

Patient's Rights: knowledge of physicians and medical students

Derechos del paciente: conocimientos de médicos y estudiantes de medicina

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ABSTRACT

Introduction: In Argentina, Law 26.529 protects patients' rights and regulates their relationship with the healthcare system. However, these rights are not always well known or properly applied in everyday practice. **Methods:** A comparative study was conducted between physicians and final-year medical students to assess their knowledge of this law. An anonymous, self-administered survey was shared through social media. **Results:** While most participants claimed to know the law, there were still areas of confusion, especially regarding informed consent in minors and advance directives. Physicians showed a higher level of knowledge, likely due to their daily contact with patients. **Conclusion:** Even though this law has been in place for years, more efforts are needed to ensure it is fully understood and applied. Medical training should reinforce these concepts throughout the curriculum, using real-life examples. Health institutions must also take an active role in clearly informing patients of their rights. Only then will healthcare become truly patient-centered and respectful.

Keywords: Patient Rights; Health Legislation; Students, Medical; Physicians; Informed Consent.

RESUMEN

Introducción: En Argentina, la Ley 26.529 protege los derechos de los pacientes y regula la relación con el sistema de salud. Sin embargo, no siempre se conocen ni se aplican correctamente en la práctica diaria. **Métodos:** Se realizó un estudio comparativo entre médicos y estudiantes del último año de la carrera de medicina para conocer el nivel de conocimiento sobre esta ley. Se utilizó una encuesta anónima y autoadministrada difundida por redes sociales. **Resultados:** Se observó que, aunque la mayoría dice conocer la ley, hay temas que generan dudas, como el consentimiento en menores o las directivas anticipadas. Los médicos mostraron mayor conocimiento, probablemente por su experiencia diaria con pacientes. **Conclusión:** Aunque la ley existe hace años, aún queda mucho por hacer para que se entienda y se aplique como corresponde. Es necesario reforzar su enseñanza durante la formación médica, integrándola de forma transversal y con ejemplos reales. También es clave que los centros de salud comuniquen mejor estos derechos a los pacientes. Solo así se logrará una atención más humana y centrada en la persona.

Palabras clave: Derechos del Paciente; Legislación Sanitaria; Estudiantes de Medicina; Médicos; Consentimiento Informado.

INTRODUCTION

In Argentina, Law 26,529/2009 guarantees patients' rights and defines the relationships among patients, healthcare professionals, and the healthcare system. The law is based on fundamental rights such as dignified treatment, access to medical records, confidentiality, and access to health information. In 2012, Law 26,529 underwent some amendments through Law 26,742, which reinforced patient autonomy, the right to refuse treatment, and incorporated advance directives [1][2].

Various studies have analyzed the knowledge of students and healthcare professionals regarding professional confidentiality and the Patient Rights Act and have revealed that both physicians and medical students do not always have a thorough understanding of these topics. A lack of knowledge in this area can affect the quality of medical care and lead to ethical and legal dilemmas [3][4][5][6].

In addition to identifying gaps, understanding the level of knowledge among future and current physicians enables and guides strategies to optimize daily practices.

The study's hypothesis is that students have a lower level of knowledge regarding patient rights than physicians do since the latter group is in daily contact with patients.

METHODS

This study is a comparative analysis of the level of knowledge between physicians and students, using a survey created in Google Forms. The study population consisted of two groups: physicians and final-year medical students.

The questionnaire was anonymous and self-administered, and it was distributed via WhatsApp groups and social media. The questionnaire consisted of true/false statements, multiple-choice questions, and some basic information, such as age and years of professional practice. The items addressed key concepts of National Law 26,529 and its amendment by Law 26,742, such as informed consent, access to medical records, patient autonomy, the right to refuse treatment, and professional confidentiality.

