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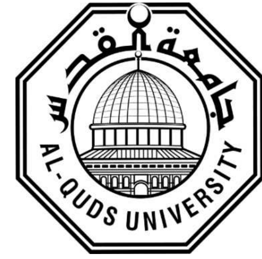

The Knowledge, Attitudes, and Practices of Physicians at Primary Health Care Centers/Clinics regarding the right to health in the District of Ramallah/Al-Bireh

Lina Elias Saadeh

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The Knowledge, Attitudes, and Practices of Physicians at Primary Health Care Centers/Clinics regarding the right to health in the District of Ramallah/Al-Bireh, 2014

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A thesis submitted in partial fulfillment of the requirements for the degree of Masters in Health Policies and Management

School of Public Health
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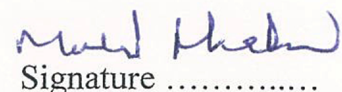

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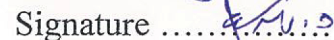

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Jerusalem – Palestine

1436/2014

DEDICATION

This thesis is dedicated to my parents for their endless love and support. Also, this thesis is dedicated to my husband, my sons, and my sisters who have been a great source of motivation and inspiration all the way since the beginning of my graduate studies. Finally, this thesis is dedicated to all those who believe in the richness of learning.

DECLARATION

I certify that this thesis submitted for the degree of Master in Health Policies and Management is the result of my own research, except where otherwise acknowledged, and this (or any part of the same) has not been submitted for a higher degree to any other university or institution.

Signed: …………………………..

Lina Elias Saadeh

Date: ……………………….

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ABSTRACT

Background: This research explores the knowledge, attitudes, and practices of the physicians on the right to health, at Primary Health Care Centers (HCCs)/Clinics, the Ministry of Health (MOH), the United Nations Relief Work Agency (UNRWA), and non- governmental organizations (NGOs) in the district of Ramallah/Al-Bireh in 2014. This study is the first to link physician's awareness of the right to quality access health care standards to their medical practices. It is hoped that this study will motivate further research in the area.

Methodology: A descriptive and cross-sectional study was conducted, and employed a survey-based interview. 55 licensed centers/clinics with a total of 107 registered physicians among the three sectors were approached. The survey had 56% response rate (60 respondents), 66% of who were male and 44% female. Two documents from the standards for this research: the International Covenant of Economic, Social, and Cultural Rights (ICESCR), and the Palestinian Patients' Rights Charter (PPRC), together, these documents elucidate the right to health. Data was collected by means of a unique questionnaire and face-to-face interviews to ensure quality

Findings: Demonstrated that the majority (83.3%) of the surveyed physicians had not reviewed ICESCR and (91.5%) the PPRC, while (80%) had not participated in activities related to the right to health. (66.7%) of physicians did not agree that the Palestinian health care system provides a sufficient number of medical professionals. UNRWA physicians, at a much higher rate (57.1%) had a neutral attitude that the existence of qualified medical providers than physicians of the MOH (17.2%) and in NGOs (33.3%). Nearly half of physicians (43.3%) did not agree that the Palestinian health care system ensures that the most vulnerable or marginalized groups take advantage of available health care. Results also showed that female physicians (30%-35%) did not agree that health facilities, goods, and services are acceptable compared to (5%-17%) of male physicians. (53.5%) of physicians indicated that the PPRC is complied with in the real Palestinian health situation by 40%-60%, while (35.7%) of those with experience of 10-14 years indicated less compliance than older physicians.

Conclusion: The health institutions and physicians should participate in more right to health awareness programs, to take the concepts from rhetoric to implementation and improve the Palestinian health care system's overall performance.

مدى المعرفة، والمواقف، والممارسات للاطباء حول الحق في الصحة ، في مراكز/ عيـادات الرعاية الصحية الأولية في كل من وزارة الصحة، والأونروا، والمنظمات غير الحكومية في محافظة رام الله والبيرة لعام 2014

إعداد الطالبة: لينا الياس سعادة

إشراف الدكتور: محمد شاهين

ملخص الدراسة

خلفية الدراسة : يهدف هذا البحث الى دراسة مدى المعرفة، والمواقف، والممارسات للاطباء حول الحق في الصحة، في مراكز/ عيادات الرعاية الصحية الأولية في كل من وزارة الصحة، والأونروا، والمنظمات غير الحكومية في محافظة رام الله والبيرة لعام 2014. وهي الدراسة الاولى من نوعها التي تربط العلاقة بين وعي الأطباء حول معايير الوصول إلى جودة الرعاية الصحية وممارسات الاطباء .ووهذه الدراسة تحفز إجراء مزيد من الابحاث في هذا المجال الهام .

المنهجية: الدراسة مستعرضة وصفية استهدفت خمسة وخمسون مركز/عيادة صحية مرخصة. واستخدم اسلوب المقابلات من خلال استبيان كمي. تم مقابلة (60) طبيب/ة من اصل (107) من القطاعات الثلاثة ، بمعدل استجابة (56%) اي 60 مشتركا،حيث توزعت بين الذكور (40%) والإناث (20%) . استخدم العهد الدولي للحقوق الثقافية الاقتصادية والاجتماعية، وميثاق حقوق المرضى الفلسطينيي كاطارين في صياغة الاسئلة، لارتباطهما بمعايير الحق في الصحة. تم جمع البيانات باستخدام استبيان للمرة الاولى، وتم مقابلة الاطباء وجها – لوجه لضمان الجودة، وللتقليل من نسبة التحيز المرغوبة اجتماعيا بين الاطباء، تم سؤال الاطباء عن اداءالنظام الصحي الفلسطيني واداء زملائهم.، وكما تم تسجيل ملاحظات نوعية.

النتائج: أظهرت النتائج أن غالبية الاطباء (83.3%) الذين شملتهم الدراسة لم يطلعوا على العهد الدولي الخاص بالحق في الصحة، و (91.5%) لم يطلعوا على ميثاق حقوق المرضى الفلسطيني، في حين أن (80%) لم يشاركوا في أ نشطة مرتبطة بالحق في الصحة . وان (66.7%) من الأطباء يرون أن النظام الصحي الفلسطيني لا يوفرعدد كاف من الكوادرالطبية والفنيين المدربين، حيث أن (57.1%) من اطباءالأونرو غير

متاكدين، بنسبة أعلى بكثيرمن الاطباء في وزارة الصحة بنسبة (17.5%) والمنظمات غير الحكومية (33.3 %) أن النظام الصحي الفلسطيني يوفر مقدمي خدمات طبية ومهنيين مؤهلين اكفاء. كما ان غالبية الأطبـــاء % (43.3) يرون أن النظام الصحي الفلسطيني لا يضمن للفئات الضعيفة والمهمشة، الاستفادة من خدمات الرعايـــة الصحية المقدمة. واظهرت النتائج ايضا أن الطبيبـــات(35%-30%) تـــرى ان المرافـــق الصـــحية والســـلع والخدمات ليست مقبولة مقارنة مع (17%-5%) من الأطباء الذكور .وأن (53.5%) من الاطبـــاء يقـــدرون مدى امتثال بنود ميثاق حقوق المرضى الفلسطيني إلى الوضع الصحي بنســـبة (40%-60%)، وان (35.7%) من ذوي الخبرة ما بين (14-10) عاما اعطوا تقدير اقل مقارنة مع زملائهم الاطباء ذوي الخبرة الاطول.

خلاصة: مشاركة المؤسسات الصحية والاطباء في برامج صحية توعوية تتناول موضوع الحق في الصـــحة من الخطابة الى التطبيق لتحسين اداء نظام الرعاية الصحية الفلسطيني .

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ABBREVIATIONS

AIDS: Acquired Immunodeficiency Syndrome

CESCR: Committee on Economic, Social, Cultural Rights

GO: Government Organization

GDP: Gross Domestic Product

GP: General Practitioner

HIV: Human Immunodeficiency Virus

HS: Health System

HCCs: Health Care Centers

ICESCR: International Covenant of Economic, Social, Cultural Rights

ICHR: The Independent Commission for Human Rights

MOH: Ministry Of Health

NGO: Non–Governmental Organization

PHR: Physicians for Human Rights

PSR: Physicians for Social Responsibility

PGS: Physicians for Global Survival

PNA: Palestinian National Authority

PPRC: Palestinian Patients' Rights Charter

RTH: Right to Health

UNRWA: United Nation Relief Work Agency

UDHR: Universal Declaration of Human Rights

WHO: World Health Organization

1. Chapter One: Background

1.1 Introduction: The right to health

A right is a universal entitlement based on dignity and integrity of all individuals. The right to access an equitable system of health protection constitutes one of the human rights [Rhona, MacDonald, R., et al., 2008]. Linking health to human rights in terms of interdependent and indivisible rights shows that realization of any one right depends on the realization of other rights [Gruskin, S., et al., 2005]. International treaties, regional charters, and national and local laws and policies all imply or link universal human rights to health. The World Health Organization (WHO) Constitution was the first international document to declare, in 1946 that "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being" [Gable, L., et al. 2013, p.18]. In 1948 the Universal Declaration of Human Rights (UDHR) stated that "Everyone has the right to a standard of living adequate for the health and wellbeing of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control" [Pass, D. 2006, p.5]. In addition to access to health care, the right to health also encompasses and intersects with other rights, such as freedom from discrimination, freedom of participation, and accountability. This concept was strongly codified in the International Covenant on Economic, Social and Cultural Rights [ICESCR, 1966], which states that there are four underlying standards that determine the level of realization of the right to health meaningful: availability, accessibility, acceptability, and quality of health care. A functional health system requires sufficient staff that is well-trained, gender sensitive, and motivated, with a focus on an appropriate

training for doctors with equitable distribution throughout the country [People's Movement, 2006]. Groups of physicians who work in and for the realization of human rights were established to work in global implementation of health- related provisions of the UDHR, ICESCR, and International Covenant on Civil and Political Rights (ICCPR). The 1978 Alma-Ata Declaration on Primary Health Care calls for urgent and effective national and international action from all health workers to develop and implement primary health care with international and local technical and financial support [Alma-Ata Declaration, 1978]. At the national level, physicians have an important role in drawing attention to violations of the right to health. While primary health care is the backbone of the health services delivered to the population, health care providers play a major role in creating easy access to health services. The frontline of health care provisions is composed of physicians at primary health care centers who contribute to improved health outcomes [Independent Commission for Human Rights, 2006, p. 13, 14]. In 1986, Physicians for Human Rights [PHR] was established, constituting the first formally-organized group of medical scientists, working in the United States to promote human rights worldwide. Since then, similar groups have emerged in countries including Denmark, India, Israel, the Palestinian Authority, South Africa, the United Kingdom [Gruskin, S., et al., 2005, 499]. PHR-Israel group for example, receives complaints from the Palestinian prisoners and their families about prison conditions to promote their right to health [WHO, 2012, 2].However, neither the secretariat of World Health Organization nor the member states have contributed as leadership in raising the right to health as a major concern [Human Rights Council, 2007, p.12, 14]. Currently, WHO set standards for countries for an effective health system, including that an adequate health workforce is one of the key factors in the "Six Building Blocks of a Health System" that contribute to realizing positive health outcomes [WHO, 2006]

The Palestinian National Authority's (PNA) mission since its establishment in 1994 to realize right to health has been to develop high-quality health care services that have accessibility, availability, and acceptability for all Palestinians. The PNA has focused on the availability of resources whether human resources (trained and skilled health personnel) and financial resources. The instability of the political situation due to the structural violence of the Israeli occupation, including periodic attacks and assaults, make it difficult for Palestinians to reach the highest attainable level of health, or even a minimum level [Abu Mughli, F., 2009]. The structural difficulties mean that (31%) of physicians intend to emigrate due to unrest or to pursue self-development [Jabbour, S., et al., 2011]. The PNA also faces inequalities in distributing health services and physicians between urban and rural areas at primary, secondary and tertiary levels. The low quality of primary health services and personnel is caused and realized in increases in medical errors, a weak complaints and adjudication system, a poor referral system, continuous professional health strikes, and a lack of medications or medical supplies in Ministry of Health hospitals and clinics [The Independent Commission for Human Rights,2006].

This descriptive cross-sectional study explores the extent of knowledge, attitudes, and practices among physicians who work at the primary health care centers of the right to health. It surveyed workers at Government Organizations (GOs/MOH), the United Nations Relief and Work Agency (UNRWA), and Non-Governmental Organizations (NGOs) in the Ramallah and Al-Bireh district. It will be helpful for policy makers, health institutions, medical training and ongoing education centers, and health professionals to improve their policies in order to ensure equity, justice and respect for people and communities using the right to health standard while responding to recommendations set in Palestinian national health strategic plans and health policies.

1.1.1 Socio-Demographics of Palestine

According to the Palestinian Health Information Center, the estimated total number of Palestinian people is (4,048,403) of which 50.8% are male and 49.2% are female [Palestinian Health Information Center, April 2011]. Life expectancy at birth for males is 71 years and for females is 73.9 years. The natural population growth rate is 2.7% per year in the West Bank and 3.3% per year in Gaza Strip. 73.8% of the population lives in urban areas. 29% of the population is under 15 years old, while 2.9% of the population is over 65. The total fertility rate is 3.8 in the West Bank and 4.9 in the Gaza Strip. The infant mortality rate per 1,000 live births is 18.8, while maternal mortality ratio per 100,000 live births is 28. The total expenditure on health care costs was 16% of GDP for the year 2011, with GDP per capita was $1,697 USD. Palestinians pay, on average, 39.8% out-of-pocket for total health expenditure [National Health Account, 2011-2012]. There are 2.720 families had Voluntary insurance, 61.245 had compulsory insurance, 7.310 had the insurance of workers in Israel, 29.203 had the group contracts insurance, and 11.931 had ministry of prisoners Affairs Insurance, 28.269 had Social Insurance in the West Bank and no data for Gaza Strip [MOH, 2013, p.242].The government spends more on secondary and tertiary health care than primary health care [National Health Account, 2010].

1.2 Research question

Physicians play an important role in shaping health practices that affect the health and well-being of their patients. Respecting, protecting and embracing the principles and rights of patients and beneficiaries can contribute to better health utilization and higher quality health care. To be able to integrate these principles and practices, there is a need to assess the extent to which physicians' knowledge; attitude and practices already

incorporate the right to health in order to create further education. However, there is currently no such data. The study will be able to answer the research question: **To what extent do physicians at primary health care centers in Palestine realize and practice the right to health?**

1.3 Justification for the study

Much in human rights literature points to the constructive and crucial role of health professional awareness to the right to health, specifically by transformation physicians' role from providers of health care to the patients to workers committed to acting to advance the right to health of the population as a whole [Calph, A., et al., 2009].To date, no studies about right to health approach in physicians' perspectives have been conducted in Palestine. The Palestinian National Health Strategic Plan 2011-2013, recommends focus on the development of health as a human resource as a core objective for quality of health care. It specifically endorsed "health as a fundamental right for each individual", but neglected the role of health care providers in realizing this, instead detailing only their administrative job specifications, while ignoring their role in advocacy to advance right to health [MOH, 2011-2013]. Therefore, more awareness and attention to this key role of health care providers is necessary in Palestine.

1.4 Objectives of the study

1.4.1 General objective

The aim of this study is to explore the knowledge, attitudes, and practices of physicians at Primary Health Care Centers towards the right to health in the Ramallah/Al-Bireh District

1.4.2 Specific objectives

1.4.2.1 To define the extent of physicians' knowledge of the right to health at MOH, UNRWA, and NGOs health care centers.

1.4.2.2 To compare physicians' attitudes toward the right to health within the Palestinian health system at MOH, UNRWA, and NGO health care centers.

1.5 Research questions:

This study answers the following research questions:

1. To what extent do physicians know about right to health among the three sectors?
2. To what extent do their attitudes show that the right to health approach is applied in primary health care provisions?
3. To what extent do the physicians believe that their practices comply with right to health standards?
4. What actions to be taken to raise awareness among physicians about right to health?

1.6 Study limitations

Lack of studies and literatures on this topic in Palestine make it difficult to compare results of this study. The limited information available on the topic was a constraint in the process, as it required the development of a new questionnaire that was used for the first time. The study population is a homogenous group population; provisions were implemented to minimize as much as possible the social desirability bias, by asking questions about their colleagues perspectives.

The survey had a (56%) response rate among the target population. This rate is considered high within such target group. It was difficult to arrange appointments with many physicians; at NGOs, most of physicians had private clinics. This made this sector

more difficult to reach, for if their patients called them to consult it made them more difficult to reach. This was reflected in the relatively higher numbers of non-response from NGOs. Some physicians refused to participate because they were not interested in the topic, whether because they considered controversial topic that may endanger them professional, or irrelevant to their medical practice. Physicians at Ministry of Health were on strike of the beginning of data collection (27/5/2014- 26/6/2014), which influenced the number of physician interviewed and the number of interviews conducted per day. Interviews therefore were to two interviews per day.

1.7 Definition

Right to Health: Health is a fundamental right that influences all aspects of life and is closely related to other human right. The right to health includes the availability, accessibility, acceptability and quality of health care. For example: People are ill cannot fully enjoy their right to education or participation. Lack of food and housing make it difficult to live in good health. [A people's health movement guide, October 2006].

Availability: The health facilities, goods, and services must be available in sufficient quantity.

Accessibility: The health facilities, goods, and services must be accessible, not only physically but they also must be free from discriminatory distribution and economic barriers, and information accessibility.

Non-discrimination: health facilities, goods and services must be accessible to all, on the grounds of race, color, sex, language, religion, political or other opinion, national or social origin, property, birth, physical or mental disability, health status (including HIV/AIDS), sexual orientation and civil, political, social or other status, especially the most vulnerable or marginalized sections of the population, in law and in fact, without

discrimination on any of the prohibited grounds [Committee on Economic, Social and Cultural Rights, 11 August 2000, p. 4, p. 6].

Physical accessibility: health facilities, goods and services must be within safe physical reach for all sections of the population, especially vulnerable or marginalized groups, such as ethnic minorities and indigenous populations, women, children, adolescents, older persons, persons with disabilities and persons with HIV/AIDS. [The Committee on Economic, Social and Cultural Rights, 11 August 2000, p. 4].

Economic accessibility (affordability): health facilities, goods and services must be affordable for all. Payment for health-care services, as well as services related to the underlying determinants of health, has to be based on the principle of equity [The Committee on Economic, Social and Cultural Rights, 11 August 2000, p. 4].

Information accessibility: The rights to seek receive and impart information and ideas concerning health issues to be treated confidentially [Committee on Economic, Social and Cultural Rights, 11 August 2000, p. 4].

Acceptability : All health facilities, goods, services must be respectful of medical ethics and culturally appropriate , be sensitive to gender and life cycle requirements as well as designed to respect confidentiality and improve health status of those concerned.

Quality of health care: Health facilities, goods, services must be scientifically and medically appropriate and of high quality [WHO, August 2009].

Physicians: Any medical doctor licensed to practice the medical profession in pursuance with the law [Palestinian Legislative Council, April 23, 2005].

Disadvantaged group: People see themselves as disadvantaged to the extent they are denied access to and use of the same tools found useful by the majority of society. These include autonomy, incentive, responsibility, self-respect, community support,

health, education, information, employment, capital, and responsive support systems [Mayor, Steven E., 2003, p.2].

Vulnerable groups: Children, pregnant women, elderly people, malnourished people, and people who are ill or immune compromised [www.who.int, 2014].

Primary Health care: The First contact and continuing comprehensive health care, including basic or initial diagnosis and treatment, health, supervision, management of chronic conditions and preventive health services [PCBS, 2012].

Equity: the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically [WHO, 2014]. Resources and services must be distributed and accessed according to people's needs. We get what we need and give what we can [National Economic Social Rights initiative, April 2014]

Health facility, goods, services: The underlying determinants of health, such as safe and potable drinking water and adequate sanitation facilities, hospitals, clinics and other health-related buildings, trained medical and professional personnel [The Committee on Economic, Social and Cultural Rights, 11 August 2000, p. 4].

Safe Drinking Water: Water piped into the dwelling or yard, a public tap, a tube, a well or borehole with pump, a protected well or spring or rainwater [PCBS, 2012, p.212].

1.8 Location of the study: Primary Health Care Centers/ Clinics

Primary health care is considered the cornerstone of health services. It is not only the majority of care that individuals receive, but also a means to promote and improve the well-being of the Palestinian people [MOH, 2012, p.6]. Palestine currently has 1.8 health care units and centers per 10.000 people [EMRO, 2011]. The Ministry of Health

is considered the main health provider, and operates 425 centers: 55 in Gaza, and 370 in the West Bank. UNRWA operates 53 centers: 18 in Gaza and 35 in the West Bank. Various NGOs operate 178 centers and clinics: 57 in Gaza and 121 in the West Bank [MOH, 2010].This study was performed at the primary health care centers/clinics at MOH, UNRWA, and NGOs from each of these groups (Annex III).

Primary health care centers are classified as the following:

Level I: A facility with one health worker or nurse that serves a population of 2.000 or less and provides preventive services including mother and child health care and immunization, curative services, and first aid. A general practitioner (GP) visits the facility once or twice a

Level II: A facility where a doctor, nurse, and midwife provide services to a population of 2.001-6.000. Provides preventive services including: mother and child care and immunization, curative services, and GP, medical care, and in some clinics a laboratory.

Level III: A facility which incorporates level II services well as specialized medical consultation, mainly for mother and children, for a population of 6.001-12.000. Level III also include laboratory and provides health education.

Level IV: A "comprehensive health care center" that serves more than 12.000 people, and provides more specialized services than those provided by a Level III facility. Level IV centers also provide medical consultations, psychological care, nutrition services, dental care and radiology services, which are mainly x-rays and ultrasounds [MOH, 2012, p.39: Palestinian Health Data Dictionary, 2005, p. 5].

1.9 Significance

This study constitutes a baseline study for further research into attitudes toward the right to health in Palestine. It is noted to assist policy makers, health institutions

administrators, medical trainers and ongoing educators, and health professionals themselves in providing quality health care and designing responsible policies that ensure equity, justice and respect in health care distribution and provision. It highlights the differences in perceptions of the right to health among different health care providers.

1.10 Study structure

Chapter I: has presented the background for this study. It includes the justification for the research, the problem the study addresses, its general and specific objectives, research questions, and significance.

Chapter 2: of this study presents a literature review, including the history of the right to health approach as a pillar of health policy design and physicians' roles in promoting or violating the population's right to health.

Chapter 3: details the conceptual framework of the right to health in diagrammatic form with a discussion.

Chapter 4: describes the study methodology; including the methods used, study design, sampling, research tools, and ethical considerations.

Chapters 5-6 present research findings, analysis and discussion of the results. Chapter 6 concludes with recommendations for improving health care provision as well as future studies

1.11 Conclusion:

This chapter has presented the reader with an overview of the development of the concept and implementation of the right to health in international treaties, declarations, national laws, policies and strategic health plans. It gave a socio-demographic profile of

Palestine, and a background on Palestine's four levels of primary health centers. It justified the necessity for this study as the first, whether on an international, regional or national level, on Palestinian health care providers' perceptions of the right to health. Finally, it presented the research problem, objectives and this paper's structure.

2. Chapter Two: Literature review

2.1 International framework

2.1.1 Overview of the right to health

The right to health is a crucial tool for the health sector to provide the best care for patients and to hold national governments, and the international community, to accountability for providing just, equitable, and sufficient health care to the population as a whole [MacDonald, R., et al, 2008]. It requires the state to achieve a core minimum obligation, which requires the active engagement of health professionals. However, the Committee on Economic, Social, and Cultural Rights (CESCR) has stressed that states have core minimum obligations, to realize the rights enshrined under the Covenant, which include the right to health. With respect to the right to health, the Committee has underlined that states must ensure:

- The right of access to health facilities, goods and services on a non-discriminatory basis, especially for vulnerable or marginalized groups;
- Access to the minimum essential food which is nutritionally adequate and safe;
- Access to shelter, housing and sanitation and an adequate supply of safe drinking water;
- The provision of essential drugs;
- Equitable distribution of all health facilities, goods and services [The Economic and Social Council, GC 14, 1966, p.13].

The enshrinement of the right to health in the ICESCR was not its first appearance in international charters and documents. Since its creation in 1948, the United Nations (UN) has shown increasing interest in the link between health and human rights. The

UN has consistently drawn attention to the rights of the most vulnerable people and societies, and the need to prevent discrimination in both law and practice.

