



Guaranteeing Patient Rights *in Post-Covid Sri Lanka*

POLICY BRIEF

The Law and Society Trust undertook a study to explore the impact of the Covid-19 pandemic and the economic crisis in 2022 on people's right to health. They made us aware of the need to revisit the social contract between citizens and the state, as well as among citizens themselves, so that we can collectively contribute in meaningful ways to secure human security, encompassing health, education, livelihoods, peaceful coexistence, and the right to good governance. There is a need for open dialogue and for ideas and strategies on how we can calibrate our human and financial resources to ensure that we all enjoy our basic human rights, including the right to health. This study has yielded insights into a charter on patients' rights, the management of public health emergencies, and the improved recognition and treatment of mental health issues.



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INTRODUCTION

When considering its performance in various global human development indices, the Sri Lankan health system is a clear frontrunner among its peers – countries within the same income-level. Since before independence, and continuing through it, the country has boasted a fully tax funded, universal healthcare service accessible to all Sri Lankans equally.

However, over time, and especially with the economic liberalization policies begun since 1978, Sri Lanka transitioned to a hybrid system where tax-funded healthcare services came to exist in parallel with out-of-pocket, private health services. Today, nearly half of the country's total health expenditure is accounted for by out-of-pocket health expenditures. The emergence of this hybrid system has had a significant impact on those who access healthcare through government health institutions, and by extension their enjoyment of the right to health.

During the Covid pandemic, and the subsequent economic crisis, the disparity in the standard of care afforded to Sri Lankans accessing free health services was seen in sharp relief. The findings of the People's Commission amply demonstrated these disparities, based on which this Policy Brief calls for a total reconceptualization of the health care system and of the "patient" within the health policy and service-provision.

WHO IS THE "PATIENT"?

A patient is the individual who is the focus of healthcare services, receiving medical attention from healthcare professionals, including doctors, nurses, and other specialists or awaiting treatment for a specific health condition or illness.

The health care services received is described as "treatment" and this treatment involves the application of various procedures, medications, and therapies to address the patient's condition.

Patients may be in the process of diagnosis, waiting for procedures, or preparing for ongoing care or awaiting treatment for a specific health condition or illness. This care or treatment may be rendered in hospitals, clinics or at home. The hospitals and clinics may be managed by the state or by private health care providers.

A patient is generally physically and emotionally vulnerable. The patient, as the recipient of healthcare services, needs care that is centred around his or her specific illness and other vulnerabilities. or awaiting treatment for a specific health condition or illness. Thus, the call for "patient-centred" care. However, the perception of the "patient" only in terms of dependence, neediness and vulnerability, strips the person from agency. It reinforces the hierarchical relationship between the providers and receivers of health care.

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THE MODERN APPROACH TO HEALTHCARE:

Customer or client

Some medical cultures even regard the patient as a “customer” or “client” of the health sector, entitled to high quality services and the health care providers as “suppliers” to be held “accountable for the services rendered. Furthermore, However, in today’s modern healthcare landscape, patients are expected—and empowered—to take a more active role in their health journey. This shift improves outcomes but also the efficiency of the entire healthcare system.

No longer the passive recipient

As healthcare becomes more complex and technology-driven, the expectations and responsibilities of patients have also evolved. By adopting a proactive mindset, patients challenge the healthcare providers for more information on costs and outcomes and care coordination to address intersecting health issues.

Self-Manager of Health

Patients now have access to educational resources that enable them to understand their health conditions, treatment options, and preventive measures. By taking the initiative to stay informed patients can make well-rounded decisions while engaging with their healthcare providers.

Effective Communicators

Patients come prepared for medical appointments with a list of current medications, symptoms, and specific concerns. They ask questions and maximize the time spent with providers. They desire, even demand clear communication. prevents confusion, ensures accuracy, and streamlines the care process.

Harnessers of Technology

There is a plethora of patient portals, health apps, and telemedicine tools available and has made it easier for patients to stay informed. They use these tools to review test results and upcoming appointments in portals, tracking their vitals or health data using health apps, they access virtual consultations, and by referring to articles can communicate their concerns to the health care providers. patients can bridge communication gaps and stay connected with their care team.

