

## The knowledge and opinions of maternity wards patients in Kielce on the patient rights

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**Key words:** knowledge, maternity wards, patients, Kielce, patient rights

### SUMMARY

**Introduction:** A legal and ethical obligation of a midwife is to inform patients about their rights in the course of therapeutic and nursing care and to respect these rights in practice.

**Aim of the research:** The goal of the research was to determine patient's rights awareness among obstetric patients as well as sources from which this knowledge came. After taking into account the state of knowledge about the patient's rights based on opinions of respondents, their feelings related to a stay in a hospital were identified.

**Material and methods:** The research was conducted in a group of 161 patients of maternity hospitals in Kielce. The research material was obtained by the author and anonymous questionnaire. The results were subjected to statistical analysis by a test  $\chi^2$ .

**Results:** In the group of sample women, more than half (52.8%) did not know the patient's rights. Some of them (41%) said that they have heard of those rights but cannot name any of them. 47.2% of the respondents mentioned by at least one right. The primary source of information about the patient's rights are TV and radio (43.7%). The midwife ranks last position among the available sources of information about the patient's rights. For the patients who know better their rights the midwife is often a source of information about them (19.7%) than for those who claimed that they have only heard about them, but they cannot name any of them (7.6%). The majority of the rights (4-5 <5) were mentioned by the 12 (15.8%) patients, who in addition to the Internet 9 (75%), a significant source of information indicated the midwife 8 (66.7%). Among women who did not know the patient's rights, more than half (65.9%) identified their stay in the maternity ward as not stressful, but among those who

demonstrated a better understanding of the rights half (52.6%) constituted women who their stay in the hospital identified as stressful events.

**Conclusions:**

1. A level of the knowledge of the patient's rights among the sample women is insufficient.
2. The vast majority of the respondents learned about the patient's rights in other way than that connected with the activities of the midwife. The most common are: TV, radio, the Internet, magazines.
3. A level of information about the patient's rights measured by a number of the said rights is better in case of the patients whose knowledge came from the midwife.
4. Patients who know what their rights are, expect a professional medical care - based on patients rights, if there is not like that, they describe their staying in hospital as stressful.

**Introduction**

“Those who work as medical practitioners have many opportunities of effecting on a human, but not everything that is physically possible is also morally acceptable”[1].

The basic moral obligation of each person performing the medical profession is the perception of the patient as the highest value at every stage of care and treatment activities. This is expressed in establishing good relations of a doctor/midwife with the patient, the shape of which determine his rights based on respect for human dignity [2]. On this basis, the patient knows what to expect from public authorities and from entities (individuals and institutions) granting him health benefits [3]. The patient's rights are an integral part and concretization of human rights established by the United Nations and the Universal Declaration of Human Rights. The situation of the patient, or a person in need of care, protection and assistance causes that he requires special treatment and respect for personal rights [4].

The patient's rights serve also those who grant medical benefits helping in a professional action, they determine labour standards, and thus the frame in which the medical staff is required to operate. In Poland, the source of the patient's rights is the Polish Constitution of the 2<sup>nd</sup> April 1997, which in article 68 provides that everyone has the right to

health care. In accordance with the abovementioned article “citizens must be provided, whatever their circumstances, with equal access to health care services financed from public funds by public authorities. The conditions and scope of the provision are outlined by the law”[5]. The regulations for the protection of the patient’s rights are contained in a series of acts, among others, the Act dated 30/08/1991 on health care [6], the Act dated 5/12/1996 on professions of doctor and dentist [7], the Act dated 5/07/1996 on professions of nurse and midwife [8]. Scattered in various documents the patient’s rights have been gathered in a single document - the Charter of Patients’ Rights issued by the Minister of Health and Social Welfare on 11/12/1998. The Charter does not have a statutory status, and it is only a set of rules having the character of a practical handbook. The main piece of legislation regulating the Polish patient’s rights is the Act of the 6<sup>th</sup> November 2008 on the patients’ rights and the Ombudsman for the Patients' Rights hereinafter referred to as the Act on the Patient’s Rights [9]. In addition, normalizations within the patient's rights are contained in the Code of Medical Ethics and the Code of Professional Ethics for Nurses and Midwives of the Republic of Poland. For a creation of the patients’ health safety and respecting their rights the Minister of Health determined standards for medical procedure in the field of perinatal care exercised over a woman during physiological pregnancy, physiological birth, childbirth and infant care [10]. This document draws attention to respecting the patient’s rights during care of a pregnant women and a women giving birth, emphasizes her right to decide on the course of birth, to respect her privacy and intimacy, to be informed, to have a loved one present during birth, to be respected and treated in a sympathetic way by the medical staff [11].