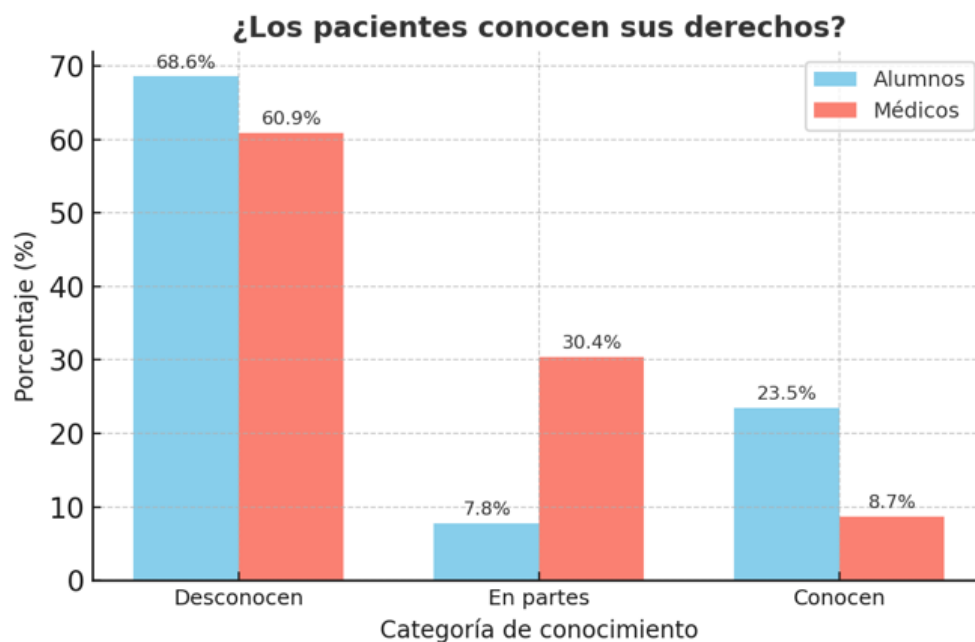
To compare the level of knowledge between groups, the data was analyzed using relative frequencies (%).

RESULTS

The study of the level of understanding regarding patient rights in Argentina was conducted by administering questionnaires to two different groups: physicians (n=23) and senior medical students (n=51).

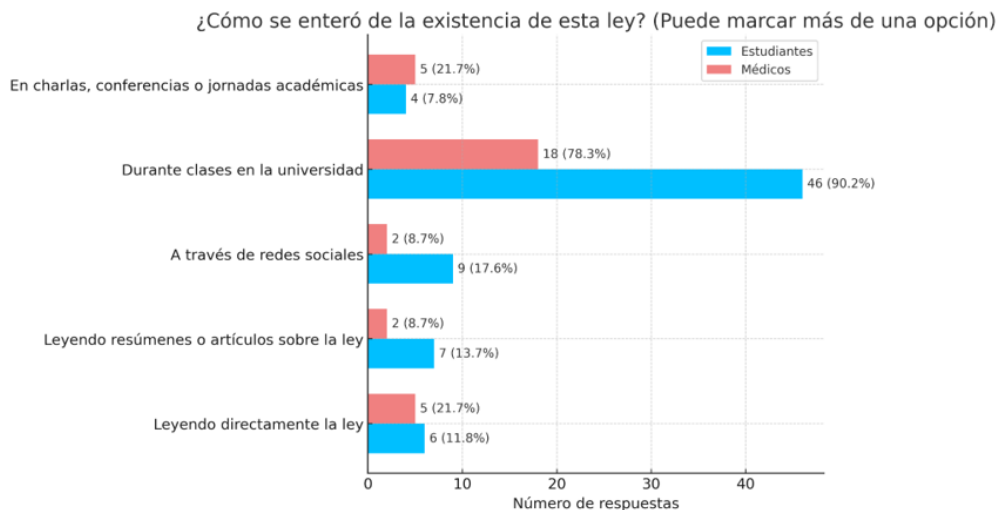
When knowledge of Law 26,529 was examined, it was noted that most participants in both groups claimed to be familiar with it. A percentage difference was observed in favor of the group of physicians, where 87% (n=20) stated that they were familiar with the law, compared to 74.5% (n=38) of the students. Therefore, the percentage of participants who reported unfamiliarity with the law was significantly greater among students, reaching 25.5% (n=13), whereas among physicians, this percentage decreased to 13% (n=3). These findings suggest that work experience may be linked to greater familiarity with and knowledge of current legislation, even though a significant number of students already demonstrate awareness of the law's existence.

When asked about the degree of knowledge patients have regarding their rights, 68.6% (n=35) of the students and 60.9% (n=14) of the physicians stated that patients are unaware of them. A notable difference was observed in the "partial" category: 30.4% (n=7) of the professionals believed that patients partially understood their rights, a percentage significantly higher than the 7.8% (n=4) of students who shared the same perspective. In contrast, compared with 23.5% (n=12) of the students, 8.7% (n=2) of the physicians stated that patients were indeed aware of their rights. These results are illustrated in the graph below, which highlights the differences between the two groups.



