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Assessment Of Patient's Awareness Of Their Rights: Cross-Sectional Descriptive Study

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ABSTRACT

This study examined the awareness of patient rights among individuals receiving care at a tertiary healthcare center in the East Godavari region of Andhra Pradesh. The findings reveal that while 54.65% of participants demonstrated a general awareness of their rights, a considerable number lacked specific knowledge regarding key areas such as the right to refuse treatment, the right to transfer, access to medical records, and the right to discharge.

This study employed a descriptive cross-sectional design to assess patient rights awareness among inpatients at a general hospital in East Godavari, Andhra Pradesh. A total of 200 participants from various departments were selected through convenience sampling. Data were collected via face-to-face interviews using a structured 10-point questionnaire based on the hospital's patient rights charter. Inclusion criteria focused on conscious, coherent patients aged 17–80 who consented to participate. Descriptive and inferential statistical methods, including chi-square tests and ANOVA, were used for analysis, alongside thematic analysis for qualitative insights. The study adhered to strict ethical guidelines, ensuring informed consent, confidentiality, and institutional ethical approval.

Notably, 192 out of 200 participants (96%) were aware of the right to informed consent, indicating strong awareness in this particular area. However, the study also found that lower levels of education were associated with reduced awareness of patient rights overall.

These results highlight the importance of implementing targeted educational interventions to enhance patient knowledge. Improving awareness not only empowers patients but also fosters better communication between patients and healthcare providers, ultimately contributing to improved health outcomes. Conversely, insufficient awareness can undermine patient autonomy, dignity, and overall well-being.

Keywords:- Patient's rights, general awareness, descriptive cross-sectional design, targeted educational interventions, improved health outcomes

INTRODUCTION

Patient rights are an essential part of healthcare practice. In fact, patients are one of the most vulnerable members of society. As a result, improving the rights of patients is considered a priority in medical services[1]. In the realm of Healthcare, patient's rights and responsibilities form the cornerstone of ethical and effective medical practice. These principles outline the fundamental entitlements a patient poses as they navigate their healthcare journey, alongside the corresponding obligations they bear.

Recipients of healthcare services have rights, which must be acknowledged and protected. Such rights include observance of acceptable patient physical, mental, spiritual, and social needs guided by commonly accepted rules and regulations[2].

Countries across the world believe that all patients irrespective of their race, gender, caste, creed, religion or belief and nationality are entitled to certain basic rights[3] while availing medical facilities, resulting in a consensus that physicians, healthcare providers and governments should safeguard patients' rights.[4] The developed world strives proactively to enlighten their citizens about their rights as patients owing to their commitment to the WHO's declaration [5] on the promotion of patients' rights. Health being a universally acknowledged parameter to measure human development, raising quality of health through increasing awareness of patients' rights becomes inevitable in many developing countries.[6] There is growing concern for patients' rights in India, but the challenge is that health is still on lower priority for the majority of its population wherein the public may get less chance to know their rights as patients.[7]

The rights of a patient are a set of rules of conduct which govern the interaction between the patients and Healthcare professionals. Every patient has a right to be informed about their rights and also the responsibility of the healthcare provider.

The efforts to increase awareness of patients' rights by hospitals and governments are solely based on their expected contributions to medical efficiency,[8] medical practices and to improve understanding between medical staff and patients.[9] No government can ignore its duty to protect the patients' rights because its implementation is primarily a matter of national concern and a constitutional commitment in case of India as per Article 21 of the Constitution of India.[10] Recognizing and upholding these rights and responsibilities is crucial for fostering a relationship of trust, respect and collaboration between patients and Healthcare providers. This introduction aims to explore the key components of patients rights and responsibilities, elucidate their significance in promoting patient centered care and ensuring the delivering of high-quality healthcare services.

While doctors and hospitals provide medical care to the best of their knowledge and ability, patients also have certain responsibilities towards their own care. Simultaneously they have rights to avail best and affordable quality care.

The rights and responsibilities will help them to get the maximum benefits from treatment, both to patients and caregivers. The list is provided in all hospitals with its local translation.

