



THE ESSENTIAL ABOUT THE PATIENTS' RIGHTS

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FOREWORD

Each of us, at one time or another, is led to consult a caring professional or to be cared for in a health establishment.

The relations between the patients and the medical profession are governed by laws that acknowledge a certain number of rights to the patients. The public is still insufficiently informed about these rights ; that's why the Public Health Service of the Canton of Vaud wishes to grab the chance as the revision of the law on public health is to be introduced to get them better known.

This brochure aims at making the public aware of the rights that the law gives them in their relations with the health professionals. Well informed, the patient will be in a position to evaluate the situation and get his/her point of view asserted. He/she will thus be payee with full knowledge of the facts concerning the treatments proposed. By improving the clarity, this publication has the ambition to promote the reciprocal trust that contributes to the quality of the therapeutic relation.

The main patients' rights have been gathered in nine chapters, each containing three distinct parts:

- the first part presents a short summary of each of the main rights of the patients, with the indication of one or more of the concerned articles of the law to which the reader will be able to refer if he wants to know the exact formulation of the legal text;
- the second part, called « in practice », gives explanations and further information useful for a good understanding of the law;
- the third part, called « good to know », offers answers to the main questions that the public could have in relation to the subjects presented.

Moreover, at the end of the brochure you will find the addresses of the organizations to which the persons who wish to can speak to in order to obtain further information or some advice, as well as the channels to turn to for the patients who feel that they have reasons to complain about a breach of their rights.

To conclude, let's remember that the patients' rights don't go without any responsibilities. So that the treatment be efficient, the caring professional should indeed count on the patient's active participation. Thus, it falls to the patient to inform the caring personnel in the most exact way about his/her illness and the possible treatments already received. It is also important that the patient follow the prescribed treatment once he/she will have accepted it. Lastly, a courteous and respectful relation contributes in developing the quality of the therapeutic framework.

Marc Diserens, Public Health Departmental manager
Dr. Jean Martin, preceding Canton Physician

1- THE RIGHT TO A FREE CHOICE

When treated as an outpatient, the patient has the right to freely choose the health professional he/she* wishes to go to.

He also has the right to freely choose the health establishment where he wishes to be taken care of.

(According to the article 20 of the 29th May 1985 law on public health)

In practice

The patient can go to the health professional of his choice; however, the professional can decide to send the patient to a colleague if he estimates that he cannot usefully provide his medical attention in that particular case or if he is not available.

The patient has the right to be admitted in the public health establishment of his choice. However, there must be a bed at disposal and its equipment must be in a good condition in order to offer the necessary services.

In the hospitals and public health establishments the patient must accept to be treated by the doctors working there. If he wishes to, he has the right to ask for a second opinion from an outside doctor. Yet the cost of this consult will be at his charge.

Except in an emergency or because of particular medical indications (for example a treatment that is not available in the canton) the patient must be hospitalized in the canton of residence.

It must be remarked that in certain cases the free choice of the patient can be limited by the insurance cover he has opted for. In case there are doubts about a treatment or a hospital stay, it is deeply recommended to get further information from your health-insurance beforehand. The Swiss Association of policy holders can also give you useful information. You will find its address at the end of this brochure.

Good to know

What can limit the free choice to a health establishment ?

It can be limited by an insurance form restricting the free choice of the policy holder, by the lack of an available bed or by the lack of adequate equipment in an old people's home offering social and medical care or a hospital.

What happens if my doctor operates only in private clinics?

If the clinic doesn't have a "shared" division and if you don't have an insurance that covers a hospital stay in a private division, part of the costs will be at your charge. It is highly recommended to ask your doctor and your health-insurance beforehand.

* Only the masculine gender will generally be used (Trans. note)

What happens if I choose a hospital outside the canton of Vaud even though my situation doesn't seem to be urgent or to present any exceptional medical characteristic?

If you have not subscribed to a supplementary insurance that covers this type of case, part of the costs will be at your charge. It is highly recommended to ask your doctor and your health-insurance beforehand.

Can I go to the EMS - medical and social establishment (or old people's home) of my choice?

You can freely choose the home where you want to stay and you can move to another one if you wish to. However, you must choose a home providing the services needed (geriatric or psycho-geriatric) according to your health. Furthermore, you must take into account that the home of your choice might not have a free space at the time you wish to become a resident.

