ORIGINAL ARTICLE

Knowledge of patient's health rights among medical students in Jeddah, Saudi Arabia: a cross sectional study

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ABSTRACT

Background: Medical students must recognize globally recognized rights in their studies and careers. Only a few studies have measured medical students' knowledge about public health rights in Saudi Arabia. The present study aims to assess the current knowledge of medical students in Jeddah, Saudi Arabia, concerning health empowerment issues and health rights.

Methods: A descriptive cross-sectional study was conducted in Jeddah, Saudi Arabia, among the medical students of Ibn Sina National College, Batterjee Medical College, King Abdul-Aziz University, and King Saud bin Abdul-Aziz University Jeddah branch, between July and August 2020. The data were analyzed using the Statistical Package of Social Science version 25.

Results: Of the 393 participants, 58.3% were females, and 41.7% were males. Regarding consent, 72.3% and 65.1% of the participants responded that a male guardian was not required to consent for hospital admission and discharge, respectively. Only 46.1% knew a female patient could consent to a cesarean section. Only 51.7% of the students knew about Saudi Arabian health rights, including disabled individuals, while 44.0% did not. About half (53.2%) knew that special needs patients have health rights, and 25.2% believed that abortion is never allowed in Islam. Approximately half (49.6%) knew that cancer patients have the right to free medical treatment, and 52.9% knew that cancer patients have the right to free surgical treatment.

Conclusion: Medical students' knowledge regarding the health rights of specific patient populations was not satisfactory in Saudi Arabia, which highlights the importance of health rights education in medical school.

Keywords: Caesarean section, cancer patients, medical students, public health rights, Saudi Arabia, special needs.

Introduction

Human rights, the fundamental standards of mankind, reflect a common understanding toward human values without considering human differences [1]. Health is considered a significant part of human rights and the standard of quality of life [2]. The World Health Organization defines health as the absence of disease or inability and a condition of complete physical, intellectual, and social well-being [3]. The conception of the patient's rights was expanded based on the standards. The rights vary from country to country depending upon widespread cultural and social norms in each country and the standard to maintain dignity and equality among the patients [4,5]. The World Federation for Medical Education establishes the need to balance medical students' academic and behavioral skills [6]. In 2006, the Ministry of Health in Saudi Arabia issued the

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Patient Bills of Rights (PBR) and stated all the required rights to health care to highlight the need for medical care for every citizen. These rights to health care are available in their policy, procedure manual, and regular circulars [7]. Regarding patients' values and treatment preferences, sustainable development purposes included many purposes and targets for promoting health. For instance, it includes incorporating patient priorities and preferences into healthcare to enhance desirable proximal outcomes linked to communication. Proper understanding of patients toward care eases the impact of drawbacks of this disease and may support physicians in decision-making [8,9].

Declaration of patient's rights is still a vague concept for healthcare workers and patients, although, nowadays, there are many declarations regarding this aspect [10]. Medical students and healthcare workers need to understand and accommodate the patient's health rights to ensure a healthy and high-quality lifestyle for human beings and achieve professional objectives [11,12]. One of the previous studies evaluated the extent of knowledge of medical students, healthcare workers, and patients about PBR, which showed that 39.7% of female patients had no right to make the decision, and 45.7% did not know. Moreover, 32.6% and 42.3% of the respondents believed that a male guardian was required to approve women's medical treatment and surgery, respectively [7]. Another cross-sectional study done in Tabuk showed that most participants (98.5%) were notified about diagnosis and treatment updates in understandable language, and 95.1% knew that the therapeutic group ought to report any savagery against children to the specialist [3]. Considering the notable shortage of studies that measure medical students' knowledge about PBR Saudi Arabia, medical students should be introduced to these globally recognized rights as early as possible in their studies and career. This study aimed to assess the current knowledge of medical students in Jeddah, Saudi Arabia, concerning health empowerment issues and rights.