### **Aim of the research**

The goal of the study was to determine the patient's rights awareness among obstetric patients according to age and education. It was also established a role of a midwife as a source of information on the patient's rights. After taking into account the state of the knowledge about

the patient's rights on the basis of the sample women' opinions, their feelings related to the stay in the hospital were identified.

### **Material and methods**

The research was conducted among 161 women in labour, maternity wards patients of hospitals in Kielce. The research material was obtained using a proprietary questionnaire. The results were analysed statistically with measurable traits compliance using a test of  $\chi^2$  ( $\chi^2$ ). For statistical inference assumed significance level of  $p < 0.05$ .

### **Results**

The largest group of the respondents, as many as 71.4% were women in labour between 25 and 34 years of age, 20.5%-women in labour between 17 and 24 years, 8.1%-women above 35 years of age (Table 1).

Table 1. The age of the sample patients.

<b>Age ranges</b>	<b>Number of patients</b>	<b>%</b>
17-24 years	33	20.5
25-34 years	115	71.4
Above 35 years	13	8.1
In total	161	100.0

Source: own research.

59% of women had higher education, 29.8%-secondary, 6.2% vocational and 5%-primary education (Table 2).

Table 2. The education of the sample patients.

Level of education	Number of patients	%
Primary	8	5.0
Vocational	10	6.2
Secondary	48	29.8
Higher	95	59.0
In total	161	100.0

Source: own research.

The results of the survey show that the knowledge about the patient's rights among the respondents is different. Taking it into account all the respondents were divided into 3 groups (Table 3, Fig.1):

- the patients who have heard about the patient's rights and named at least one-76 (47.2%);
- the patients who have heard about the patient's rights but they did not know them-66 (41.0%);
- the patients who have not heard about the patient's rights and did not know them-19 (11.8%)-(Table 3)

Table 3. The groups of the surveyed patients taking into account the knowledge of the patient's rights.

Groups of patients taking into account knowledge of patient's rights	Number of patients	%
<b>Group I</b> Patients who have heard about the patient's rights and named at least one	76	47.2
<b>Group II</b> Patients who have heard about the patient's rights but they did not know them	66	41.0
<b>Group III</b> Patients who have not heard about the patient's rights and did not know them	19	11.8
In total	161	100.0

Source: own research.

Out of the entire group surveyed, more than half - 85 patients (52.8%) did not know any of the patient's rights. Only 76 (47.2%) of the respondents mentioned by at least one patient's right. (Figure 1.)

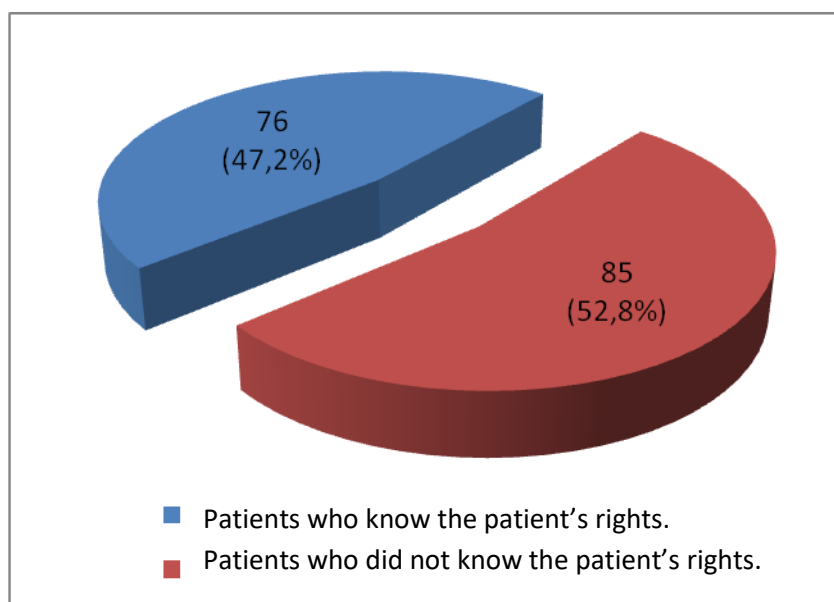


Fig. 1. The knowledge of the patient's rights among the respondents. Source: own research.