Can I choose my doctor if I reside in an old people's home?

Yes. You have the right to consult a doctor outside the home if you wish to. This consult will be paid back by the basic insurance.

What would happen if I wanted to choose a home outside the canton of Vaud in order to get closer to my children?

This would have no impact on your AVS/AI pension and the supplementary benefit, which are ruled by federal laws. On the other hand, you would not be able to obtain the assistance provided by the LAPREHEMS, Vaudois law on the assistance to the persons using medical and social accommodation. In certain cases you could nevertheless benefit from the Vaudois social aid, but it is refundable and can implicate that the family be asked to contribute to the supporting costs of the person. So it is advisable to get the information about the possible financial help you would be entitled to in the canton where the home of your choice is.

2 – THE RIGHT TO INFORMATION

The patient has the right to be informed in a clear and appropriate way about his state of health, about the exams and treatments considered, about the consequences and possible risks that they implicate, about the prognosis and about the financial aspects of the treatment.

If he wishes to, the patient can always ask to see another doctor for a second medical opinion.

As a patient is admitted in a health establishment, he must be given a written information about his rights and duties and about the conditions of the stay.

(According to the article 21 of the 29th May 1985 law on public health)

In practice

The caring professional must inform the patient spontaneously. He must give the patient all the necessary information in an objective and complete way so that the patient may consent to the treatment with full knowledge of the facts.

However the information can be limited and even lacking, in two cases:

- If the patient gives up being informed in a clear way, for example if he wishes not to know whether he has an incurable illness;
- In an emergency, the information will be given later.

The information is intended for the patient, and only for the patient. The caring professionals are bound to confidentiality towards other persons (including colleagues who do not participate in the treatment).

If the patient has appointed a therapeutic representative (see the chapter « advance directives and therapeutic representative »), the caring professional must give him the relevant information. Confidentiality is then lifted towards the therapeutic representative as far as necessary.

If the patient wants to ask for a second medical opinion, he has the right to consult the doctor of his own choice. This consult will be paid back by the basic insurance. In the hospitals, he can ask for a second opinion to a doctor outside the establishment. However, the cost of this consult will be at his charge.

Good to know

Why ask for a second medical opinion ?

A second medical opinion is not an act of distrust towards the doctor. Its objective is to improve the information of the patient so he can decide in full knowledge of the facts whether to consent or not to the treatment proposed.

In which cases can I ask for a second medical opinion ?

The patient can ask for a second medical opinion at any time. This step is particularly advisable when a non urgent operation or some heavy treatment is proposed.

3 ACCESS TO THE FILE

The patient has the right to consult his file and to be explained its meaning. Theoretically he can get the papers in his file, original or copy, free of charge, and transmit them to the caring professional of his own choice.

(According to the article 21 of the 29th May 1985 law on public health)

In practice

This right does not extend to the notes taken by the professional for a personal use, nor to the information concerning other persons who are protected by confidentiality.

Furthermore, if the caring professional thinks that consulting the file can have serious consequences for the patient, he can ask that it be done in his presence, or while another professional chosen by the patient is present.

Good to know

And if my close family or another health professional wants to consult my file ?

Your close family or another health professional can consult your file only if you expressly give your approval.

Can the health professional refuse to show me my file or show me only part of it?

No, except what concerns his personal notes or the information about a third party. However he can ask that you consult your file only while he is there

What becomes of my file if I decide to go to another caring professional ?

You can ask that your file be handed over personally or that it be transmitted to the new caring professional that you have chosen. In case there is some reluctance or a refusal to comply, you can call on the arbitration authorities or the Commissions of complaints on hand.

What are the documents that can be inside the patient's file ?

The patient's file contains the factual findings made by the caring professional (medical history of the patient, diagnosis, progress of the illness, ...) and the details of the treatment (drugs administered, results of analysis and X-rays, expert appraisal, operation or hospital stays reports, certificates, ...).

What does « personal notes » of the professional mean ?

A few examples of the personal notes of a caring professional: the notes that are simply used as a reminder and allow him to remember a person at once in case of a phone call, or also the supervision documents of an assistant doctor that serve exclusively to analyse his behavior towards a patient. The fact that observations be handwritten doesn't mean necessarily that they are personal notes. When they are integral to the file, the patient must be able to have access to them.