The first worldwide public health strategy to explicitly engage human rights concerns took place in 1980s under the umbrella of the UN. A series of international conferences held by the United Nation began in the early 1990s, to ensure governments' obligations to health and human rights of their people, to learn the experiences of local, national, and international practitioners, advocates, and policy makers. In 1997, the UN Secretary General highlighted the promotion of human rights as a core activity of the UN, including moving health issues and human rights from rhetoric to implementation, action, and accountability [Gruskin, S., et al., 2007]. Other international conventions drew attention to this right, including; the Convention on the Elimination of All Forms of Discrimination against Women (1979), the Convention on the Rights of the Child (1989), the Millennium Development Goals (2000), the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (2001), and the Convention on the Rights of Persons with Disabilities (2006). Regional declarations reiterated the right to health, such as the African Charter on Human and Peoples' Rights (1981), and the European Social Charter (1961).

The UN General Assembly emphasized that featuring human rights in health provisions can be done through health care advocacy, legal standards, and public health programming, by inclusion in health professional acts, and/or by including human rights organizations in drafting legal standards as part of the provisions of national constitutions, through incorporation of rights into facility and strategic planning cycles, and through trainings by national health professional associations and national human rights institutions [UN General Assembly, 2007, p.12, 14].

The WHO Constitution states that health is

> "*The state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity"*, and "the *enjoyment of the highest attainable level of health is the fundamental right of every human being" [Office of the UN high Commissioner for Human Rights, 2008, p.1]. In 2000*

The United Nations Committee on Economic, Social and Cultural Rights adopted General Comment 14, which states that, in addition to access to health care, the right to health also includes underlying determinants of health, freedom from discrimination, participation, and accountability [The Economic, Social Council,2000, p.3]

2.1.2 Physicians' organizations promoting the right to health globally

Health professionals played a leading role in many countries as advocate of human rights protection, as members of international NGOs, and sometimes in health professionals associations. They contribute in advocacy campaigns around topics such as torture prevention, the death penalty, and illegal organ transplantation. They also play a crucial role by continuing to work in repressive regimes, and providing forensic evidence to courts of law [Asher, J., 2010]. Part of the full realization of the human rights to health approach is health professionals associations and other health organizations' respect of this right. An umbrella physicians' and lawyers' organization, Physicians for Global Survival, is a non-profit NGO that focuses on health and human rights issues. It assists in the global implementation of the health-related provisions of the Universal Declarations on Human Rights, and the international Covenant of Economic, Social, and Cultural Rights, and International Civil and Political Rights, focusing on health and human rights, and human experimentation [Physicians for

Global Survival. 2012]. Physician's groups who are among these organizations are as follows:

2.1.2.1 Physicians for Human Rights [PHR]

PHR [Physicians for Human Rights, 2011] is an independent organization which was founded in 1986 and uses medicine and science to stop mass atrocities and severe human rights violations against individuals. It was founded on the idea that health professionals, with their specialized skills, ethical duties, and credible voices, are uniquely positioned to stop human rights violations.

2.1.2.2 Physicians for Human Rights-Israel [PHR-I]

A non-profit, non-governmental organization founded in1986. It believes in the power of the Israeli medical community to struggle against human rights violations, especially torture, and support policies that ensure the active implementation of the right to health, in accordance with international human rights treaties, and the principles of medical ethics. In 1986, at the beginning of the first Intifada, the Israeli-Palestinian joint Physicians for Human Rights was founded to play a role against physicians' participation in the torture of the Palestinian detainees by failing to prevent report torture.

2.1.2.3 Physicians for Social Responsibilities [PSR]

It was founded by a group of physicians seeking a mass to end the nuclear arms race. They aimed to raise awareness among health communities to understand the effects of nuclear war on human life and the global biospheres, protecting against of toxic chemicals, and reversing global warming. They were awarded Nobel Peace Prize in 1985 for building public awareness and pressure to end the nuclear arms war.

2.1.2.4 Physicians for Global Survival [PGS]

A non-profit organization formed in 1980.It is the Canadian affiliate of International Physicians for the Prevention of Nuclear War (IPPNW). PGS promotes nonviolent means of conflict resolution and social justice in a sustainable world. IPPNW and PGS are committed to studying the root causes of armed conflict from a public health perspective and to educating others; both were awarded Nobel Peace Prize in 1985.

2.1.3 International Conventions focused on health professionals' roles and responsibilities

The government's commitment of the right to health that was shown in the Peoples' Movement Guide, which stressed as its most crucial item that a functioning health system requires sufficient staff that is well trained, gender sensitive and motivated accords to the ICESCR. General Comment 14 of Guide stipulates:

> *"States have to ensure the appropriate training of doctors and other medical personnel, the provision of a sufficient number of hospitals, clinics and other health –related facilities, and ... the establishment of institutions providing counseling and mental health services, with due regard to equitable distribution throughout the country"* [A People's Movement Guide, 2006,p. 9].

The Covenant on Economic, Social and Cultural Rights [CESCR] has stated that there are four underlying standards in which states must comply to make the right to health meaningful: availability, accessibility, acceptability, and quality of health care [Asher, J., 2010].

2.1.4 Physicians and the right to health in Practice

Paul Hunt, the UN Special Rapporteur on the right to health in 2002, outlined the progress of the health and human rights movement globally in a report. The report identifies two main obstacles: the failure of most non-governmental organizations to include right to health in their campaigning activities, and the failure of most health professionals to grasp the concept of the right to health [MacDonald, R., et al, 2008. p.14]. Health professionals must begin to appreciate that the right to health is more than rhetoric, but is in fact a tool that can be used to save lives and reduce suffering (Example: access of affordable health care) Hunt suggests that the extent of implementation of the right to health evaluated across all national and international policy making processes by implementing a system of indicators and benchmarks [Calph, A., et al, 2009].

2.1.4.1 Physicians' obligations in promoting the right to health

Health professionals should be involved in the formulation of national health-related legislation and policies, and in the designing of the national health-strategic plans in which they can emphasize health priorities by "reflecting fully the most pressing health concerns for equitable distribution of health resource" [Asher, J., 2010,p. 267].

Health professionals are responsible for monitoring the right to health in conjunction with the government. They are responsible for ensuring information and services are provided to the people and do not limit access to health-related information.

The state has an obligation to ensure those medical practitioners and other health professionals meet appropriate recognized standards of education, skill, and ethical codes of conduct, and are properly trained. Medical professions should comply with ethical and human rights requirements at the individual and institutional levels, in

conducting their relationships with the patients or relationships with other health practitioners. They have responsibilities to protect, respect and promote health rights. A crucial part of medical ethics respecting persons regardless of circumstances and at any time, on a non- discriminatory bases, and having respect for the dignity and integrity of patients or other persons their patients may consult, or as well as their colleague at work. Their position allows them to draw attention to hazards to the community authorities do not notice, such as; dumping of date –expired drugs, water pollution, bad sanitation, improper disposal of toxic wastes and other environmental infringements. They are responsible for promoting healthy life styles to their patients.

Health professionals should know that patients have the right to refuse proposed medical interventions, allow patients to consent to medical intervention after receiving the necessary information about a certain procedure or treatment, and should respect the patients' choice, while also protecting patients' core fundamental right to privacy. Health professionals must also advise patients who are under age (adolescent) and require parental consent. They must know that their primary obligation is to save life and to relieve pain and suffering, and to realize that for emergency purposes, immediate decisions and priorities should be taken to save life whether a person can or cannot pay for their services.

Finally, health professionals should respect each other at work and respect other colleagues. They are accountable for informing authorities about any inappropriate performance such as drug abuse or mental illness that might harm the patients or the fellow medical staff.

2.1.4.2 Physicians' risk of violating the right to health

Sometimes physicians face conflicts of interest from a number of angles. Physicians may commit human rights violations because of their concern for their own financial, professional and career interests. Physicians are at risk for disregarding ethical commitments, especially in societies where there is a general disrespect for human rights. Blocking the underserved and poor from equitable health care is an especially high risk [Calph, A. , et al, 2009].

In studies, physicians may prioritize developing scientific and medical knowledge and drugs at the expense of the rights of study participants. Furthermore, some physicians using professional skills to advance the interests of the states, rather than patient interests and that violate human right [Calph, A., et al, 2009].They play a crucial role as witnesses to the violation of the right to health by recording violations of the detainees' health rights to nutrition, good sanitation, treatment, and good living conditions [Asher, J., 2010].

Health professionals may face ethical conflicts that are based on cultural, religious or moralistic objections to certain treatments or medical intervention. As an extreme example, some family members may pressure health professionals to sterilize a woman suffering from severe mental health disability, as a mean to prevent her becoming pregnant as a result of sexual assault. Gaining ethical consent may be impossible in this situation [Asher, J., 2010].

Health professionals should not be involved in arrangements for commercial organ donor transplantation. They should not participate in medical research that does not conform with international guidelines especially in the developing countries where these guidelines are not enforced. [Asher, J., 2010]

Judith Asher concludes in her book that the right to health emphasizes the obstacles facing health professionals in cooperating to comply with the right to health. She recommends paying attention to the role of the existing laws, human rights treaties and ethical principles to change attitudes within the medical profession. She stresses the inadequate coverage given to the right to health in medical schools and in medical text books in teaching medical practitioners how to cope with potential ethical conflicts [Asher, J., 2010]

2.2 Local context

2.2.1 Physicians and the right to health in Palestine

The health sector in Palestine has been greatly affected by constant siege and closures due to the Israeli military operations in the West Bank and Gaza Strip. As a consequence, deteriorating economic and social conditions have affected the implementation of right to health standards in the Palestinian Territories, which has deteriorated to the point that it disregards international human rights and humanitarian law. Palestinians have suffered from lack of access to basic services, especially the medical services. Violations to Palestinians' health-related rights have increased as freedom of movement has been limited by Israel's construction of the separation wall and the building or enlargement of Israeli settlements [Stefanini, A., et al., 2004].

As the Palestinian National Authority (PNA) has committed to the Universal Declarations of Human Rights (UDHR) and to the World Health Organization (WHO) Constitution, the right to health has become obligatory as part of all Palestinian laws and policies, including; the Public Health Law, and the Health Insurance Law [Independent Commission for Human Rights, 2006].High-quality health care service delivery has been reaffirmed in various legal documents, including the Basic Law, the

Public Health Law, the Palestinian Charter for patients' rights, and Palestinian National Strategic Health Plans.

In 1994, the PNA took responsibility for the health sector, which had been fragmented under Israeli occupation. As a result, the PNA has adopted a Strategic Health Plan to rehabilitate the Palestinian health sector. This plan was composed from 1994-1998 to form a supportive health system offering quality services, the development of the medical and professional community, and coordination between governmental health care, the private sector, NGOs, and UNRWA [The Independent Commission for Human Right, 2008]. In 1999-2003, the Second Strategic Health Plan was developed to deal in part with emergencies in health care delivery, due to the second intifada which began in 2000. It also responded to a call for capacity building of health professionals as the back bone of the health sector [The Independent commission for Human Right, 2008**].** In 2006, the health care system was established to focus on the primary health care services, health insurance system, the referral system, reimbursement system, and donor cooperation. The Government Development Plan 2008-2010 was presented to the international donors at the Paris Conference, and aimed at improving the health services through the support of foreign financial aid to improve accessibility, availability, acceptability, and quality of the health services and facilities for Palestinians. However, the Palestinian health sector since its establishment in 1995 to 2006 has faced a number of health– related challenges such as, a lack of medical professionals [Independent Commission for Human Rights, 2006]. For example, 31% of physicians currently intended to emigrate due to unrest or to pursue self-development [Jabbour, S., et.al.2012]. The government hires administrative employees at the expense of physicians and/or specialties, which affects the quality of the health services delivered. There is a clear inequity in distribution of the health services and physicians between

urban and rural areas and between primary, secondary and tertiary health care services [Independent Commission for Human Rights, 2006].

A series of books reported case studies in 2010, have been presented by a Lebanese researcher about the suffering of the Palestinian children under the Israeli occupation; this book showed the violated rights of children that had been deteriorated through the Israeli occupation siege which prohibited the medical team to access their clinics, that led to lack of treatment, and nutrition with no regular checks for children. On the other hand, the Israeli occupation was killing children in purpose or arrested them, without receiving medical treatment and with insufficient food, and lack of hygiene [Itani, M., et.al. 2010]

Another study had been conducted in 2009, which aimed to present the violation of the right to health for the West Bank and east Jerusalem residencies. The study showed the extent of people accessibility to the health care under the Israeli restrictions and siege. It was implemented in eight areas, and showed that the siege created obstacles of which doctors or midwives were not able to reach the clinics, in turns impeded the accessibility of people to the health services [WHO, August 2009].

Where the two studies highlighted the point of the actions that should had been taken by Physicians for human rights- Israel to protect children or the Palestinians rights.

Moreover, a series of reports on medical errors were reported by the Independent Commission for Human Rights 2012. The reports showed that the number of filing a complaint of a medical error, increased gradually from 10 cases in 2008 to 26 case in 2011, while the Palestinian Ministry of Health presented that there was not a reporting system for the medical errors, which make it difficult to deal with the people's complaint. The reports recommended for prompt actions to be taken in establishing a reporting system. The importance of spreading awareness on the patients' rights and the

commitment to the medical ethics, among the medical and the health professionals, also encourage the physicians to file any medical errors. Finally, the report pointed to find the balance between the physicians' rights and the peoples' rights and whom affected of a medical error [ICHR, 2012, p.32, 45]

2.2.2 The Palestinian Constitution

The Palestinian Legislative Council has controlled the drafting process of the constitution to produce the basic Law that was formulated as a draft in 1997, and approved in 2002. The Basic Law includes modern constitutional regulations and norms, whether in relation to rights and public and personal liberates that achieve justice and equality for all without any discrimination, or in relation to the rule of law and a balance of powers and clear lines separating jurisdictions in a manner that achieves independence and integrity for the sake of higher national interests. Chapter two on public rights and freedoms in the Palestinian Constitution codified articles related to human rights and health care, but had no direct focus on right to health [Brown, N., 2003]. Neither the Basic Law nor the Civil Law has drawn direct attention to the fact that the enjoyment of the highest attainable level of health is the fundamental right of every human being.

2.2.3 Public Health Law

The Public Health Law was approved in 2004 by the Legislative Council. The Ministry of Health is the only monitoring body for the implementation of this Law. In article [2] of the Law, the Ministry of Health is tasked, with coordination with other concerned institutions, with performing providing governmental preventive, diagnostic, curative, and rehabilitative health services, licensing and monitoring provisions for the medical

and auxiliary professions, pharmaceutical companies and laboratories for quality assurance of drugs, safety of food, regular inspection of safe drinking water, environmental health protection procedures, and monitoring citizens' health status by studying related indicators and data, giving approval for any businesses related to health under the standard level, and providing health insurance to citizens [Public Health Law, 2005].

2.2.4 Palestinian National Health Strategic Plan, 2011-2013

The vision of the Palestinian health sector as a whole is to ensure the right to health for all the population, to provide high quality health care services based on equality, non discrimination against the disadvantaged, vulnerable people, those affected by the separation wall and the poor, including the Jerusalemites and Gaza Strip who have been under Israeli siege for years. High attention must be paid in this high-risk environment, to achieve the goals to comply with the right to health. The main areas to develop are defined as: health human resource development; continuing education, capacity building and strong advocacy to the right to health [Palestinian National Health Strategic Plan, 2011-2013].

2.2.5 The National Strategic Health Plan for Women's Health and Reproductive Health (2011-2013)

The ill-conception and overlap with other strategies inherent in this plan has already been shown. This strategic plan attempted to transform traditional perceptions of obstetric services from focusing on infants to greater focus on reproductive health services for women which medical providers might not be aware of that for some reason [National Strategic Health Plan draft, 2011-2013].

2.2.6 The Cross-Sectoral National Strategic Plan against Gender-Based Violence (2011-2015)

This strategy adapted by the Ministry of Women's Affairs in collaboration with the Ministry of Health-General Directorate of Women's Health, this plan calls for trained health professionals to report violations of women's safety in all its forms, to protect women against violence [National Strategic Health Plan draft, 2011-2013].

2.2.7 The Palestinian Patients' Rights Charter (1995)

Endorsed by the Higher Palestinian Medical Council and prepared by number of medical and health professionals, this manual is intended to be used as a guiding reference on patient's rights and in awareness-raising among health professionals, patients/clients, and the greater community. This manual recognizes the patient's rights to be respected, protected, and access quality, available, affordable, and accessible health services regardless of race, gender, religious, disability, and ethnicity.

2.2.8 Physicians in Palestine:

The total number of physicians per 10.000 people in Palestine - meaning the West Bank and Gaza Strip - is 20.8 [EMRO Database, 2011]. The number of male physicians is 6.141 (West Bank: 2.916: Gaza Strip: 3.225), while there are only 970 to female physicians (579 West Bank: Gaza Strip: 391) [PCBS, 2012, p.99].Registered physicians belong to the Palestinian Medical Association [Palestinian Medical Association, 2010], which was founded in 1954, under Jordanian law. The Association was established for:

Cooperation with the Ministry of Health with all institutions, and relevant bodies to raise the level of health and provides the best possible medical services to citizen. Raising, organizing, and protecting the medical profession, protect the rights and

dignity of doctors, maintain the ethics of profession, secure a decent life for the doctors and their families in case of destitution and old age, communicate with the doctors outside the country and with Foreign and Arab medical institution, seeking to regulate the medical profession and improve doctors socially, scientifically, professionally, and economically serving the society, country and nation[Palestinian Medical Association, 2010].

2.2.9 Palestinian Medical Constitution:

The constitution consists of seven chapters. It aims to present the physicians' code of conduct and the profession medical ethics. The first chapter expresses the characteristics of human medicine: respecting the personal humanity in all circumstances, caring not to neglect the targeted patient's absolute best interest, and receiving the consent of the patient, or guardian if a minor or unconscious. It is not permitted to end the life of a patient infected with an incurable disease except the case of brain death, and must be done by means that have received scientific approval by the union.

The second chapter tackles the physicians' public code of conduct: it prohibits a physician from exploits his/her position administratively, politically or socially for professional purposes and or to increase his patients' number, exploiting his job for the financial gain from patients. It is not permitted to practice medicine in places that are not professionally equipped according to health centers specifications be determined by the medical association board. Physicians are not permitted to resort to methods of fraud, promote diagnosis or treatment that is unproven scientifically. They should not use their personal publicity in a way that offends the profession, or establish relations based on brokerage or to reward medical colleagues or medical institutions or

institutions providing medical professionals. They are not allowed to sell medical samples, whether a patient or to any person or institution.

The third chapter addresses physicians' conduct towards the patients: physicians should consider that patients have the right to choose their physician, and must consider what to prescribe with respect to a patient's financial condition. In regard to emergency cases, physicians have the right to refuse treating patients for personal or professional reasons, as long as this that does not affect the patients' health, and must provide necessary information to find other medical treatment. Physicians should act objectively when relaying reliable and accurate information when writing reports requested from patients. In case of any medical error that causes to death, physicians should inform the interested authority upon this event and are not allowed to write a death certificate without this notification. They should inform the health institutions of any cases of communicable diseases that cause public health concerns. Physicians are prohibited from including abortion under any circumstances the life of the mother is at risk.

The fourth chapter addresses confidentiality and states that physicians should respect confidentiality of patients or beneficiaries and not provide information to any body without the patient's informed consent, or when necessary to preserve the security of community health. Physicians may testify as an expert medical doctor on a patient's medical condition if commanded by a written request from the judiciary, incases specified by law, such as infectious diseases and reporting of births and deaths, and in the case of some industrial diseases which affect public health, for the purposes of scientific and medical research without mentioning the names and personal details, or during judicial proceedings or medical proceedings [Medical Associate Law, 1973]

2.3 Conclusion:

This chapter gave an overview of the major challenge to any health system, which is availability of a strong, capable and motivated workforce to support its core functions and advance its goals in overall population health, equal access, and ensuring good quality of services. One of the challenges face the Arab world currently in developing human resource for health, is lack of a national human resource system, to assess strategic planning, ensure good management, set policies, establish leadership and partner with other sectors [Jabbour, S.,et.al ,2012,p. 396]

3. Chapter Three: Theoretical and conceptual framework

3.1 Introduction

Both the International Covenant on Economic, Social and Cultural Rights-1966, and the Palestinian Patients' Rights Charter, stress the importance of the role of the health professionals, physicians in particular, in the realization of the right to health.

3.2 Conceptual framework:

However, through the ICESCR 1966, a new approach to the right to health was developed that includes indicators to make this right measurable: availability, accessibility, acceptability, and quality of health facilities, goods and services. Therefore, physicians' perspectives on these indicators were measured in this study. Physicians have a direct impact on promoting, protecting, respecting and/or violating the right to health and hence, good outcomes cannot be achieved without exercising the Patients' Rights in health situations laid out in the Palestinian Patients' Rights Charter. Linking the ICESCR with the Palestinian Patients' Rights Charter as a local document, would contribute to better responsiveness to the right to health. Physicians' practices can be regulated by means of accepted ethical and human rights standards. The Code of Conduct and guidance issued by national and international health professional associations should conform to international standards and principles that govern the right to health **[Asher**, J., 2010, p. 82]. The conceptualization of health and human suffering regard for human rights makes health practitioners both willing and unwilling participant in human rights violations, especially when such violation serve the interests of individual practitioners and may sustain the interests of the state and other actors [Gruskin, S., et al., 2005]. Making human rights to an explicit part of health standards

through the states policies and national laws has not been achieved in all countries. WHO often shies away from a rights-based approach to health [International-Lawyers, May, 2013]. Additionally, values and beliefs (attitudes) and practices of physicians in the Palestinian context reflect the physicians' perspective regarding respect of Patient, beneficiary, and community rights in conformity with professional codes. (See Figure 2)

3.3 Conceptual diagram

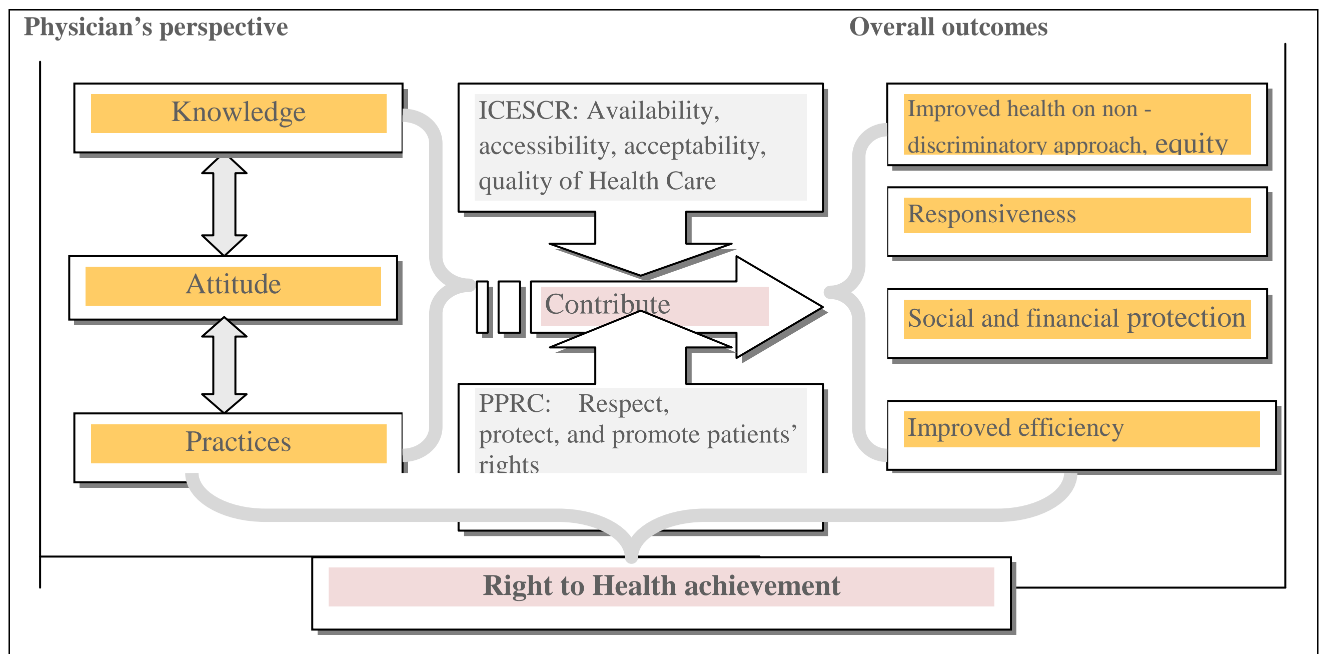

Figure 1: Physicians contribute in achieving "right to health"

3.4 Theoretical framework:

Historically, human rights have not been among the specific concerns of health curricula, and the traditional concept of medical ethics relates primarily to the doctor-patient relationship and treatment of disease without analysis of societal issues surrounding the patient, his/her community or political, cultural or economic environment [Gruskin, S., et al., 2005]. David Weiss tub and Guillermo claim that the three principles of dignity, integrity and vulnerability in the legal and medical systems

must be recognized in any state policies with respect to the diversity of cultures, and to guarantees that human rights; including social rights and health rights of the individuals, are realized [Weiss tub, D., et al., p.76, 78].