Patients have the right to choose the medical care they wish to receive. As medical technology becomes more advanced, these decisions become increasingly difficult to decide. Should I have the surgery? Do I want to be maintained on a respirator? Frequently, these decisions involve not only medical questions, but moral and ethical dilemmas as well. What has the greater value, the length of life or the quality of life? What is the right choice for the patient? Although patients have a right to make their own care and treatment decisions, they often face conflicting religious and moral values. Often, it is difficult to make a choice when two roads may seem equally desirable

Patient rights may be classified as either legal, those emanating from law, or human statements of desirable ethical principles, such as the right to healthcare or the right to be treated with human dignity. Both staff and patients should be aware and understand not only their own rights and responsibilities but also the rights and responsibilities of each other.
Patient responsibilities are crucial as it empowers individuals to actively engage in their healthcare journey. By understanding and fulfilling their responsibilities, patients contribute to their own well-being, improve treatment outcomes, and enhance the efficiency of the health care system. Responsibilities such as adhering to treatment plans, providing accurate medical history, and actively communicating concerns enable patients to become partners in their care, fostering a collaborative and effective healthcare environment.

METHODOLOGY: MATERIALS AND METHODS

Study type

Epidemiological studies can be descriptive and/or analytical. Descriptive studies are used to describe exposure and disease in a population, and can be used to generate hypotheses, but they are not designed to test hypotheses.[11]
Descriptive epidemiological studies include: (1) case reports (2) case series (3) descriptive cross-sectional (prevalence) study (4) descriptive cohort (incidence) studies
Analytical epidemiological studies include: (a) observational studies, such as (1) ecological studies (correlational studies), (2) analytical cross-sectional studies, (3) analytical cohort studies (prospective and retrospective), and (4) case–control studies[12]

Study design

A cross-sectional study (research design) in which we collected data from many different individuals at a single point in time. In cross-sectional research, you observe variables without influencing them.[13]

We performed a cross-sectional descriptive study on awareness of patients' rights in a general hospital located in east godavari district, AndhraPradesh .

Study Population and Sampling

The study included inpatients aged 17–80 years from general medicine, general surgery, orthopaedics, obstetrics and gynaecology, dermatology, ENT, and ophthalmology wards of a general hospital. A convenience sampling method was used, selecting 200 patients who were conscious, coherent, and willing to give consent. Patients below 17 or above 80, from psychiatric or paediatric wards, or unable/unwilling to participate were excluded.

Study Duration

The study was conducted from September to November, allowing adequate time for data collection, analysis, and reporting.

Data Collection

Data were collected via face-to-face interviews using a structured 10-question questionnaire based on the hospital's patient rights charter. Responses were recorded as 'yes' or 'no'. Sociodemographic details such as age, gender, residence, education, and occupation were also noted.

Data Analysis

Data were analysed using descriptive statistics (frequencies, percentages, means), and inferential statistics (Chi-square test, ANOVA) to assess associations between awareness and sociodemographic factors. Thematic analysis was conducted to identify patterns in patients' perceptions and experiences.

Confidentiality and Ethics

Ethical clearance was obtained from the institutional review board. Participants' informed consent, confidentiality, and anonymity were maintained throughout the study.

Ethical consideration [14]

Ethical considerations in research are a set of principles that guide the research designs and practices.

Ethical considerations for research on patients' awareness of their rights include:
1. Informed consent: Patients must be fully informed about the study's purpose, risks, and benefits, and provide their consent before participating.
2. Confidentiality: Patients' personal and medical information must be kept confidential and secure
3. Non-maleficence: Researchers must ensure that the study does not cause harm or discomfort to patients.
4. Beneficence: Researchers must ensure that the study has the potential to benefit patients and contribute to the improvement of healthcare.
5.Justice: Researchers must ensure that the study is fair and unbiased, and that patients are not exploited or disadvantaged
6. Vulnerable populations: Researchers must take extra precautions when working with vulnerable populations, such as those with mental or physical disabilities.
7. Cultural sensitivity: Researchers must be sensitive to the cultural beliefs and values of patients from diverse backgrounds.
8. Ethical approval: The study must be approved by an independent ethics committee or institutional review board before commencement.

