small to be seen. As a result, it is difficult to establish what kind of information is being communicated to patients and how does it impact patients’ decision making about treatment options. Due to physician-patient privacy accord, direct observation of conversation is not advisable although critical; therefore the researchers have to rely on the perception of parties involved.

The work presented in this book was carried out in Pakistan during 2016-2017. We conceptualized the idea and developed a mixed method research design with triangulation and representative sampling techniques. However, when we landed to collect data, we had to adjust our methodology according to ground realities. We adopted the approach, ‘willingness to participate’ in order to encourage respondents (oncologists) to share information and opinions about communication practices between oncologists and cancer patients, and patients’ relatives.

The book consists of five chapters; chapter one provides an introduction to the problem and the context, both general and country context as well as the objective of the study. Chapter two explains various steps of methodology including the approach adopted for sample selection and analytical techniques. Chapter three contains summaries of findings of the survey and interviews complemented with researchers’ key observations. Chapter four is exclusively devoted to discussion on Patient’s Rights, in particular ‘Right to Information’ and ‘Democratic Decision Making’ (Informed Consent) which was the *raison d’être* of this research work. In chapter five, the researchers put forwards a hierarchy of conclusions and recommendations to develop a national communication strategy for cancer treatment and health care to protect patients’ rights.

The study, despite some information gaps about cancer institutions and infrastructure, has successfully revealed an array of critical issues regarding patient’s right to information and the process of decision making in physician-patient communication practices. Its approach, methodology and instruments have been tested in the field and are replicable in other cases with similar conditions in low and middle income countries (LMICs), particularly in Asia and Africa.

Acronyms

BN	Balochistan (Province of)
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CRC	Convention on the Rights of the Child
CT-SCAN	Computed Tomography
EU	European Union
HIPAA	The Health Insurance Portability Accountability Act (USA)
IAEA	International Atomic Energy Agency
ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant on Economic, Social and Cultural Rights
KPK	Khyber Pakhtun Khuwa (Province of)
LMICs	Low and Middle Income Countries
MRI	Magnetic Resonance Imaging
NCC	National Cancer Control
PAEC	Pakistan Atomic Energy Commission
PB&I	Punjab (Province of) and Islamabad Territory
PET	Positron Emission Tomography
PPR	Physician-Patient Relationship
SD	Sindh (Province of)
SF	Sub Factor
SPECT	Single-photon Emission Computed Tomography
UDHR	Universal Declaration of Human Rights
UK	United Kingdom
UN	United Nations
USA	United States of America
WB	World Bank
WHO	World Health Organization

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