PATIENTS IN THE COVID ERA

The pandemic affected people across the spectrum irrespective of whether they contracted covid or had pre-existing medical conditions. The entire population felt they were “potential patients” and lived with anxiety. Many in fact became patients, contracting the virus or having pre-existing conditions that were exacerbated in the context of the pandemic. The mere fact that people took the vaccine did not make them “patients” but many did believe that their health (both physical and mental health) was affected by the vaccines. Many were emotionally troubled that they were

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forced to take the vaccine when it was not fully tried and tested and this affected them mentally as well. The long periods in isolation created anxiety and increased mental health issues as well.

Within the wide context of the pandemic and beyond, this brief will explore the vulnerabilities and expectations of patients, and how patients' rights may be protected and the effectiveness of the health sector in advancing those rights. This paper draws on the community's reflections on how they experienced delivery of health services during the pandemic to validate the need for reforms and the types of reforms specifically needed.

REALISING THE PUBLIC'S RIGHT TO HEALTH AND REALISING PATIENTS' HAVE "RIGHTS TO HEALTH"

International Covenant on Economic, Social and Cultural rights (ICESR) 1966 established the rights to welfare, social security and insurance (Articles 9 and 10), and the right to health (Article 12). Sri Lanka is a signatory to this and other international covenants. Furthermore, The Constitution of Sri Lanka affirms through the Directive Principles of Social Policy (article 27) the establishment of a just social order in which the means of production, distribution and exchange are not concentrated and centralised in the State, the promotion of the welfare of the People by securing and protecting as effectively as it may, a social order in which justice (social, economic and political)

shall guide all the institutions of the national life; realization of an adequate standard of living for all citizens themselves and their families, including adequate food, clothing and housing, the continuous improvement of living conditions and the full enjoyment of leisure and social and cultural opportunities; The State shall ensure social security and welfare; recognize and protect the family as the basic unit of society; promote with special care the interests of children and youth, so as to ensure their full development, physical, mental, moral, religious and social, and to protect them from exploitation and discrimination.

Although the Directive Principles of State Policy and fundamental duties are not enforceable, they are the guiding principles for government and form a core of citizen's expectations. In this context the right to health is entrenched in the citizen's psyche as a political right in Sri Lanka. Today, free universal health care which underpins this right is being chipped away but it will be untenable for a government to erase it completely.

Both the international covenants and the Directive Principles of State policy place an onus on the state to provide public health services to realise these rights.

The National Policy on Healthcare Quality & Safety for Sri Lanka was approved by the Cabinet in 2015. It aims at achieving a higher quality of life for its citizens by identifying the roles and responsibilities of the Government and private institutions in relation to better provision of curative and preventive care and

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implementing the strategies through specific programs island wide. However, the time is ripe for this strategy to be reviewed and more specific details to be outlined in it and through it, in light of the pandemic experiences, the economic crisis, the changed demography and population movements among other factors.

Presently, the Sri Lankan healthcare system is also experiencing major changes, notably in the provision and maintenance of quality and safety in healthcare systems, within its limited resources. Healthcare professionals (doctors and nurses) are either moving to the private sector providing health care or migrating overseas creating an acute shortage. The structural adjustment programme imposed on Sri Lanka by the International Monetary Fund requires bringing down public expenditure and cuts in health and education are most likely.

Sri Lanka should revise its approaches to align with international standards and the technological advances made in delivering medical services. Today the approach is to be patient-centred and balance the effective management of quality and safety, whilst saving money at the same time to be cost-effective. This approach requires the full cooperation of administrators, clinicians, nurses and other categories of staff. The likelihood of success requires the whole sector working together to meet the challenges, and successes and improvements should be measured and monitored in terms of costs, savings and the satisfaction of those using the services of the health sector.

Sri Lanka's health reform agenda should take into account rules and guidelines developed by entities such as the World Health Organisation (WHO), and the "Best-Practices" identified in countries undertaking reforms of their respective health care systems.