Among the students, 90.2% (n=46) indicated that the main method for understanding the law was “during university classes.” Other relevant sources included “through social media” (17.6%; n=9), “by reading the law directly” (11.8%; n=6), “through summaries or articles related to the law” (13.7%; n=7), and “in debates, conferences, or academic events” (7.8%; n=4). With respect to physicians,

The most prominent learning methods were “In university classrooms” (78.3%; n=18), “By reading the legislation directly” (21.7%; n=5), and “At presentations, conferences, or academic events” (21.7%; n=5). Additionally, 8.7% (n=2) and 8.7% (n=2) reported “Reading summaries or articles related to legislation” and “Using social media”, respectively.



With respect to the primary purpose of regulating the relationship between patients and healthcare professionals from a rights-based approach, as established in Law 26,529, a high level of understanding was observed in both groups, with 98% of students and 95.7% (n=22) of physicians correctly answering “True.”

With respect to informed consent, which can only be waived in emergency situations where the patient is unable to express their will, most survey participants correctly answered “True,” with 82.4% (n=42) of students and 78.3% (n=18) of physicians indicating a general understanding of its application in emergency situations.

The statement that informed consent could be waived if the patient signed a general consent form upon entering the healthcare facility was correctly identified as false by 94.1% (n=48) of the students and 91.3% (n=21) of the physicians.

With respect to the right to religious accompaniment, recognized as an essential right in Law 26,529, a considerable percentage of both groups incorrectly answered “False” to the statement, with 60.8% (n=31) of students and 87.0% (n=20) of physicians. This could indicate a specific lack of knowledge regarding this right.

The right to refuse treatment, even if it poses a life-threatening risk, was widely recognized as “true” by 87.0% (n=20) of the physicians and nearly all the students (98%, n=50), highlighting awareness of patient autonomy.

The notion that the medical record is the property of the healthcare professional and cannot be disclosed to the patient was correctly identified as “False” by 84.3% (n=43) of the students and 95.7% (n=22) of the physicians, indicating an understanding that it belongs to the patient.

In situations that pose a threat to public health, healthcare professionals may disclose patient information without patient consent. This statement was rated as “True” by 84.3% (n=43) of the students and 95.7% (n=22) of the doctors, indicating an understanding of exceptions to confidentiality.

With respect to the statement that parents or guardians must always sign a minor’s consent form, regardless of the clinical situation, 51.0% (n=26) of the students answered “True,” whereas 78.3% (n=18) of the physicians answered “False,” which is the correct response in the context of Argentine law, which generally requires parental or guardian consent for most medical procedures involving minors, with specific exceptions such as adolescents between the ages of 16 and 18 being considered fully capable of deciding on medical practices that are noninvasive and do not compromise their health or life, and adolescents aged 13 to 16 may consent on their own to procedures that do not involve serious risk. This difference highlights a knowledge gap between the two groups.

It was observed that both students and physicians, at 90.2% (n=46) and 95.7% (n=22), respectively, correctly identified as false the statement that a person with limited capacity should never be consulted about medical decisions.

With respect to rights related to access to medical information, the patient has the right to obtain a copy of their medical records within the timeframes stipulated by law. This was unanimously recognized as a “true” right by 100.0% (n=51) of the students and 95.7% (n=22) of the physicians, highlighting awareness of transparency and the patient’s right to information.

With respect to the understanding of institutional responsibilities, healthcare facilities are required to prominently display patients’ rights within their premises. This was correctly identified as “true” by 80.4% (n=41) of the students and 87.0% (n=20) of the physicians, indicating an understanding of institutional obligations.

The majority correctly rejected the validity of verbal consent as “False,” with 66.7% (n=34) of students and a high percentage (52.2%) (n=12) of physicians indicating an understanding of the formal requirements for consent.

Knowledge regarding cases of terminally ill patients, where the law recognizes the right to receive comprehensive palliative care, was high, with 96.1% (n=49) of students and 100.0% (n=23) of physicians correctly answering “True,” demonstrating a good understanding of this aspect of the law.

The right to a second medical opinion, recognized by Law 26,529, was correctly identified as “true” by 92.2% (n=47) of the students and 100.0% (n=23) of the physicians, highlighting awareness of this essential patient right.

DISCUSSION

An analysis of the responses revealed that both physicians and students possess a general understanding of the patient rights established in Law 26,529 and its amendment. However, doubts persist regarding certain specific aspects, indicating a partial or fragmented understanding in some cases. This scenario aligns with findings from previous studies, which also point to limited or incomplete knowledge of these regulations within the healthcare sector, both in professional practice and in academic training. [1][4].

Previous studies have indicated that the existence of laws does not guarantee their understanding or effective application. For example, in an analysis conducted at J.M. Urrutia Hospital (Córdoba), 88.9% of employees were unaware of Law 26,529, and only a small percentage were able to correctly identify the owner of the medical record or the meaning of informed consent [4]. Similarly, other studies have reported that students face difficulties in applying ethical and legal principles in daily clinical practice [3][7].