The WHO Six Building Blocks for the Health System express many factors that affect health over all outcomes, one of which is the health workforce (See Figure1). Achieving the rights to health requires investment in resources, and health professionals and the civil society are important because they gain information about what is happening at the community level. Therefore, gaining knowledge means giving the basic information about the right to health that is linked directly with human rights which turn legal language of human rights instruments into policies and programs that can address national health system to provide more efficient and effective health care [Asher, J., 2010.p.8].

Figure 1: the six Building Blocks of a health system Source: WHO Health System Strengthening Strategy 2007

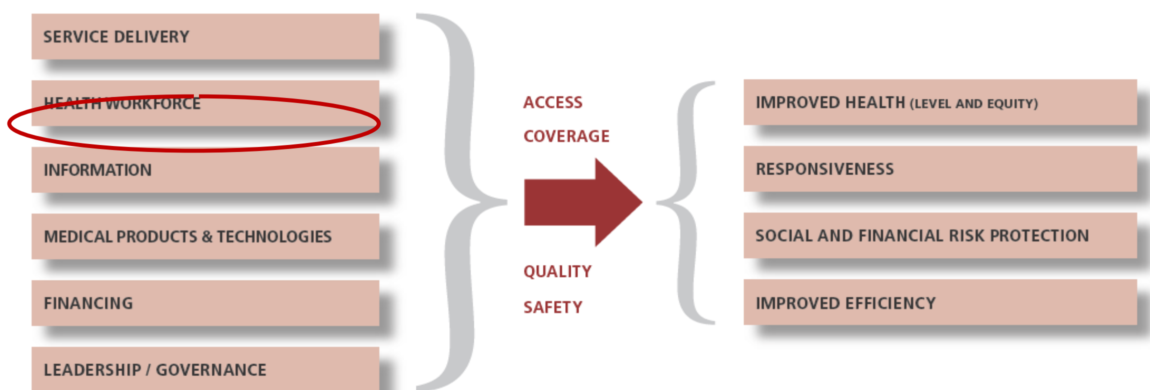

Figure 2: the Six Building Blocks of a health system Source: WHO Health System Strengthening Strategy 2007

3.5 Conclusion:

This chapter conceptualizes the right to health by associating physicians' knowledge and attitude towards compliance with ICESCR and PPRC wealth system in order to realize the right to health.

4. Chapter Four: Research methodology

4.1 Introduction:

In order to explore the physicians' perspective to the right to health, the study assessed the physicians' knowledge, attitude, and practices about the right to health. The study applied the following steps:

4.2 Literature review

A peer-reviewed literature was used to construct the conceptual framework operational frame work to measure the study objectives. Palestinian local health documents, such as the Palestinian Constitution, National Strategic Health Plans, the Cross-Sectoral Strategic Plan Against Gender-Based Violence, and local human rights organization documents were also examined. International literature was used to gain perspective on the implications of the right to health and the knowledge, attitudes, and practices of the health professionals. International treaties on the right to health and human rights were identified.

4.3 Research design

A descriptive cross-sectional study was used to meet the goal of this study. It was adapted for four reasons: First; to describe the study population frequency of knowledge, attitude and practices at a defined period of time. Second; because it is not expensive. Third; less effort was paid by one researcher. Fourth; the study population was selected based on census approach targeting the whole population. This study was performed at primary health care centers, including those of the government, UNRWA, NGOs, between 9thSeptember, 2013 - 3rd August, 2014. The Ministry of Health Annual

Report (2010 and 2013) were also used as a source of information, in addition to the UNRWA human resource department and NGO human resource department the source of data on the exact number of licensed primary health care centers.

4.4 Study population

The study population included the physicians who work at the primary health care centers. Health care facilities were divided into clusters according to primary health care services and type of organization. The target population was licensed primary health care centers and physicians who work at these centers at the time of the interview.

4.5 Sample Selection Methodology

This study intended to interview all physicians working at (55) primary health care centers in the district of Ramallah at MOH, UNRWA, and NGOs. No random sample was selected for this study; a census approach was adopted during the interviewing process. Since the study adopted the census approach, there is no need to calculate the sampling error in the obtained percentages across the various indicators. When examining the differences in the values of the survey indicators across the segments, one should take into consideration “practical significance” rather than “statistical significance”, since no hypothesis was being tested.

4.6 Inclusion criteria

4.6.1 Registered physicians who work at primary health care centers managed by the government, NGOs and UNRWA in Ramallah /Al-Bireh District

4.6.2 Physicians employed full-time, part-time, or by contract

4.6.3 Licensed Primary Health Care Centers at all levels in Ramallah district

4.7 Exclusion criteria

4.7.1 Secondary and tertiary levels of specialized centers

4.7.2 Laboratory technicians, x-ray specialties, nurses, health workers, administrative employees, medical students, medical volunteers, sub-specialties.

4.7.3 Mobile clinics

4.7.4 Private health care centers and physicians

4.8 Study population size:

Table1.1: Study population of Primary Health Care Centers/Clinics at MOH (GO), UNRWA, NGO

Facility	Number of primary health care centers	Required study pop. size
Ministry of Health	33	33
U NRWA	7	7
NGO	15	15
Total	55	55

4.9 Ethical considerations:

As the research topic concerned the right to health, a sensitive topic for physicians, no names or personal information were recorded or of relevance. Physicians were granted confidentiality and privacy and the right to refuse to be interviewed or withdraw or refuse to answer any question stated in the questionnaire. An approval letter was obtained from MOH, UNWRA and NGO to visit primary health care clinics. Physicians were offered a consent form, and they were free to refuse to participate. Ethical dangers were minimal

4.10 Pilot study:

A pilot study of 19 questionnaires was performed to check the feasibility and improve the survey design, as well as to test the validity of the questionnaire. The pilot was implemented at private clinics in Ramallah city. Physicians' feedback regarding language, content, structure, clarity and understandability of the questions was taken into consideration. As a result of the pilot study, a question regarding integrating human rights and patients' rights in the medical curricula was removed; two questions on training were moved to the first part of the survey. Minor modification was made to rephrase some statements in clarification. Thereafter, the questionnaire asked physicians about their attitude regarding the performance of their colleagues' practices on Palestinian Patient's Rights Charter to reduce social desirability bias. The pilot also highlighted one practical logistical difficulty, namely that more time than had originally been anticipated was needed for the completion of the questionnaire. The most significant results showed that there were differences among male physicians (44.4%) and female physicians (60%) who agreed that the Palestinian health system provides sufficient and trained medical staff, while for the accessibility sections, results were significant that female (50%) agreed more than male (44.4%) about this issue, and the more experienced were less confident than those with the new experience, and good to mention here that the General practitioners were either disagreed(50%) or had neutral attitude(50%) about this issue, hence, this indicated that the private sector services are not accessible to the people, because of the high cost. When the physicians were asked about the acceptability of the health services in the health system, the results showed that female physicians and male physicians agreed almost at the same rate (40%- 44.4% respectively), the more experienced were less confident than the new experienced. Regarding the quality of the health services, the female physicians (50%) agreed

compared to male physicians (44.4%) that the services provided by the Palestinian health system are of good quality, the more experienced showed less confidence compared to the newly experienced.

4.11 Data Collection

This study used face-to-face interviews using a newly developed questionnaire tosolicit the views and practices of primary health care physicians. Data collection was conducted over three months. Each interview was completed in approximately 20 minutes. Names of physicians were not required to encourage more honest answers. Quality control in the field had been installed by the researcher for checking of completeness and quality of reporting responses at the same time after each interview. Field visits to clinics were limited where physicians serve at more than one clinic. A few interviews were conducted via phone, in which case the questionnaire was sent to the practitioner by e-mail just five minutes before the interview.

4.12 The questionnaire:

The questionnaire was read to the participants by the researcher. Interviews were performed in person and included further explanation to the participant, and to ensure consistency. The questionnaire consisted of two parts:

4.12.1 Socio-demographic data

Gender, age, marital status, place of residency, level of education, university, specialization, years of experience, type of organization, location of work, kind of contract, groups of patients seen, member ship in a physicians' group for human rights,

participation in right to health activities, type of organizations that conducted the activity.

4.12.2 Knowledge of right to health as a set forth in the WHO Charter, UDHR, and ICESCR

4.12.2.1 Knowledge and attitude of physicians towards ICESCR: information, values and beliefs regarding right to health among physicians within the Palestinian health system.

Section one- availability: five questions for knowledge and five questions for attitude.

Section two-accessibility: three knowledge questions and eight attitude questions.

Section three-acceptability: four knowledge questions and four attitude questions.

Section four- quality: five knowledge questions and five attitude questions.

4.12.2.2 Attitude of Palestinian physicians regarding their practices compliance with the Palestinian Patient's Rights Charter.

4.13 Operational definition:

4.13.1 Knowledge

In person interviews using a questionnaire as a measuring tool, to obtain scaled scores (Know: Know reasonably well: Know a little: Do not know).

4.13.2 Attitudes and Practices

Attitude is defined as physicians' values and beliefs of physicians at primary health care centers, reflecting physician's practices conducted to respect, protect, and promote

health. Scores were classified into a Likert's scale (Strongly agree: Agree: Neutral: Disagree: Do not know).

4.14 Statistical analysis

All items were coded and analyzed in SPSS statistical software version 16.0 which was used to calculate basic frequency and percentages breakdowns by physicians' gender, type of organization, and years of experience in association with variables knowledge, attitude and practices.

4.15 Validity and Reliability

In this research the validity of the survey instrument was confirmed through a thorough review by experts in area of human rights, health, and survey research. These practitioners made several amendments to the initial version.

4.16 Conclusion

This chapter described the methodology performed in this descriptive cross-sectional study to explore the physicians' knowledge, attitude and practices towards the right to health. The study population was physicians who work at primary health care centers managed by MOH, UNRWA, and NGOs. No random sample was used for this study; a census approach was adopted. A (56%) response rate was achieved. The limited availability of previous study data on the topic was a constraint in the process which required developing a newly questionnaire. In person interviewing was adopted to ensure quality control. The questions designed to ask about a physician perspective regarding their colleagues to minimize social desirability bias among respondents.

5. Chapter Five: Analysis and findings

5.1 Introduction

Quantitative analysis was used to measure specific items in the questionnaire, and qualitative data (reactions) from the physicians was recorded during each interview. Physicians who practice medicine at 55 MOH, UNRWA, and NGOs (three sectors) primary health care centers/clinics were interviewed on the right to health approach. The research was carried out in Ramallah/Al-Bireh District. The questionnaire as a quantitative method aimed to answering the study questions:

1. To what extent do the physicians know about right to health among the three sectors?
2. To what extent do their attitudes show that the right to health is applied in primary health care provisions?
3. To what extent do the physicians believe that their practices comply with right to health standards?
4. What actions to be taken to raise awareness among physicians about right to health?

Demographic data:

The study population was all physicians in 55 selected MOH, UNRWA, and NGO clinics, a total population size of 107 with a 56% response rate. All physicians were surveyed using a census approach for the interviewing process. The number of participants was 60, distributed as (29) Out of (63) MOH physicians responded, of which (22) managers or heads of units were excluded, for a (12) non-response rate, among whom (8) were either sick or off-duty, (3) refused, and (1) had retired at the time of the study. At UNRWA, the entire study population (7) was interviewed. From NGOs, (24) of surveyed physician out of (37) were interviewed distributed among

[Arab Health Center (6) and (9) non-response, Medical Relief Society(2), Red Crescent Society(1) and (1) non-response, Al-Zaka Health Center(4) and (1) non-response, Health Work Committee(8) and (1) non-response, Caritas Society(3) and (1) non response.

The population included 40 male (66.7% of sample) and 20 female physicians (33.3% of sample) (See Figure3).The majority (48.3%) of respondents worked at MOH facilities, versus at UNRWA (11.7%), and NGOs (40%)(See Figure 4).

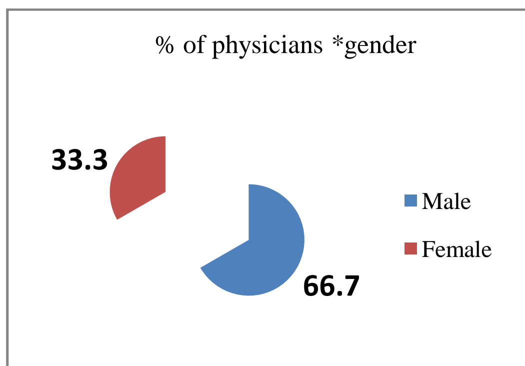

Figure 3. % of physicians* gender at PHC at MOH, UNRWA, NGOs

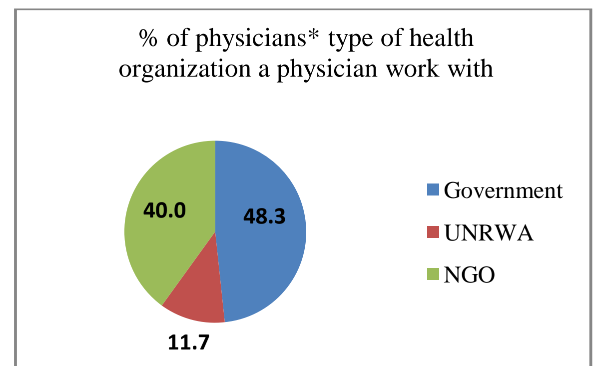

Figure 4. % of physicians * type of organization

(35%) percent of respondents were between 46-55 years of age. Most of participants (63.3%) resided in Ramallah/Al-Bireh, and a majority (65%) held a bachelors degree. (35%) had graduated from European universities.

(35%) had been practicing medicine for more than (20) years. (23%) had between (10-14 years) years of experience.

Most of the surveyed physician (76.7%) worked at primary health care centers, and (45%) were on fixed-term job contracts. (See table 5.1)

Table 5.1: Demographic characteristics of the study population

Variable	Count	%	Variable	Count	%
Age of physicians			**Marital status**		
25-35	16	26.7	Single	7	11.7
36-45	18	30.0	Married	49	81.7
46- 55	21	35.0	Engaged	2	3.3
56-65	5	8.3	divorced	2	3.3
Total	60	100.0		60	100.0
Residency of physicians			**Education level**		
Village	17	28.3	Bachelors	39	65.0
City	38	63.3	Masters	13	21.7
camp	5	8.3	PhD	8	13.3
Total	60	100.0		60	100.0
University of graduation			**Years of experience**		
Local	10	16.7	□ 5	8	13.3
Arab	11	18.3	5-9	9	15.0
Europe	21	35.0	10-14	14	23.3
Russia	16	26.7	15-20	8	13.3
Others	2	3.3	□ 20	21	35.0
Total	60	100.0		60	100.0
Location of work			**Type of contract**		
Primary Health Centers(Level IV)	46	76.7	Part time	9	15.0
Primary Health clinic(Level I,II,III)	14	23.3	Full time	21	35.0
			No contract	3	5.0
			Fixed-term job	27	45.0
Total	60	100.0		60	100.0

The majority (55%) of survey respondents were general practitioners. The survey also included dentists (10%), pediatricians (6.7%), and orthopedists (5%), while other specialties were (1.7%). (See Figure 5). Most of the surveyed physicians worked with all patients, who were distributed among women (95%), while among adolescents and adults percentage was equal (85%), and among children and elderly the percentage was equal (83.3%).

5.2: Physician participation in human rights organizations and activities

The majority of respondents (96.7% about 58 physician) did not belong to a human rights physicians' group. One UNRWA and one MOH physician belonged to such groups, where no one of NGOs physicians belonged to such groups, though all were male (Table 5.2).

Table 5.2: % physicians who belong to one of the Human Rights activist physician group * gender, type of university, type of organization

Item	Gender		Type of University					Type of Organization			Total
	M	F	Local	Arab	Europe	Russia	Others	MOH	UNRWA	NGO	%
Do you belong to a Human Rights activist physician group?											
Yes	5.0	0.0	0.0	0.0	4.8	6.3	0.0	3.4	14.3	0	3.3
Count	2	0	0	0	1	1	0	1	1	0	2
No	95.0	100.0	100.0	100.0	95.2	93.8	100.0	96.6	85.7	100.0	96.7
Count	38	20	10	11	20	15	2	28	6	24	58
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Count	40	20	10	11	21	16	2	29	7	24	60

While (40%) of respondents did not know about such groups (Table 5.3), knowledge was higher among MOH and NGOs (48.3% and 41.7% respectively). More male respondents were aware of such groups (37.5% unaware) as compared to female respondents (45% unaware).

Table 5.3: % physicians' knowledge about Human Rights activist physicians group by gender, type of university, type of organization

Item	Gender		Type of University					Type of Organization			Total
	M	F	Local	Arab	Europe	Russia	Others	MOH	UNRWA	NGO	%
Do you know about Human Rights activist physicians group?											
Yes	62.5	55.0	70.0	45.5	61.9	62.5	50.0	51.7	100	58.3	60.0
Count	25	11	7	5	13	10	1	15	7	14	36
No	37.5	45.0	30.0	54.5	38.1	37.5	50.0	48.3	0.0	41.7	40.0
Count	15	9	3	6	8	6	1	14	0	10	24
Total	100	100	100	100	100	100	100	100	100	100	100
Count	40	60	10	11	21	16	2	29	7	24	60

A majority of (72.2%, distributed among 66% from MOH, 85.7%from UNRWA, and 71.4% of NGOs of surveyed physicians recognized “Doctors without Borders” as a human rights activist group. A strong majority (80%) of respondents had not participated in activities related to the right to health (Table 5. 4).

Table 5.4: % of physicians participated in activities related to Right to Health* gender, type of university, type of organization

Item	Gender		Type of University					Type of Organization			Total
	M	F	Local	Arab	Europe	Russia	Others	MOH	UNRWA	NGO	%
Have you participated in activities related to Right to Health?											
Yes	25.0	10.0	20.0	0.0	38.1	12.5	0.0	10.3	28.6	29.2	20.0
count	10	2	2	0	8	2	0	3	2	7	12
No	75.0	90.0	80.0	100.0	61.9	87.5	100.0	89.7	71.4	70.8	80.0
count	30	18	8	11	13	14	2	26	5	17	48
Total	100	100	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
count	40	20	10	11	21	16	2	29	7	24	60

The percentage those who have not participated was significant among male (75%) compared to female (90%), among MOH (89.7%), UNRWA (71.4%), NGO (70.8%), among local graduates (80%), Arab graduates (100%), Europe graduates (61.9%), Russia graduates (87.5 %.).

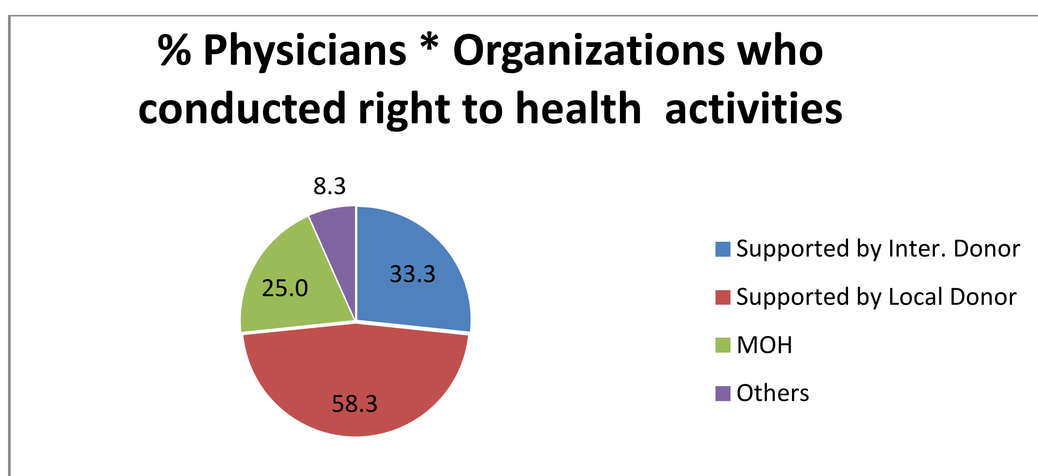

Figure 5 : % of physicians *Organizations who conducted the activity

A majority (58.3%, distributed among 66.7% from MOH, 0% from UNRWA; 71.4% from NGO) had attended activities provided by organizations supported by local donors, although UNRWA physicians had not. Activities conducted by Palestinian MOH were more commonly used by UNRWA physicians (50%) compared those from NGOs (28.6%). Others (8.3%) participated in activities provided by the Thalassemia Patients' Friends Society, via the E-Learning Webinar American Society, independently, or during work at the Germany Ministry of Health (See Figure 5).

(70%) of local university graduates, (45.5%) of Arab university graduates, 61.9% of European university graduates, (62.5%) of Russian university graduates, and (50%) of other university graduates were aware of human rights activist groups (Table 5). (20%) of local graduates had participated in right to health activities, while (38.1%) of graduates of European universities, (12.5%) of graduates of Russian universities, and no respondents who had graduated of Arab universities had participated in such activities (Table 5.5)

5.3 Respondent knowledge of clauses of the WHO Charter, UDHR, and ICESCR related to the right to health

The overwhelming majority of respondents (83.3%, distributed among 91.3% from MOH, 42.9% from UNRWA, and 83.3% from NGOs) had not reviewed international guidelines on the right to health. While (25%) of male respondents had reviewed such guidelines, no female respondents (0) had. (90%) of graduates of local and Arab universities had not reviewed the guidelines. (66.2%) of graduates of European universities had not read the guidelines, and (87.5%) (Table 5.5).

Table 5.5: % physicians who have reviewed the ICESCR * gender, type of university, type of organization

Item	Gender		Type of University					Type of Organization			Total
	M	F	Local	Arab	Europe	Russia	Others	MOH	UNRWA	NGO	%
Have you reviewed the International Covenant on Right to Health?											
Yes Count	25.0 10	0.0 0	10.0 1	9.1 1	23.8 5	12.5 2	50.0 1	6.9 2	57.1 4	16.7 4	16.7 10
No Count	75.0 30	100.0 20	90.0 9	90.0 10	76.2 16	87.5 14	50.0 1	93.1 27	42.9 3	83.3 20	83.3 50
Total Count	100. 0 40	100.0 20	100.0 10	100.0 11	100.0 21	100.0 16	100.0 2	100.0 29	100.0 7	100.0 24	100.0 60

A majority of respondents (60%, distributed among100% from MOH, 25% from UNRWA, and 75% from NGOs) obtained information from scientific journals or periodicals. (60%, distributed among 100% from MOH, 75% from UNRWA, and 50% from NGOs) obtained information about international guidelines from local training courses. An equal number obtained information from conferences and local workshops (50% and 50% respectively). Significant differences in conferences participation were shown between MOH (50%), UNRWA (75%), and NGOs (25%). An equal number of respondents from MOH, UNRWA, and NGOs (50%) participated in local workshops.

From among the (17.7%) of respondents who had reviewed the guidelines, (40%) of respondents found information from UN websites, distributed among (50% MOH and UNRWA, and 25% NGOs). (40%) of respondents obtained information on the guidelines during study were (40%), distributed among (GO and UNRWA50%, and NGOs 25%). (30%) had obtained information from abroad, distributed among (GO 5%, from UNRWA and NGOs 25%). (20%) were informed through radio and news media (NGO and UNRWA 25%).

