

the foreseeable future, will require animal experimentation. An intact live animal is more than the sum of the responses of isolated cells, tissues, or organs; there are complex interactions in the whole animal that cannot be reproduced by biological or nonbiological "alternative" methods. The term "alternative" has come to be used by some to refer to a replacement of the use of living animals by other procedures, as well as methods which lead to a reduction in the numbers of animals required or to the refinement of experimental procedures.

4.2. The experimental procedures that are considered to be "alternatives" include nonbiological and biological methods. The nonbiological methods include mathematical modeling of structure-activity relationships based on the physicochemical properties of drugs and other chemicals, and computer modeling of other biological processes. The biological methods include the use of microorganisms, *in vitro* preparations (subcellular fractions, short-term cellular systems, whole organ perfusion, and cell and organ culture), and, under some circumstances, invertebrates and vertebrate embryos. In addition to experimental procedures, retrospective and prospective epidemiological investigations on human and animal populations represent other approaches of major importance.

4.3. The adoption of "alternative" approaches is viewed as being complementary to the use of intact animals, and their development and use should be actively encouraged for both scientific and humane reasons.



Patients' Bills of Rights

DECLARATION OF LISBON ON THE RIGHTS OF THE PATIENT

Adopted by the 34th World Medical Assembly (Lisbon, September/October 1981)

Recognizing that there may be practical, ethical, or legal difficulties, a physician should always act according to his/her conscience and always in the best interest of the patient. The following Declaration represents some of the principal rights which the medical profession seeks to provide to patients.

Whenever legislation or government action denies these rights of the patient, physicians should seek by appropriate means to assure or to restore them.

- a) The patient has the right to choose his physician freely.
- b) The patient has the right to be cared for by a physician who is free to make clinical and ethical judgments without any outside interference.
- c) The patient has the right to accept or to refuse treatment after receiving adequate information.

- d) The patient has the right to expect that his physician will respect the confidential nature of all his medical and personal details.
- e) The patient has the right to die in dignity.
- f) The patient has the right to receive or to decline spiritual and moral comfort including the help of a minister of an appropriate religion.

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A PATIENT'S BILL OF RIGHTS

Approved by the American Hospital Association House of Delegates, 6 February 1973

The American Hospital Association presents a Patient's Bill of Rights with the expectation that observance of these rights will contribute to more effective patient care and greater satisfaction for the patient, his physician, and the hospital organization. Further, the Association presents these rights in the expectation that they will be supported by the hospital on behalf of its patients, as an integral part of the healing process. It is recognized that a personal relationship between the physician and the patient is essential for the provision of proper medical care. The traditional physician-patient relationship takes on a new dimension when care is rendered within an organizational structure. Legal precedent has established that the institution itself also has a responsibility to the patient. It is in recognition of these factors that these rights are affirmed.

1. The patient has the right to considerate and respectful care.
2. The patient has the right to obtain from his physician complete current information concerning his diagnosis, treatment, and prognosis in terms the patient can be reasonably expected to understand. When it is not medically advisable to give such information to the patient, the information should be made available to an appropriate person in his behalf. He has the right to know, by name, the physician responsible for coordinating his care.
3. The patient has the right to receive from his physician information necessary to give informed consent prior to the start of any procedure and/or treatment. Except in emergencies, such information for informed consent should include but not necessarily be limited to the specific procedure and/or treatment, the medically significant risks involved, and the probable duration of incapacitation. Where medically significant alternatives for care or treatment exist, or when the patient requests information concerning medical alternatives, the patient has the right to such information. The patient also has the right to know the name of the person responsible for the procedures and/or treatment.
4. The patient has the right to refuse treatment to the extent permitted by law and to be informed of the medical consequences of his action.
5. The patient has the right to every consideration of his privacy concern-

ing his own medical care program. Case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly. Those not directly involved in his care must have the permission of the patient to be present.

6. The patient has the right to expect that all communications and records pertaining to his care should be treated as confidential.

7. The patient has the right to expect that within its capacity a hospital must make reasonable response to the request of a patient for services. The hospital must provide evaluation, service, and/or referral as indicated by the urgency of the case. When medically permissible, the patient may be transferred to another facility only after he has received complete information and explanation concerning the needs for and alternatives for such a transfer. The institution to which the patient is to be transferred must first have accepted the patient for transfer.

8. The patient has the right to obtain information as to any relationship of his hospital to other health care and educational institutions insofar as his care is concerned. The patient has the right to obtain information as to the existence of any professional relationships among individuals, by name, who are treating him.

9. The patient has the right to be advised if the hospital proposes to engage in or perform human experimentation affecting his care or treatment. The patient has the right to refuse to participate in such research projects.

10. The patient has the right to expect reasonable continuity of care. He has the right to know in advance what appointment times and physicians are available and where. The patient has the right to expect that the hospital will provide a mechanism whereby he is informed by his physician or a delegate of the physician of the patient's continuing health care requirements following discharge.

11. The patient has the right to examine and receive an explanation of his bill, regardless of source of payment.

12. The patient has the right to know what hospital rules and regulations apply to his conduct as a patient.

No catalog of rights can guarantee for the patient the kind of treatment he has a right to expect. A hospital has many functions to perform, including the prevention and treatment of disease, the education of both health professionals and patients, and the conduct of clinical research. All these activities must be conducted with an overriding concern for the patient, and, above all, the recognition of his dignity as a human being. Success in achieving this recognition assures success in the defense of the rights of the patient.

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