Subjects and Methods

This descriptive cross-sectional study was conducted in Jeddah, Saudi Arabia, among the medical students of Ibn Sina National College (ISNC), Batterjee Medical College (BMC), King Abdul-Aziz University (KAU) and King Saud bin Abdul-Aziz University (KSAUHS) Jeddah branch, from July to August 2020. The approval was obtained from Dr. Soliman Fakeeh Hospital Scientific Research Review Committee (DSFH IRB). The targeted sample was selected from second-year internship medical students by random sample selection. The students with a previous bachelor's degree in medicine were excluded. A validated questionnaire was used from a previous study [7] for data collection. The questions were divided into 5 sections with a total of 24 questions survey sections as follows:

- The first section was about demographic data: gender, academic year, college/university, and previous bachelor's degree (four questions).
- The second section was related to the knowledge of the rights of female patients (yes, no, or I do not know) (five questions).
- The third section was about the knowledge of the laws and rights of patients with disabilities, special needs, and senility (yes, no, or I do not know) (three questions).
- The fourth section was about the knowledge of reproductive health rights (yes, no, or I do not know) (five questions).
- The last section was about the knowledge of the health rights of cancer patients (yes, no, or I do not know) (seven questions). All data were analyzed

Col	lege	KA	U	ISI	NC .	ВМ	С	KSA	UHS	Total
Gender		Female	Male	Female	Male	Female	Male	Female	Male	
		53	33	79	92	69	17	28	22	393
Total		86 (21	.8%)	171 (4	3.5%)	86 (21	.8%)	50 (12.7%)		
The mean a gender	ige of both	21.56 ± 1.78		23.07 ± 1.64		21.81 ± 2.003		21.16 ± 1.16		22.22 ± 1.86
	Second	6	5	2	8	9	2	1	0	33 (8.4%)
	Third	10	20	2	5	10	5	3	5	60 (15.3%)
Academic	Fourth	16	2	10	9	16	5	23	16	97 (24.7%)
year	Fifth	4	0	19	24	12	2	1	1	63 (16.0%)
	Sixth	8	1	33	39	7	0	0	0	88 (22.4%)
	Intern	9	5	13	7	15	3	0	0	52 (13.2%)

KAU: King Abdulaziz University, ISNC: Ibn Sina National College, BMC: Batterjee Medical College, KSAUHS: King Saud bin Abdulaziz University for Health Sciences.

using the statistical package of social science version 25. Frequent, means, and chi-square tests assessed any significant differences. Data were considered significantly different when p < 0.05.

Results

Three hundred ninety-three participants were recruited in this study, among which 58.3% were females and 41.7% were males. Further, 21.8% of the participants were from KAU, 43.5% were from ISNC, 21.8% were from BMC, and 12.7% were from KSAUHS. The total mean age of the participants was 22.22 ± 1.86 (Table 1). The results of assessing the knowledge of the rights of female patients showed that 72.3% and 65.1% of the participants responded that a male guardian was not required to consent for hospital admission and discharge, respectively. Similarly, 71.2% and 60.6% of the participants responded correctly that hospital rules do not need female patients to acquire a male guardian's consent for medical treatment and surgery respectively. However, a cesarean section showed that only 46.1% of the medical students knew that women could decide for themselves and provide consent, whereas 21.6% believed that female patients did not have this right, and 32.3% did not know about this at all (Table 2).

Table 3 shows the analysis of medical students' knowledge of the law and rights of patients with disabilities, special needs, and senility. It shows that only 51.7% of the students knew that Saudi Arabian health rights law includes those with a disability, while 44.0% did not know. Approximately half of the participants 53.2% knew that special needs patients have health rights. More than half of the participants (56.7%) knew that senility people have health rights, whereas 36.1% did not (Table 3). Regarding perceptions of reproductive health rights, approximately 25.2% of the participants believed that abortion is completely forbidden in Islam. In contrast, 63.1% of the majority knew that abortion is allowed in exceptional cases. When asked about a woman's right to attain contraception, 25.7% responded that consent from a male guardian/partner is first required, and 51.1% stated that consent was not required. Further, 65.4% of the participants knew that screening included human immunodeficiency virus (HIV) testing. Regarding HIV/ acquired immunodeficiency syndrome (AIDS) patients in Saudi Arabia, 53.2% knew these patients had health rights, while 41.0% did not know. Concerning sexual/ reproductive information, 45.8% of the participants were knowledgeable of this, whereas 35.9% were not aware of this (Table 4). Most participants (74.3%) agreed that disclosure of complete information regarding their illness is a patient right, and most agreed (78.9%) that newly diagnosed cancer patients must get complete information about their disease. Most participants (75.6%) also believed patients had the right to withhold information from their families. About half of the participants (55.5%) were knowledgeable that cancer patients in Saudi Arabia have the right to free medical treatment. About 52.2% of the participants responded that cancer patients have the

