

# RIGHTS OF PATIENTS

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## RIGHTS OF PATIENTS

**Primary Disciplinary Field(s):** Bioethics, Health Law, Psychiatry, Constitutional Law

### 1. Core Definition

The **Rights of Patients** constitute a crucial body of legal, ethical, and constitutional protections afforded to individuals receiving medical or psychological treatment, particularly those who have been involuntarily committed to institutional settings. These rights are considered inviolable guarantees designed to ensure the dignity, autonomy, and civil liberties of patients, regardless of their mental or physical health status or the coercive nature of their placement. The central premise is that institutionalization for treatment, especially involuntary commitment mandated by legal authority, must not result in the wholesale forfeiture of basic citizenship rights. This framework emerged largely in response to historical abuses and inadequate conditions within psychiatric hospitals, establishing a standard of care that balances the therapeutic need for confinement with the individual's fundamental entitlement to freedom and self-determination.

Specifically within the context of involuntary legal commitment, the rights establish a baseline standard of humane treatment and the preservation of non-medical aspects of life. Individuals who are legally committed retain specific entitlements, including the fundamental right to communicate with family or other individuals outside the facility, and the right to possess personal effects and clothing, thereby maintaining a tangible connection to the outside world and personal identity. Furthermore, these rights extend deeply into areas typically reserved for unimpaired citizens, affirming that the commitment process is therapeutic, not punitive, and does not strip the individual of civil competence merely by virtue of their status as a patient.

The delineation of these rights serves a dual purpose: it establishes minimum standards for institutional operation and provides a mechanism for legal oversight and patient advocacy. These protections ensure that treatment is provided in the **least restrictive environment** possible and that any limitations placed upon the patient--such as physical restraint or restriction of communication--are medically necessary, temporary, and documented strictly according to established protocols. The enforcement of these rights demands continuous vigilance from legal advocates, institutional review boards, and regulatory bodies to prevent institutionalization from devolving into custodial neglect or the suppression of individual autonomy.

### 2. Historical and Legal Foundation

The modern articulation of patient rights developed significantly during the latter half of the 20th century, challenging the long-standing legal doctrine of *parens patriae*, where the state acted as the ultimate guardian for those deemed incapable. Historically, this doctrine often led to indefinite institutionalization with little regard for the quality of care or the retention of civil liberties. A pivotal

shift occurred when courts began recognizing that involuntarily committed patients retained constitutional rights, particularly the right to liberty and the right to due process guaranteed by the Fourteenth Amendment. This movement paralleled broader civil rights efforts and the development of community mental health resources, necessitating formal protective frameworks.

Landmark legal decisions in the United States cemented the legal basis for these rights. For instance, the case of Wyatt v. Stickney (1971/1972) established the constitutional right to adequate treatment for involuntarily confined patients, mandating minimum standards regarding staff-to-patient ratios, living conditions, and individualized treatment plans. Following this, O'Connor v. Donaldson (1975) ruled that a state cannot constitutionally confine a non-dangerous individual who is capable of surviving safely in freedom, either by themselves or with the help of willing and responsible family members or friends. This decision profoundly limited the state's power to commit individuals solely based on a diagnosis, reinforcing the liberty interest of the patient.

These legal precedents required institutions to fundamentally restructure their approach, moving away from simple custody toward active therapeutic intervention. The legal emphasis shifted from merely housing patients to providing them with actual treatment that offers a realistic hope of recovery or improvement. This necessitated the creation of comprehensive, written patient bills of rights within both state and private facilities, codifying protections related to personal freedom, financial matters, religious practice, and the conduct of legal affairs while institutionalized.

### 3. Maintenance of Civil and Constitutional Freedoms

A cornerstone of patient rights, particularly for those involuntarily committed, is the principle that institutionalization does not extinguish fundamental civil and constitutional rights. While certain freedoms may be temporarily restricted for documented safety or therapeutic necessity, the default legal position is the preservation of all rights of citizenship. This is critical for the patient's eventual reintegration into society and ensures that their legal status is protected throughout the duration of treatment.

The specific civil rights retained by patients include, but are not limited to, the following enumerated protections, which ensure that the patient remains an active legal entity capable of handling their personal affairs:

The right to **participate in electoral functions**, such as voting, unless a specific judicial finding of incompetence has been made that legally strips the right to vote.

The right to **continue following their religious beliefs** and practices, provided these practices do not infringe on the rights of others or the operational safety of the facility.

The right to **obtain and retain employment**, if applicable and clinically appropriate, and to

manage any earned income derived from such employment.

The right to **carry out legal activities**, such as making wills, executing contracts, or signing other legal instruments, thereby maintaining control over personal estate and future planning.

The right to **marry or enter into other contractual relationships**, provided the individual is deemed to have the necessary legal capacity to consent to such relationships.

The right to **keep licenses and permits** necessary for employment or daily life, unless explicitly revoked by due process.

The right to **file suit or be sued**, ensuring access to the judicial system for the redress of grievances or defense against claims.

These retained civil rights affirm the patient's status as a full legal person. Any restriction on these rights must be clinically justified, time-limited, and subject to periodic review. The ability to engage in legal and contractual activities is particularly vital, preventing patients from being financially exploited or losing control over their assets merely because they are undergoing treatment.