What becomes of my file after my death ?

Your file stays protected by confidentiality even after your death. Your close family can only have access to it when the cantonal supervision authority gives them permission to do it.

4 CONFIDENTIALITY

The patient has the right that the confidentiality be respected for all matters concerning his health.

The health professionals are obliged to respect the confidentiality, also called medical secret. They must keep the information they have knowledge of through the practice of their profession to themselves. Apart for an exception foreseen by the law, they cannot pass them on without their patient's agreement.

Confidentiality applies equally between caring professionals.

(According to the articles 80 and 80a of the 29th May 1985 law on public health)

In practice

Confidentiality aims at protecting the patient and his interest. It is the basic element of the relationship of trust that must be established between the caring professional and his patient.

If he considers it is in his interest, the patient can release the professional from the obligation to keep the confidentiality and permit him to pass the information on to a third party. He can ask for example, or if need be demand, that his file be passed on to another caring professional.

Confidentiality cannot be put forward against the patient himself whose right to be informed and to consult the file is maintained. So the health professional cannot take refuge behind the confidentiality and refuse to give information to the patient or access to his file. Confidentiality cannot be put forward either if a conflict sets him against his patient.

Confidentiality applies also to health professionals. They cannot pass on elements of the file to colleagues without the patient's agreement.

Confidentiality is not absolute. In addition to the cases where the patient himself authorizes the professional to communicate information about him, the latter can be released from secrecy in certain situations foreseen by the law:

- When a federal or cantonal law binds the professional to inform the authority; some transmissible illnesses, like tuberculosis or meningitis, must obligatorily be announced to the health authorities.
- The professionals have the duty to denounce all the cases of minors' ill-treatment that come to their knowledge; they must also denounce the cases of dangerous care or ill-treatment by professionals on a patient.
- The federal law about road traffic stipulates that a doctor can denounce the drivers whose health condition reduces their ability to drive to the authorities.
- If the patient doesn't give the professional his permission to transmit information regarding him, for important reasons, the latter can ask to be released from secrecy by the cantonal supervision authority. It can for example be the case when a doctor wants to inform the spouse of a patient affected by a serious transmissible illness about the risks to be infected.

Good to know

Does the professional have the obligation to transmit information regarding me to other people when I ask him?

Theoretically, yes. However he can abstain to do it in some very exceptional circumstances, for example if he judges that to divulge this information can do you wrong. On the other hand he cannot boast about confidentiality if he is in a conflict with you.

What about confidentiality when the close family wants to get information about my health condition?

The caring professional has the right to transmit them information about your health condition only if you authorize him to do it. Confidentiality endures after death; if your close family wants to obtain information after your death, the cantonal supervision authority must approve.

And if I am a minor?

It is considered that a minor patient is capable of discernment from around the age of 14 or 15 years old, depending the case. A minor patient capable of discernment has the same rights as an adult patient.

In this way, if you are a minor patient capable of discernment, you have the right to confidentiality regarding your health condition. If it is better that decisions be taken with your parents' agreement, the caring professional is obliged to respect your refusal to inform your parents if that is your wish.

If you are a younger minor, the decisions regarding you will be taken by the parent who has custody of you.

And if my employer wants to get information about my health condition?

Your doctor can only inform your employer about your ability, from the point of view of your health, to fulfill the demands of your position; he cannot transmit any diagnosis. However, if you wish, your doctor can inform your employer more precisely; so that he can do that you must expressly release him from confidentiality.

5 A FREE AND CLEAR CONSENT

No health care can be given without a free and clear consent of the patient capable of discernment, whether he be of age or a minor.

The patient capable of discernment has the right to refuse health care, to interrupt a treatment or to leave a health establishment if he wishes to.

(According to the articles 23 and 23c of the 29th May 1985 law on public health)

In practice

The patient capable of discernment has the right to refuse a treatment, interrupt it or leave the health establishment at any time. In this case, the health professional can ask him to confirm his decision in a written form. He will inform the patient about the risks he runs by taking this decision. It is then the patient's responsibility to accept the risks that can be connected to his refusal to the treatment.

In order to be able to give his opinion and grant his consent or not in a free and clear way, the patient must have been well informed by the health professional. The latter is obliged to give him sufficient and adequate information. Afterwards, the patient capable of discernment keeps the right to change his opinion and take back the consent he gave.