p value 0.3530.005 0.058 0.02 0.1 (21.9%) do not 75 (19.1%) (32.3%)(23.4%)(18.8% 127 88 7 92 72.3%) (21.6%)(65.1%) (71.2%)(%9.09) 2 85 ₹ (13.0%) (46.1%) 34 (8.7%) 39 (9.9%) (16.0%) Yes 181 63 21 do not know 12 (3.1%) (3.8%) 12 (3.1%) (2.0%)(3.3%)3 5 ω 34 (8.7%) (9.2%) 10.5%) 36 (9.2%) 39 (8.9%) ٥ 36 Ø. (6.4%) 2 (0.5%) (%8: (0.3%)Yes 25 do not know 30 (7.6%) 19 (4.8%) (5.9%)38 (9.7%) 23 (13.0%) 62 (15.8%) 19 (4.8%) BMC (15.0%)(11.5%)ô 59 45 2 (1.8%) (7.4%) 5 (1.3%) (1.0%) (2.8%)Yes (13.5%)33 (8.4%) (8.7%) do not 32 (8.1%) (8.7%) 8 34 110 (28.0%) 102 (26.0%) 119 (30.3%) (28.8%) (8.7%) ISNC 113 å 34 (21.4%)35 (8.9%) 19 (4.8%) (6.1%)29.4%) Yes 24 84 do not know 11 (2.8%) 14 (3.6%) 9 (2.3%) 15 (3.8%) 21 (5.3%) (17.0%)(15.5%)(14.0%) (17.6%) 22 (5.6%) ٥ 69 22 67 61 (10.9%) 8 (2.0%) (2.0%)(4.1%) Yes 16 Be discharged from the admission to a hospital Colleges Questions a Caesarean section? consent for herself for In SA, can a woman To sign consent for require a male guardian to obtain To sign consent for medical treatment Do women in SA

Table 2. Medical students' knowledge of the rights of female patients in Saudi Arabia.

Table 3. Knowledge of medical students of the law and rights of patients with disabilities, special needs, and senility.

		KAU			ISNC		ı	BMC	ı	ı	KSAUHS		ı	Total	ı	
Colleges Questions	Yes	N _o	I do not know	Yes	S S	I do not know	Yes	N _O	I do not know	Yes	N _o	I do not know	Yes	Š	I do not know	p value
Does the Saudi Arabian health rights law include the following: Those with disability?	48 (12.2%)	5 (1.3%)	48 5 33 80 (12.2%) (1.3%) (8.4%) (20.4%)	80 (20.4%)	11 (2.8%)	80 (20.4%)	49 (12.5%)	(0.3%)	36 (9.2%)	26 (6.6%)	0.0%)	24 (6.1%)	203 17 (51.7%) (4.3%)	17 (4.3%)	173 (44.0%)	0.16
Those with special needs?		5 (1.3%)	49 5 32 88 (12.5%) (1.3%) (8.1%) (22.4%)	·i	10 (2.5%)	73 (18.6%)	49 3 (12.5%) (0.8%)		34 (8.7%)	23 (5.9%)	0.0%)	27 (6.9%)	209 18 166 (53.2%) (4.6%) (42.2%)	18 (4.6%)	166 (42.2%)	0.34
Those with senility (elderly)?	54 (13.7%)	2 (0.5%)	(13.7%) (0.5%) (7.6%) (21.4%)		19 (4.8%)	68 (17.3%)	57 2 (14.5%) (0.5%)		27 (6.9%)	28 5 (7.1%) (1.3%)		17 (4.3%)	223 (56.7%)	28 (7.1%)	142 (36.1%)	0.02

 Table 4.
 Medical students' knowledge of reproductive health rights in Saudi Arabia.