The degree of the knowledge about the patient's rights is varied among the respondents (Table 4). Details of these rights are known by more women with higher education (68.0%) than those with the secondary (28.0%), vocational (3.0%), primary (1.0%). Among the respondents who only have heard about the rights there is also the majority of women with higher education (46.9%), followed by the secondary (36.4%), vocational (9.1%), primary (7.6%). Women who do not know the patient's rights frequently were women with higher education (63.2%), the secondary (15.8%), vocational (10.5%) and primary (10.5%). In each group of the patients, the majority constituted women with higher education. Among the respondents, they accounted for 59.0%. Then, in terms of numbers, there were women with secondary education-29.8%, followed by the vocational-6.2% and primary-5.0%. The statistical analysis

showed that education of women surveyed had no significant effect on the knowledge of the patient's rights ( $p=0.055$ ).

In each group of the surveyed patients there was a domination of women aged 25-34. In the first group they accounted for 69.7%, and then, aged 17-24 years (21.1%) and <35 years (9.2%). In the second group also the majority constituted (69.7%) patients between 25-34 years of age, 17-24 years-19.7% and <35 years-10.6%. Similarly, in the third group also the majority constituted (78.9%) patients 25-34 years of age, 17-24 years-21.1%. In the whole group of the respondents, the majority constituted women aged 25-34-71.4%, followed by 17-24 years-20.5%, and <35 years-8.1%. The statistical analysis showed no relationship between age of the respondents and the knowledge of the patient's rights( $p=0.701$ ).

Table 4. The knowledge of the patient's rights depending on age and education.

Groups of patients	Number of patients (% in given Group)	Age			Education			
		17-24	25-34	<35	Vocational	Secondary	Higher	Primary
<b>Group I</b> Patients who have heard about the patient's rights and named at least one	76 (100.0%)	16 (21.1%)	53 (69.7%)	7 (9.2%)	2 (3.0%)	21 (28.0%)	52 (68.0%)	1 (1.0%)
<b>Group II</b> Patients who have heard about the patient's rights but they did not know them	66 (100.0%)	13 (19.7%)	46 (69.7%)	7 (10.6%)	6 (9.1%)	24 (36.4%)	31 (46.9%)	5 (7.6%)
<b>Group III</b> Patients who have not heard about the patient's rights and did not know them	19 (100.0%)	4 (21.1%)	15 (78.9%)	0	2 (10.5%)	3 (15.8%)	12 (63.2%)	2 (10.5%)
In total	161 (100.0%)	33 (20.5%)	115 (71.4%)	13 (8.1%)	10 (6.2%)	48 (29.8%)	95 (59.0%)	8 (5.0%)
		$p=0.701$			$p=0.055$			

Source: own research.

Further results present the sources of information about the patient's rights among the patients who have such knowledge (able to name at least one right) and those who only have heard about the rights but did not know any of them. (Table 5). To the question "From what a source have you become aware of the patient's rights?" The respondents who could name at least one right (76) corresponded: the Internet (46.1% for Group I), mass media (40.8%), magazines (32.9%), doctor (21.1%). Only 19.7% as a source of information reported the midwife. The respondents who only heard about the patient's rights (66) the most often pointed to the mass media (47.0% for Group II), the Internet (34.8%) and magazines (42.4%), the doctor (12.1%), the midwife (7.6%) as the source of information who have only mentioned the patient's rights to them. Both in the first and in the second group of the patients, the midwife is ranked in the last position among the possible sources of information. For the patients who know the patient's rights better the midwife is a frequent source of information (19.7%) than for those who only have heard about the patient's rights, but they cannot name any of them (7.6%). The greatest strength of the transmission of information on the patient's rights among the surveyed respondents have the mass media (43.7%), followed by the Internet-40.8%, magazines (37.3%), the doctor (16.9%) and finally the midwife (14.1%). The statistical analysis presented no relationship between the sources of information about the patient's rights and the degree of knowledge of these rights ( $p= 0.200$ ). Both for women who could name the patient's rights and for those who know them only by hearsay, the primary source of information were the mass media and the Internet. Regardless of the level of the knowledge of the patient's rights, the midwife was the least frequently cited source of information by the respondents.