By adhering to these ethical considerations, it is ensure that the study is conducted in a responsible and respectful manner that prioritises patients' well-being and rights

RESULTS AND DISCUSSION

A total of 200 patients participated in the study conducted in the tertiary care General hospital. A large proportion of the participants were females 109 (54.5%) whereas there were 91 (45.5%)male participants.[Table 1]

Table 1: Socio-demographic characteristics of study participants

Categories	frequency (n)	Percentage (%)
Age		
<20 years	14	7.0%
21-30 years	35	17.5%
31-40 years	51	25.5%
41-50 years	55	27.5%
51-60 years	30	15.0%
61-70 years	15	7.5%
Gender		

Female	109	54.5%
Male	91	45.5%
Education		
Illiterate	50	25.0%
Primary (1st to 5th standard)	34	17.0%
Secondary (6th to 10th standard)	66	33.0%
Diploma	2	1.0%
Intermediate (11th to 12th standard)	29	14.5%
Degree (graduation)	19	9.5%

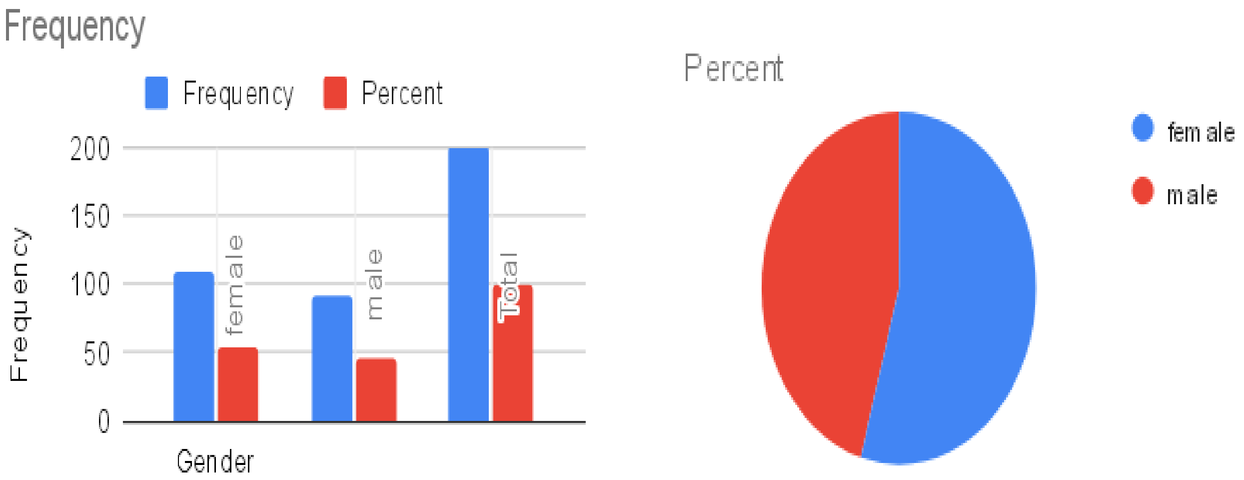

Fig. 1 : Bar chart and pie chart showing Frequency of gender of the participants

Participants of the study range from young (<20 years) to old (between 60 and 70 years) . Highest number of participants were in between the age range of 41 -50 years which constitutes 55 (27.5%) of the total 200(100%) participants.

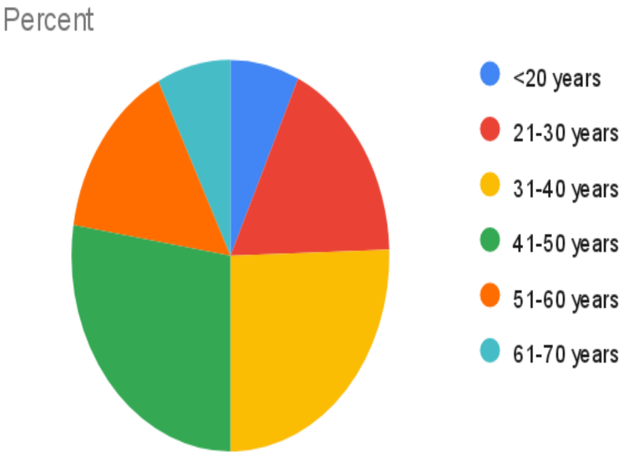

Fig 2 : pie chart showing Frequency Of participants based on age

And the highest number of participans having or securing Secondary Level of education counts upto 66 (33.0%) of total 200(100%) participants . [Table 1]