	p value	0.15	0.003	0.0001	0.0001	0.28
	I do not know	46 (11.7%)	91 (23.2%)	95 (24.2%)	161 (41.0%)	72 (18.3%)
Total	o N	248 (63.1%)	201 (51.1%)	41 (10.4%)	23 (5.9%)	141 (35.9%)
	Yes	99 (25.2%)	101 (25.7%)	257 (65.4%)	209 (53.2%)	180 (45.8%)
	I do not know	5 (1.3%)	19 (4.8%)	7 (1.8%)	8 (2.0%)	7 (1.8%)
KSAUHS	S S	37 (9.4%)	25 (6.4%)	5 (1.3%)	0(%0:0)	20 (5.1%)
	Yes	8 (2.0%)	6 (1.5%)	38 (9.7%)	42 (10.7%)	23 (5.9%)
	I do not know	11 (2.8%)	24 (6.1%)	36 (9.2%)	55 (14.0%)	23 (5.9%)
BMC	o N	59 (15.0%)	46 (11.7%)	6 (1.5%)	6 (1.5%)	30 (7.6%)
	Yes	16 (4.1%)	16 (4.1%)	44 (11.2%)	25 (6.4%)	33 (8.4%)
	I do not know	23 (5.9%)	31 (7.9%)	28 (7.1%)	55 (14.0%)	25 (6.4%)
ISNC	N _O	102 (26.0%)	93 (23.7%)	19 (4.8%)	12 (3.1%)	64 (16.3%)
	Yes	46 (11.7%)	47 (12.0%)	124 (31.6%)	104 (26.5%)	82 (20.9%)
	I do not know		17 (4.3%)	24 (6.1%)	43 (10.9%)	17 (4.3%)
KAU	N O	29 50 7 (7.4%) (12.7%) (1.8%)	37 (9.4%)	11 (2.8%)	5 (1.3%)	27 (6.9%)
	Yes	29 (7.4%)	32 (8.1%)	51 (13.0%)	38 (9.7%)	(10.7%) 27
	Colleges Questions	Is abortion never allowed in Islam?	Do they require a male guardian to obtain contraception for family planning?	In Saudi Arabia, does premarital screening include HIV testing?	Are there any rights for HIV/AIDS patients in Saudi Arabia?	Is sexual/reproductive information taught in Saudi Arabia?

p value 0.009 0.002 0.005 0.16 0.53 0.74 0.01 do not know 162 (41.2%) 68 (17.3%) 59 (15.0%) (37.4%)170 (43.3%) 162 (41.2%) 32 (8.1%) 147 51 (13.0%) 33 (8.4%) 28 (7.1%) 23 (5.9%) 37 (9.4%) 28 (7.1%) 26 (6.6%) Total S 310 (78.9%) 208 (52.9%) 297 (75.6%) 195 (49.6%) 292 (74.3%) 218 (55.5%) 205 (52.2%) Yes do not know 12 (3.1%) 4 (1.0%) 6 (1.5%) 17 (4.3%) 18 (4.6%) 18 (4.6%) 18 (4.6%) KSAUHS 4 (1.0%) 0.0%) 3 (0.8%) 0.0%) (0.0%) 2 (0.5%) 0.0%) ô 42 (10.7%) 44 (11.2%) 35 (8.9%) 33 (8.4%) 32 (8.1%) 32 (8.1%) 30 (7.6%) Yes do not know 43 (10.9%) 46 (11.7%) 48 (12.2%) (12.0%) 11 (2.8%) 8 (2.0%) 14 (3.6%) 47 9 (2.3%) 15 (3.8%) 8 (2.0%) 8 (2.0%) 6.5%) 10 (2.5%) 6.5%) BMC S \overline{z} 66 (16.8%) 63 (16.0%) 64 (16.3%) 33 (8.4%) 32 (8.1%) 32 (8.1%) 33 (8.4%) Yes do not know 66 (16.8%) 17.0%) 73 (18.6%) 58 (14.8%) 27 (6.9%) 12 (3.1%) 27 (6.9%) 67 16 (4.1%) 16 (4.1%) 13 (3.3%) 14 (3.6%) 22 (5.6%) (4.1%) 26 (6.6%) ISNC 9 ô 91 (23.2%) 137 (34.9%) 128 (32.6%) 85 (21.6%) 118 (30.0%) (24.7%)(22.4%) Yes 97 88 do not know 8 (2.0%) 33 (8.4%) 18 (4.6%) 12 (3.1%) 29 (7.4%) 31 (7.9%) 29 (7.4%) Do cancer patients in SA have the right to free 5 (1.3%) 10 (2.5%) 3 (0.8%) 3 (0.8%) 2 (0.5%) 4 (1.0%) 5.3%) KAU å 68 (17.3%) 52 (13.2%) 48 (12.2%) 18.1%) 53 (13.5%) 63 (16.0%) 55 (14.0%) Yes Does the patient have the right to hide information from his Colleges Questions cancer patient about Is disclosure of full information one of the patient's health rights? Medical treatment newly diagnosed his/her disease? information to a Chemotherapy Do you agree to provide full Radiotherapy Surgery family?