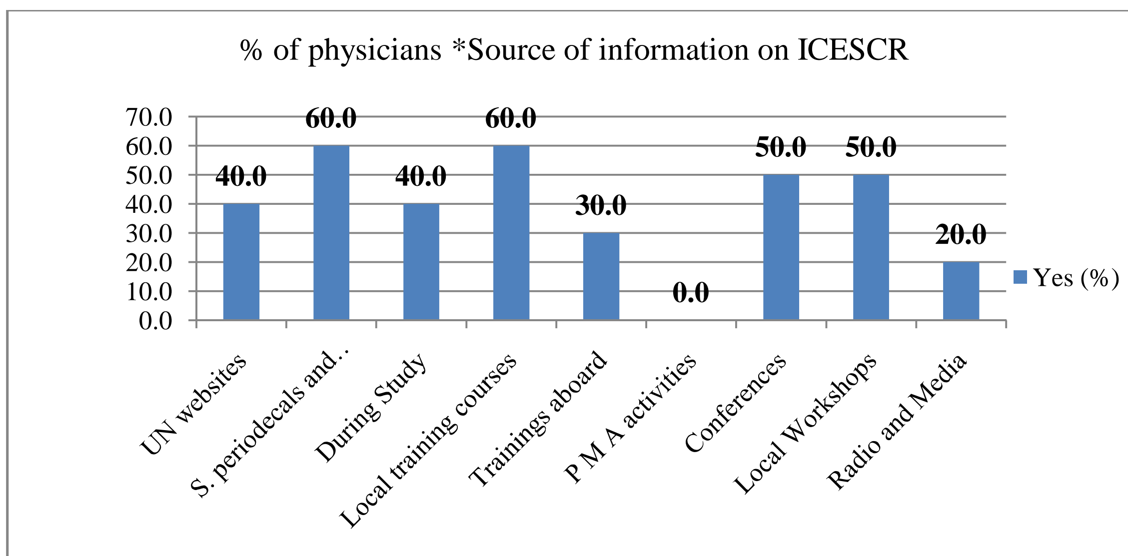

Figure 6 : Sources of information on the International Covenant on right to health

Regarding physicians' specific knowledge of international treaties on the right to health, a small minority (11.3%, distributed among 10.3% from MOH, 14.3% from UNRWA, and 12.5% from NGOs) were aware of ICESCR 1966 which states that "the access of health care including the underlying determinants of health, and freedom from discrimination, participation and accountability" [The Economic, Social Council,2000, p.3] Non-awareness among local graduates was (20%), not one of Arab graduates, Europe graduates (19%), and among Russia graduates (6.3%).

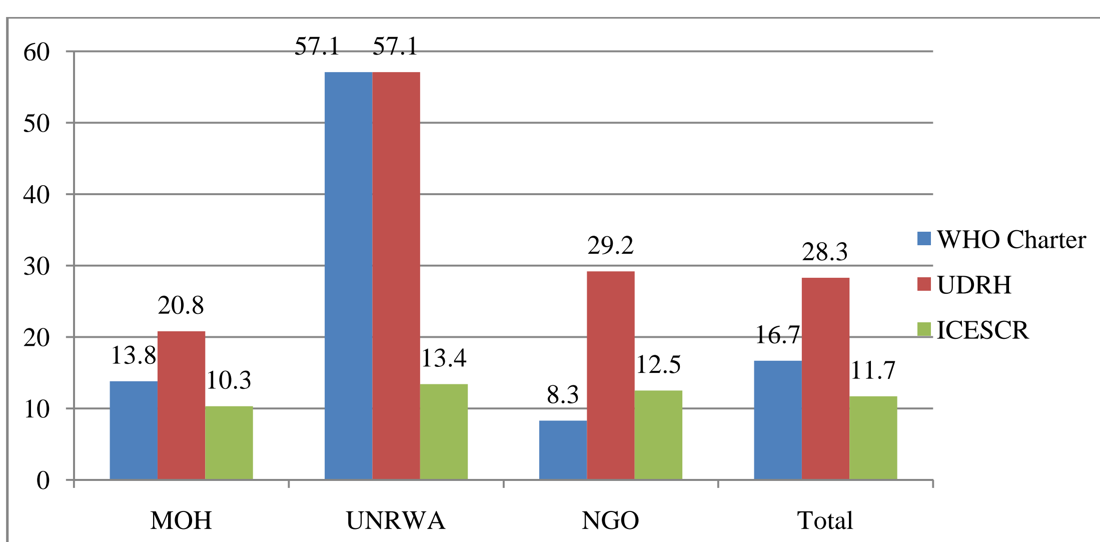

Figure 7: Percentage of physicians who are aware of the international treaties-

WHO,UDRH,ICESCR

(16.7%, distributed among 13.8% from,57.1% from UNRWA, and 8.3% from NGOs) of respondents were aware of the WHO 1947 Charter which states that right to health is "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being" [[Gable, L., et al. 2013, p.18], distributed among local graduates (20%), Arab graduates (9.1%), Europe graduates (19%), and Russia graduates (12.5%). (28.3%, distributed among 20.7% from MOH, 57.1% from UNRWA, and 29.2% from NGOs)were aware of the UDHR 1948 which states that "Everyone has the right to a standard of living adequate for the health and wellbeing of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control" [Pass,D.,2006,p.5].

5.4 Measurable standards on the "right to health" in the ICECSR

5.4.1 Availability:

Knowledge of availability items in the ICESCR:

(5) of respondents knew that "the necessity of providing adequate facilities, safe equipment and health supplies" is a requirement laid out in the ICESCR, while (7) of respondent were aware of "the necessity of providing a sufficient number of medical professionals and trained professionals", and (9) of respondents know about "the necessity of providing essential drugs for people", while (13) of respondents know about "about the necessity of the equitable distribution of services and facilities based on peoples' needs without discrimination" while (12) of respondents know about "the

necessity of providing services in case of medical care, emergency, accidents and crisis" (Annex, Table 5.6).

Attitude of surveyed physicians on whether Palestinian healthcare meets the availability requirements of the ICESCR:

A percent (36.7%, distributed among 41.4% from MOH, 57.1% from UNRWA, and 25% from NGOs) agreed that the Palestinian health care system is providing adequate facilities, safe equipment and health supplies compared to 41.7% of respondents disagreed (Table 5.6).

Table 5.6: % attitude among physicians on availability of adequate facilities, safe equipment and health supplies, type of organization

Item	Type of Organization			Total
	GO	UNRWA	NGO	%
Do you think that the Palestinian Health System provides adequate facilities, safe equipment and health supplies?				
Strongly Agree	0%	0%	4.2%	1.7%
Agree	41.4%	57.1%	25%	36.7%
Neutral	10.3%	0%	37.5%	20%
Disagree	48.3%	42.9%	33.3%	41.7%
Total	100%	100%	100%	100%

Regarding medical professionals' availability, a significant result showed that an overwhelmed majority (66.7%, distributed among 72.4% from, MOH, 85.7% from UNRWA, and54.2% from NGOs) disagreed that the Palestinian health care system is providing a sufficient number of medical professionals and trained professionals. (10%) of respondents did believe that the number of professionals were sufficient, and the rest had no opinion. A significant difference was shown among male respondents, among whom (65%) disagreed, as compared to female(70%), and based on years of experience, with □ 5 years (87.5%) disagreeing, 5-9 years(66.7%), 10-14years (78.6%), 15-20 years (50%), □ 20 years (57.1%) (Table 5.7).

Table 5.7.:% attitude among physicians on availability of sufficient number of medical cadre and trained professionals, type of organization

Item	Gender		Years of experience					Type of Organization			**Total %**
	M	F	<5	5-9	10-14	15-20	>20	MOH	UNRWA	NGO	
Do you think that the Palestinian Health System provides a sufficient number of medical cadre and trained professionals?											
Agree	10%	10%		11.1%		12.5%	19%	6.9%	0%	16.7%	10%
Neutral	22.5%	20%	12.5%	22.2%	21.4%	37.5%	19%	17.2%	14.3%	29.2%	21.7%
Disagree	65%	70%	87.5%	66.7%	78.6%	50%	57.1%	72.4%	85.7%	54.2%	66.7%
Do not know	2.5%	0%					4.8%	3.4%	0%	0%	1.7%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

While (50%) agreed that the Palestinian health care system is providing sufficient essential drugs for people compared to those who disagree (21.7%), this agreement was shown more among UNRWA respondents (28.6%) more than MOH (48.3%), and NGOs (58.3%). (Table5.8)

Table 5.8: % attitude among physicians on availability of essential drugs for patients * type of organization

Item	Type of Organization			Total %
	MOH	UNRWA	NGO	
Do you think that the Palestinian Health System provides essential drugs for patients?				
Strongly Agree	6.9%	14.3%	4.2%	6.7%
Agree	48.3%	28.6%	58.3%	50%
Neutral	20.7%	14.3%	25%	21.7%
Disagree	24.1%	42.9%	12.5%	21.7%
Total	100%	100%	100%	100%

While (43.3%) agreed that the Palestinian health care system is providing equitable distribution of services and facilities based on people’s needs without discrimination, as

compared to those who disagreed (26.7%), a significant difference was shown between (42.9%) of UNWRA respondents disagreed versus those from NGOs (29.2%) and MOH (20.7%) (Table 5.9).

Table 5.9: % attitude among physicians on availability of equitable distribution of services and facilities* type of organization

Item	Type of Organization			Total
	MOH	UNRWA	NGO	%
Do you think that the Palestinian Health System provides equitable distribution of services and facilities based on people's needs without discrimination?				
Strongly Agree	6.9%	0%	4.2%	5.0%
Agree	51.7%	42.9%	33.3%	43.3%
Neutral	20.7%	14.3%	29.2%	23.3%
Disagree	20.7	42.9%	29.2%	26.7%
Do not know	0%	0%	4.2%	1.7%
Total	100%	100%	100%	100%

A majority of (21.7%) of respondent agreed that the Palestinian health care system provides sufficient services in case of medical care, emergency, accidents and crisis compared to those who disagree(56.7%), mainly with agreement from UNRWA respondents (14.3%) more than MOH (16.1%), and NGOs (27.3%) (Table 5.10).

Table 5.10: % attitude among physicians on availability of services in case of, medical care, emergencies, accidents and crisis* type of organization

Item	Type of Organization			Total
	MOH	UNRWA	NGO	%
Do you think that the Palestinian Health System provides providing services in case of; medical care, emergencies, accidents, crisis?				
Strongly Agree	9.7%	0%	0%	5%
Agree	19.4%	14.3%	27.3%	21.7%
Neutral	16.1%	14.3%	18.2%	16.7%
Disagree	54.8%	71.4%	54.5%	56.7%
Total	100%	100%	100%	100%

5.4.2 Accessibility:

Knowledge of accessibility items in ICESCR:

(8) Of respondents knew that "everyone, especially the most vulnerable or marginalized sections of the population, enjoys the possibility to take advantage of facilities, goods, and health-related services" is an item in ICESCR. (7) were aware of the item "all sections of the population, especially the marginalized groups have safe and physical access to facilities, goods, and health-related services in terms of ability to pay". (5) Of respondents knew about the item "the necessity of accessing and dissemination to information and ideas concerning health issue" (Annex,Table 13).

Attitudes of the surveyed physicians on whether Palestinian healthcare meets the accessibility requirements of the ICESCR:

(23.3%, distributed among 31% from MOH, 28.6% from UNRWA, and 12.5% from NGOs) agreed that the Palestinian health care system ensures that "everyone, especially the most vulnerable or marginalized sections of the population, enjoys the possibility of taking advantage of facilities, goods, and health-related services" compared to those who disagreed (43.3%) (Annex, Table 5.11).

Table5.11: % attitude among physicians on accessibility on non- discrimination* type of organization

Item	Type of Organization			Total
	MOH	UNRWA	NGO	%
Do you think that the Palestinian Health System ensures that everyone enjoys, especially the most vulnerable sections of the population the possibility to take advantage of facilities, goods, health-related services?				
Strongly Agree	3.4%	14.3%	8.3%	6.7%
Agree	31.0%	28.6%	12.5%	23.3%
Neutral	24.1%	28.6%	25%	25%
Disagree	37.9%	28.6%	54.2%	43.3%
Do not know	3.4%	0%	0%	1.7%
Total	100%	100%	100%	100%

The percentages of respondents who agreed that the Palestinian health system enhances the most vulnerable group, to a safe and physical access to health facilities, goods and services in terms of ability to pay. Results were distributed among the following groups: for women a percentage (43.4%) of respondent agreed compared to those who disagree (28.3%), it was significant that (41.7%) of NGO respondents disagreed, versus (20.7%) of MOH respondents and (14.3%) of and UNRWA respondents (Table 5.12).

Table 5.12.: % attitude among physicians on accessibility on ability to pay* type of organization across women

Item	Type of Organization			Total
	MOH	UNRWA	NGO	%
Do you think that the Palestinian Health System enhances ***women*** to a safe and Physical access to facilities, goods and services related to health in terms of ability to pay				
Strongly Agree	10.3%	0%	4.2%	6.7%
Agree	44.8%	71.4%	33.3%	43.3%
Neutral	24.1%	14.3%	20.8%	21.7%
Disagree	20.7%	14.3%	41.7%	28.3%
Total	100%	100%	100%	100%

For **adolescents**, (41.7%) agreed compared to those who disagreed (28.3%), while (45.8%) of NGO respondents disagreed, versus (13.8%) of MOH respondents and (28.6%) of UNRWA respondents (Table 5.13).

Table 5.13: % attitude among physicians on accessibility on ability to pay by type of organization across adolescents

Item	Type of Organization			Total
	MOH	UNRWA	NGO	%
Do you think that the Palestinian Health System enhances ***adolescents*** to a safe and Physical access to facilities, goods and services related to health in terms of ability to pay				
Strongly Agree	3.4%	0%	0%	1.7%
Agree	48.3%	57.1%	29.2%	41.7%
Neutral	27.6%	14.3%	20.8%	23.3%
Disagree	13.8%	28.6%	45.8%	28.3%
Do not know	3.4%	0%	4.2%	3.3%
99	3.4%	0%	0%	1.7%
Total	100%	100%	100%	100%

For **mothers and their children,** (50%) agreed compared to those who disagreed (20%), (29.2%) of NGO respondents disagreed, versus (10.3%) of MOH respondents and (28.6%) of and UNRWA respondents (Table 5.14).

Table 5.14:% attitude among physicians on accessibility on ability to pay* type of organization across Mother and Child

Item	Type of Organization			Total
	MOH	UNRWA	NGO	%
Do you think that the Palestinian Health System enhances ***mother and their children*** to a safe and Physical access to facilities, goods and *services* related to health in terms of ability to pay				
Strongly Agree	10.3%	0%	12.5%	10%
Agree	65.5%	57.1%	29.2%	50%
Neutral	10.3%	14.3%	29.2%	18.3%
Disagree	10.3%	28.6%	29.2%	20%
99	3.4%	0%	0%	1.7%
Total	100%	100%	100%	100%

For the elderly, (38.3%, distributed among 44.8% from MOH, 57.1% from UNRWA, and 25% from NGOs) agreed compared to those who disagreed (41.7%) (Table 5.15).

Table 5.15: % attitude among physicians on accessibility on ability to pay* type of organization across elderly

Item	Type of Organization			Total %
	MOH	UNRWA	NGO	
Do you think that the Palestinian Health System enhances ***the elderly*** to a safe and Physical access to facilities, goods and services related to health in terms of ability to pay				
Strongly Agree	3.4%	0%	4.2%	3.3%
Agree	44.8%	57.1%	25%	38.3%
Neutral	20.7%	0%	16.7%	16.7%
Disagree	31%	42.9%	54.2%	41.7%
Total	100%	100%	100%	100%

For the disabled, (13.3%, distributed among 17.2% from MOH, 14.3% from UNRWA, and 8.3% from NGOs) agreed compared to those who disagreed (55%), it was significant among who those who believes that financial accessibility is not provided by a percentage ranged 54%-57% among the three sectors. (Table 5.16).

Table 5.16: % attitude among physicians on accessibility on ability to pay* type of organization across disabled

Item	Type of Organization			Total
	MOH	UNRWA	NGO	%
Do you think that the Palestinian Health System enhances ***the disabled*** to a safe and Physical access to facilities, goods and services related to health in terms of ability to pay				
Agree	17.2%	14.3%	8.3%	13.3%
Neutral	20.7%	28.6%	25%	23.3%
Disagree	55.2%	57.1%	54.2%	55%
Do not know	6.9%	0%	12.5%	8.3%
Total	100%	100%	100%	100%

For **HIV/AIDS infected persons, (**21.7%) of respondents agreed and the same among who disagreed of all sectors respondents, but significant differences was shown from UNRWA respondents (42.9% disagreed and 14.3% did not know) and also (41.7%) of NGOs respondents did not know if this group can access the health care (Table 5.17).

Table 5.17: % attitude among physicians on accessibility on ability to pay*type of organization across HIV/AIDS infected persons

Item	Type of Organization			Total
	MOH	UNRWA	NGO	%
Do you think that the Palestinian Health System enhances ***HIV/AIDS infected persons*** to a safe and Physical access to facilities, goods and services related to health in terms of ability to pay				
Strongly Agree	10.3%	0%	0%	5%
Agree	34.5%	28.6%	4.2%	21.7%
Neutral	13.8%	14.3%	33.3%	21.7%
Disagree	17.2%	42.9%	20.8%	21.7%
Do not know	24.1%	14.3%	41.7%	30%
Total	100%	100%	100%	100%

A percentage (43.3%, distributed among 41.4% from MOH, 85.7% from UNRWA, and 33.3% from NGOs) agreed that the Palestinian health care system ensures accessible

and disseminated information and ideas concerning health to the population compared to those who disagreed (33.3%), at the time 41.7% of NGOs respondents did not agreed (Table 5.18).

Table 5.18: % attitude among physicians on accessibility information * type of organization

Item	Type of Organization			Total %
	MOH	UNRWA	NGO	
Do you think that the Palestinian Health System ensures accessing and dissemination of information and ideas concerning health issues?				
Strongly Agree	6.9%	0%	0%	3.3%
Agree	41.4%	85.7%	33.3%	43.3%
Neutral	13.8%	0%	16.7%	13.3%
Disagree	31%	14.3%	41.7%	33.3%
Do not know	6.9%	0%	8.3%	6.7%
Total	100%	100%	100%	100%

5.4.3Acceptability:

Knowledge of acceptability items in ICESCR:

(23) Of respondents knew about "the necessity to handle personal health data confidentially", while (19) of respondents knew about "the necessity of taking medical ethics into account in all health facilities, goods, and health related services". (10) Of respondents knew about "the necessity of facilities, goods, and health-related services are culturally appropriate and gender sensitive". (17) Of respondent knew about "the necessity to respect other's minorities, people and communities culture" (Annex, Table 22).

Attitudes of the surveyed physicians on whether Palestinian healthcare meets the acceptability requirements of the ICESCR:

(50%) of respondents agreed that the Palestinian health care system handles personal health data confidentially, and distributed among 58.6% from MOH, 71.4% from UNWRA, and 33.3% from NGOs, compared to the number who disagreed (18.3%),. A significant difference was shown between men and women, with 35% of women disagreeing and 10% of men disagreeing, as well as among practitioners with □ 5 years experience (37.5%) and 10-14 years (28.6%) (Table 5.19).

Table 5.19: % attitude among physicians on ensuring confidentiality* gender, type of organization, years of experience

Item	Gender		Years of experience					Type of Organization			Total
	M	F	<5	5-9	10-14	15-20	>20	MOH	UNRWA	NGO	%
Do you think that the Palestinian Health System ensures handling personal health data confidentially?											
Strongly Agree	7.5%	15%	37.5%	11.1%		12.5%	4.8%	10.3%	0%	12.5%	10%
Agree	55%	40%	25%	44.4%	42.9%	50%	66.7%	58.6%	71.4%	33.3%	50%
Neutral	20%	10%		33.3%	21.4%	12.5%	14.3%	13.8%	0%	25%	16.7%
Disagree	10%	35%	37.5%	11.1%	28.6%	25%	4.8%	17.2%	28.6%	16.7%	18.3%
Do not know	7.5%	0%			7.1%		9.5%	0%	0%	12.5%	5%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

A majority (53.3%) of respondents agreed that all health facilities, goods, health-related services in the Palestinian health care system comply with medical ethics, compared to the minority who agree (15%). (20%) of female respondents compared to (12.5%) of male respondents disagreed. A significant number had a neutral attitude, with UNRWA (42.9%) and NGOs (41.7%) (Table 5.20).

Table 5.20: % attitude among physicians on medical ethics compliance* gender, type of organization, years of experience

Item	Gender		Years of experience					Type of Organization			Total
	M	F	<5	5-9	10-14	15-20	>20	MOH	UNRWA	NGO	%
Do you think that all health facilities, goods and health- related services comply with the medical ethics?											
Agree	62.5%	35%	50%	55.6%	50%	62.5%	52.4%	69%	57.1%	33.3%	53.3%
Neutral	25%	45%	37.5%	22.2%	35.7%	12.5%	38.1%	20.7%	42.9%	41.7%	31.7%
Disagree	12.5%	20%	12.5%	22.2%	14.3%	25%	9.5%	10.3%	0%	25%	15%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

While (51.7%, distributed among 58.6% from MOH, 57.1% from UNRWA, and 41.7% from NGOs) of respondents agreed that all health facilities, goods, and health-related services in the Palestinian health care system are culturally appropriate, and gender sensitive, compared to the minority who agreed (21.7%). (30%) of female respondents compared to (17.5%) of male respondents disagreed, and those with□ 5 years of experience disagreed at a higher rate (37.5%) (Table 5.21).

Table 5.21: % attitude among physicians on cultural appropriateness and sensitivity to gender * gender, type of organization, years of experience

Item	Gender		Years of experience					Type of Organization			Total
	M	F	<5	5-9	10-14	15-20	>20	MOH	UNRWA	NGO	%
Do you think that the facilities, goods and health related services in the Palestinian Health System are culturally appropriate and gender sensitive?											
Strongly Agree	2.5%	0%					4.8%	0%	0%	4.2%	1.7%
Agree	52.5%	50%	37.5%	44.4%	57.1%	62.5%	52.4%	58.6%	57.1%	41.7%	51.7%
Neutral	25%	15%	25%	33.3%	21.4%	12.5%	19%	13.8%	14.3%	33.3%	21.7%
Disagree	17.5%	30%	37.55	22.2%	21.4%	25%	14.3%	20.7%	28.6%	20.8%	21.7%
Do not know	2.5%	5%					9.5%	6.9%	0%	0%	3.3%
Total	100%	100 %	100%	100%	100%	100%	100%	100%	100%	100%	100%

(58.3%) of respondents agreed that all health facilities, goods, health-related services in the Palestinian health care system ensure respecting minorities, people and communities culture compared to the minority who disagreed(15%). (35%) of female respondents compared to (5%) of male respondents disagreed, and those with □ 5 years of experience disagreed at a higher rate (25 %.) (Table 5.22).

Table 5.22: % attitude among physicians on ensuring respect to others* gender, type of organization, years of experience

Item	Gender		Years of experience					Type of Organization			Total %
	M	F	<5	5-9	10-14	15-20	>20	MOH	UNRWA	NGO	
Do you think that the Palestinian Health System ensures respecting other's minorities, people and communities culture?											
Strongly Agree	15%	5%	12.5%		14.3%	25%	9.5%	10.3%	14.3%	12.5%	11.7%
Agree	67.5%	40%	62.5%	66.7%	35.7%	37.5%	76.2%	62.1%	71.4%	50%	58.3%
Neutral	12.5%	15%		11.1%	28.6%	25%	4.8%	10.3%	0%	20.8%	13.3%
Disagree	5%	35%	25%	22.2%	21.4%	12.5%	4.8%	13.8%	14.3%	16.7%	15%
Do not know	0%	5%					4.8%	3.4%	0%	0%	1.7%
Total	100%	100 %	100%	100%	100%	100%	100%	100%	100%	100%	100%

5.4.4 Quality of health care

Knowledge of quality of care items in ICESCR:

(13) Of respondents knew about "the necessity of facilities, goods, and health-related services are scientifically and medically trustful and of good quality" compared to (5) who were unaware. (17) Who were aware of "the necessity of existing qualified medical providers" compared to (3) who were unaware. (20) Of respondents knew about "the necessity that drugs and hospital equipment that are scientifically approved" compared to (2) who were unaware. (15) Of respondents knew about "the necessity of providing safe drinking water" compared to (33) were unaware. (13) Of respondents knew about

“the necessity of a state to exert maximum efforts in order to provide services, facilities and medical care in case of illness” compared to (3) who did not know (Annex, Table 27).

