

## 病人的權利與義務說明 (Guidelines for Patients' Rights and Responsibilities)

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### 病人權利 (Patients' Rights)

1. 台東馬偕紀念醫院（以下簡稱本院）重視所有病人之權益與安全，不分疾病、性別、年齡、種族、國籍、社經地位等個人條件不同而有差別待遇，皆能平等接受適當的醫療服務。

In the following statement, Taitung MacKay Memorial Hospital will be referred to as “our hospital”. Our hospital respects the rights of all patients to receive care regardless of physical or mental disability, sex, age, race, color, national origin, socioeconomic status, manner of payment or other individual differences. All patients should expect to be treated respectfully and without any discrimination by our hospital.

2. 本院醫事人員均應佩帶執業執照。若未佩戴者，您可以拒絕其所提供之醫療服務。

All of the employees in our hospital will have identification cards on them. Patients are entitled to refuse service from anyone who doesn't have a identification card.

3. 醫師於診治時，應向您或您的陪病家屬告知其病情、治療方針、處置、用藥、預後情形及可能之不良反應。

In providing care, our hospital physicians will give you or your guardian a clear explanation of your medical condition, available options for treatment, relevant procedures, use of medications, disease prognosis, and possible side effects of treatment.

4. 您於接受手術、侵入性檢查或治療時，本院醫師會向您或您的法定代理人、配偶、親屬或關係人說明手術的原因、手術方法、手術成功率或可能發生之併發症及危險，經您或您的法定代理人、配偶、親屬或關係人瞭解，並簽具手術、麻醉、檢查或治療同意書後才會施行。但若情況緊急，為搶救病人性命，依醫療法規定，得先進行手術或侵入性醫療處置。

Before undergoing surgery or invasive procedures or treatments, our hospital's health care providers will explain the purpose, success rate, and possible complications and risks to you or your legal guardian, spouse, family member, or representative person.

After explanation, you will have to sign a form giving consent prior to receiving operations, anesthesia, invasive procedures or treatments. However, according to medical law, if you are in an emergency situation, we are required to provide surgery or invasive therapy without informed consent in order to save your life.

5. 您有權決定是否接受醫師的建議，無論拒絕或接受，均請審慎明瞭其決定的後果，亦請對自己的決定負責。

You have the right to accept or refuse our doctor's recommendation. Regardless of acceptance or refusal, you should have a clear understanding of the outcomes of such a decision, and take full responsibility for the resulting consequences.

6. 本院對於您就醫過程中之病情或健康資訊，均依法善盡保密義務，您的尊嚴及隱私權將受到適當的保障，惟為了盡可能提供最佳的照護，我們將會與其他參與治療的醫事人員討論您的病情。如果您不願意讓訪客查知您住院的訊息，請告知本院。

By law, our hospital will respect your personal dignity and protect your right to privacy and confidentiality regarding your health condition and medical health records within reason. For the purpose of providing the best care possible, we may discuss your medical condition with related healthcare providers or team members involved in your treatment. Please inform us if you do not want your visitors to know of your medical condition and/or hospitalization.

7. 本院得適時向病人及家屬解釋病情，若您不願或特定人等知悉您的病情，請以書面通知護理站及您的主治醫師。

Our hospital will explain your medical condition to you and your family members based on their request. If you do not want certain family members to know your medical condition, please provide a written statement to your attending physician and to your corresponding ward station.

8. 您有權了解您的診斷、病情及治療，並獲得安全適當的醫療、疾病相關之資訊及健康指導，並接受一貫性的醫療及出院準備服務。

You have the right to understand your diagnosis, condition, and treatment, receive safe and appropriate care, and receive routine patient education and preparation for hospital discharge.

9. 您若有需要各項檢查資料影本、診斷證明、病歷摘要等資料，請向護理站或專辦櫃檯提出申請。

If you would like to request for copies of your evaluation and lab reports, diagnosis certificate, medical summary records, or any other medical documents, please contact your ward station or the front desk.

10. 為維護您的醫療自主權，本院對所有住院病人提供「預立選擇安寧緩和醫療暨

維生醫療抉擇意願書」、「不施行心肺復甦術同意書」、「不施行維生醫療同意書」、「醫療委任代理人委任書」及「撤回預立安寧緩和醫療暨維生醫療抉擇意願聲明書」。如您有需求可向本院恩典樓一樓服務台索取。

To protect and uphold your right to medical autonomy and self determination, all hospitalized patients have the choice to sign the “Hospice and Palliative Care Pre-Agreement”, the “Do Not Resuscitate Agreement”, the “Medical Power of Attorney Agreement”, and “Hospice and Palliative Care Withdrawal Pre-Agreement”. If you need any assistance, please contact the information desk on the 1<sup>st</sup> floor of the Grace Building in Our hospital for the related form(s).

11. 若您有意願簽署器官捐贈同意書，可向社會服務室索取；或洽財團法人器官捐贈移植登錄中心 0800888067 諮詢。

You may give legal consent in advance for organ and tissue donation at the time of your death, and sign the organ donation consent form in accordance with laws and regulations. For organ donation agreement, please contact social services, or call the Taiwan Organ Registry and Sharing Center at 0800888067 for inquiry.

12. 本院為教學醫院，為促進醫學教育，培養優秀之醫事人員，懇請您配合相關教學活動。但您有權利拒絕任何與治療無關之檢驗、研究與測試，您的拒絕並不會影響醫療照護及品質。

Our hospital is Teaching Hospital that provides education and training for the next generation of medical health providers. In order to enable effective medical education, we ask that you cooperate with our teaching activities. However, you have the right to refuse any research related tests or procedures not relevant to your treatment. Your refusal will not result in any change to the quality of care we provide.

13. 您有權向本院提出申訴並得到合宜之處理。本院醫病關係服務專線：0800001700；310150 ext 206。

You have the right to file a complaint and receive a fair and reasonable response. You can contact the following service offices: 0800001700; 310150 ext 206