WHAT DO THE PEOPLE SAY OF THEIR EXPERIENCES WITH THE HEALTH CARE SECTOR?

Informants during the public consultations conducted by LST expressed the views that at best the health sector treated them as supplicants, and at its worst, treated them like animals, failing to recognise that the health sector, financed by the state on public funds, has a special duty of care.

In the course of the focus group discussions many informants described the harassment they received from junior professional in the health sectors, where attendants and nurses were apparently more imperious than the doctors themselves! The health care providers did not recognise that they were performing a service based on their duty to care.

The interviewees further noted that the system is poorly designed, forcing people to stand in long lines to get tokens to access doctors. Doctors do not arrive on time and often people who wait for hours have to return on another date to see the doctors. Patients or those accompanying patients may also be caregivers to young children or the elderly but no consideration is given to their personal factors when forcing

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on them long and meaningless delays. Most compelling were the complaints of differential treatments and attitudes shown by the staff to people who were affluent and the rudeness and callous treatment given to the poor and marginalised communities.

CALIBRATING PATIENT-CENTRED CARE DURING A PANDEMIC AND / OR ECONOMIC CRISIS: CONSIDERATIONS

There are many elements to be considered in calibrating patient-centred care and in protecting the right to health in the context of a public health crisis when decisions must be made rapidly, with imperfect information and under pressure. Likewise, during an economic crisis too there is pressure on health services. Some interventions may not require extensive financial investments but will contribute towards building trust.

In the course of the discussions there was concern that people did not get adequate information in the language they understood. The tri-lingual policy remains a dead letter in practice and this led to large swathes of people not receiving health related information in a timely manner and they did not feel sufficiently included.

This was particularly acute in the plantation sector where the Tamil-speaking population did not have access to health professionals at all levels with whom they could communicate in their mother tongue. Furthermore, many

patients complained that they were treated disrespectfully on grounds of class and social origins.

Furthermore, health officials and public administrators providing advice and social security support seemed oblivious to the living and working conditions of plantation work when giving them advice and expecting compliance.

Estate sector workers lived on daily wages which were lost during lockdowns and curfews. Furthermore, those infected could not isolate as they lived in crowded “Line Rooms”.

During the pandemic, every illness was considered to be Covid related, and health workers missed or ignored other key markers of ill-health including the existence on non-communicable, pre-existing conditions and the impact of malnutrition on their overall health.

RECOMMENDATIONS

The State to:

Conduct trainings to sensitise health sector to:
Assess the patients in their broader whole-of-life context;

Improve communications with patients and their families including active and empathetic listening to patients and care givers experiences;

Communicate to the health sector and the public the States’ commitment to invest in healthy populations, essential for sustainable development.

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Specifically:

State to engender a paradigm shift in reconceptualising health care and staff at every level must be trained to:

- Recognise that they owe the public a duty of care;
- They are paid by the state to provide a service for which they are held accountable; and
- Recognise that patients have rights and these include the rights to accessible, quality health care.

State to undertake trainings:

- Trainings for health care providers at all levels to be service oriented, empathetic and accountable;
- Creating awareness among the community that they have rights and they must be aware of the mechanisms for securing these rights.
- Unpackaging the trainings:
- Specifically, the trainings must require the health care providers to hear patient's perspectives on the care provided;
- Provide information to the patients on the nature of their illness, the treatment options available, the side effects of medicines and procedures and gain from them, their full informed consent;
- Training the health sector and reorient it to understand that they have a duty of care and patients have a right to health;
- Continue investing in public health, linking it with the larger sustainable development strategy of the government.
- Link public health services with the tiers of local, (provincial) and national

government structures government, to enable effective needs- assessments, allocation of resources and service delivery.