Attitudes of the surveyed physicians on whether Palestinian healthcare meets the quality of health care requirements of the ICESCR:

A percentage (48.3%) agreed that “all health facilities, goods, and health-related services in the Palestinian health care system are scientifically and medically trustful and of good quality” compared to the majority (26.7%) who disagreed. A significant difference was shown between UNRWA respondents (42.9%) versus MOH (48.3%), and NGOs (50%) (Table5.23).

Table 5.23: % attitude among physicians on quality of health care is scientifically and medically trustful * type of organization

Item	Type of Organization			Total %
	MOH	UNRWA	NGO	
Do you think that the facilities, goods and health related services in the Palestinian Health System are scientifically and medically trustful and of good quality?				
Agree	48.3%	42.9%	50%	48.3%
Neutral	24.1%	14.3%	25%	23.3%
Disagree	24.1%	42.9%	25%	26.7%
Do not know	3.4%	0%	0%	1.7%
Total	100%	100%	100%	100%

(43.3%, distributed among 51.7% from MOH, 14.3% from UNRWA, and 41.7% from NGOs) agreed that the Palestinian health care system provides “qualified medical providers” compared to (26.7%) who disagreed. Those with □ 5 years of experiences agreed at a rate of (50%), 5-9 years (22.2%), and 10-14 years (28.6%). While (28.3%) of respondents were not sure, from UNRWA (57.1%) compared to NGO respondents who had neutral attitude (33.3%) (Table5.24).

Table 5.24: % attitude among physicians on providing qualified medical providers * type of organization

Item	Gender		Years of experience					Type of Organization			Total %
	M	F	<5	5-9	10-14	15-20	>20	MOH	UNRWA	NGO	
Do you think that the Palestinian Health System provides qualified medical providers?											
Strongly Agree	2.5%	0%				12.5%		0%	0%	4.2%	1.7%
Agree	40%	50%	50%	22.2%	28.6%	62.5%	52.4%	51.7%	14.3%	41.7%	43.3%
Neutral	32.5%	20%	12.5%	33.3%	42.9%	25%	23.8%	17.2%	57.1%	33.3%	28.3%
Disagree	25%	30%	37.5%	44.4%	28.6%		23.8%	31%	28.6%	20.8%	26.7%
Total	100%	100 %	100%	100%	100%	100%	100%	100%	100%	100%	100%

(60%) of respondents agreed that the Palestinian health care system provides “drugs and hospital equipment that are scientifically approved” compared to (10%) who disagreed, among those who agreed MOH (69%) and UNRWA (42.9%), and NGOs (54.2%) (Table 5.25).

Table 5.25: % attitude among physicians on quality of drugs and hospital equipment that are scientifically are approved * type of organization

Item	Type of Organization			Total %
	MOH	UNRWA	NGO	
Do you think that the Palestinian health System provides drugs and hospital equipment that are scientifically approved? (for example: Do not use expired drugs)				
Strongly Agree	6.9%	14.3%	20.8%	13.3%
Agree	69.0%	42.9%	54.2%	60.0%
Neutral	6.9%	28.6%	20.8%	15%
Disagree	17.2%	14.3%	0%	10%
Do not know	0%	0%	4.2%	1.7%
Total	100%	100%	100%	100%

While (48.3%) of respondents agreed that the Palestinian health care system provides safe drinking water, NGO respondents agreed at a much higher rate (54.2%) than MOH (44.8%), and UNRWA (42.9%) respondents (Table 5.26).

Table 5.26: % attitude among physicians on quality of safe drinking water * type of organization

Item	Type of Organization			Total %
	MOH	UNRWA	NGO	
Do you think Palestinian Health System provides safe drinking water?				
Strongly agree	6.9%	14.3%	8.3%	8.3%
Agree	44.8%	42.9%	54.2%	48.3%
Neutral	20.7%	0%	12.5%	15%
Disagree	17.2%	42.9%	20.8%	10%
Do not know	10..3%	0%	4.2%	6.7%
Total	100%	100%	100%	100%

(41.7%) of respondents agreed that the Palestinian health care system "exerts its maximum efforts in order to provide services, facilities and medical care in case of illness", with UNRWA respondents agreeing (42.9%) more than MOH (44.8%), and NGOs (37.5%) (Table5.27).

Table 5.27: % attitude among physicians on Palestinian HS efforts to provide health services, facilities, goods* type of organization

Item	Type of Organization			Total %
	MOH	UNRWA	NGO	
Do you think Palestinian Health System exerts its efforts in order to provide services, facilities and medical care in case of illness?				
Strongly agree	10.3%	0%	8.3%	8.3%
Agree	44.8%	42.9%	37.5%	41.7%
Neutral	37.9%	28.6%	37.5%	36.7%
Disagree	6.9%	28.6%	16.7%	13.3%
Total	100%	100%	100%	100%

5.4 The Palestinian Patients' Rights Charter

Knowledge of physicians of the PPRC

Few respondents (5 respondents, distributed among 1 from MOH, 2 from UNRWA, 2 from NGOs) had reviewed the Palestinian Patients' Rights Charter 1995. No local graduates had reviewed the charter and only 2 of graduates of Arab universities (Table 5.28).

Table 5.28: % of physicians who have reviewed the Palestinian Patients' Rights Charter* gender, type of university, type of organization

Item	Gender		Type of University					Type of Organization			Total %
	M	F	Local	Arab	Europe	Russia	Others	MOH	UNRWA	NGO	
Have you reviewed the Palestinian Patients' Rights Charter 1995?											
Yes	10.0%	5.3%	0.0%	18.2%	9.5%	6.3%	0.0%	3.6%	28.6%	8.3%	8.5%
Count	4	1	0	2	2	1	0	1	2	2	5
No	90.0%	94.7%	100.0%	81.8%	90.5%	93.8%	100.0%	96.4%	71.4%	91.7%	91.5%
Count	36	18	9	9	19	15	2	27	5	22	54
99								1.7 1		1.7 1	1.7%
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Count	40	19	9	11	21	16	2	28	7	24	59

Physicians' attitude on the Palestinian Patients' Rights Charter:

Respect for persons:

A majority of respondents (65%, distributed among 72.4% from the MOH, 57.1% from UNRWA, and 58.3% from NGOs) agreed that physicians in the West Bank respect patients' personal beliefs, religion and culture and ensure freedom of practice compared to those who disagreed (6.7%). Where (15%) of females versus a very small percentage (2.5%) of male respondents disagreed, while (25%) of those with □ 5 years of experience disagreed (Table 5.29).

Table 5.29: % attitude among physicians on respecting patients religious and culture beliefs * gender, years of experience, type of organization

Item	Gender		Years of experience					Type of Organization			Total %
	M	F	<5	5-9	10-14	15-20	>20	MOH	UNRWA	NGO	
Do you think that the physicians in West Bank respect patients' personal beliefs, religious and culture and ensure freedom of practicing them?											
Strongly Agree	32.5%	0%	25%		28.6%	25%	23.8%	20.7%	28.6%	20.8%	21.7%
Agree	60%	75%	37.5%	88.9%	57.1%	75%	66.7%	72.4%	57.1%	58.3%	65%
Neutral	5%	10%	12.5%	11.1%	7.1%		4.8%	3.4%	0%	12.5%	6.7%
Disagree	2.5%	15%	25%		7.1%		4.8%	3.4%	14.3%	8.3%	6.7%
Total	100%	100 %	100%	100%	100%	100%	100%	100%	100%	100%	100%

(28.3%, distributed among 27.6% from MOH, 57.1% from UNRWA, and 20.8% from NGOs) agreed that physicians in the West Bank“provide humane care in difficult cases within the limit of the law” compared to those who disagreed (41.7%). (47.5%) of male respondents compared to (30%) of female respondents disagreed, while those with 5-9 years (66.7%), and 15-20 years (50%) disagreed (Table 5.30).

Table 5.30: % attitude among physicians of providing humane care* gender, years of experience, type of organization

Item	Gender		Years of experience					Type of Organization			Total %
	M	F	<5	5-9	10-14	15-20	>20	MOH	UNRWA	NGO	
Do you think that the physicians in West Bank provide humane care in difficult cases (death with dignity), and this within the limits of the law in the Charter?											
Strongly Agree	10%	20%	37.5%		7.1%		19%	20.7%	14.3%	4.2%	13.3%
Agree	30%	25%	12.5%	22.2%	35.7%	25%	33.3 %	27.6%	57.1%	20.8%	28.3%
Neutral	7.5%	20%	12.5%	11.1%	21.4%	12.5%	4.8%	3.4%	28.6%	16.7%	11.7%
Disagree	47.5%	30%	37.5%	66.7%	35.7%	50%	33.3 %	41.4%	0%	54.2%	41.7%
Do not know	5%	5%				12.5%	9.5%	6.9%	0%	4.2%	5%
Total	100%	100 %	100%	100%	100%	100%	100%	100%	100%	100%	100%

Attainable medical care

A percentage (33.3%) agreed that physician in the West Bank “provide affordable health care that do not deprive the patient in any way of decent medical care because of inability to pay” compared to those who disagreed (28.3%). Differences were significant among NGOs (41.7%), who did not agree that health care are affordable, and also those of 5-9 years of experience (33.3%), and 10-14 years of experience (35.7%) also did not agree. (42.9%) of UNRWA respondents had neutral attitude, as did (44.4%) of those with 5-9 years of experience (44.4%) (Table5.31).

Table 5.31: % attitude among physicians of providing affordable health care* gender, years of experience, type of organization

Item	Gender		Years of experience					Type of Organization			Total %
	M	F	<5	5-9	10-14	15-20	>20	MOH	UNRWA	NGO	
Do you think that the physicians in West Bank provide affordable health care that do not deprive the patient in any way of decent medical care because of inability to pay?											
Strongly Agree	10%	10%	12.5%		7.1%	12.5%	14.3%	17.2%	0%	4.2%	10%
Agree	32.5%	35%	50%	22.2%	35.7%	62.5%	19%	41.4%	14.3%	29.2%	33.3%
Neutral	27.5%	25%	12.5%	44.4%	21.4%	12.5%	33.3%	24.1%	42.9%	25%	26.7%
Disagree	27.5%	30%	25%	33.3%	35.7%	12.5%	28.6%	17.2%	28.6%	41.7%	28.3%
Do not know	2.5%	0%					4.8%	0%	14.3%	0%	1.7%
Total	100%	100 %	100%	100%	100%	100%	100%	100%	100%	100%	100%

Medical emergencies

(55%) agreed that physicians in the West Bank “provide the required health care until patient’s condition is stabilized in emergencies” compared to the very small percentage who disagreed (6.7%) (Table5.32).

Table 5.32: % attitude among physicians of providing health care until patient's condition stabilizes* gender, years of experience, type of organization

Item	Gender		Years of experience					Type of Organization			Total %
	M	F	<5	5-9	10-14	15-20	>20	MOH	UNRWA	NGO	
Do you think that the physicians in West Bank provide the required health care until patient's condition is stabilized in emergencies?											
Strongly Agree	27.5%	15%	50%		21.4%	37.5%	19%	31%	14.3%	16.7%	23.3%
Agree	52.5%	60%	12.5%	77.8%	50%	50%	66.7 %	55.2%	57.1%	54.2%	55%
Neutral	10%	15%	25%	11.1%	21.4%		4.8%	10.3%	0%	16.7%	11.7%
Disagree	5%	10%	12.5%		7.1%	12.5%	4.8%	0%	28.6%	8.3%	6.7%
Do not know	2.5%	0%		11.1%			4.8%	0%	0%	4.2%	1.7%
99	2.5%	0%					4.8%	3.4%	0%	0%	1.7%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Level and continuity of health care

(31.7%) agreed that physicians in the West Bank "give patients the right to choose or change the attending physician or health care provider within the rules of the medical care" compared to (30%) who disagreed, with significant differences from UNRWA (57.1%) compared to MOH (27.6%), and NGOs (25%), while among male (32.5%) disagreed compared to female (25%), and among □ 5 years of experience (50%). Among MOH respondents, (34.5%) had neutral attitude, as did (37.5%) with □ 5 years of experience (Table 5.33).

Table 5.33: % attitude among physicians on giving the right to choose or change physicians* gender, years of experience, type of organization

Item	Gender		Years of experience					Type of Organization			Total %
	M	F	<5	5-9	10-14	15-20	>20	MOH	UNRWA	NGO	
Do you think that the physicians in West Bank give the patients the right to choose or change the attending physician or health care provider within the rules of the medical care in the Charter?											
Strongly Agree	7.5%	5%			7.1%	25%	4.8%	3.4%	0%	12.5%	6.7%
Agree	30%	35%	12.5%	44.4%	35.7%	37.5%	28.6%	27.6%	14.3%	41.7%	31.7%
Neutral	25%	30%	37.5%	22.2%	28.6%	12.5%	28.6%	34.5%	14.3%	20.8%	26.7%
Disagree	32.5%	25%	50%	33.3%	28.6%	25%	23.8%	27.6%	57.1%	25%	30%
Do not know	5%	5%					14.3%	6.9%	14.3%	0%	5%
Total	100%	100 %	100%	100%	100%	100%	100%	100%	100%	100%	100%

(45%, distributed among 58.6% from MOH, 28.6% from UNRWA, and 33.3% from NGOs) agreed that physicians in the West Bank “give beneficiaries the right to access to the required care for rehabilitation” compared to the very small percentage (20%) who disagreed. Males and females disagreed equally. Those with □ 5 years of experience disagreed at (25%), 15-20 years (25%), □ 20 years (23.8%). (42.9%) of UNRWA respondents had a neutral attitude, as did those with 5-9 years of experience at (44.4%) (Table5.34).

Table 5.34 % attitude among physicians on giving the right to access to a rehabilitation care* gender, years of experience, type of organization

Item	Gender		Years of experience					Type of Organization			Total %
	M	F	<5	5-9	10-14	15-20	>20	MOH	UNRWA	NGO	
Do you think that the physicians in West Bank give the beneficiaries the right to access to the required care for rehabilitation? EX. Disability due to stroke											
Strongly Agree	7.5%	5%	12.5%		7.1%	12.55	4.8%	3.4%	0%	12.5%	6.7%
Agree	45%	45%	25%	33.3%	57.1%	50%	47.6%	58.6%	28.6%	33.3%	45%
Neutral	25%	25%	37.5%	44.4%	21.4%	12.5%	19%	13.8%	42.9%	33.3%	25%
Disagree	20%	20%	25%	11.1%	14.3%	25%	23.8%	20.7%	28.6%	16.7%	20%
Do not know	2.5%	5%		11.1%			4.8%	3.4%	0%	4.25	3.3%
Total	100%	100 %	100%	100%	100%	100%	100%	100%	100%	100%	100%

Safety and environment

(45%, distributed among 48.3% from MOH, 42.9% from UNRWA, and 41.7% from NGOs), agreed that physician in the West Bank “give the right for each patient to a safe and proper health care facility” compared to the very small percentage (20%) who disagreed. Males and females disagreed equally. Those with5-9 years of experience disagreed at a rate of (22.2%), 10-14 years (28.6%). Among NGO respondents (41.7%) had a neutral attitude, male (27.5%) compared to female (45%) and □ 5 years of experience (50%), 5-9 years (55.6%), 10-14 years (42.9%) (Table 5.35).

Table 5.35: % attitude among physicians on giving the right to a safe and proper health care facility* gender, years of experience, type of organization

Item	Gender		Years of experience					Type of Organization			Total %
	M	F	<5	5-9	10-14	15-20	>20	MOH	UNRWA	NGO	
Do you think the physicians in West Bank give the right for each patient to safe and proper health care facility?											
Agree	50%	35%	37.5%	22.2%	28.6%	75%	57.1%	48.3%	42.9%	41.7%	45%
Neutral	27.5 %	45%	50%	55.6%	42.9%	12.5%	19%	27.6%	28.6%	41.7%	33.3%
Disagree	20%	20%	12.5%	22.2%	28.6%	12.55	19%	24.1%	14.3%	16.7%	20%
Do not know	2.5%	0%					4.8%	0%	14.3%	0%	1.7%
Total	100%	100 %	100%	100%	100%	100%	100%	100%	100%	100%	100%

Obtaining information and education

(41.7%) agreed that physicians in the West Bank "give a citizen the right to obtain information regarding his state of health care provided to him on diagnosis, treatment and the future expectations of the health status" compared to (20%) who disagreed. (57.1%) of UNRWA respondents disagreed, and (15%) males compared to (30%) of females, and those among □ 5 years of experience (37.5%), 5-9 years (33.3%), and 10-14 years (28.6%). (50%) of NGO respondents had neutral attitude, as did 5-9 years (44.4%), and 15-20 years (50%) (Table 36)

Table 5.36: % attitude among physicians on giving the patient the right to information about diagnosis, treatment, future expectations* gender, years of experience, type of organization

Item	Gender		Years of experience					Type of Organization			Total %
	M	F	<5	5-9	10-14	15-20	>20	MOH	UNRWA	NGO	
Do you think that physicians in West Bank give a citizen the right to obtain information regarding his state of health care provided to him regarding; diagnosis, treatment, future expectations about health status?											
Strongly agree	2.5%	10%		11.1%	7.1%		4.8%	6.9%	0%	4.2%	5%
Agree	47.5%	30%	50%	11.1%	35.7%	50%	52.4%	58.6%	28.6%	25%	41.7%
Neutral	32.5%	30%	12.5%	44.4%	21.4%	50%	33.3%	20.7%	14.3%	50%	31.7%
Disagree	15%	30%	37.5%	33.3%	28.6%		9.5%	10.3%	57.1%	20.8%	20%
99	2.5%	0%			7.1%			3.4%	0%	0%	1.7%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

(40%, distributed among 44.8% from MOH, 71.4% from UNRWA, and 25% from NGOs) agreed that physicians in the West Bank “give a citizen the right to a verbal approval compared to (30%) who disagreed, among male(27.5%) compared to female (35%), among □ 5 years of experience (12.5%), 5-9 years(55.6%),10-14 years (28.6%), 15-20 years(12.5%), □ 20 years (33.3%) (Table5.37).

Table 5.37 %attitude among physicians of giving the patient the right to a verbal consent* gender, years of experience, type of organization

Item	Gender		Years of experience					Type of Organization			Total %
	M	F	<5	5-9	10-14	15-20	>20	MOH	UNRWA	NGO	
Do you think that the physicians in West Bank give a citizen the right to a verbal approval?											
Strongly agree	10%	10%	12.5%	11.1%	14.3%	12.5%	4.8%	3.4%	0%	20.8%	10%
Agree	40%	40%	62.5%	33.3%	42.9%	50%	28.6%	44.8%	71.4%	25%	40%
Neutral	20%	15%	12.5%		14.3%	25%	28.6%	13.8%	28.6%	20.8%	18.3%
Disagree	27.5%	35%	12.5%	55.6%	28.6%	12.5%	33.3%	37.9%	0%	29.2%	30%
Do not know	2.5%	0%					4.8%	0%	0%	4.2%	1.7%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

(15%) disagreed that physicians in the West Bank "give a citizen the right to a written approval based on obvious understanding" compared to (38.3%) who agreed, it was significant that (24.1%) of MOH respondents disagreed, and of those with 15-20 years of experience (25%) disagreed. (57.1%) of UNRWA respondents had a neutral attitude, and (45.8%) of NGOs, as well as those with □ 5 years of experience (50%), and 5-9 years (55.6%) (Table 5.38).

Table 5.38: % attitude among physicians of giving the patient the right to a written approval based on obvious understanding* gender, years of experience, type of organization

Item	Gender		Years of experience					Type of Organization			Total %
	M	F	<5	5-9	10-14	15-20	>20	MOH	UNRWA	NGO	
Do you think that the physicians in West Bank give a citizen the right to a written approval based on obvious understanding?											
Strongly agree	10%	10%		11.1%	14.3%		14.3%	10.3%	0%	12.5%	10%
Agree	37.5%	40%	37.5%	22.2%	57.1%	37.5%	33.3%	41.4%	42.9%	33.3%	38.3%
Neutral	37.5%	30%	50%	55.6%	21.4%	37.5%	28.6%	20.7%	57.1%	45.8%	35%
Disagree	15%	15%	12.5%	11.1%	7.1%	25%	19%	24.1%	0%	8.3%	15%
Do not know	0%	5%					4.8%	3.4%	0%	0%	1.7%
Total	100%	100 %	100%	100%	100%	100%	100%	100%	100%	100%	100%

Informed consent

(53.3%) agreed that physicians in the West Bank “give each patient the right to refuse health care within the limits of the law, and explaining to him the medical consequences for such refusal” compared to the very small percentage (8.6%) who disagreed, without significance differences of who disagreed between type of organization, but with significant differences among female (15%) compared to male (5%) respondents, and among those with 10-14 years of experience (21.4%). (28.6%)of UNRWA and NGOs (33.3%),5-9 years (33.3%), and 20 years (33.3%)had a neutral attitude (Table 5.39).

Table 5.39: % attitude among physicians of giving the patient the right to refuse or accept health care * gender, years of experience, type of organization

Item	Gender		Years of experience					Type of Organization			Total %
	M	F	<5	5-9	10-14	15-20	>20	MOH	UNRWA	NGO	
Do you think that the physicians in West Bank give each patient the right to refuse health care within the limits of law, and explain to him medical consequences of such refusal?											
Strongly agree	12.5%	5%		11.1%	21.4%	12.5%	4.8%	6.9%	0%	16.7%	10%
Agree	52.5%	55%	75%	44.4%	35.7%	62.5%	57.1%	58.6%	71.4%	41.7%	53.3%
Neutral	27.5%	25%	12.5%	33.3%	21.4%	25%	33.3%	20.7%	28.6%	33.3%	26.7%
Disagree	5%	15%	12.5%	11.1%	21.4%			10.3%	0%	8.3%	8.3%
Do not know	2.5%	0%					4.8%	3.4%	0%	0%	1.7%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

(31.7%) agreed that physicians in the West Bank "inform the patient and advise him about the intention of a person or institution to carry out a research that might affect the provided health care" compared to those who disagreed (16.7%). Significant differences came from NGO respondents (25%) disagreed, among male (20%) compared to female respondents (10%), among those with 5-9 years of experience (22.2%), and 10-14 years (28.6%). (42.9%) of UNRWA respondents had neutral attitude compared to MOH (34.5%), and NGOs (33.3%), and female (40%) compared to male (32.5%), among □ 5 years of experience (62.5%), and local graduates (60%) all also had neutral attitudes (Table 5.40).

Table 5.40: % attitude among physicians on informing patients about the intention of a person or institution to carry out a research* gender, years of experience, type of organization

Item	Gender		Years of experience					Type of Organization			Total %
	M	F	<5	5-9	10-14	15-20	>20	MOH	UNRWA	NGO	
Do you think that the physicians in West Bank Inform the patient and advice him about the intention of a person or institution to carry out a research that might affect the provided health care?											
Strongly agree	7.5%	10%		11.1%	14.3%	12.5%	4.8%	3.4%	0%	16.7%	8.3%
Agree	32.5%	30%	12.5%	44.4%	14.3%	50%	38.1%	37.9%	42.9%	20.8%	31.7%
Neutral	32.5%	40%	62.5%	22.2%	35.7%	12.5%	38.1%	34.5%	42.9%	33.3%	35%
Disagree	20%	10%	25%	22.2%	28.6%		9.5%	10.3%	14.3%	25%	16.7%
Do not know	7.5%	10%			7.1%	25%	9.5%	13.8%	0%	4.2%	8.3%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

(45%) agreed that physicians in the West Bank “give the patient the right to approve or refuse to participate in research” compared to the very small who disagreed (8.3%), without significant differences across groups (Table 5.41).