#### 4. The Right to Humane Treatment and Non-Restraint

The right to humane treatment is intrinsically linked to the prohibition against being unnecessarily restrained, a protection explicitly cited in the foundational definitions of patient rights. This legal guarantee ensures that facilities adhere to the principle of using the **least restrictive means** necessary to protect the patient or others. Restraint, defined broadly to include physical, chemical (medication used solely for control, not treatment), and mechanical restrictions, is considered an extreme measure and must be governed by stringent protocols.

Restraint may only be used in emergency situations where there is imminent danger of the patient harming themselves or others, and only after less restrictive interventions have failed or been deemed ineffective. The use of any restraint must be immediately documented, followed by a physician's order, and continuously monitored by trained staff. Prolonged or frequent use of restraint often indicates a failure in therapeutic planning and may constitute a violation of the patient's right to humane treatment, potentially leading to findings of institutional abuse or neglect.

The concept of humane treatment also encompasses the physical environment of the facility. Patients have the right to sanitary conditions, adequate nutrition, privacy in personal activities, and sufficient space. The institution is obligated to provide these necessities, recognizing that a therapeutic environment is essential for recovery. Furthermore, the right includes freedom from abuse and neglect by staff or other patients, requiring robust reporting and investigation mechanisms to safeguard vulnerable individuals.

## 5. Informed Consent and Refusal of Treatment

Perhaps the most contentious area of patient rights, particularly in psychiatry, is the right to **informed consent** and the corollary right to refuse treatment. Informed consent requires that a patient be provided with sufficient information regarding their diagnosis, the proposed treatment (including risks, benefits, and alternatives), and the prognosis, in a language they can understand, before treatment can commence. This is based on the ethical principle of patient autonomy.

For voluntary patients, the right to refuse treatment is generally absolute, mirroring the autonomy of any person receiving medical care. However, for involuntarily committed patients, this right is legally complex. While they retain the right to refuse non-emergency treatment, particularly the administration of psychoactive medications, the state may override this refusal if it can prove, typically through judicial review (e.g., a \*Rogers\* hearing in some jurisdictions), that the patient lacks the capacity to make treatment decisions and that the proposed treatment is necessary and in their best interest. This override procedure is reserved for specific, highly regulated circumstances.

The distinction between competence (a legal determination) and capacity (a clinical determination of the ability to understand and reason about treatment options) is critical here. Even if involuntarily committed, a patient is presumed capable of making treatment decisions until a court or designated legal body determines otherwise. This preservation of autonomy, even in the context of confinement, ensures that medical interventions are therapeutic necessities rather than tools of control or mere custodial convenience.

## 6. Confidentiality and Privacy

Patient rights include fundamental protections concerning confidentiality and the privacy of medical information. The right to confidentiality ensures that information shared during the course of treatment, including diagnosis, prognosis, and treatment details, remains protected from unauthorized disclosure. This is crucial for fostering trust between the patient and provider, which is essential for effective therapy.

In the United States, the Health Insurance Portability and Accountability Act (HIPAA) provides the regulatory framework governing the use and disclosure of Protected Health Information (PHI). Patients have the right to know how their information is used, the right to request restrictions on certain uses, and, critically, the right to inspect and obtain copies of their own medical records, subject only to very limited exceptions where access might cause serious harm to the patient or others.

The right to privacy extends beyond data security to encompass personal space and communication within the facility, as established by the foundational definitions. This includes the

right to private conversations, the ability to send and receive unopened correspondence (subject to therapeutic necessity exceptions that must be clearly documented), and the right to private visitation with family members, friends, or legal counsel. These protections mitigate the dehumanizing effects of institutional life and maintain the patient's connection to their external support system.

## 7. Significance and Impact

The codification and enforcement of the **Rights of Patients** have had a transformative impact on the delivery of mental and physical healthcare, shifting the paradigm from institutional control to patient-centered care. These rights have compelled governmental and private entities to invest in better training for staff, improve facility standards, and develop community-based alternatives to hospitalization, promoting the philosophy of treating patients in the least restrictive environment.

The most profound significance lies in the protection of **human dignity**. By affirming that individuals, regardless of their medical status, retain the ability to make choices, communicate with the outside world, and maintain legal standing, the system recognizes their inherent worth. This protection against arbitrary restriction is vital not only for the patient's immediate well-being but also for their long-term recovery and successful social reintegration.

Moreover, patient rights serve as a continuous ethical and legal check on the immense power differential that exists between healthcare providers and patients, particularly in involuntary settings. Through mandatory advocacy programs, patient access to legal counsel, and judicial oversight of restraint and capacity decisions, these rights ensure accountability and prevent the abuses of authority that characterized earlier eras of institutional care.

## 8. Further Reading

[Patient Rights - Wikipedia](#)

[U.S. Department of Justice - Civil Rights Division on Institutional Care](#)

[American Medical Association \(AMA\) Code of Medical Ethics on Patient Rights](#)

[The Right to Refuse Treatment: Legal and Ethical Considerations](#)