A significant methodological limitation of this study is the small sample size and its nonrandom nature, which hinders the generalization of the findings to the entire medical population of the country. Furthermore, the use of self-administered surveys disseminated on social media may introduce certain biases, such as the self-selection of participants who are interested in the topic.

Despite this, the study provides novel insights: It specifically compares the level of knowledge of current legislation between two groups at different stages of their professional training. Physicians are more familiar with the law, likely because of their daily contact with patients, but it is also clear that university education is among the main sources of initial learning for both groups. These findings align with the results of a study that demonstrated that students' knowledge of professional confidentiality improves as they progress through their studies [3].

Another relevant contribution is the identification of the topics where errors are concentrated: advance directives, consent for minors, and the right to spiritual support. These findings align with studies that have also demonstrated that advanced directives, despite being legally recognized, are unknown to both physicians and students and are rarely addressed during medical training [8].

In practice, many future doctors reach the end of their studies without having had any real exposure to bioethics. Although legal and ethical issues are key topics, they remain sidelined at various stages of training. Some studies have already warned that this gap may leave recent graduates prepared to face difficult decisions in their work [5].

The results show that it is necessary to change how ethical and legal topics are taught in medical school. It is not enough to cover them in a single course; it is best to incorporate them at various stages of study. This can be achieved by using teaching methods that help students think more critically and relate what they have learned to real-world situations. Furthermore, it is crucial for the healthcare system to take on a more proactive role, ensuring that data are available at care centers and presented in a clear and understandable manner.

Although the law has been in effect for years, this study shows that in practice, its use remains limited. In many cases, decisions depend solely on healthcare professionals, without considering the patient as an important part of the process. This demonstrates that, despite what the law establishes, in practice, patients are not always adequately informed or consulted on issues that directly concern them [7][8].

Finally, further research is needed on how ethical and legal knowledge is developed during professional training. A genuinely patient-centered approach to medicine requires not only clinical skills but also legal, ethical, and communicative sensitivity.

CONCLUSION

This study reveals something important: Although Argentina has laws that protect patients' rights, such as Law 26,529, there is still a long way to go before everyone fully understands them and applies them in daily practice. We need to strengthen the teaching of these rights during medical school. A single course is not enough; it must be integrated throughout the entire training process so that future professionals are better prepared to make ethical and legal decisions. It is also essential that healthcare facilities do their part by clearly informing patients of their rights.

It is clear from this study that, for medicine to be truly patient centered, it is not enough to have professionals who are technically skilled. They must also be empathetic individuals who understand and respect rights, act ethically, and know how to communicate clearly. Only in this way can we build a healthcare system in which every patient feels heard, valued, and well cared for.

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APPENDIX

1. SURVEY

2. Are you familiar with Law 26.529 on patient rights in Argentina? (yes; no)
3. Do you believe that patients, in general, are aware of their rights as established in Law 26.529? (Yes; No; Partially)
4. Have you seen posters, brochures, or other types of information about patient rights in public or private healthcare facilities? (Yes, frequently; Yes, sometimes; Rarely; Never; I don't remember)
5. How did you learn about this law? (You may select more than one option - By reading the law directly; by reading summaries or articles about the law; through social media; during college classes; at talks, conferences, or academic seminars; other)
6. The primary objective of Law 26,529 is to regulate the relationship between patients and healthcare professionals from a rights-based perspective. (True; False)
7. Informed consent may be waived if the patient signs a general consent form upon entering the healthcare facility. (True; False)
8. Law 26,529 explicitly establishes the right to confidentiality, to health information, to a second opinion, and to informed consent. (True; False)
9. The right to religious support is specified as a fundamental right in Law 26.529. (True; False)
10. A patient has the right to refuse any treatment, even if it poses a life-threatening risk. (True; False)
11. The medical records are considered private documents of the treating professional and cannot be disclosed to the patient. (True; False)
12. In cases of risk to public health, a healthcare professional may disclose patient information without patient consent. (True; False)
13. A person with limited capacity should never be consulted about medical decisions. (True; False)
14. The patient has the right to access a copy of their medical records within the timeframes established by law. (True; False)
15. Healthcare institutions are required to display patients' rights in a visible manner within their facilities. (True; False)
16. Verbal consent has no legal validity in the healthcare setting. (True; False)
17. In cases of terminally ill patients, the law recognizes the right to receive comprehensive palliative care. (True; False)
18. A second medical opinion is a right recognized by Law 26,529.