Table 5.41: % attitude among physicians of giving the patient the right to approve or refuse to participate * gender, years of experience, type of organization

Item	Gender		Years of experience					Type of Organization			Total %
	M	F	<5	5-9	10-14	15-20	>20	MOH	UNRWA	NGO	
Do you think that the physicians in West Bank give the Patient the right to approve or refuse to participate in those researches?											
Strongly agree	10%	15%	12.5%	11.1%	21.4%	12.5%	4.8%	3.4%	14.3%	20.8%	11.7%
Agree	50%	35%	50%	44.4%	21.4%	50%	57.1%	48.3%	57.1%	37.5%	45%
Neutral	17.5%	35%	37.5%	22.2%	21.4%	12.5%	23.8%	20.7%	28.6%	25%	23.3%
Disagree	10%	5%		11.1%	14.3%		9.5%	10.3%	0%	8.3%	8.3%
Do not know	10%	10%			21.4%	25%	4.8%	13.8%	0%	8.3%	10%
99	2.5%	0%		11.1%				3.4%	0%	0%	1.7%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

(40%) agreed that physicians in the West Bank "inform the patient and advise him about the desire of any person or organization to carry out training programs for medicine students" compared to those who disagreed (26.7%). Significant differences who disagreed, were shown among MOH (37.9%), among female (40%) compared to male (20%), and among 10-14 years of experience (42.9%), and Arab graduates (54.5%) in disagreement. (Table 5.42)

Table 5.42: % attitude among physicians inform patients medicine students trainers* gender, years of experience, type of organization

Item	Gender		Years of experience					Type of Organization			Total %
	M	F	<5	5-9	10-14	15-20	>20	MOH	UNRWA	NGO	
Do you think that the physicians in West Bank Inform the patient and advice him about the desire of any person or organization to carry out training programs for medical students, including his case in the Charter?											
Strongly agree	5%	10%	12.5%		14.3%		4.8%	6.9%	14.3%	4.2%	6.7%
Agree	47.5%	25%	12.5%	55.6%	21.4%	75%	42.9%	34.5%	57.1%	41.7%	40%
Neutral	27.5%	15%	37.5%	11.1%	14.3%	12.5%	33.3%	17.2%	14.3%	33.3%	23.3%
Disagree	20%	40%	37.5%	33.3%	42.9%	12.5%		37.9%	14.3%	16.7%	26.7%
Do not know	0%	10%			7.1%			3.4%	0%	4.2%	3.3%
Total	100%	100 %	100%	100%	100%	100%	100%	100%	100%	100%	100%

Confidentiality and privacy

(51.7%) agreed that physicians in the West Bank “give the right for each patient to have his privacy respected and disclose confidential information only based on the explicit consent of the patient or if permitted by law expressly” compared to (15%) who disagreed, with notable differences from NGO respondents (20.8%) disagreed, female (30%) compared to male (7.5%), among □ 5 years of experience(37.5%), and among local graduates(30%) (Table 5.43).

Table 5.43: % attitude among physicians of giving the patient the right privacy to be respected * gender, years of experience, type of organization

Item	Gender		Years of experience					Type of Organization			Total %
	M	F	<5	5-9	10-14	15-20	>20	MOH	UNRWA	NGO	
Do you think that the physicians in West Bank give the right for each patient to have his privacy respected and disclose the confidential information only based on the explicit consent of the patient or if permitted by law expressly?											
Strongly agree	7.5%	10%	25%		7.1%	12.5%	4.8%	6.9%	14.3%	8.3%	8.3%
Agree	60%	35%	25%	44.4%	50%	62.5%	61.9%	51.7%	71.4%	45.8%	51.7%
Neutral	25%	25%	12.5%	22.2%	28.6%	12.5%	33.3%	31%		25%	25%
Disagree	7.5%	30%	37.5%	33.3%	14.3%	12.5%		10.3%	14.3%	20.8%	15%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Patients with special needs

(46.7%) agreed that physicians in the West Bank "give special attention to the interests of patients with special needs, including children, the elderly, those suffering from mental disorders, physical and mental disability or if permitted by law expressly" compared to those (30%) who disagreed. Significant differences who disagreed, were shown among the MOH (31%)and NGOs (33.3%), among those with □ 5 years of experience(37.5%) and 10-14 years (50%),and among graduates of Arab universities (36.4%), graduates of European universities (28.6%),and graduates of Russian universities (37.5%) (Table 5.44).

Table 5.44: % attitude among physicians of giving special attention to patient with special needs * gender, years of experience, type of organization

Item	Gender		Years of experience					Type of Organization			Total %
	M	F	<5	5-9	10-14	15-20	>20	MOH	UNRWA	NGO	
Do you think that the physicians in West Bank give special attention to the interests of patients with special needs, including children, the elderly, those suffering from mental disorders and the physically and mentally disabled?											
Strongly agree	5%	5%				12.5%	9.5%	6.9%		4.2%	5%
Agree	52.5%	35%	62.5%	55.6%	28.6%	37.5%	52.4%	41.4%	85.7%	41.7%	46.7%
Neutral	12.5%	30%		22.2%	21.4%	25%	19%	20.7%		20.8%	18.3%
Disagree	30%	30%	37.5%	22.2%	50%	25%	19%	31%	14.3%	33.3%	30%
Total	100%	100 %	100%	100%	100%	100%	100%	100%	100%	100%	100%

Democracy and citizens' participation

A small percentage (23.3%) agreed that physicians in the West Bank "give citizens the right to a kind of collective representation at all levels of the health care system in matters concerning, planning and evaluation of health services including quality and performance" compared to the majority (45%) who disagreed. Significant differences who disagreed, were shown among UNRWA respondents (42.9%)and NGOs (50%), among female(60%) compared to male(37.5%) respondents, and among those with □ 5 years of experience(75%), 5-9 years(66.7%), and 10-14 years (42.9%) (Table5.45).

Table 5.45: % attitude among physicians of giving citizens the right of collective representation* gender, years of experience, type of organization

Item	Gender		Years of experience					Type of Organization			Total %
	M	F	<5	5-9	10-14	15-20	>20	MOH	UNRWA	NGO	
Do you think that the physicians in West Bank give citizens the right to a kind of collective representation at all levels of the health care system in matters concerning, planning and evaluation of health services, including quality and performance of these services?											
Strongly agree	2.5%						4.8%	3.4%			1.7%
Agree	30%	10%		22.2%	28.6%	50%	19%	27.6%	28.6%	16.7%	23.3%
Neutral	25%	25%	25%	11.1%	21.4%	25%	33.3%	24.1%	28.6%	25%	25%
Disagree	37.5%	60%	75%	66.7%	42.9%	12.5%	38.1%	41.4%	42.9%	50%	45%
Do not know	5%	5%			7.1%	12.55	4.8%	3.4%		8.3%	5%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Physicians' duties and responsibilities to people

(45%) agreed that physicians in the West Bank "give each patient the right to make a complaint about the care s/he receives" compared to (25%) who disagree, with significant differences who disagreed among UNRWA respondents (28.6%)and NGOs (33.3%), and among those with 10-14 years of experience (42.9%) (Table5.46).

Table 5.46: % attitude among physicians of giving the patient the right to make a complaint * gender, years of experience, type of organization

Item	Gender		Years of experience					Type of Organization			Total %
	M	F	<5	5-9	10-14	15-20	>20	MOH	UNRWA	NGO	
Do you think that the physicians in West Bank give each patient the right to make a complaint about the care S/he receives?											
Strongly agree	7.5%	5%		11.1%	14.3%		4.8%	6.9%		8.3%	6.7%
Agree	45%	45%	62.5%	33.3%	28.6%	50%	52.4%	58.6%	28.6%	33.3%	45%
Neutral	20%	20%	12.5%	33.3%	7.1%	37.5%	19%	13.8%	42.9%	20.8%	20%
Disagree	25%	25%	25%	22.2%	42.9%	12.5%	19%	17.2%	28.6%	33.3%	25%
Do not know	2.5%	5%			7.1%		4.8%	3.4%		4.2%	3.3%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

(18.3%) agreed that physicians in the West Bank "give the patient the right to brief him on accurate information about how to file complaints about the care of him" compared to the majority (50%) who disagreed, with significant differences who disagreed among MOH respondents (41.4%), UNRWA(42.9%), and NGOs (62.5%), among females (60%) compared to males (40%), among those with □ 5 years of experience(87.5%), 5-9 years(66.7%), and 10-14 years (71.4%), among local graduates(80%), graduates of Arab universities (63.3%), and graduates of European universities (42.9%) (Table5.47).

Table 5.47: % attitude among physicians of giving right to patients on accurate information to file a complaint * gender, years of experience, type of organization

Item	Gender		Years of experience					Type of Organization			Total %
	M	F	<5	5-9	10-14	15-20	>20	MOH	UNRWA	NGO	
Do you think that the physicians in West Bank give the patient the right to brief him on accurate information about how to file complaints about the care of him?											
Strongly agree	2.5%						4.8%			4.2%	1.7%
Agree	22.5%	10%	12.5%		7.1%	50%	23.8%	24.1%	14.3%	12.5%	18.3%
Neutral	25%	15%		33.3%	14.3%	12.5%	33.3%	24.1%	42.9%	12.5%	21.7%
Disagree	45%	60%	87.5%	66.7%	71.4%	12.5%	28.6%	41.4%	42.9%	62.5%	50%
Do not know	5%	15%			7.1%	25%	9.5%	10.3%		8.3%	8.3%
Total	100%	100 %	100%	100%	100%	100%	100%	100%	100%	100%	100%

The extent of applicability of PPRC items on the existing Palestinian health situation

A majority (53.3%) of the surveyed physician expressed their approval (40%-60%) of the level of compliance of the Palestinian Patients' Charter to the Palestinian's health situation. There were significant differences among MOH respondents (55.2%), UNRWA (42%), and NGOs (54.2%), among male (57.5%) versus female (45%), among those with □ 5 years of experience (50%), those with 5-9 years (44.4%), 10-14 years (35.7%), 15-20 years (62.5%), and □ 20 years (66.7%) (Table5.48).

Table 5.48: % attitude among physicians about applicability of Patients' Rights Charter to the Palestinian health situation* gender, years of experience, type of organization

Item	Gender		Years of experience					Type of Organization			Total %
	M	F	<5	5-9	10-14	15-20	>20	MOH	UNRWA	NGO	
In your opinion, how much the Palestinian Patient's Rights Charter is complied with the real Palestinian Health situation?											
< 20%	7.5%	20%	12.5%	11.1%	28.6%	0	4.8%	13.8%	14.3%	8.3%	11.7%
Count	3	4	1	1	4		1	4	1	2	7
20%-40%	10%	30%	12.5%	33.3%	14.3%	0	19%	13.8%	14.3%	20.8%	16.7%
Count	4	6	1	3	2		4	4	1	5	10
40%-60%	57.5%	45%	50%	44.4%	35.7%	62.5%	66.7%	55.2%	42.9%	54.2%	53.3%
Count	23	9	4	4	5	5	14	16	3	13	32
60%-80%	20%	5%	25%	11.1%	21.4%	25%	4.8%	13.8%	28.6%	12.5%	15%
Count	8	1	2	1	3	2	1	4	2	3	9
80%-100%	2.5%	0	0	0	0	12.5%	0	3.4%	0	0	1.7%
Count	1					1		1			
99	2.5%	0	0	0	0	0	4.8%	0	0	4.2%	1.7%
Count	1					1				1	1
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Count	40	20	8	9	14	9	20	29	7	24	60

5.6 Conclusion

This chapter presented the main findings of demographic data distributed among the surveyed physicians and physicians' knowledge of international treaties. The data showed that physicians at UNRWA are more exposed to international treaties and information on the right to health than those at the MOH and NGO physicians. This is most likely due to UN policies and evaluation system. On the other hand, NGOs Physicians did not agree on the accessibility items among different vulnerable groups. Despite the fact that few physicians know about PPRC, they believed that their colleagues generally complied with its standards.

6. Chapter Six: Discussion

International treaties on the right to health highlight the role of the health professionals in the protection of the population's health by acting as advocates of human rights, whether as members of international NGOs or professional health associations. Moreover, they focus on the government's role and point out that a functioning health system requires sufficient, well-trained, motivated, and gender-sensitive staff [ICESCR, 1966]. The ICESCR states that there are four underlying standards in which states must comply to make the right to health meaningful: availability, accessibility, acceptability, and quality of health care. While physicians have responsibilities to protect, promote, and respect health rights, they should comply with medical ethics and human rights requirements, both in their relationships with patients and other health practitioners. At the local level, national health strategic plans or policies and public health law reiterate the important role of qualified health professions. In the West Bank, this study examines physicians' attitudes towards human rights, and the awareness of Palestinian physicians of the Palestinian Patients' Rights Charter as guidance to protect, promote and maintain individual and community health.

The main findings were that an overwhelming majority of physicians (96.7%) do not belong to any kind of human rights activist group. Among NGOs, not one respondent belonged to any group, despite the crucial role they play in health protection. Through the interviews variations among physicians appeared such as: a physician of the MOH claiming there is no relationship between health and human rights because the right to health is a merely a term used to get physicians into trouble. Another physician, from a private clinic, said during the pilot phase "I refuse to participate in such survey, because I provide medical care and it is not my business to care about human rights issues". However, the surveyed physicians were largely aware of "Doctors without Borders" as

a human rights activism organization. One physician at UNRWA has a success story and established a group of trained volunteers to provide help in different situations and in emergencies for the elderly, disabled, and injured from Israeli occupation violations or even social and psychological problems. Literature shows the role of many international groups including one called Physicians for Human Rights, whose mission is to take action in the international community to end violations of the right to health, although participants were unaware of them during the interviews.

It appears that UNRWA employees are more informed about international treaties (ICESCR, WHO, IDHR) on the right to health, compared to the MOH and NGOs while the rate of awareness among local graduates was low.

One surveyed physician who works at an NGO clinic disagreed with the principle of international law and so-called human rights, saying “I believe that the international organizations do not have the right to make governments committed to these treaties, this put them to account for certain actions under certain circumstances in some countries. I am convinced of unfairness and argue to let people live the way they want”.

Among those physicians who were interested in Right to Health activities, (80%) did not attend such activities, with (89.7%) of MOH physicians participating, UNRWA (71.4%), and NGOs (70.8%). Furthermore, it was noticed that those who graduated from Europe and Russia are more interested to attend such activities. UNRWA physicians participated in the activities through local human rights organization, international human rights agencies, conferences abroad, and provided by the Palestinian Ministry of Health. Those who work at the Ministry of Health attested they participated in activities from supported local donors or through their own sources of information such as websites or the Thalasseima Patients’ Friends Society, and not from

the MOH, as is also true of NGO physicians. The survey reveals that UNRWA and NGO physicians paid more attention to the topic than those at the MOH.

Despite that only (83.3%) of the surveyed physicians did not know about ICESCR's four measurable health standards, there was a remarkable variation in the level of physicians' knowledge of the availability, accessibility, acceptability, and quality of health care.

Health care's availability is interdependent with and affected by its accessibility. Study results showed that MOH physicians, and UNRWA physicians did not agree, that the system provides adequate facilities, safe equipment and health supplies more than NGOs Physicians, while a relative high number of those at NGOs had neutral attitude and not sure about that. Despite this, physicians who work at NGOs indicated that a lack of ambulances for the elderly and less health care for chronic disease patients make it difficult for those people to access health care properly. The absence of the family medicine approach that UNRWA uses to follow up on patients is one of the challenges that face the MOH and NGOs to reach out to all segments of the population. Additionally, essential drugs such as communicable diseases medication are constantly unavailable, such as those that are related to antipyretics and antibiotics which are of low cost and are often prescribed to patients, in comparison to expensive drugs that are more available. Here, the qualitative reactions that were taken with each interview showed that, an NGO physician pays home visits to the elderly which is impossible for MOH physicians due to the high number of patients they see per day. Special needs groups are underprivileged due to the unavailability of specialized centers and specialists. There is an insufficient quantity of supplies and trained personnel for emergencies, large accidents and crises, because of a lack of preparations at the national

level. The government must prioritize this issue on the policy makers' agenda for the health sector.

A majority (66.7%) expressed that the Palestinian health care system suffers from an insufficient number of trained and qualified health professionals who can deal with various situations. Surveyed physicians agreed regardless of their country of studies, although those who practiced medicine for less than 5 years (87.5%) agreed more strongly compared with those with 10-14 years of experience (78.6%). The physicians agreed that qualified medical providers exist, but are not positioned correctly because of favoritism at top-level management. This point came up repeatedly during the interviews. For instance, a physician declared that "There are 54 primary health centers for the MOH in the Ramallah district and two health education workers, which it is insufficient". Another physician pointed out that "one physician covering three clinics violates the people's rights to access quality of health care services". If a physician is on vacation, s/he cannot be replaced by another because of lack of personnel. NGOs on the other hand have specialists and can contract physicians whenever necessary, especially at some clinics that are open 24 hours. Adding to that, some physicians said that emergency medical teams perform inadequately. At MOH centers, new medical graduates are hired to practice in emergency units instead of a professional trained team, creating numerous medical errors which they did not recommend. Some physicians at the MOH also think that lack of evaluation exams, monitoring, or supervision of the performance of the medical team allows unqualified physicians to continue bad conduct and practice, which has negative consequences on the population's health. Some of the surveyed physicians said "that at the MOH clinics, some physicians get tired of patients who come for checkups regularly, so they sometimes ignore them". Physicians pointed to an absence of supervision of reports of mortality incidents due to medical neglect or

errors. In other words the surveyed physicians at the MOH said “that favoritism plays a major role in the recruiting process, so unqualified people take positions where they don’t belong”.

(63.3%) of respondents live in the city, which is surrounded by under-privileged areas. Some physicians work at two sectors – MOH and private clinics for example – risking that their financial interest and profession will encourage them to refer MOH patients to his or her own private clinic. The physicians did not agree that the system provides good quality health facilities, goods and services. MOH physicians agreed that the drugs and hospital equipment are scientifically approved, compared to NGO and UNRWA Physicians who did not agree about that issue. Most of the physicians did not agree that the medical community checks for safe drinking water provided, also all physicians did not agree, that the government exerts the maximum efforts to provide services, facilities, and medical care in case of illness. Physicians are aware that there is no early detection or routine check-ups on drinking water in remote villages or camps, including Area “C” from interested authorities, and also that there is improper storage of or transfer of drugs in the MOH pharmacies and storage, affecting its effectiveness.

Regarding a health system based on non-discriminatory approach that allows all segments of the population to take advantage of all health facilities, goods, services, physicians play a crucial role because of their power and authority and their willingness or unwillingness to do so. In addition, unintended discrimination based on social injustice among people exists, where among insured people; wealthy people are able to access health care services before the poor. NGO physicians’ especially discussed barriers regarding economic accessibility. (41.7%) of NGO physicians disagreed that women have equal economic access to health, and claimed that services are inaccessible for disadvantaged Bedouin, and also women in the Palestinian society who are divorced

or widowed or have special needs, and (45.8%) agreed that adolescents do not have equal access due to confusion. For instance, one respondent pointed out “a 13 year old adolescent either goes to a pediatrician or to a general practitioner when getting health service” which impedes accessibility to health care, as well as accessibility for children, the elderly, and the disabled and that was significant among the NGO physicians did not agree more than the MOH and UNRWA physicians. The physicians indicated that the disabled and special needs health insurance packages are very limited and very expensive. For HIV/AIDS infected patients, MOH physicians attested that the health care system provides accessibility of health services or goods for them, but UNRWA did not agree, while NGOs did not know. Physicians were generally unaware of the levels of access for these groups, that was most shown with the attitude of NGOs physicians

The local customs and traditions of the health care community also affect performance. The Majority disagreed that the Palestinian health care system handles personal data confidentially, and also that the system is culturally appropriate and gender sensitive. During the interviews, some physicians said “a computerized system which has been developed in the MOH is open to anyone who has access to the system, which violates the privacy of each patient: there is simply no privacy at all levels of management”. Respondents also believed that patients are prevented from exercising decisions or getting verbal or written consent for the lack of privacy. A physician added that “when there is a wrong diagnosis there is secrecy”. The majority agreed that physicians comply with medical ethics; a male physician sometimes discriminates when he treats women to men. In some incidents, a physician could blame a mother and speak to her loudly for the way she cares for her baby, or ignore or neglect them by not telling them details about their condition, or do not give them complete information about the case, most

often if a physician notices that this woman is illiterate, or shows aggressiveness". Another female physician at MOH pointed out that "people sometimes are aggressive toward physicians and that creates more negative behavior. Sometimes female doctors blame the rape victims instead of being supportive". Another female physician who works at MOH said "female nurses and physicians respect people more than male physicians and show affection and care".

At the national level, an overwhelming majority (91.5%) of respondents had not reviewed the Palestinian Patients' Rights Charter. However, results showed differences among the surveyed physicians attitudes and practices between the three sectors. This study highlighted certain issues in the PPRC that were in congruence with ICESCR related-items:

It is worth noting that (65%) of physicians believe that the system respects patients' religious, culture beliefs, (41.7%) refuse to provide humane care. There were differences based on amount of experience, as those of □ 5 years, and 10-14 years were more who indicated that in some cases , physicians provide humane care due of ignorance or lack of medical supplies as in" X" hospitals" who witnessed such cases. While female disagreed more than male, that medicine respects the religious doctrine in Palestine.

Regarding the right to safety and a clean environment**,** (41.7%) of NGO respondents were not sure**,** while a high proportion of female physicians (45%) and those with5-14 years of experience were not sure as well. Some physicians said "that some clinics in some villages are unsafe and unhealthy; physicians suffer of lack of heating devices in the winter and lack of curtains to cover windows in the summer of very sunny day, basic demands that has an effect on their performance when they stay for 6 hours a day

in such facilities”. Some physicians are trying to work with the village council in some villages to solve the problems.

Regarding obtaining information and respecting patients’ privacy, at a certain NGO clinic it was noticed that the nurse spoke to a patient about her case in the waiting room, in front of others, which contradicts NGO physicians’ obligations regarding right of verbal consent. While NGO and MOH disagreed that it is necessary to obtain verbal consent more than UNRWA who agreed, it was significant that among UNRWA had a neutral attitude towards not taking written consent at primary health care centers. This practice protects them from being held accountable.

(41.7%) of NGO respondents disagreed that patients from all income levels have equal access to care, and was significant more among 10-14 years of experience. Despite availability of health insurance, it does not cover many health services and goods, forcing patients to seek private physicians.

At the MOH and at NGOs agreed that information about diagnosis, treatment, and prognosis are given to patients versus a high affirmative rate at UNRWA. A physician said, “Some colleagues do not give information on the diagnosis, treatment or the expected future results, depending on the physician’s mood that day.”This was noticed specifically by a female physician and among those with 10-14 years experience.

(57.1%) of UNRWA declared that patients do not have the right of choice to change a physician, or refuse to receive health care from certain providers. In terms of rehabilitation, few physicians at NGOs disagreed that people receive this care to an adequate level compared to MOH, while at UNRWA physicians were not sure.

Few of the NGO respondents disagreed that physicians give the right for patients to accept or refuse the provided care compared to MOH. One of the physicians said that “some accept the patient’s refusal to get the health care needed, in some cases to avoid

accountability if something goes wrong, and do not explain the consequences of such refusal to the patient’s life”.

Most physicians at the MOH and at UNRWA agreed, that patients are informed about a person or institution’s intention to conduct a research compared to NGOs who indicated that people in most cases, are not informed. Those who graduated from local universities generally had a neutral attitude. Most of the physicians at the MOH and NGOs agreed with the patient’s right to decide, with especially those who graduate from European or Russian universities believing that patients should be allowed to decide in research or studies. The opposite happens when asking about the right to inform patients about institutions carrying out training programs for medicine students: Most of MOH physicians agreed more than UNRWA and NGOs. It was significant among female physicians than male who indicated that people are not informed. Also graduates of Arab universities and graduates of European universities did not agree than graduates of local universities, and Russian universities, those health practitioners in general do not pay much attention to this issue.

Regarding the right for confidentiality and privacy, considered a core issue of medical ethics, interviews showed that violating the right of confidentiality to patients unintentionally was observed in all three sectors, MOH, UNRWA, and NGOs, where physicians have reviewed patients without giving any attention to privacy.

There are strong differences between respondents at the MOH, and UNRWA who disagreed that patients’ privacy is respected compared to a much higher rate of disagreement at NGOs, also male agreed more than female respondents that Patients’ privacy is respected. The Physicians with□ 5 years of experience, and 5-9 years also indicated that privacy is not repsected. A surveyed physician said that “at the MOH, they see around 150 patients a day (6 hours) which impedes them from giving full

information to each patient. The situation became worse at MOH when physicians were on strike (during the study period). Physicians saw patients from 9:00am -12:00pm leaving them hardly time for proper checkups".