- Engage with health service providers to understand their challenges and assist them to improve services;
- Invest in supporting the health care sector by reducing pressures on existing service providers at all levels (they complain of poor working conditions and pay and reduced staff);

State intervention in Implementing this paradigm shift also requires:

- Strengthening the Legal Framework for Patient Rights through an inclusive process, engaging the public administration health sector, civil society and representatives of affected community;
- Investing in developing, enacting and refreshing a Patient Rights Charter through an inclusive process that clearly outlines the rights of patients, including the right to the right to timely, quality healthcare, opportunities to give informed consent, the rights to confidentiality, privacy, non-discrimination and the right to complain without fear of repercussions.
- Broadening understanding of healthcare to recognise that:
 - ◊ Healthcare includes mental health, sexual and reproductive health, maternal and child health, wellness and occupational health among others.
 - ◊ Healthcare is provided in hospital settings as resident patients and

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as services and in clinics and therapeutic centres – all of which must be covered by the Patients Charter.

- ◊ That Patients have a right to the support of their families and caregivers when visiting or residing in hospitals and this should be accommodated.
- ◊ Patients have a right to request treatment that is in accordance with their religious and cultural beliefs and equally the right to refuse treatment.
- Reviewing and amending existing legislation governing healthcare to ensure alignment with international standards for patient rights, especially during times of economic adjustment.
- Amending existing healthcare legislation to incorporate provisions on patient rights and establish penalties for violations.
- Socialising the health sector public administration and communities on the contents of the Patients' Charter
- Establishing mechanisms to ensure accountability and compliance.

PATIENTS' AND COMMUNITY'S RIGHTS TO INFORMATION

Quarantines and isolation

During the pandemic and till the vaccines were available, quarantines, curfews and isolation were the strategies adopted. However, for people living in line rooms in the plantations, and in cramped urban dwellings this was not

a viable strategy. Furthermore, for daily paid workers it impacted their livelihoods and their ability to get food.

While some people in rural communities acknowledged and appreciated that they received rations which helped them survive, these interventions were sporadic and was not sustained through-out the pandemic.

Quarantine experiences varied with some people enjoying family time while others explained it was a period of stress with them subjected to domestic violence, challenges in securing food

RECOMMENDATIONS

When the state takes extra-ordinary measures during a public health emergency or other crisis, it must:

- Impose them cautiously and judiciously, to the extent needed;
- Assess the consequences of these measures on communities from a variety of angles that include their access to health, livelihoods mental and physical well-being;
- Undertake frequent communications through various forms of media with the public in languages they understand.

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INFORMATION, CONSENT, RESPECT, EMPATHY, ASSURANCE OF CONFIDENTIALITY

Patients expect to have information about their illness, the treatments and medicines that are prescribed, possible side effects and expectations of recovery. Even medical practitioners did not have a full understanding of the Covid virus initially and they too acquired more information as the pandemic progressed. Nevertheless, there was an obligation during the pandemic to let the people have updates as the medical practitioners increased their awareness and understanding.

Areas of concern included: People having little information of the medicines they are given or on side effects. This was especially so in the case of the COVID vaccines.

Doctors called for many expensive tests but did not communicate to the people why they were calling for these tests and what they hoped to discover or rule out. Often doctors would direct patients to specific pharmacies to purchase drugs and the patients believed that the doctors had a vested interest in the pharmacies. The lack of communication between doctors and patients contributed to erosion of trust in the treatment.

When people complained of adverse side-effects these complaints were dismissed as imaginary. Little was done to conduct tests and inquiries to determine if they truly had side effects, or if the side effects were coincidental. No assurances were given to patients and it

left them with mental distress and untreated symptoms.

The line between voluntary acceptance and forced compliance is murky. Coercion was used in many ways.

Some informants complained that they and even children were forcefully vaccinated and they questioned if this was ethical or Legal. But they could not voice their concerns or receive responses or assurance.

As negative perceptions on the vaccine developed and progressed during the pandemic, especially in relation to specific brands of the vaccines, the public health authorities made no attempt made to provide reassurance.