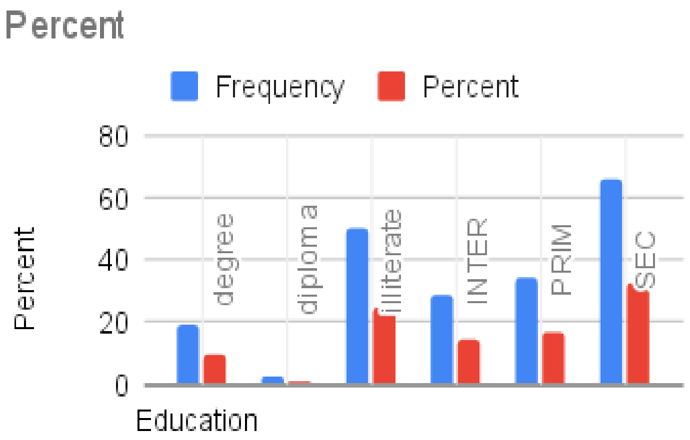

Fig 3:bar chart showing Frequency of participants based on education status

Table 2: Frequency Table showing awareness of patient rights among study participants (patients)

Q.no	Patient's Rights	**YES**		NO	
		FREQUENCY	**%**	FREQUENCY	%
Q1.	Right to privacy and confidentiality	**149**	**74.5%**	51	25.5%
Q2.	Right to participate in care decisions	**107**	**53.5%**	93	46.5%
Q3.	Right to informed consent	**192**	**96%**	8	4%
Q4.	Right to ask questions	**121**	**60.5%**	79	39.5%
Q5.	Right to refuse treatment	**49**	**24.5%**	151	75.5%
Q6.	Right to emergency care	**112**	**56%**	88	44%
Q7.	Right to transfer	**62**	**31%**	138	69%
Q8.	Right to access medical records	**72**	**36%**	128	64%
Q9.	Right to know the caregivers	**159**	**79.5%**	41	20.5%
Q10.	Right to discharge	**70**	**35%**	130	65%

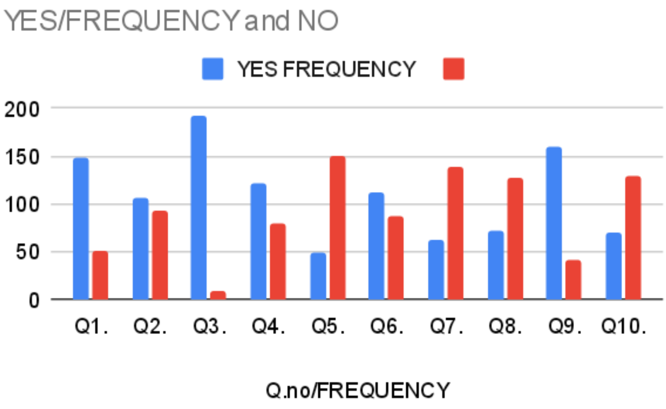

Fig 4 : bar chart Frequency Table showing awareness of patient rights among study participants

In the study it is observed that most of the participants that is 159 (79.5%) know their caregivers name and 149 (74.5%) participants are aware of the right to privacy and confidentiality while only 49 (24.5%) participants know about the right to refuse treatment. [Table 2]. On an average 54.6% of participants were aware of the patient's rights.

Table 3: Awareness of patient's rights based on the gender of the participants (*$p \leq 0.05$)

Qno	Questions	Female N = 109				Male N= 91				P-VALUE
		YES		NO		**YES**		NO		
		n	**% within particular question**	n	% within particular question	**n**	**% within particular question**	n	% within particular question	
Q1.	Right to privacy and confidentiality	**79**	**53.0%**	30	58.8%	**70**	**47.0%**	21	41.2%	0.473
Q2.	Right to participate in care decisions	**48**	**44.9%**	61	65.6%	**59**	**55.1%**	32	34.4%	**0.003***
Q3.	Right to informed consent	**105**	**54.7%**	4	50.0%	**87**	**45.3%**	4	50.0%	0.794
Q4.	Right to ask questions	**66**	**54.5%**	43	54.4%	**55**	**45.5%**	36	45.6%	0.987
Q5.	Right to refuse treatment	**25**	**51.0%**	84	55.6%	**24**	**49.0%**	67	44.4%	0.573
Q6.	Right to emergency care	**53**	**47.3%**	56	63.6%	**59**	**52.7%**	32	36.4%	**0.021***
Q7.	Right to transfer	**30**	**48.4%**	79	57.2%	**32**	**51.6%**	59	42.8%	0.245
Q8.	Right to access medical records	**32**	**44.4%**	77	60.2%	**40**	**55.6%**	51	39.8%	**0.032***
Q9.	Right to know the caregivers	**88**	**55.3%**	21	51.2%	**71**	**44.7%**	20	48.8%	0.636
Q10	Right to discharge	**32**	**45.7%**	77	59.2%	**38**	**54.3%**	53	40.8%	0.067