Nobody capable of discernment can have a treatment imposed against his will. Forced treatments are thus forbidden.

However, exceptionally and under very strict conditions, a doctor can impose that a patient be hospitalized or that measures of constraint be taken, providing that his behaviour represents a serious danger for his health, his security or the one of others (for example, if he is the perpetrator of violence or is the carrier of some infectious and transmissible illnesses) and if all other steps have failed (see chapter "measures of constraint").

Good to know

What is discernment ?

To be capable of discernment is to have the power to value a situation and consequently take relevant decisions. The ability to discern must be determined according to the precise situation in which the patient is and according to the question that's being asked; it must be evaluated every time a decision must be taken.

Every one is presumed capable of discernment, except for young children and the persons who are deprived of reason following a mental illness, a feeble-mindedness, the loss of consciousness, drunkenness or other similar causes. The fact of suffering from psychic disorders, of being elderly, of being under guardianship or a minor are not synonymous with a disability to discern. This ability is estimated from case to case.

What happens if I am incapable of discernment?

Before giving you a treatment, the professional must see whether you left advance directives or have designated a therapeutic representative beforehand (see chapter “advance directives and therapeutic representative”). If that is not the case, the professional must obtain that the legal representative give his approval. If you don’t have one, he must get your close family’s opinion, without being tied up by their opinion.

In an emergency or if you don’t have a legal representative, the professional will act at best, in your interest and taking into account your presumed wishes.

Does the professional have to ask my approval for each of his intervention?

If it’s a matter of non invasive or of routine care, like for example a blood test or checking the blood pressure, your approval can be implicit. Otherwise, the professional must clearly ask you if you agree to get the medical care offered to you.

6 CONSTRAINT MEASURES

On principle, every constraint measure towards the patient is forbidden.

(According to the articles 23d and 23e of the 29th May 1985 law on public health)

In practice

The provisions concerning the constraint measures apply to all the health establishments (hospitals, old-people's homes, psychiatric hospitals...).

A constraint measure is a serious measure, applied without the patient knowing or without his free and clear consent. It restrains his individual freedom and can undermine his dignity. Locking up, forbidding to freely move or make contact with one's close family, isolation, tying up or medicinal exertion are examples of constraint measures.

Exceptionally, a doctor can impose constraint measures after consulting with the healthcare team. In order to do that the patient's behaviour must represent a serious danger to his health, his or other people's security. It is also necessary that the measure be proportional and other less restrictive measures had failed.

As far as possible, the doctor will have discussed about it previously with the patient, the therapeutic representative or the close family.

The constraint measures can be imposed only for a limited period of time. They cannot be considered like therapeutic measures. They cannot either be justified by a shortage of staff.

A constraint measure must be the subject of reevaluation to decide whether it is necessary to maintain it or whether it can be lifted. A precise protocol must appear in the patient's file.

Good to know

What is medicinal exertion?

It is the fact of administering tranquilizers to a patient without any specific therapeutic objective.

How can I be opposed to a constraint measure?

The concerned person, his legal representative, his therapeutic representative, his close family or his accompanying representative (see the chapter "the right to be accompanied") can go to the Commission examining the complaints to ask that the constraint measures be blocked or lifted. In serious cases, the Commission can decide to suspend. The Commission must return its decision within five days after the registration of the appeal.

When a deprivation of liberty has been decided, the Commission of complaints is not competent. The appeal will be intended to the judicial authority.

7 THE RIGHT TO BE ACCOMPANIED

A patient staying in a health establishment has the right to assistance and advice during all his stay.

He has the right to ask the support of his close family and to maintain the contact with his entourage.

If he wishes to, he can appeal to outside accompanying persons designated by independant non-profit organizations.

(According to the article 20a of the 29th May 1985 law on public health)

In practice

By express demand of the patient an accompanying person designated by a non-profit organization can help him take the necessary steps linked to his hospital stay or his accommodation. This accompanying person can attend the discussions between the patient and the health professionals or other authorities.

The non-profit organizations offering their assistance must be recognized by the Health and Social services Department (DSAS). The health establishments have an up-to-date list of the accompanying persons designated by the associations at the disposal of the patients.