Regarding collective representation, the participation of citizens in decisions about the health care system, (41.4%) of the MOH, (42.9%) of UNRWA, and (50%) NGOs disagreed that such representation is achieved in the Palestinian society, while female physicians disagreed more (60%) when compared to male (37.5%). Physicians with 5-14 years of disagreed more compared to those who had longer experience, reflecting that the less experienced are more aware of the importance of the issue.

The complaint process in the Palestinian health system is vague, and the differences between medical error, ignorance and medical complications are generally unknown by the general population. It falls upon the physician to raise awareness of such issues. When patients do complain, the weak judicial system often closes the complaint with no further actions taken. The forensic system is also unfair and tends to report cases according to the levels of connection of interested parties to protect some involved in the medical error. The MOH physicians, and UNRWA, and NGO give the people the right to complain whenever they want and in any time, they said if people have an issue to raise, actions will not be implemented. (41.4%) of MOH, and (42.9%) of UNRWA disagreed as compared to (62.5%) of NGOs, that this information is provided. (60%) female physicians disagreed comparing to (45%) of male physicians. (80%) of local university graduates and (63.6%) Arab graduates disagreed, much more than Europe (42.9%) and graduates of Russian universities (31.3%),.

Physicians indicated that the health system is weak and unintentionally ignores medical ethics and means to respect, protect, and promote people's health. While physicians expressed their opinion of the Patients' Rights Charter and the current health status and

claimed that compliance with it ranged from (40%-60%), those with 10-14 years of experience expressed less confidence in it than the others.

They stated that the lack of transparency and accountability, and weak complaints system lead to ignorance of people's right to confidentiality, privacy, or informed consent. Most of those surveyed indicated that people are unable to participate in evaluating the system's performance, including the physicians. It seems that less experienced physicians are more aware of the importance of such an issue. Additionally, inequitable distribution of physicians across rural and urban areas violates the right to health of the whole population. The study showed that most of the surveyed physicians lived in the city (63.3%) which hurts those in surrounding areas. It also appears that sometimes physicians fail to inform patients about institutions carrying out training programs for medicine students. Female physicians (45%) and those with5-14 years of experience were not sure of the safety and environment at clinics. NGO respondents affirmed that patients do not get affordable and decent health care, especially if they are from vulnerable groups.

6.1 The qualitative reactions

The reactions were reported during each interview. Physicians' reactions of the three sectors showed their attitudes regarding the Palestinian health system performance as well as the Palestinian Patients' Rights Charter and its applicability to the real health situation.

Physicians at Ramallah Ministry of Health directorate stated that, they can form a body to fight unaccepted performance within the health sector. They pointed to the most serious cases that talk about medications availability. They indicated that "Medications were unavailable because of the high number of the beneficiaries, particularly the kidney implant medications, AIDS medication, communicable diseases, However,

kidney implant patients' medications for one course costs 5000$ monthly which is considered as a burden on the government and on the patients financial status, and if not available patients were enforced to buy from other sources which is unfair for those who are unable to pay for it. Medications are purchased through deals between different pharmaceuticals for the health providers who in turn, should prescribe medications accordingly and not for the benefit of the patient".

- **Example:** Metabolic error disease medication is not available for children and not even the laboratory tests for such diseases. Cancer medications also are not available constantly,

In General most of the medication of the elderly was not available constantly; sometimes they were given different combination of a medication of different pharmaceutical companies for the same purpose that s/she are not used to, the same case for the disabled beneficiaries.

Some physicians said that the number of the Health centers exceeds the needs; he said the Palestinian society is lucky to have this number of health centers distributed in every village, while he estimated that there is a center for 1000 population, but in reality, references showed that the problem was in the number of physicians where references showed that there was one physician for 5000 population, which is insufficient.

He also prefered to have just one mammogram center for women to be located in the city, where the health workers can gather those who want to do mammogram in every area to visit the center.

Some physicians said that " the adolescents are the most group of the population that are protected because their families are taking care of them financially, accordingly they can get a level of health care related to the family financial status, while referring to the

NGOs physicians where they indicated that the adolescents are underprivileged by the Palestinian health system.

Discrimination in distributing projects and programs to certain areas to meet the donor's agenda not according to the Palestinian community needs, where physicians can play a major role in managing resources distribution with just.

Lack of follow up on social status for the insured people, so sometimes physicians can not follow on such issues where injustice exists.

An NGOs physician pointed to a critical issue that, no rights are protected to the widows and divorced women; they cannot access the health –related facilities, services, Goods in the Palestinian society because they are dependent financially.

In the Palestinian health system, those whose health insurance is expired they do not get the service unless they renew it, while it takes time, thus it prohibits those from getting their right to health.

Also all of the surveyed physicians indicated that "The elderly are a marginalized group of population, The Palestinian Authority disclaims its responsibility toward their needs; rather it's their family member's responsibility.

The norms and traditions of a certain community has an authority on a health professionals performance, for example; men could prohibit their wives to see male doctor which affects the women's accessibility to get the service, at the time, people do not respect the newly organized system in the MOH directorate clinics by giving numbers for each patient, some people think they have the right to get as much as they can to get their medications because they have the health insurance.

The physicians at MOH said that "The system respect the confidentiality of the STDs patients including HIV/AIDS infected, they are given numbers instead of names and their files are secret. On the other hand, there were physicians who said that " the

computerized system that has been developed in the MOH does not protect the privacy of each patient because anyone at the MOH directorate has the access to the information.

The surveyed physicians indicated that a weak relations between the health professionals existed and no respect for each other rights as well as they do not respect the patients' rights.

Also regarding the patients' culture, the physicians faced people who judge a physician from the point of how much s/he prescribe medications, as the more prescriptions the better he is , on the other hand, some physicians prescribe medications from price – wise referring to the patients financial status. When physicians were asked about gender sensitivity, some physicians said that men can go whenever they want to use or benefit of their health services contrary to women who cannot decide about their health because they are financially dependent.

Large Pharmaceutical companies go into deals with the MOH so they purchases drugs by a nearby date to be stored in the MOH stocks to be sold in preferable prices to get profits for interest parties. Some surveyed physicians noticed that some colleagues prescribe list of medication in one prescription for a patient, where there is no need and this is considered one of the medical errors.

At NGO and private sector patients have the choice to change or refuse to receive a health care from a certain physician, contrary to the MOH, where patients have no choice to see other physicians.

Some physicians pointed that to die in dignity for sever critical cases refers to one's belief and religious thinking, because till now this topic is arguable globally, at the time people are not ready enough in terms of mind thinking to discuss such cases. Ignorance for some cases that lead to death is considered like intervention to let a patient die without dignity,

A case study "1" at MOH: a woman went through open heart surgery at Ramallah medical complex, her physician recommended her to postpone pregnancy for 6 months, but before the six month she got pregnant, for a while she suffered of severe pain, she was transferred to Ramallah hospital they tried to rescue her but they failed, she died. The surveyed physician who was there asked Her husband to sign a written consent paper to pick up the baby because it was alive, first he agreed then after a while he disagreed to do the surgery while the physician's colleagues who were on duty stayed with no action. The baby was dead. Here the surveyed physician spoke loudly that this was against the medical ethics and human rights- right to live peaceful- to kill a human being unintentionally. The file for this case disappeared totally and no actions were taken judicially.

Surveyed Physicians pointed that physicians are unable to make the health system capable to allowing them to give verbal report to the patients about the case in simple language. Physicians have no need of verbal or written consent of their patients in certain situations such as an outbreak of certain communicable diseases such as STDs.

A case study "2": About community participation, a physician at UNRWA said that in some programs people are involved in a campaign for diabetic patients that included; awareness to diet and physical activities. He suggested sharing the village council, in cooperation with the MOH directorate and the clinic's physician, so as to prepare a list of diabetic patients by MOH, in order to ensure Insulin doses. However, this medication is always unavailable in sufficient quantity, so by this step they can protect the diabetics' right to receive the service, since the insurance policy declaim that every insured person should access the health care packages.

Additionally, at UNRWA clinic which deliver health care daily for a large number of beneficiaries, it was opened two days per week, nowadays it opens one day per week,

the clinic physician said that “this is against the patients benefits and affects their health at large”.

The UNRWA physicians support the family protection team who ensures, community services, where the social worker is active and qualified to deal with all Camp problems, such services might include; sexual abuse, psychological cases, marriage consulting service.

NGO physicians indicated that the special needs services suffer of setbacks, as no services are provided of high standard and highly qualified health professions, or academics, or even highly equipped centers for this is a group of high risk.

At NGO, physicians said that people know that MOH offers subspecialties of physicians who are available in each clinic or center. At the real, people faced lack of trust to the MOH health system.

6.2 Study conclusion

Most of the physicians in Palestine included in this survey had not reviewed the ICESCR or PPRC, have not participated in activities related to right to health nor belong to any physician human rights groups. Physicians who graduated from European and Russia universities were more exposed to the right to health approach than those from local or Arab universities, as were UNRWA physicians more than MOH or NGO physicians. Most of the physicians attested that there were an insufficient number of medically trained professionals and that this affects health outcomes, and that they showed that health system does not provide the most vulnerable or marginalized groups with the best health care. Female physicians especially disagreed that the health care system ensures that health facilities, goods and services are acceptable. Less experienced physicians, who practiced medicine for 10-14 years, had been the least sure that health care centers comply with PPRC items.

The impeding factor in the methodology was the expected social desirability bias, the difficulty of arranging appointments with busy physicians, especially given that physicians at MOH were on strike during the study duration.

6.3 Recommendations

Actions to be taken to raise awareness among physicians to become advocates for the right to health are presented in the following recommendations:

Specific recommendations:

1- Train physicians on protocols that comply with the code of ethics, enable them to communicate with patients regarding disclosure of information to patients or families, with specific regard for each case.
2- Enhance health media to increase the level of communication skills between people and medical teams.
3- Raise awareness among people about their rights in their relationships with physicians.
4- Engage the right to health in the biomedical ethics text books in health and medical institutions curricula.

General recommendations:

1- Network and coordinate within the rested stakeholders from human rights organizations and civil society to formulate health policies and programs by adopting right to health approach based on equity and justice.
2- Enhance the role of the Palestinian Medical Association in designing compulsory trainings, awareness programs, and continuing education on the right to health approach for each physician, which must be renewed every two to three years, in cooperation with human right organizations, academics, and medical institutions.
3- Design a course on the Right to Health Approach and the Palestinian Patient' Rights Charter and add them to the required courses for medicine students and other health professionals.
4- Encourage further research on the Right to Health Approach in the following areas:
   a- Further studies among health professionals using the same questionnaire used in this study

b- Studies related to health system performance

c- Studies among policy makers, judicial institutions, academic institutions and health institutions

d- Studies on the general population to assess knowledge and attitudes towards the right to health. .

5- Revise and update and publish the Palestinian Patients' Rights Charter, which has not been reviewed since 1995.

Methodological recommendations:

Enlarge the study population size to more accurately capture national statistics on physicians' attitudes and practices toward the right to health.

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Annex I

Table 7 : % knowledge among physicians on availability items in ICESCR

Item	Know	I reasonably know	I know little	I do not know	Total
	% Count	% Count	% Count	% Count	% Count
How much do you know about the necessity of providing adequate facilities, safe equipment, and health supplies in the Covenant?	14.7% 5	20.6% 7	29.4% 10	35.3% 12	100% 34
How much do you know about the necessity of providing a sufficient number of medical cadre and trained professionals in the Covenant?	20.6% 7	41.2% 14	26.5% 9	11.8% 4	100% 34
How much do you know about the necessity of the equitable distribution of services and facilities based on peoples' needs without discrimination in the Covenant?	38.2% 13	32.4% 11	14.7% 5	14.7% 5	100%
How much do you know about the item of providing essential drugs for patients in the Covenant?	26.5% 9	35.5% 12	26.5% 9	11.8% 4	100% 34
How much do you know about the necessity of providing services in case of; medical care, emergencies, accidents, crisis in the Covenant?	35.5% 12	29.4% 10	29.4% 10	5.9% 2	100% 34

Table 13 : % knowledge among physicians on accessibility items in ICESCR

Item	Know	I reasonably know	I know little	I do not know	Total
	% Count	% Count	% Count	% Count	% Count
How much do you know about the necessity that everyone enjoys, especially the most vulnerable or marginalized sections of the population the possibility to take advantage of Facilities, Goods, Health-related services in the Covenant?	23.5% 8	20.6% 7	47.1% 16	8.8% 3	100% 34
How much do you know that all sections of the Population, especially the marginalized groups have safe and physical access to facilities, goods and services related to health in terms of ability to pay in the Covenant?	20.6% 7	32.4% 11	29.4% 10	17.6% 6	100% 34
How much do you know about the necessity of Accessing and dissemination to information and ideas concerning health issues in the Covenant?	14.7% 5	29.4% 10	41.2% 14	14.7% 5	100% 34

Table 22: % knowledge among physicians on acceptability items in ICESCR

Item	Know	I reasonably know	I know little	I do not know	Total
	% Count	% Count	% Count	% Count	% Count
How much do you know about the necessity to handle personal health data confidentially in the Covenant?	67.6% 23	14.7% 5	5.9% 2	11.8% 4	100% 34
How much do you know about the necessity of taking medical ethics into account in all health facilities, goods and health- related services in the Covenant?	55.9% 19	29.4% 10	8.8% 3	5.9% 2	100% 34
How much do you know about the necessity of facilities, goods and health related services are culturally appropriate and gender sensitive in the Covenant?	28.6% 10	40.0% 14	14.3% 5	17.1% 5	100% 34
How much do you know about the necessity to respect the others, minorities, people and communities' culture in the Covenant?	50.0% 17	20.6% 7	17.6% 6	11.8% 4	100% 34

Table 27: % knowledge among physicians on quality of health care items in ICESCR

Item	know	I reasonably know	I know little	I do not know	Total
	% Count	% Count	% Count	% Count	% Count
How much do you know about the necessity of facilities, goods and health related services are scientifically and medically trustful and of good quality in the Covenant?	38.2% 13	29.4% 10	17.6% 6	14.7% 5	100% 34
How much do you know about the necessity of existing qualified medical providers in the Covenant?	50.0% 17	11.8% 4	29.4% 10	8.8% 3	100% 34
How much do you know about the necessity that the drugs and hospital equipment that are scientifically approved (for example: Do not use expired drugs)in the Covenant?	58.8% 20	20.6% 7	14.7% 5	5.9% 2	100% 34
How much do you know about the necessity of providing safe drinking water in the Covenant?	44.1% 15	35.3% 12	11.8% 4	8.8% 3	100% 34
How much do you know about the necessity of a state to exert maximum efforts in order to provide services, facilities and medical care in case of illness in the Covenant?	38.2% 13	29.4% 10	23.5% 8	8.8% 3	100% 34

مراكز الرعاية الصحية الاولية المستهدفة في محافظة رام الله والبيرة

المؤسسة		المنطقة / العيادة	المؤسسة		المنطقة/ العيادة
وزارة الصحة	1	نعلين	وكالة غوث وتشغيل اللاجئين	34	مخيم الامعري
	2	بيت ريما		35	مخيم الجلزون
	3	قبيا		36	د ير عمار
	4	عرورة		37	عين عريك
	5	دير دبوان		38	مخيم سلواد
	6	كفر مالك		39	بيت عور التحتا
	7	عبوين		40	بدرس
	8	كوبر	لجان العمل الصحي	41	مركز كفر نعمة الصحي
	9	دورا القرع		42	مركز المزرعة الشرقية
	10	شبتين		43	مركز دنيا لسرطان النساء
	11	دير عمار		44	رنتيس
	12	قراوة بني زيد		45	اللبن الغربي
	13	خربثا المصباح		46	راس كركر
	14	صفا			
	15	بيتللو	لجان الاغاثة الطبية	47	عيادة سنجل
	16	عين يبرود		48	المغير
	17	بيتونيا		49	عيادة دير غسانة
	18	ابو فلاح			
	19	بلعين			
	20	المزرعة الغربية	جمعية الهلال الاحمر الفلسطيني	50	عيادة سلواد
	21	عطارة		51	عيادة دير ابو مشعل
	22	دير بزيع			
	23	برقة			
	24	بيتين			
	25	بيت عور التحتا	الكاريتاس	52	الطيبة
	26	دير قديس		53	عابود
	27	دير جرير			
	28	بيت سير			
	29	الطيرة			
	30	بيرزيت			
	31	عيادة رام الله الجديدة	لجنة الزكاة	54	مركز الزكاة
	32	امومة البيرة			
	33	عيادة بيتونيا			
			جامعة القدس	55	المركز العربي الصحي

رقم الاستبيان

جامعة القدس

كلية الصحة العامة

عنوان البحث:

" معرفة، مواقف، ممارسات الأطباء في مراكز الرعاية الصحية الأولية حول مفهوم الحق في الصحة "

اقرأ للمبحوث :

لقد تم اختيارك، بصفتك احد مقدمي خدمات الرعاية الصحية الأولية، لتكون جزءا من دراسة استقصائية عن معرفة، مواقف،وممارسات الأطباء حول مفهوم " الحق في الصحة " لهذا السبب نرغب مقابلتك. يجري هذا المسح من قبل الطالبة " لينا سعادة " طالبة ماجستير في جامعة القدس، حيث تقوم بعمل هذه الدراسة بناءا على موافقة الجامعة، في كلية الصحة العامة ، تخصص" سياسات وإدارة صحية " يجري المسح حاليا في محافظة " رام الله, والبيرة "في مراكز الرعاية الصحية الأولية التابعة لوزارة الصحة، الانروا ، الإغاثة الطبية الفلسطينية، لجان العمل الصحي، الهلال الأحمر الفلسطيني، الكاريتاس، لجنة الزكاة، المركز الصحي العربي، حيث تشمل العينة العيادات او المراكز والمخيمات المستهدفة وعددها 56 مركزا. سيتم توزيع الاستبيان على الاطباء في المراكز المستهدفة كعينة مقصودة، حيث يقابل من هم في الدوام بنفس يوم المقابلة.

تأخذ المقابلة حوالي 20 دقيقة. المعلومات التي تقدمها سرية تماما ولن يتم الكشف عنها لأحد، وسوف تستخدم لأغراض البحث فقط. موقع هذا المرفق، سيتم إزالته من الاستبيان، وسوف تستخدم رمز لإجابتك فقط. مشاركتكم هي طوعية وأنت حر/ة في رفض الإجابة عن أي سؤال في الاستبيان. إذا كان لديك أي أسئلة حول هذا المسح تستطيع أن تسألني.

هل أنت على استعداد للمشاركة في هذه الدراسة ؟

1. وافقت [ ]

تاريخ المقابلة : ....
موقع العمل : .... ، **رقم هاتف العمل :** .... ، **رقم فاكس،** ....
عنوان موقع العمل : ....

2. رفضت [ ]

1. ذكر 2. أنثى

العمر بالسنوات ....
موقع العمل : ....
سبب الرفض : ....
....

الجزء الاول: بيانات شخصية	
B1: الجنس: 1. ذكر 2. أنثى	☐
B2: العمر بالسنوات............	☐
B3: الحالة الاجتماعية : **1.** أعزب/عزباء 2. متزوج/متزوجة 3. مخطوب/ ة 4. مطلق/ة 5. أرمل/ة	☐
B4: مكان السكن : 1. قرية 2. مدينة 3. مخيم	☐
B5: درجة التعليم : 1. بكالوريوس طب 2. ماجستير 3. دكتوراه 4. غير ذلك	☐
B6: الجامعة التي تخرجت منها : 1. محلية 2. عربية 3. أوروبا 4. كندا 5. روسيا 6.أمريكا 7. أخرى	☐
B7: نوع التخصص : 1. طب عام 2.الجلدية 3. السكري 4. الاطفال 5. الصحة النفسية 6. رعاية الحوا مل 7. الصدرية 8. باطني 9. النسائية 10. العظام 11. انف واذن وحنجرة 12. الامراض المزمنة 13. غيرذلك ، حدد.........................	☐
B8: سنوات الخبرة في مزاولة مهنة الطب : 1. أقل من 5 سنوات 2. 5 – 9 سنوات 3. 10 – 14 سنة 4. 15 – 20 سنة 5. أكثر من 20 سنة	☐
B9: نوع المؤسسة التي تعمل فيها : 1. حكومة 2. وكالة 3. مؤسسة أهلية	☐
B10: مكان العمل : 1. مركز رعاية صحية أولية 2. عيادة رعاية صحية أولية	☐
B11: نوع التعاقد : 1. عقد جزئي 2. عقد سنوي 3 . بدون عقد 4. مثبت	☐
B12: الفئة العمرية التي تعاينها : (يمكن أكثر من خيار)	☐

☐	1. اطفال	1. نعم	2. لا
☐	2. مراهقين	1. نعم	2. لا

☐	3. نساء	1. نعم	2. لا
☐	4. كبار	1. نعم	2. لا
☐	5. كبار السن	1. نعم	2. لا

B13: هل تنتمي لاحدى مجموعات الاطباء المعنية والناشطة بحقوق الانسان؟

1. نعم 2. لا

B14: هل تعلم عن وجود مجموعات أطباء ناشطة في مجال حقوق الانسان ؟

1. نعم 2. لا ، اذا نعم ،عدد 1. .... 2............3..................4...................

B15: هل شاركت في نشاطات حول الحق في الصحة؟

1. نعم 2. لا، انتقل الى الجزء الثاني

B16: هل كان النشاط من قبل : (اكثر من خيار)

1. مؤسسة ممولة دولية 2. مؤسسة ممولة محلية 3. مؤسسات حقوق إنسان دولية

4. مؤسسات حقوق إنسان محلية 5. وزارة الصحة 6. مؤسسات أخرى ، حدد..................................