Table 5. Sources of information about the patient's rights depending on the degree of knowledge of these rights. Note: The surveyed could choose more than one answer.

Groups of patients	Number of patients (% in given Group)	Information source on patient's rights				
		TV, radio	Internet	Magazines	Doctor	Midwife
<b>Group I</b> Patients who have heard about the patient's rights and named at least one	76 (100.0%)	31 (40.8%)	35 (46.1%)	25 (32.9%)	16 (21.1%)	15 (19.7%)
<b>Group II</b> Patients who have heard about the patient's rights but they did not know them	66 (100.0%)	31 (47.0%)	23 (34.8%)	28 (42.4%)	8 (12.1%)	5 (7.6%)
In total	142 (100.0%)	62 (43.7%)	58 (40.8%)	53 (37.3%)	24 (16.9%)	20 (14.1%)
p=0.200						

Source: own research.

In the group of women who have named at least one patient's right a relationship between the number of these rights and sources of information about them (Table 6) was determined. The Table 6 shows that among the group of the respondents (76) who could name the patient's rights, the most since 51 (67.1%) mentioned 2-3 patient's rights, where 22 (43.1%) of them as the source of information marked the Internet, 17 (33.3%)-TV/radio, 16 (31.4%)-magazines, 6 (11.8%) the doctor, 5 (9.8%)—the midwife. 13 (17.1%) patients named one right, whose source of information most commonly were 9 (69.2%) TV/radio, then the doctor (46.2%), the Internet 4 (30.8%) and magazines 4 (30.8%), the midwife 2 (15.4%). 11 (14.5%) patients mentioned 4-5 rights. Among them 8 (72.7%) marked the Internet and up to in 7 (63.6%) cases, the knowledge came from the midwife, then TV/radio-5 (45.5%) and magazines 5 (45.5%), the doctor-4 (36.4%). 1 (1.3%) patient named <5 rights and in the addition to the Internet as the source of her knowledge she mentioned the midwife. The most rights (4-5 <5) were mentioned by 12 (15.8%) patients who in addition to the Internet 9 (75%) a significant source of information mentioned the midwife 8 (66.7%). The relationship

between the number of these rights and sources of information about them is not statistically significant ( $p=0.173$ ). Regardless of the number of these rights by the surveyed patients the most marked source of information were the Internet (46.1%), TV/radio (41.0%), magazines (32.9%), the doctor (21.1%), the midwife (19.7%).

Table 6. Number of named rights depending on the source of information about the patient's rights. Note: The surveyed patients could choose more than one answer.

Number of named rights	Number of patients	%	Information source on patient's rights				
			TV/radio	Internet	Magazines	Doctor	Midwife
1	13	17.1	9 (69.2%)	4 (30.8%)	4 (30.8%)	6 (46.2%)	2 (15.4%)
2-3	51	67.1	17 (33.3%)	22 (43.1%)	16 (31.4%)	6 (11.8%)	5 (9.8%)
4-5	11	14.5	5 (45.5%)	8 (72.7%)	5 (45.5%)	4 (36.4%)	7 (63.6%)
<5	1	1.3	0	1	0	0	1
In total	76	100.0	31 (41.0%)	35 (46.1%)	25 (32.9%)	16 (21.1%)	15 (19.7%)
$p=0.173$							

Source: own research.

The patients asked to name the rights that they have in the most cases named the right to information about their state of health and child (48.7%), the right to consent to medical interventions (36.8%), the right to privacy (17.0%), the right to be respected (13.2%) and discharge upon her own request (13.2%), to inspect medical records (7.9%), to keep secret information relating thereto (7.9%), to be visited by close family (6.6%), to the professional and free of charge health care (5.3%). One of the patients mentioned the right to a bed and a locker (1.3%) (Table 7).

Table 7. The patient's rights named by the respondents. Note: The surveyed patients could choose more than one answer.

Patient's rights named by respondents	Number of patients	%
To check the medical history	6	7.9
To express consent to be operated	28	36.8
To be visited	5	6.6
To be informed	37	48.7
To be respected	10	13.2
To have intimacy	13	17.0
To be discharged upon own request	10	13.2
To receive professional care	4	5.3
To receive free care	4	5.3
To have information in secret	6	7.9
To have a right to own bed and locker	1	1.3

Source: own research.