Patients received misinformation through media and even the authorities about alternative treatments and the reach of the virus. While some officials held fast to the theory that there is the possibility of contamination of soil and ground water by burying victims of covid which caused confusion and increased anxiety. The impact of covid cremations on the Muslim community was far reaching. Given the history of discrimination against the Muslims, the community felt victimised. There was clear evidence that no other country adopted this dogmatic approach and the WHO did not accept this stricture either. The policy was lifted after pressure was exerted on the government by the Organisation of Islamic Cooperation (OIC), but there was no meaningful apology or reparations. A fall out of this policy and the

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divided opinions between “experts” did little to foster public trust. During such crises it was essential to secure and maintain public trust and this was not the case.

Going beyond the covid-related experience, patients commented that in general they do not have sufficient information on the tests done to them, the medications prescribed, the side effects of medication and the prognosis relating to their health. They are expected to be passive recipients of the treatment meted out.

Participants in the hearings stressed the need to keep the hospital clean and to create mechanisms for raising broader awareness on health-related issues at the community level.

Patients are not a single, monolithic entity. Their gender, age, class, education, occupation, ethnicity, place of residence – all impact the way they are perceived and treated by the health sector and it also impacts their access to health.

RECOMMENDATIONS

- There should be an on-going investment in communications on matters relating to public health.
- Patients should be treated with dignity in life and in death and an acknowledgement of errors must be made and steps taken to ensure that they are never repeated.
- The dearth of community-based health centers and clinics to support patients at the rural and community level is required.

BALANCING PATIENTS RIGHT TO PRIVACY WITH THE PUBLIC'S NEED FOR INFORMATION

Generalised instructions to the public

Informants commented that generalised instructions to the public must also take into account their capacity to follow them.

Many complained that the mandatory wearing of masks caused discomfort due to the heat, especially for children and they also complained of mask scarcity and expense.

Plantation workers, the fisher community said they had special challenges securing and wearing masks while working.

The interviewees did not dispute the need to wear masks quarantine and isolate. But they felt there was a need for ongoing public communication and engagement with the public to guide them through these extraordinary times.

They also expressed the views that measures were required to ensure that masks were freely available and at low cost.

RECOMMENDATIONS

- Emergency measure imposed on the public should be buttressed with emergency measures to counter their impact. Steps to provide food for those under quarantine, the freezing of loan payments and mortgages, and social security payments, are measures that provided relief.

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- Securing and maintaining public trust throughout the process is vital for an effective public health service.
- To do this, the authorities should reach out, communicate, message, engage and educate the public and it must be continuous.
- Better public education was required on vaccine safety, potential side effects and the consequences for self, family and community if vaccines were not taken etc.
- Communication messages to the public required balancing individual rights to comfort with broader public health standards and the safety of the wider community.
- Health professionals should be required to show empathy and patience to win trust.
- There should be an on-going investment in communications on matters relating to public health.
- The occupational contexts must be considered when putting compliance systems in place.
- Sri Lankans were subjected to misinformation based on quackery and prejudice and no one was held accountable, even when the sources of misinformation were high government officials.
- Patients should be treated with dignity in life and in death and an acknowledgement of errors must be made and steps taken to ensure that they are never repeated.
- Address the dearth of community-based health centers and clinics to support patients at the rural and community level.

PATIENTS' RIGHTS IN THE CONTEXT OF QUARANTINES AND ISOLATION

Quarantine meant that daily wage earners lost income and their livelihoods. Mandating quarantines and curfews without a plan to support vulnerable communities created hardships.

The focus on the pandemic left patients with other diseases, especially chronic and acute non-communicable diseases without access to health care.

RECOMMENDATIONS

- The public health system should invest in maintaining records and tracking patients to provide sustainable health care.
- Patients noted that they did not have proper records of their treatments, access to tests and reports.
- The state should establish and maintain mechanisms, engaging civil society and community networks to provide information on the types of services and service networks that should be established to maintain wellness and health care at the community level.

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PATIENTS' RIGHTS TO AFFORDABLE AND ACCESSIBLE HEALTH CARE

Many informants noted that they were prescribed medicines that were not available at government pharmacies and were required to purchase them at private pharmacies, often at pharmacies referred to by the doctors. This led to suspicions that the doctors received commissions on these purchases.