(P value is considered to be significant when its less than 0.05)

Table 3 describes the association of gender with the patient's awareness of their rights. Males were more aware of the right to participate in care decisions (p=0.003) . Both genders were having nearly equal awareness about emergency care (p =0.021) and about the right to access medical records (p=0.032).

Table 4: Awareness of patient's rights based on age (*$p \leq 0.05$)

Q.no.	<20		21-30		31-40		41-50		51-60		61-70		P - value
	Yes	No	**Yes**	No	**Yes**	No	**Yes**	No	**Yes**	No	**Yes**	No	
Q.1	**14**	0	**27**	8	**39**	12	**42**	13	**18**	12	**9**	6	0.072
% within Q 1	**9.4%**	0.0%	**18.1%**	15.7%	**26.2%**	23.5%	**28.2%**	25.5%	**12.1%**	23.5%	**6.0%**	11.8%	
Q.2	**8**	6	**23**	12	**27**	24	**30**	25	**11**	19	**8**	7	0.345
% within Q2	**7.5%**	6.5%	**21.5%**	12.9%	**25.2%**	25.8%	**28.0%**	26.9%	**10.3%**	20.4%	**7.5%**	7.5%	
Q.3	**13**	1	**35**	0	**50**	1	**52**	3	**27**	3	**15**	0	

% within Q3	**6.8%**	12.5%	**18.2%**	0.0%	**26.0%**	12.5%	**27.1%**	37.5%	**14.1%**	37.5%	**7.8%**	0.0%	0.296
Q.4 % within Q4	**11**	3	**25**	10	**33**	18	**28**	27	**18**	12	**6**	9	0.117
	9.1%	3.8%	**20.7%**	12.7%	**27.3%**	22.8%	**23.1%**	34.2%	**14.9%**	15.2%	**5.0%**	11.4%	
Q.5 % within Q5	**7**	7	**9**	26	**14**	37	**13**	42	**3**	27	**3**	12	0.118
	14.3%	4.6%	**18.4%**	17.2%	**28.6%**	24.5%	**26.5%**	27.8%	**6.1%**	17.9%	**6.1%**	7.9%	
Q.6 % within Q6	**8**	6	**17**	18	**38**	13	**27**	28	**13**	17	**9**	6	0.051
	7.1%	6.8%	**15.2%**	20.5%	**33.9%**	14.8%	**24.1%**	31.8%	**11.6%**	19.3%	**8.0%**	6.8%	
Q.7%within Q7	**4**	10	**13**	22	**16**	35	**17**	38	**9**	21	**3**	12	0.911
	6.5%	7.2%	**21.0%**	15.9%	**25.8%**	25.4%	**27.4%**	27.5%	**14.5%**	15.2%	**4.8%**	8.7%	
Q.8% within Q8	**8**	6	**15**	20	**17**	34	**19**	36	**8**	22	**5**	10	0.438
	11.1%	4.7%	**20.8%**	15.6%	**23.6%**	26.6%	**26.4%**	28.1%	**11.1%**	17.2%	**6.9%**	7.8%	
Q.9 % within Q9	**11**	3	**31**	4	**45**	6	**45**	10	**18**	12	**9**	6	**0.011***
	6.9%	7.3%	**19.5%**	9.8%	**28.3%**	14.6%	**28.3%**	24.4%	**11.3%**	29.3%	**5.7%**	14.6%	
Q.10 % within Q10	**7**	7	**17**	18	**15**	36	**17**	38	**9**	21	**5**	10	0.340
	10.0%	5.4%	**24.3%**	13.8%	**21.4%**	27.7%	**24.3%**	29.2%	**12.9%**	16.2%	**7.1%**	7.7%	

(P value is considered to be significant when its less than 0.05)

Statistically significant associations were found between age and awareness of the right to know the caregivers (p=0.011). [Table-4]