The answer of the respondents to the question "Was your stay in the hospital a stressful event?" gave insight into the feelings of women associated with this event (Table 8). 92 (57.1%) women of all the respondents identified their stay as not stressful, while the remaining 69 (42.9%) as stressful. Then, the presence of stress related to the stay in the hospital for specific patients groups taking into account knowledge of the patient's rights was analysed. In the group of the patients who have no idea of their rights (19), the majority-15 (78.9% of the Group III) identified their stay in the hospital as not stressful, among the patients who only heard about the patient's rights, but they did not know them (66)–the majority 41 (62.1% of the Group) their feelings connected with the stay in the hospital also identified as not stressful, while in the group of the patients who have demonstrated a better understanding of the patient's rights (76), the majority-40 (52.6% of the Group) were women who their stay in the hospital identified as a stressful event. To sum up, among women who did not know the patient's rights (85), more than half-56(65.9% of the Group) identified the stay in the hospital as not stressful event. The occurrence of statistical dependence between a degree of the knowledge of the patient's rights among the surveyed women and feelings accompanying them during the hospital stay ( $p=0.02$ ) was noted. The analysis showed that

women who are more familiar with the patient's rights more often evaluate their stay in the hospital as the stressful event.

Table 8. Feelings which associate the patient while staying in the hospital, depending on the degree of knowledge of the patient's rights.

Groups of patients	Number of patients (% in given Group)	Was stay in hospital stressful event for you?	
		Yes	No
<b>Group I</b> Patients who have heard about the patient's rights and named at least one	76 (100.0%)	40 (52.6%)	36 (47.4%)
<b>Group II</b> Patients who have heard about the patient's rights but they did not know them	66 (100.0%)	25 (37.9%)	41 (62.1%)
<b>Group III</b> Patients who have not heard about the patient's rights and did not know them	19 (100.0%)	4 (21.1%)	15 (78.9%)
In total	161 (100.0%)	69 (42.9%)	92 (57.1%)
		<b>p=0.02</b> <b>(p&lt;0.05)</b>	

Source: own research.

## Discussion

A pregnancy, childbirth and the first days with a baby are often the most important and memorable moments in a woman's life, that is why care of her is so special. This was pointed out by the Childbirth with Dignity Foundation whose activities and publications specifically focused on promoting the idea of “good midwifery practice”[12]. Respecting the patient's rights has always been in the heart of the Childbirth with Dignity Foundation. Actions carried out by the Foundation contributed to a broader perspective on perinatal care, extending to needs and rights of women. A difference in subjective and objective treatment of patients in hospitals even by a name “humanly”, what meant “with dignity”, [13] was pointed out to the public as well as to the medical staff. The efforts of the Foundation and the Ombudsman have contributed to the establishment by the Ministry of Health the Ordinance in force at present,

which clearly defines what the implementation of the patient's rights in the case of taking care of women during the pregnancy, childbirth and postpartum [10].

The research carried out in Poland in the 90's showed that the degree of dissemination of the knowledge about the patient's rights in society is far insufficient. More than two-fifths had never heard of the existence of such provisions, although less than a half heard, but did not know any details [14]. According to the research in 2008 commissioned by the Institute for Patients' Rights and Health Education, 42% of the surveyed group of 1004 Poles do not know that the patient's rights even exist. Only 38% of those who had heard about the patient's rights, which is only 19% of all the respondents, could name any. Therefore, it can be concluded that Polish patients do not know their rights. The primary source of information on the patient's rights according to the report Capibus are magazines (42% of the respondents), followed by media (39%), friends and family (38%), the doctor (37%), the Internet (17%), the nurse (9%) [15]. Other findings in their study received Kowalska, Geryn et al. [16]. The diagnostic survey conducted by the authors in 2009 on oncology ward patients demonstrated that the patients are aware of their rights. Everyone agreed that they know their rights. For most patients (56.25%) as the source of information they indicated talks with nurses, some of the respondents information on the patient's rights received from doctors, the smallest group (12.5%) consisted of the patients who received information from other sources (Internet, media, newspapers). Unfortunately, the research reports of the NGOs and monitoring conducted in the maternity wards do not always confirm it. [13, 15, 17]. The presented research shows that 11.8% of the respondents do not know anything about the patient's rights. Only 53.5% of those who have heard about the patient's rights or 47.2% of all the respondents were able to name at least one right. 52.8% of the patients could not name even one patient's rights. After analysing the research material turned out that the degree of the knowledge of the patient's rights among the respondents not depend on education nor the age of the

respondents. Both in the group of the patients who do not know the patient's rights as well as the patients who could name even one right, there were more women with higher education (59.0%) aged 24-35 years (71.4%).