Accessible health care should also take into account the distances that patients must travel to access clinics for check-ups, to take tests and to pharmacies to buy medicines. For daily wage workers it was challenging to come to clinics during their working hours as they would lose their wages.

RECOMMENDATIONS

- Review existing systems and incorporate digital and mobile phone applications to improve patients access to services'
- While doing so, recognised that not everyone has knowledge and access to digital services so multi-tier processes are required.

RETROSPECTIVE APPRECIATION

People did express appreciation for the way the government improved the vaccination process. For instance, as the roll-out of vaccines proceeded, the government arranged for

open-space venues such as parks and schools to vaccinate people and improved communications on where the vaccines were to be given. Thus, the health services have a reservoir good will to draw on.

RIGHT TO DIGNITY IN LIFE AND IN DEATH: ASPECTS OF PATIENTS' RIGHTS TO EXTEND TO THE DECEASED

The right to respectful treatment of the deceased in accordance with their wishes and in accordance with their religious and cultural rights.

Most egregious was the government's decision to force the cremation of all people who died during the pandemic, irrespective of whether or not they had covid. The government insisted on this, asserting they were preventing the further spread of covid through the contamination of soil and ground water sources. They did so despite national and international experts stating that such contamination could not occur. The Muslim community saw this as a direct attack on them and their religious sensibilities.

In the course of the public discussion, many informants share experiences from their community of close family members being prevented from performing the last rights for family members.

This was particularly so in the case of the Muslim community where they were forced to

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cremate and when the policy was revised to allow burials. The corpses were taken to distant isolated areas away from their villages. This was expensive and the arrangements caused great stress. This was done despite expert advice stating that burials of people even infected by Covid, should not impact the community or environment.

WHAT DO PEOPLE CONSIDER TO BE INCLUDED AS ESSENTIAL ELEMENTS OF PATIENTS' RIGHTS?

In a free-flow of questions, people told the Commissioners that patients' rights should include:

- The right to timely, unbiased health care,
- adequate facilities for administering medicines including free medicines,
- special support for people with disabilities and that post-mortems should be aspects of patients right to treatments.

SUMMARY OF THE KEY COMPONENTS THAT SRI LANKA MUST ADDRESS IN FORMULATING A CHARTER OF PATIENT'S RIGHTS

Strengthening Legal Framework for Patient Rights

The objective of an amended Legislative Framework is to:

- Develop and enact a Patient Rights Charter that clearly defines:
- Who is a patient;
- Outline the rights of patients, including

the right to quality healthcare, informed consent, confidentiality, privacy, non-discrimination and the right to complain without fear of repercussions.

- Pathways to review and amend existing legislation governing healthcare to ensure alignment with international standards for patient rights, especially during times of economic adjustment.
- Pathways to amend existing healthcare legislation to incorporate provisions on patient rights and establish penalties for violations.

Patient Education, Awareness and Advocacy

- Launch nationwide campaigns to educate patients about their rights, available healthcare services, and how to navigate the healthcare system during health and economic crises.
- The importance of consent, and how to voice grievances.
- Establish workshops and information sessions in collaboration with community health organizations to disseminate knowledge and resources.
- Establish patient advocacy groups to empower individuals to assert their rights and provide support for navigating health-related challenges stemming from economic stress.

Use social media and local government networks for these campaigns

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Establishing Grievance Mechanisms

- Create accessible and efficient grievance mechanisms within healthcare facilities to allow patients to report rights violations or dissatisfaction with care without fear of retribution.
- Encourage the establishment of independent patient ombudsman roles in hospitals to investigate complaints and advocate for patients' rights.

Establishment of Patient Rights Advocacy Bodies

- Create independent patient advocacy organizations that can support patients in understanding and exercising their rights.
- Promote the establishment of ombudsman roles within healthcare institutions to address complaints and resolve disputes.