Table 5: Awareness of patient's rights and education based on the level of education of participants (*p ≤ 0.05)

Q.no.	Illiterate		Primary		Secondary		Diploma		Intermediate		Degree		P - value
	Yes	No	**Yes**	No	**Yes**	No	**Yes**	No	**Yes**	No	**Yes**	No	
Q.1 % within Q1	**35**	15	**22**	12	**51**	15	**2**	0	**25**	4	**14**	5	0.380
	23.5%	29.4%	**14.8%**	23.5%	**34.2%**	29.4%	**1.3%**	0.0%	**16.8%**	7.8%	**9.4%**	9.8%	
Q.2 % within Q2	**20**	30	**14**	20	**38**	28	**2**	0	**22**	7	**11**	8	**0.016***
	18.7%	32.3%	**13.1%**	21.5%	**35.5%**	30.1%	**1.9%**	0.0%	**20.6%**	7.5%	**10.3%**	8.6%	
Q.3 % withi	**48**	2	**32**	2	**65**	1	**2**	0	**27**	2	**18**	1	0.825
	25.0	25.0	**16.7**	25.0	**33.9**	12.5	**1.0**	0.0	**14.1**	25.0	**9.4%**	12.5	

n Q3	**%**	%	**%**	%	**%**	%	**%**	%	**%**	%		%	
Q.4 % within Q4	**24**	26	**19**	15	**44**	22	**2**	0	**21**	8	**11**	8	0.173
	19.8 %	32.9 %	**15.7 %**	19.0 %	**36.4 %**	27.8 %	**1.7 %**	0.0 %	**17.4 %**	10.1 %	**9.1%**	10.1 %	
Q.5 % within Q5	**8**	42	**4**	30	**20**	46	**1**	1	**10**	19	**6**	13	0.112
	16.3 %	27.8 %	**8.2%**	19.9 %	**40.8 %**	30.5 %	**2.0 %**	0.7 %	**20.4 %**	12.6 %	**12.2 %**	8.6%	
Q.6 % within Q6	**26**	24	**18**	16	**39**	27	**2**	0	**17**	12	**10**	9	0.784
	23.2 %	27.3 %	**16.1 %**	18.2 %	**34.8 %**	30.7 %	**1.8 %**	0.0 %	**15.2 %**	13.6 %	**8.9%**	10.2 %	
Q.7 % within Q7	**10**	40	**14**	20	**18**	48	**0**	2	**14**	15	**6**	13	0.080
	16.1 %	29.0 %	**22.6 %**	14.5 %	**29.0 %**	34.8 %	**0.0 %**	1.4 %	**22.6 %**	10.9 %	**9.7%**	9.4%	
Q.8 % within Q8	**11**	39	**11**	23	**25**	41	**2**	0	**13**	16	**10**	9	**0.045 ***
	15.3 %	30.5 %	**15.3 %**	18.0 %	**34.7 %**	32.0 %	**2.8 %**	0.0 %	**18.1 %**	12.5 %	**13.9 %**	7.0%	
Q.9 % within Q9	**31**	19	**27**	7	**61**	5	**2**	0	**23**	6	**15**	4	**0.005 ***
	19.5 %	46.3 %	**17.0 %**	17.1 %	**38.4 %**	12.2 %	**1.3 %**	0.0 %	**14.5 %**	14.6 %	**9.4%**	9.8%	
Q.10 % within Q10	**11**	39	**11**	23	**23**	43	**1**	1	**12**	17	**12**	7	**0.048 ***
	15.7 %	30.0 %	**15.7 %**	17.7 %	**32.9 %**	33.1 %	**0.8 %**	1.4 %	**17.1 %**	13.1 %	**17.1 %**	5.4%	

(P value is considered to be significant when its less than 0.05)
Statistically significant association was observed between education of participants and awareness of the right to participate in care decisions (p=0.016). Significant connection between education of patients and knowing the right to access medical records (p=0.045) and awareness of the right to know the caregivers (p=0.005).