الجزء الثاني : أكدت المواثيق الدولية على أن الحق في الصحة يعتبر من الحقوق الأساسية التي يتم التركيز عليها لارتباطها المباشر بحق الإنسان في الحياة ويتأثر الوصول إلى هذا الحق بعدة عوامل. وفي هذا الجزء من الاستبيان تستطيع التعبيرعن هذه العوامل من خلال اجاباتك على العبارات التالية :-

اولا: مصدر معلوماتك حول الحق في الصحة

Q1: هل اطلعت على العهد الدولي الخاص بالحق في الصحة ؟

1. نعم 2. لا ، انتقل إلى القسم الثاني

Q2: ما هو مصدر معلوماتك ؟ (اكثر من خيار) (ضع دائرة حول الاجابة المختارة)

1. موقع الكتروني الخاص بمؤسسات الأمم المتحدة 2. مجلات ومقالات علمية 3. أثناء الدراسة

4. دورات تدريبية محلية 5. دورات تدريبية خارج البلد 6. نشاطات نقابة الاطباء الفلسطينية

7. مؤتمرات 8. ورش عمل محلية 9. الاذاعة والاعلام

10. زملاءك في العمل 11. غير ذلك

ثانيا: العبارات التالية تشير إلى معرفتك بمفهوم " الحق في الصحة"

Q3: ما مدى معرفتك بميثاق منظمة الصحة العالمية لعام 1947 الذي ينص على ان " التمتع بأعلى مستوى من الصحة يمكن بلوغه هو; حق أساسي لكل إنسان " ؟

1. اعرف 2. اعرف بشكل معقول 3.اعرف قليلا 4. لا اعرف

Q4: ما مدى معرفتك بالاعلان العالمي لحقوق الانسان1948 الذي ينص ان "لكل شخص الحق في مستوى معيشة يكفي لضمان الصحة له ولاسرته، ويشمل الماكل،والملبس،والمسكن،والرعاية الطبية،والخدمات الاجتماعية الضرورية" ؟ 1. اعرف 2. اعرف بشكل معقول 3.اعرف قليلا 4. لا اعرف	
Q5: ما مدى معرفتك بالعهد الدولي الخاص بالحقوق الاقتصادية والاجتماعية والثقافية 1966 الذي يضمن المقومات الأساسية للصحة، والتحرر من التمييز، والمشاركة، والمساءلة ؟ 1. اعرف 2. اعرف بشكل معقو ل 3.اعرف قليلا 4. لا اعرف ، انتقل الى بند المواقف	

عرفت اللجنة المعنية بالحقوق الاقتصادية والاجتماعية والثقافية ان الحق في الصحة يشمل :

اولا :التوافر

مدى معرفتك بعوامل التوافر التالية:		مدى موافقتك بعوامل التوافر التالية:
Q6: ما مدى معرفتك بضرورة توفير القدر الكافي من المرافق والمعدات والمستلزمات الصحية الامنة ؟ 1. اعرف 2. اعرف بشكل معقول 3.اعرف قليلا 4. لا اعرف		**Q7: هل تعتقد ان النظام الصحي الفلسطيني يوفر القدر الكافي من المرافق والمعدات والمستلزمات الصحية الامنة ؟** 1. موافق بشدة 2. موافق 3.محايد 4.غير موافق 5. لا اعرف
Q8: ما مدى معرفتك بضرورة توفير العدد الكافي من الكوادر الطبيين والمهنيين المدربين ؟ 1.اعرف 2. اعرف بشكل معقول 3 .اعرف قليلا 4. لا اعرف		**Q9: هل تعتقد ان النظام الصحي الفلسطيني يوفر العدد الكافي من الكوادر الطبيين والمهنيين المدربين ؟** 1. موافق بشدة 2. موافق 3 .محايد 4.غير موافق 5. لا اعرف
Q10: ما مدى معرفتك بضرورة توفير العقاقير الاساسية للناس؟ 1. اعرف 2. اعرف بشكل معقول 3.اعرف قليللا 4. لا اعرف		**Q11: هل تعتقد ان النظام الصحي الفلسطيني يوفر العقاقير الاساسية للناس؟** 1. موافق بشدة 2. موافق 3 .محايد 4. غير موافق 5. لا اعرف
Q12: ما مدى معرفتك بضرورة توزيع الخدمات والمرافق بحيث تتناسب مع الاحتياجات السكانية دون تمييز؟ 1. اعرف 2. اعرف بشكل معقول 3.اعرف قليلا 4. لا اعرف		**Q13: هل تعتقد ان النظام الصحي الفلسطيني يضمن توزيع الخدمات والمرافق بحيث تتناسب مع الاحتياجات السكانية دون تمييز؟** 1. موافق بشدة 2. موافق 3 .محايد 4.غير موافق 5. لا اعرف
Q14: ما مدى معرفتك بضرورة توفير الخدمات والرعاية الطبية في حالة الطوارئ و الحوادث والكوارث ؟ 1. اعرف 2. اعرف بشكل معقول 3.اعرف قليلا 4. لا اعرف		**Q15: هل تعتقد ان النظام الصحي الفلسطيني يضمن الخدمات والرعاية الطبية في حالة الطوارئ و الحوادث والكوارث ؟** 1. موافق بشدة 2. موافق 3 .محايد 4..غير موافق 5. لا اعرف

ثانيا: امكانية الوصول			
مدى معرفتك بعوامل امكانية الوصول التالية:			**مدى موافقتك بعوامل امكانية الوصول التالية:**
☐	**Q16: ما مدى معرفتك ان الجميع يتمتع، وخاصة الاكثر ضعفا او تهميشا بين السكان بامكانية الاستفادة من المرافق والسلع والخدمات المرتبطة بالصحة دون تمييز ؟** 1. اعرف 2. اعرف بشكل معقول 3.اعرف قليلا 4. لا اعرف	☐	**Q17: هل تعتقد ان النظام الصحي الفلسطيني يضمن للجميع ،وخاصة الاكثر ضعفا او تهميشا بين السكان بامكانية الاستفادة من المرافق والسلع والخدمات المرتبطة بالصحة دون تمييز؟** 1. موافق بشدة 2. موافق 3 .محايد 4.غير موافق 5. لا اعرف
☐	**Q18: ما مدى معرفتك ان يتمكن جميع فئات السكان وخاصة الفئات المهمشة من الوصول المادي والامن إلى المرافق والسلع والخدمات المرتبطة بالصحة من حيث القدرة المادية ؟** **1.** اعرف 2. اعرف بشكل معقول 3.اعرف قليلا 4. لا اعرف	☐	**Q19: هل تعتقد ان النظام الصحي الفلسطيني يمكن النساء من الوصول الامن إلى المرافق والسلع والخدمات المرتبطة بالصحة من حيث القدرة المادية ؟** **1.** موافق بشدة 2. موافق .محايد 4.غير موافق 5. لا اعرف
		☐	**Q20: هل تعتقد ان النظام الصحي الفلسطيني يمكن المراهقين من الوصول الامن إلى المرافق والسلع والخدمات المرتبطة بالصحة من حيث القدرة المادية ؟** 1. موافق بشدة 2. موافق 3 .محايد 4..غير موافق 5. لا اعرف
		☐	**Q21 هل تعتقد ان النظام الصحي الفلسطيني يضمن الوصول الامن الامهات واطفالهن إلى المرافق والسلع والخدمات المرتبطة بالصحة من حيث القدرة المادية ؟** 1. موافق بشدة 2. موافق 3 .محايد 4..غير موافق 5. لا اعرف
		☐	**Q22: هل تعتقد ان النظام الصحي الفلسطيني يمكن كبار السن من الوصول الامن إلى المرافق والسلع والخدمات المرتبطة بالصحة من حيث القدرة المادية؟** 1. موافق بشدة 2. موافق 3 .محايد 4..غير موافق 5. لا اعرف
		☐	**Q23: هل تعتقد ان النظام الصحي الفلسطيني يمكن المعوقين من الوصول الامن إلى المرافق والسلع والخدمات المرتبطة بالصحة من حيث القدرة المادية؟** 1. موافق بشدة 2. موافق 3 .محايد 4..غير موافق 5. لا اعرف

		☐	**Q24: هل تعتقد ان النظام الصحي الفلسطيني يمكن المصابين بالايدز من الوصول الامن إلى المرافق والسلع والخدمات المرتبطة بالصحة من حيث القدرة المادية؟** 1. موافق بشدة 2. موافق 3 .محايد 4..غير موافق 5. لا اعرف
☐	**Q25: ما مدى معرفتك بضرورة الحصول على المعلومات والأفكار المتعلقة بالقضايا الصحية ونشرها ؟** 1. اعرف قليلا 2. اعرف بشكل معقول 3.اعرف 4. لا اعرف	☐	**Q26: هل تعتقد ان النظام الصحي الفلسطيني يضمن للمنتفع الحصول على المعلومات والأفكار المتعلقة بالقضايا الصحية ونشرها؟** 1. موافق بشدة 2. موافق 3.محايد 4..غير موافق 5. لا اعرف
ثالثا: المقبولية			
مدى معرفتك بعوامل المقبولية التالية:			**مدى موافقتك بعوامل المقبولية التالية:**
☐	**Q27: ما مدى معرفتك بضرورة ان تعامل البيانات الصحية الشخصية بسرية ؟** 1. اعرف 2. اعرف بشكل معقول 3.اعرف قليلا 4. لا اعرف	☐	**Q28: هل تعتقد ان النظام الصحي الفلسطيني يضمن ان تعامل البيانات الصحية الشخصية بسرية ؟** 1. موافق بشدة 2. موافق 3 .محايد 4.غير موافق 5. لا اعرف
☐	**Q29: ما مدى معرفتك بضرورة ان تراعي جميع المرافق والسلع والخدمات المرتبطة بالصحة الأخلاق الطبية ؟** 1. اعرف قليلا 2. اعرف بشكل معقول 3.اعرف 4. لا اعرف	☐	**Q30: هل تعتقد ان جميع المرافق والسلع والخدمات المرتبطة بالصحة في النظام الصحي الفلسطيني تراعي الأخلاق الطبية ؟** 1. موافق بشدة 2. موافق 3.محايد 4.غير موافق 5. لا اعرف
☐	**Q31: ما مدى معرفتك بضرورة ان تكون المرافق والسلع والخدمات المرتبطة بالصحة مناسبة ثقافيا ، وحساسة للنوع الاجتماعي ؟** 1. اعرف قليلا 2. اعرف بشكل معقول 3.اعرف 4. لا اعرف	☐	**Q32: هل تعتقد ان المرافق والسلع والخدمات المرتبطة بالصحة في النظام الصحي الفلسطيني مناسبة ثقافيا ، وحساسة للنوع الاجتماعي ؟** 1. موافق بشدة 2. موافق 3 .محايد 4.غير موافق 5. لا اعرف
☐	**Q33: ما مدى معرفتك بضرورة احترام ثقافة الآخرين والأقليات والشعوب والمجتمعات ؟** 1. اعرف قليلا 2. اعرف بشكل معقول 3.اعرف 4. لا اعرف	☐	**Q34: هل تعتقد ان النظام الصحي الفلسطيني يضمن احترام ثقافة الآخرين والأقليات والشعوب والمجتمعات ؟** 1. موافق بشدة 2. موافق .محايد 4.غير موافق 5. لا اعرف

رابعا : الجودة			
مدى معرفتك بعوامل الجودة التالية:			مدى موافقتك بعوامل الجودة التالية:
☐	**Q35: ما مدى معرفتك بضرورة ان تكون المرافق والسلع والخدمات موثقة علميا وطبيا وذات نوعية جيدة ؟** 1. اعرف قليلا 2. اعرف بشكل معقول 3.اعرف 4. لا اعرف	☐	**Q36: هل تعتقد ان المرافق والسلع والخدمات في النظام الصحي الفلسطيني موثوقة علميا وطبيا وذات نوعية جيدة ؟** 1. موافق بشدة 2. موافق 3 .محايد 4.غير موافق 5. لا اعرف
☐	**Q37: ما مدى معرفتك بضرورة وجود مقدمي الخدمات الطبية أكفاء ؟** 1. اعرف قليلا 2. اعرف بشكل معقول 3.اعرف 4. لا اعرف	☐	**Q38: هل تعتقد ان النظام الصحي الفلسطيني يوفر مقدمي خدمات طبية أكفاء ؟** 1. موافق بشدة 2. موافق 3 .محايد 4.غير موافق 5. لا اعرف
☐	**Q39: ما مدى معرفتك بضرورة ان تكون العقاقير والمعدات للمستشفيات معتمدة علميا (مثلا: عدم استعمال أدوية منتهية الصلاحية) ؟** 1. اعرف قليلا 2. اعرف بشكل معقول 3.اعرف 4. لا اعرف	☐	**Q40: هل تعتقد ان النظام الصحي الفلسطيني يوفر عقاقير ومعدات للمستشفيات معتمدة علميا (مثلا: عدم استعمال أدوية منتهية الصلاحية) ؟** 1. موافق بشدة 2. موافق 3.محايد 4.غير موافق 5. لا اعرف
☐	**Q41: ما مدى معرفتك بضرورة توفر مياه شرب أمنة ؟** 1. اعرف قليلا 2. اعرف بشكل معقول 3.اعرف 4. لا اعرف	☐	**Q42: هل تعتقد ان النظام الصحي الفلسطيني يوفر مياه شرب أمنة ؟** 1. موافق بشدة 2. موافق 3 .محايد 4.غير موافق 5. لا اعرف
☐	**Q43: ما مدى معرفتك بضرورة بذل أقصى الجهود من اجل توفير الخدمات والمرافق والرعاية الطبية في حالة المرض ؟** 1. اعرف قليلا 2. اعرف بشكل معقول 3.اعرف 4. لا اعرف	☐	**Q44: هل تعتقد ان النظام الصحي الفلسطيني يعمل على بذل أقصى الجهود من اجل توفير الخدمات والمرافق والرعاية الطبية في حالة المرض ؟** 1. موافق بشدة 2. موافق 3.محايد 4.غير موافق 5. لا اعرف
ميثاق حقوق المرضى الفلسطيني لعام 1995			
☐	**Q44-0: هل اطلعت على ميثاق حقوق المرضى الفلسطيني ؟** 1. نعم 2. لا انتقل الى بنود المواقف فقط		

مدى معرفتك بالبنود التفصيلية للميثاق			مدى موافقتك على البنود التفصيلية للميثاق
☐	**Q45: ما مدى معرفتك بضرورة احترام المعتقدات الشخصية، الدينية والثقافية للمريض وضمان حرية ممارستها ؟** 1. اعرف 2. اعرف بشكل معقول 3.اعرف قليلا 4. لا اعرف	☐	**Q46: هل تعتقد ان الاطباء في فلسطين يحترمون المعتقدات الشخصية، الدينية والثقافية للمريض وضمان حرية ممارستها ؟** 1. موافق بشدة 2. موافق 3 .محايد 4..غير موافق 5. لا اعرف
☐	**Q47: ما مدى معرفتك بضرورة تلقي الرعاية الإنسانية في الحالات المستعصية (الموت بكرامة) ؟** 1. اعرف 2. اعرف بشكل معقول 3.اعرف قليلا 4. لا اعرف	☐	**Q48: هل تعتقد ان الاطباء في فلسطين يقدمون الرعاية الإنسانية في الحالات المستعصية (الموت بكرامة) ؟** 1. وافق بشدة 2. موافق 3 .محايد 4..غير موافق 5. لا اعرف
☐	**Q49: ما مدى معرفتك بضرورة أن تكون الرعاية الصحية مقدوره التكاليف ولا يحرم المريض بأي حال من الأحوال من رعاية طبية لائقة بسبب عدم قدرته على الدفع "؟** 1. اعرف 2. اعرف بشكل معقول 3.اعرف قليلا 4. لا اعرف	☐	**Q50: هل تعتقد ان الاطباء في فلسطين يعطون رعاية صحية مقدوره التكاليف بحيث لا يحرم المريض بأي حال من الأحوال من رعاية طبية لائقة بسبب عدم قدرته على الدفع ؟** **1.** موافق بشدة 2. موافق 3.محايد 4..غير موافق 5. لا اعرف
☐	**Q51: ما مدى معرفتك بضرورة الحصول على الرعاية الصحية اللازمة حتى تستقر حالة المريض في حالات الطوارئ ؟** 1. اعرف 2. اعرف بشكل معقول 3.اعرف قليلا 4. لا اعرف	☐	**Q52: هل تعتقد ان الاطباء في فلسطين يقدمون الرعاية الصحية اللازمة حتى تستقر حالة المريض في حالات الطوارئ ؟** 1.موافق بشدة 2. موافق 3 .محايد 4. .غير موافق 5. لا اعرف
☐	**Q53: ما مدى معرفتك بضرورة الاخذ بعين الاعتبار ان المريض/ او المنتفع له الحق في اختيار أو تغيير الطبيب المعالج أو مقدم الرعاية الصحية ضمن ما يسمح به نظام الرعاية الطبية "؟** 1. اعرف 2. اعرف بشكل معقول 3.اعرف قليلا 4. لا اعرف	☐	**Q54: هل تعتقد ان الاطباء في فلسطين يعطون المريض /او المنتفع الحق في اختيار أو تغيير الطبيب المعالج أو مقدم الرعاية الصحية ضمن ما يسمح به نظام الرعاية الطبية؟** 1. موافق بشدة 2. موافق 3 .محايد 4..غير موافق 5. لا اعرف
☐	**Q55: ما مدى معرفتك بضرورة الحصول على الرعاية اللازمة لإعادة التأهيل ؟ (مثلا: في حالة اعاقة ناتجة عن الجلطة الدماغية)** 1. اعرف 2. اعرف بشكل معقول 3.اعرف قليلا 4. لا اعرف	☐	**Q56: هل تعتقد ان الاطباء في فلسطين يعطون المنتفع حق الحصول على الرعاية اللازمة لإعادة التأهيل ؟** **(مثلا: في حالة اعاقة ناتجة عن الجلطة الدماغية)** 1. موافق بشدة 2. موافق 3 .محايد 4.غير موافق 5. لا اعرف

☐	**Q57: ما مدى معرفتك بضرورة اعتبار ان لكل مريض الحق في الرعاية الصحية في مرافق سليمة ومأمونة صحيا ؟** 1. اعرف 2. اعرف بشكل معقول 3.اعرف قليلا 4. لا اعرف	☐	**Q58: هل تعتقد ان الاطباء في فلسطين يعطون الحق في الرعاية الصحية لكل مريض في مرافق سليمة ومأمونة صحيا ؟** 1. موافق بشدة 2. موافق 3 .محايد 4..غير موافق 5. لا اعرف
☐	**Q59: ما مدى معرفتك بضرورة اعتبار ان للمواطن الحق في الحصول على المعلومات المتعلقة بحالته والرعاية الصحية المقدمة له فيما يتعلق بتشخيص وعلاج حالته والتوقعات لمستقبل الحالة "؟** 1. اعرف 2. اعرف بشكل معقول 3.اعرف قليلا 4. لا اعرف	☐	**Q60: هل تعتقد ان الاطباء في فلسطين يعطون المواطن الحق في الحصول على المعلومات المتعلقة بحالته والرعاية الصحية المقدمة له فيما يتعلق بتشخيص وعلاج حالته والتوقعات لمستقبل الحالة ؟** 1. موافق بشدة 2. موافق 3 .محايد 4.غير موافق 5. لا اعرف
☐	**Q61: ما مدى معرفتك بضرورة اعتبار ان للمواطن الحق في الموافقة الشفوية ؟** 1. اعرف 2. اعرف بشكل معقول 3.اعرف قليلا 4. لا اعرف	☐	**Q62: هل تعتقد ان الاطباء في فلسطين يعطون المواطن الحق في الموافقة الشفوية ؟ (في حالة البوح عن معلومات صحية خاصة بالمنتفع)** 1. موافق بشدة 2. موافق 3 .محايد 4..غير موافق 5. لا اعرف
☐	**Q63: ما مدى معرفتك بضرورة اعتبار ان للمواطن الحق في الموافقة الكتابية المبنية على الدراية الواضحة ؟** 1. اعرف 2. اعرف بشكل معقول 3.اعرف قليلا 4. لا اعرف	☐	**Q64: هل تعتقد ان الاطباء في فلسطين يعطون المواطن الحق في الموافقة الكتابية المبنية على الدراية الواضحة ؟** 1. موافق بشدة 2. موافق 3 .محايد 4..غير موافق 5. لا اعرف
☐	**Q65: ما مدى معرفتك بضرورة اعتبار ان لكل مريض الحق في رفض الرعاية الصحية ضمن حدود القانون وان تفسر له التبعات الطبية المترتبة على هذا الرفض ؟** 1. اعرف 2. اعرف بشكل معقول 3.اعرف قليلا 4. لا اعرف	☐	**Q66: هل تعتقد ان الاطباء في فلسطين يعطون الحق لكل مريض افي رفض الرعاية الصحية ضمن حدود القانون وان تفسر له التبعات الطبية المترتبة على هذا الرفض ؟** 1. موافق بشدة 2. موافق 3 .محايد 4.غير موافق 5. لا اعرف
☐	**Q67: ما مدى معرفتك بضرورة إعلام المريض وإعطاء المشورة له حول نية شخص أو مؤسسة بالقيام بأبحاث قد تؤثر على الرعاية الصحية به ؟** 1. اعرف 2. اعرف بشكل معقول 3.اعرف قليلا 4. لا اعرف	☐	**Q68: هل تعتقد ان الاطباء في فلسطين يعلمون المرضى ويقدموا المشورة لهم حول نية شخص أو مؤسسة بالقيام بأبحاث قد تؤثر على الرعاية الصحية به؟** 1. موافق بشدة 2. موافق 3.محايد 4..غير موافق 5. لا اعرف

☐	**Q69: ما مدى معرفتك بضرورة الاخذ بعين الاعتبار ان من حق المريض الموافقة أو الرفض المشاركة في هذه الأبحاث ؟** 1. اعرف 2. اعرف بشكل معقول 3.اعرف قليلا 4. لا اعرف	☐	**Q70: هل تعتقد ان الاطباء في فلسطين يعطون المريض حق الموافقة أو الرفض المشاركة في هذه الأبحاث ؟** 1. موافق بشدة 2. موافق 3 .محايد 4..غير موافق 5. لا اعرف
☐	**Q71: ما مدى معرفتك بضرورة إعلام المريض وإعطاء المشورة له عن رغبة أي شخص أو مؤسسة بالقيام في برامج تدريب طلاب الطب بما يشمل حالته ؟** 1. اعرف 2. اعرف بشكل معقول 3.اعرف قليلا 4. لا اعرف	☐	**Q72 : هل تعتقد ان الاطباء في فلسطين يعلمون المريض ويقدموا المشورة له عن رغبة أي شخص أو مؤسسة بالقيام في برامج تدريب طلاب الطب بما يشمل حالته ؟** 1. موافق بشدة 2. موافق 3 .محايد 4..غير موافق 5. لا اعرف
☐	**Q73 :ما مدى معرفتك بضرورة اعتبار ان لكل مريض الحق في الاحترام الكامل لخصوصيته والتصريح بهذه المعلومات السرية فقط بناءا على موافقة المريض الصريحة أو إذا سمح القانون بذلك صراحة ؟** 1. اعرف 2. اعرف بشكل معقول 3.اعرف قليلا 4. لا اعرف	☐	**Q75 :هل تعتقد ان الاطباء في فلسطين يعطون الحق لكل مريض في الاحترام الكامل لخصوصيته والتصريح بالمعلومات السرية فقط بناءا على موافقة المريض الصريحة أو إذا سمح القانون بذلك صراحة ؟** 1.موافق بشدة 2. موافق 3 .محايد 4 ..غير موافق 5. لا اعرف
☐	**Q76 :ما مدى معرفتك بضرورة إعطاء اهتمام خاص بمصالح المرضى ذوي الاحتياجات الخاصة بما فيهم الأطفال، كبار السن، من يعانون من اضطرابات نفسية والمعوقين جسميا وعقليا ؟** 1. اعرف 2. اعرف بشكل معقول 3.اعرف قليلا 4. لا اعرف	☐	**Q77 :هل تعتقد ان الاطباء في فلسطين يعطون اهتمام خاص بمصالح المرضى ذوي الاحتياجات الخاصة بما فيهم الأطفال، كبار السن، من يعانون من اضطرابات نفسية والمعوقين جسميا وعقليا ؟** 1. موافق بشدة 2. موافق 3 .محايد 4..غير موافق 5. لا اعرف
☐	**Q78 :ما مدى معرفتك بضرورة اعتبار ان للمواطنين حق جماعي في نوع من التمثيل على كافة مستويات نظام الرعاية الصحية في المسائل الخاصة بتخطيط وتقييم الخدمات الصحية بما فيه نطاق ونوعية وأداء هذه الخدمات ؟** 1. اعرف 2. اعرف بشكل معقول 3.اعرف قليلا 4. لا اعرف	☐	**Q79 :هل تعتقد ان الاطباء في فلسطين يشاركون المواطنين بحقهم الجماعي في نوع من التمثيل على كافة مستويات نظام الرعاية الصحية في المسائل الخاصة بتخطيط وتقييم الخدمات الصحية بما فيه نوعية وأداء هذه الخدمات ؟** 1. موافق بشدة 2. موافق 3.محايد 4..غير موافق 5. لا اعرف
☐	**Q80 :ما مدى معرفتك بضرورة اعتبار ان لكل مريض الحق في التقدم بشكوى بخصوص الرعاية به ؟** 1. اعرف 2. اعرف بشكل معقول 3.اعرف قليلا 4. لا اعرف	☐	**Q82 :هل تعتقد ان الاطباء في فلسطين يعطون الحق لكل مريض في التقدم بشكوى بخصوص الرعاية به ؟** 1. موافق بشدة 2. موافق 3 .محايد 4..غير موافق 5. لا اعرف

☐	**Q83 :ما مدى معرفتك بانه عند تقديم الرعاية الطبية للمريض، فانه له الحق في الاطلاع على المعلومات التفصيلية الدقيقة حول كيفية تقديم الشكاوي؟** 1. اعرف 2. اعرف بشكل معقول 3.اعرف قليلا 4. لا اعرف	☐	**Q84 :هل تعتقد ان الاطباء في فلسطين يعطون الحق للمريض او المنتفع في الاطلاع على المعلومات التفصيلية الدقيقة حول كيفية تقديم الشكاوي عند تقديم الرعاية الطبية له ؟** 1.موافق بشدة 2. موافق 3 .محايد 4..غير موافق 5. لا اعرف
☐	**Q85 : باعتقادك ، ما مدى تطبيق بنود الميثاق على الواقع الصحي الفلسطيني ؟** 1. اقل من 20% 2. 20% - 40% 3. 40% - 60% 4. 60% - 80% 5. 80% -100%		

نهاية الاستبيان

شكرا للمشاركة والتعاون