The volume of the midwifery as the source of information about the patient's rights was analysed in the study group. It turned out that the proportion is very small (7.6%), especially among women, who only heard about the patient's rights and 19.7% for women who could name at least one right. The midwife is the least likely (14.1%) cited source of information on the patient's rights in the group of women. The vast majority of patients found out about these rights in any way connected with the activities of the health service.

The relationship between the number of these rights and sources of information about them was investigated. Most rights (4-5 and <5) mentioned by 12 (15.8%) patients, which in addition to the Internet (75%) the significant source of information was the midwife. Thus, knowledge derived from the midwife is more valuable and durable. This does not change the fact that the patients did not name a number of important rights such as a right to refuse to participate in health screenings for educational purposes, refuse to participate in medical experiments.

According to Zielonka growing awareness of young women, also in terms of their rights, will increase because of dissatisfaction with an instrumental method of treating them as patients. Respecting the dignity of the patient the midwife has an obligation to treat her with respect and allow her to participate in decisions about her care during and after childbirth. It has a definite impact on changing the relationship between the doctor/midwife and the patient. It moves away from paternalism or total surrender to the doctor/midwife by the patient for the partnership, which enables an active participation of the patient in the treatment and care of her [19]. The cooperation of the patient and a specialist in one's field here is not equal, but who has more opportunities this brings more. Such a participation has the hallmarks of a self-

determination [18]. Usually, it is assumed that the doctor/midwife knows better and more than the patient, but in practice it is not always the case. Your doctor/midwife is not an expert on feelings of others or on moral issues. Based on the study by Żurawska aka Dziurawiec it turned out that what determines “good” birth from a perspective of people taking care of giving birth and her child is different from what is important and the most important for the woman giving birth. Elements relevant to the midwife include a correct construction of the birth canal, normal systolic function of the uterus, a correct mechanism and the progress of labour. For the woman in labour it is important that childbirth is safe, painless, quick and that during such important and personal events she has ensured intimacy, presence of a close family member and an ability to choose any body position during the labour. The birth of a child is not just a medical event, but above all, a new experience in a woman's life and her family, which affects many aspects [19].

The analysis of the study shows that for women who know the patient's rights the stay in the hospital is the event more stressful than for those who do not know their rights. This can be explained by the fact that the latter are not aware of their rights and accept many of the behaviours of the staff which, although in light of the legal provisions violate the patient's rights, but normally are accepted. Probably, after examining the questions of the survey many women realized that the birth and hospitalization were not like she might wish. Not only one of them accepted all behaviours of the medical staff in the hospital as something natural and normal, but not always they were. The patients unaware of their rights are deprived of an opportunity to make many choices, and thereby lower the quality of maternity care from the standpoint of the state of science. Unconsciousness may not be a limiting factor to exercise their rights. It is unethical and dangerous in the long run for the midwife. Working as the midwife with the patient's rights in the background is an expression of her professionalism. High awareness of the patients regarding their rights is a challenge for the staff who mobilizes

to work at a higher level than just to guarantee the patient “bed” and “cupboard”. Educating the patients about their rights requires from the midwives not only knowledge and skills of interpretation, but the continuous work on their own moral development as well as on the moral development of young graduates of the “maternity art”.

## Conclusions

1. The degree of the knowledge of the patient’s rights among the surveyed women is insufficient.
2. The vast majority of the respondents learned about the patient’s rights in any way connected with the midwife’s activities. The most popular source of patients’ knowledge about their rights are TV, radio, Internet, magazines.
3. The level of information about the patient’s rights measured by the number of the said rights is better in case of the patients whose knowledge came from the midwife.
4. Patients who know what their rights are, expect a professional medical care - based on patients rights, if there is not like that, they describe their staying in hospital as stressful.

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