Statistical significance (p=0.048) of awareness of right to discharge is observed to be associated with education of participants. [Table- 5]

DISCUSSION

This study assessed the level of awareness of patient rights among inpatients at a tertiary healthcare center in East Godavari, Andhra Pradesh, using a descriptive cross-sectional design. Data were collected from 200 patients across various departments through a structured questionnaire. The objectives were to assess overall awareness, identify gaps, and improve collaboration between patients and healthcare providers. Results revealed poor awareness overall, with only 45.35% showing adequate knowledge. Key rights such as refusal of treatment, access to medical records, and discharge procedures were particularly poorly understood. Comparisons with previous studies (Kumar et al., Unnikrishnan et al., Agrawal et al., Muhammad et al., Aljeezan et al., Madadin et al.) revealed similar trends of low awareness and identified demographic and institutional factors influencing awareness levels. While some studies found differences based on gender or age, the current study found awareness largely independent of these factors.

CONCLUSION

This study assessed patient awareness of their rights in a tertiary healthcare center in East Godavari, Andhra Pradesh. Results showed moderate overall awareness (54.65%), with 96% aware of informed consent. However, awareness was low regarding critical rights such as refusal of treatment, transfer, access to medical records, and discharge. Poor education levels were linked to lower awareness.

The findings highlight the need for targeted interventions to educate patients and train healthcare providers. Improving patient rights awareness can enhance autonomy, communication, and health outcomes, while lack of awareness can compromise care quality and patient dignity.

Recommended Measures:

1. Patient-Centered Education Programs – Use clear, culturally sensitive materials via workshops, apps, and community outreach.
2. Healthcare Provider Training – Regular updates and scenario-based learning to reinforce respect for patient rights.
3. Accessible Information – Multilingual pamphlets, signage, digital platforms, and clear complaint procedures.
4. Ongoing Monitoring – Regular surveys and feedback to adapt education efforts effectively.

Strengthening patient rights awareness is essential to delivering patient-centered care and ensuring improved healthcare experiences and outcomes.

The implications are significant: increased awareness can lead to better health outcomes, communication, empowerment, and satisfaction, while low awareness can result in exploitation, errors, and mistrust. Recommendations include healthcare provider training, better educational materials, patient advocacy programs, and supportive policy reforms. However, limitations such as convenience sampling, small sample size, and potential biases in self-reporting restrict the generalizability of the findings.

Future research should explore interventions to improve awareness, evaluate educational tools, study healthcare provider attitudes, examine the link between awareness and health outcomes, and conduct comparative studies across healthcare settings. Special focus should also be given to vulnerable populations, technological tools for education, and systematic reviews to strengthen evidence-based practices.

CHAIRMAN
Mr. Naveen
Social Activist

INSTITUTIONAL ETHICS COMMITTEE
GSL MEDICAL COLLEGE & GENERAL HOSPITAL,
NH-16, RAJAHMUNDRY [ANDHRAPRADESH] – 533296
(EC Registration File No.EC/NEW/INST/2022/2870, Dated: 12.09.2023 issued by Joint Secretary,
Dept. of Health Research, Ministry of Health & Family Welfare, Govt. of India)

Date: 12.07.2024

GSLMC/ RC:1298-EC/1298-07/2024

Communication of Decision of the Institutional Ethics Committee [IEC] - Institutional Review Board [IRB]

To: Ms. SHAIK NOORJAHAN, Final MBBS Part-I, GSL Medical College, Rajahmundry, Andhra Pradesh.

IEC/IRB Ref No: 1298-EC/1298-07/24

Protocol Title: "ASSESSMENT OF PATIENT'S AWARENESS OF THEIR RIGHTS: CROSS-SECTIONAL DESCRIPTIVE STUDY"
Principal Investigator: Ms. SHAIK NOORJAHAN
Name & Address of Institution: GSL Medical College, Rajahmundry, Andhra Pradesh
New review ☑ **Revised Review** ☐ **Expedited review** ☐
Date of review [D/M/Y] 1 2 / 0 7 / 2 0 2 4
Date of previous review (if revised application) ☐☐ ☐☐ ☐

Documents reviewed:
Current CV of the investigator ☑
Proposed methods ☑
Compensation protocol ☑
Trial protocol ☑
Informed consent form ☑
Investigators undertaking ☑
Investigator's Brochure ☑
Agreement with the Sponsor ☐
Case Report Form ☑
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Please note:

- Inform IEC/ IRB immediately in case of any Advance events and Serious adverse events
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- This permission is only for period mentioned above. Annual report to be submitted to IEC/IRB.
- Members of IEC/IRB have right to monitor the trial with prior intimation.