Training for Healthcare Providers

- Implement mandatory training programs for healthcare professionals on patient rights, ethical decision-making, and communication skills, and the importance of compassionate communication, especially during economic hardships.
- Encourage a patient-centered approach in medical education to foster empathy and respect for patient autonomy.
- Foster a culture of accountability within healthcare institutions through ongoing professional development focused on respectful patient interactions.

Healthcare Accessibility – Equitable Access to Healthcare

- Ensure equitable access to healthcare services for all populations, including marginalized communities.
- Develop policies that address affordability, reduce out-of-pocket expenses, and promote universal healthcare coverage.
- Prioritize funding for essential health services, particularly for vulnerable and marginalized populations, ensuring that economic adjustments do not lead to increased healthcare disparities.
- Implement safety nets, such as subsidized healthcare services or free treatment for the low-income population, to mitigate the impact of cost-cutting measures on patient care.

Monitoring and Accountability Mechanisms

- Establish a national registry for reporting patient rights violations and a system for monitoring compliance with patient rights standards.
- Implement a robust monitoring system to evaluate compliance with patient rights standards and access to care, particularly during the implementation of structural adjustment policies.
- Conduct regular audits and assessments of healthcare facilities to ensure adherence to established patient rights.

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Digital Health Considerations

- Protect patients' rights in the digital health domain by implementing strict regulations on the use of personal health information in telehealth and electronic health records.
- Educate patients on their rights regarding data privacy and security in the healthcare technology context.

Psychosocial Support and Patient Care

- Integrate psychosocial support services into healthcare delivery to address mental health issues arising from the pandemic.
- Prioritize patient dignity and the ethical treatment of all patients, especially those with long-COVID or other post-pandemic health implications.

Implementation Plan

Stakeholder Engagement

- Engage a diverse range of stakeholders, including government bodies, healthcare providers, legal experts, and civil society organizations, to inform the development and implementation of this policy proposal.

Involve government bodies, healthcare providers, patient advocacy groups, and legal experts in the drafting and implementation processes.

Collaboration with Civil Society

- Collaborate with civil society organizations, NGOs, and international agencies to advocate for patient rights and access to healthcare amid economic challenges.

- Encourage grassroots movements to amplify patient voices in the policy-making process, ensuring that those most affected by economic reforms are represented.

Financial Transparency and Accountability

During the pandemic and thereafter several health care scams and corruption at the highest levels was exposed. The purchase of substandard drugs, the purchase of unnecessary drugs during the economic crisis have contributed to a lack of public trust in the system.

It is necessary to ensure transparency in healthcare funding allocation, ensuring that resources are directed towards maintaining patient rights and quality care, even within the constraints of economic reforms.

Advocate for the establishment of independent oversight bodies to monitor healthcare expenditure and ensure that budget cuts do not disproportionately affect patient rights and care.

Funding and Resources

- Identify sources of funding for the implementation, including government budgets, international aid, and partnerships with NGOs.

Demonstrate to the public that there is serious effort to secure patients' rights through health care reforms

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Identify a Timeline

- Develop a phased approach to implement the policy over a 3–5-year period, with specific milestones for legislation, training, and public awareness campaigns. This will build confidence in a change management process.

future. Ensuring patient rights is not just a legal obligation but a moral imperative. It is essential for the health and wellbeing of every citizen in post-COVID Sri Lanka.

CONCLUSION

The COVID-19 pandemic has highlighted flaws in the healthcare system that need to be addressed promptly and effectively.

Sri Lanka faces additional challenges of an economic crisis and structural reform, it is imperative to prioritize the protection of patient rights.

This policy proposal aims to create a resilient healthcare system that safeguards dignity, respect, and equitable access to care for all patients.

Upholding patient rights during difficult times is not just a legal necessity but a moral obligation that will ultimately contribute to the overall health and wellbeing of the nation. By adopting these measures, Sri Lanka can ensure that patient rights remain at the forefront of healthcare policies, even amidst economic challenges.

By adopting this policy proposal focused on patient rights, Sri Lanka can enhance the quality of care, empower patients, and build a more resilient healthcare system for the