Table 5. Medical students' knowledge of the health rights of cancer patients in Saudi Arabia.

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right to free chemotherapy treatment. However, 49.6% of the participants also responded that cancer patients have the right to free radiotherapy treatment. Only half of the participants (52.9%) knew that cancer patients have the right to free surgical treatment, whereas 41.2% did not know about it (Table 5).

Discussion

The results of the present study showed that participants have adequate knowledge regarding the rights of female patients. However, there is a lack of knowledge about the right of consenting to cesarean section because they believe that females need consent from a male guardian. Only a few participants knew about such a right (32.3%), while 46.1% knew they could consent. In contrast, a study done in KAU on medical students found that the participants needed to be better informed about females' rights. However, a similar finding to the present study concerning the right of a female to consent to a caesarian section herself showed that more than half of the students needed better knowledge [7]. The misconception that male guardians should be informed started to disappear due to the increased awareness of female rights, empowerment, and acknowledgment in Saudi Arabia [13]. Abortion is never allowed in Islam except in some cases where it might threaten the mother or the fetus. This decision should consider the gestational age at termination [14]. The results of the present study showed that the understanding of the patients toward this right was satisfactory (63.1%), compared to another, which showed that there is poor knowledge among medical students concerning abortion in Saudi Arabia [5]. It is assumed that participants in the present study have good knowledge due to including the abortion topic in the curriculum in medical colleges.

Regarding HIV/AIDS patients' rights, 41.0% of participants failed to recognize that right. One-third of the study participants were unknowledgeable of sexual/reproductive information. A previous study has also shown that the level of knowledge on sexual health among adolescents and youth in Saudi Arabia is poor [3]. Unsurprisingly, knowledge of sexual health rights among these students is especially low because the traditional Saudi culture discourages discussion of this subject. Half of the individuals with disabilities, special needs, and senility patients can comprehend their rights.

In contrast, more than one-third do not know if they have rights. This is comparable to another study which concluded that almost half of the participants knew about those rights [7]. This increase in knowledge is due to current curriculums mentioning a lot of scenarios about those vulnerable patients.

Concerning the rights of cancer patients in the present study, it is shown that 74.3% of participants understand that full disclosure of the information is a patient's right, similar to the results of a study done on medical students at the University of Dammam [4]. Most of our

participants (78.9%) believed the patient has the right to have full information about a newly diagnosed cancer. Most participants (75.6%) agree that the patient has the right to hide this information from his/her family. Similar results were observed toward providing full information to a newly diagnosed cancer patient about his/her disease. However, half of the participants were knowledgeable concerning the right of the patient to withhold information from their family [7].

Cancer patients' rights are essential; therefore, medical ethics highly value providing truthful information to patients. The results of the present study have shown that half of the participants have positive knowledge about cancer patients' rights to free medical, chemotherapy, radiotherapy, and surgical treatment. In contrast, over one-third of them do not know about such rights. These results agree with the previous study by Al-Amoudi et al. [7]. The present study showed a lack of knowledge among medical students concerning the rights of patients. However, some limitations of this study include the participation of an unequal number of students from the four colleges and no interns recruited from KSAUHS.

Conclusion

The present study's results confirm that most participants had poor knowledge regarding the rights of female, reproductive, elderly, special needs, disabled, and cancer patients. Concerning future doctors, it is important to transform and enhance knowledge of existing laws and regulations, considering all patient groups' health rights for optimal health care. Therefore, it is recommended that medical colleges' curricula include patients' health rights as a subject to improve the health outcomes of all medical students.

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List of Abbreviations

AIDS Acquired immunodeficiency syndrome

BMC Batterjee Medical College

DSFH IR Dr. Soliman Fakeeh Hospital Scientific Research

Review Committee

HIV Human immunodeficiency virus

ISNC Ibn Sina National College KAU King Abdul-Aziz University

KSAUHS King Saud bin Abdul-Aziz University

MOH Ministry of Health
PBR Patient Bills of Rights

Conflict of interest

The authors declare that there is no conflict of interest regarding the publication of this article.

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Consent to participate

Written informed consent was obtained from all the participants.

Ethical approval

This study was approval by DSFH IRB with approval number: 95/IRB/2020, dated: July-27-2020.

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