Signature of MEMBER SECRETARY
IEC/IR

MEMBER SECRETARY
INSTITUTIONAL ETHICAL COMMITTEE
GSL Medical College & General Hospital
NH-5, Rajahmundry 533 296

GSL Medical College
NH-5, Lakshmipuram,
Rajahmundry - 533 296

DATA AVAILABILITY

The data that support the findings of this study were collected through patient surveys conducted at a tertiary healthcare centre in East Godavari, Andhra Pradesh. Due to the presence of potentially identifiable patient information and ethical considerations, the data are not publicly available. However, de-identified data may be made available upon reasonable request from the corresponding author, subject to approval by the institutional ethics committee.

CONFLICTS OF INTEREST

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

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AUTHOR'S CONTRIBUTION

Dr. Madhavi provided guidance throughout the data analysis process, interpreted the results, and contributed significantly to the writing and critical revision of the manuscript. Shaik was responsible for the design of the study regarding the patient's awareness about their rights, data collection, and initial data organization. Both authors reviewed and approved the final version of the manuscript and agreed to be accountable for all aspects of the work.

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REFERENCES

1. Aljeezan MK, Altaher YY, Boushal TA, Alsultan AM, Khan AS. Patients' awareness of their rights and responsibilities: A cross-sectional study from Al-ahsa. Cureus [Internet]. 2022 [cited 2024 Jul 11];14(12). Available from: https://pubmed.ncbi.nlm.nih.gov/36578857/
2. Abedi G, Shojaee J, Moosazadeh M, Rostami F, Nadi A, Abedini E, et al. Awareness and Observance of patient rights from the perspective of Iranian patients: A systematic review and meta-analysis. Iran J Med Sci [Internet]. 2017 [cited 2024 Jul 11];42(3).
Available from: https://pubmed.ncbi.nlm.nih.gov/28533570/
3. Who.int. [cited 2024 Jul 11]. Available from: https://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf
4. Nmji.in. [cited 2024 Jul 11]. Available from: https://nmji.in/patients-awareness-of-their-rights-a-cross-sectional-study-exploring-the-indian-perspective/
5. Roscam Abbing HDC. Twenty year who principles of patients' rights in Europe, a common framework: Looking back to the future. Eur J Health Law [Internet]. 2014;21(4):323–37. Available from: http://dx.doi.org/10.1163/15718093-12341331
6. Rahman RM. Human rights, health and the state in Bangladesh. BMC Int Health Hum Rights [Internet]. 2006;6(1). Available from: http://dx.doi.org/10.1186/1472-698x-6-4
7. Kasthuri A. Challenges to healthcare in India - The five A's. Indian J Community Med [Internet]. 2018 [cited 2024 Jul 11];43(3):141.
Available from:
https://journals.lww.com/ijcm/fulltext/2018/43030/Challenges_to_Healthcare_in_India___The_Five_A_s.1.aspx

8. Mastaneh Z, Mouseli L. Patients' awareness of their rights: Insight from a developing country. Int J Health Policy Manag [Internet]. 2013;1(2):143–6. Available from: http://dx.doi.org/10.15171/ijhpm.2013.26
9. Ducinskiene D, Vladickiene J, Kalediene R, Haapala I. Awareness and practice of patient's rights law in Lithuania. BMC Int Health Hum Rights [Internet]. 2006;6(1). Available from: http://dx.doi.org/10.1186/1472-698x-6-10
10. Gov.in. [cited 2024 Nov 9]. Available from: https://legislative.gov.in/sites/default/files/COI_1.pdf
11. Study design: Epidemiological studies overview [Internet]. Edu.au. [cited 2024 Nov 9]. Available from: https://lo.unisa.edu.au/mod/book/view.php?id=646428
12. Sapkota K. Descriptive and analytical epidemiology. In: Statistical Approaches for Epidemiology. Cham: Springer International Publishing; 2024. p. 1–18
13. Scribbr.com. [cited 2024 Nov 9]. Available from: https://www.scribbr.com/methodology/cross-sectional-study/#:~:text=Revised%20on%20June%2022%2C%202023,observe%20variables%20without%20influencing%20them
14. Code of medical ethics regulations, 2002 [Internet]. Org.in. [cited 2024 Nov 9]. Available from: https://www.nmc.org.in/rules-regulations/code-of-medical-ethics-regulations-2002/