

2. It is expected that patients and or their legally appropriate representatives will cooperate with nursing staff, consultants, house staff, trainees and students in carrying out assessment, investigations and treatment procedures.

3. While we make every effort to respect the rights of our patients/families, our staff also have the right to be treated with respect, dignity and courtesy and to be allowed to function in a safe and non-threatening environment.

4. Patients are responsible for their own belongings and valuables whilst in hospital. SKMCH&RC will not be responsible for replacing any lost or stolen items.

4.1 Valuables

All valuables should be left at home or sent home with a responsible family member upon admission to the hospital. If family members are not present, valuable items should be given to the nursing staff to be secured.

4.2 Lost Items

While SKMCH&RC is not responsible for patients' and visitors' personal belongings, the admin will make a reasonable effort to return any items found to their rightful owner. To report a lost item, please contact the Admin & Security department.

5. Medications

A list of all current medications must be brought to the Hospital at each visit. This includes over the counter medications as well as prescription medications. If a list is not available, bring in the medication containers for the physician to view.

MISSION STATEMENT

To act as a model institution to alleviate the suffering of patients with cancer through the application of modern methods of curative and palliative therapy irrespective of their ability to pay, the education of health care professionals and the public and perform research into the causes and treatment of cancer.

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3. PATIENT CARE

3.1 The hospital will provide health care respectful of the patient's need for privacy and confidentiality.

The patient remains the primary decision maker regarding his/her diagnosis and treatment and access to this information. The patient may decide to nominate another person to represent him/her in making such a decision.

3.2 The organization will make a reasonable effort to be considerate of the cultural and religious values and beliefs of patients. Staff members will be educated about patient rights and will ensure protection of those as their responsibility.

3.3 Patients admitted to the hospital will be seen at least once a day by a consultant physician.

3.3.1 In the outpatient setting, the patient will be seen by a consultant physician (or by a fellow in a fellow-led clinic) at each visit.

3.3.2 A patient's need for privacy will be respected for all clinical interviews, examinations, procedures/treatments, and transport.

3.4 The patient or its legally appropriate representative has the right to decide their extent of participation in the care process including evaluating, planning and delivery of appropriate treatment.

3.4.1 The treating physician will be responsible for discussing the proposed treatment plan, available alternatives, possible unanticipated outcomes and any subsequent changes to this plan and documenting all relevant discussion.

3.4.2 The patient/legally appropriate representative has a right to seek additional information about the doctor responsible for their care. In the first instance, such enquiries should be directed to the primary consultant.

3.5 Informed consent will be sought from every patient (or their legally appropriate representative) undergoing treatment procedure according to the hospital's policy.

3.6 The patient or their legally appropriate representative has a right to refuse treatment and to seek discharge.

3.7 We will respect the right of the patient to seek a second medical opinion, which in most instances will be provided by an SKMCH&RC credentialed physician/specialist. A request for consultation from an outside non-credentialed physician will be honored with the concurrence and approval of the treating physician and the Medical Director.

3.8 When a patient is dissatisfied with treatment, he/ she may voice his concerns through the established complaint mechanism.

3.8.1 Patient/family can request a change in his/her treating physician for any reason, with the approval of the existing consultant and the Medical Director. The patient is also entitled to seek redress of any grievance by approaching the QPSD.

3.9 All possible support will be provided to any patient being considered for transfer to an alternate treatment facility.

3.10 The hospital management will ensure adherence to all applicable regulations and laws.

3.11 The hospital will not be responsible for any expenses incurred for treatment outside SKMCH&RC.

4. RESEARCH

4.1 All research projects involving patients and/or review of their medical records will be undertaken after approval of the Institutional Review Board of SKMCH&RC, to ensure that the rights of the patients are protected.

4.2 Informed consent must be obtained from the patient