The organizations offering their assistance must do it free of charge.

The right to be accompanied belongs to the patient, not to his close ones or to the associations. The patient remains free to choose to see or not an accompanying person.

Good to know

Who are my close ones ?

By “close ones” it is understood the persons who know the patient well because they are family or friends and they show some interest in the patient’s situation. So it can be members of your family but also your lover or one of your friends.

What role does the person accompanying me play?

The person accompanying you brings you advice and a moral and human support. He contributes to fill the lack of social relationships, particularly if you don’t have any visit from your acquaintances. He helps you in your choosing and can assist with the steps linked to your hospital stay or your accommodation.

On the other hand, he cannot stand for you and under no circumstances can he represent you.

Can I receive whoever I want during my stay in a health establishment?

Yes, you can receive the visit of all the people you wish to see (parents, close ones, acquaintances, guests), except when there is some serious medical contraindication (for example in a case of contagion or of acute health care).

How can I find a person to accompany me during my stay in a health establishment?

You can ask for the list of the organizations proposing accompanying persons to the management of the health establishment and then get in touch with them. If your health impedes you to do it, you can ask the staff to take that step for you.

8 - ADVANCE DIRECTIVES AND THERAPEUTIC REPRESENTATIVE

Everyone has the right to write advance directives to specify which kind of healthcare he wishes to get or not get in case he is no longer able to express his will.

He can also designate a therapeutic representative responsible to decide instead of him which kind of healthcare to give him when he can no longer express himself.

(According to the articles 23a, 23b and 23c of the 29th May 1985 law on public health)

In practice

When a person is not capable of discernment anymore, the caring professional must search for advance directives or the designated therapeutic representative.

The caring professional has the obligation to respect the patient's will; but it must have come to his knowledge too. In order to have your will known clearly it is recommended that the person who writes advance directives keep them easily accessible.

In an emergency, the caring professional can act without waiting to discover whether the patient left advance directives. In that case, he will act taking into account the presumed wishes of the patient.

Advance directives can be modified or cancelled at any time.

If the patient has designated a therapeutic representative, the caring professional must give the latter the relevant information and obtain that he approve the treatment. Confidentiality is then lifted towards the therapeutic representative as far as possible.

The therapeutic representative must act free of charge.

If a decision from the therapeutic representative puts in danger the patient's health, the caring professional can dispute it and turn to the Justice of the Peace.

It is advised that the patient give a copy of his advance directives to his therapeutic representative. In case the latter is led to intervene, then he won't have to take decisions contradicting the patient's wishes.

Good to know

“Advance directives”, what are they?

We use the term “advance directives” to designate the indications you write in advance in case you wouldn't be able to express your wishes. That way you can specify the kind of healthcare you wish to get or the care you refuse to get on principle.

How should I formulate my advance directives?

In order to be clear, it is better to formulate your advance directives in a written form. You can choose which form you want to give to this document and which heading would be in it. Your advance directives are signed by you alone. It is not necessary to have a witness.

Even if you have not written any advance directive, obviously it is still possible to make your position be known orally, for example before an operation.

You can cancel or alter your advance directives at any time. Theoretically, you will bring the necessary modifications to the written document. However, if there is not enough time, for example before an operation, you can inform orally the caring professional about the fact that your advance directives are not valid anymore and let him know, still orally, your present wishes.

How can I make sure that my advance directives will be found when the time comes?

You can carry them with you; you can give a copy of them to your therapeutic representative (if you have one), to your consulting physician, to the management of the hospital, of the old-people's home or of the Social-Medical Center; you can inform your acquaintances about them.

Does the therapeutic representative have to be a caring professional?

No, you can choose among your family, your friends or your acquaintances someone who knows you well and whom you trust completely.

What are the rights of the therapeutic representative?

The therapeutic representative must give his approval for the treatment considered; the caring professional must give him all the necessary information so that he can consent to the treatment with full knowledge of the facts.

The rights of the therapeutic representative are put into practice from the moment you are not able to express your will or if you are not capable of discernment.

What happens if I have not written any advance directives nor appointed a therapeutic representative and I am not capable of discernment?

If you have not left any advance directive nor have designated a therapeutic representative, the caring professional must obtain the approval of your legal representative before acting. If you don't have one he must get the opinion of your close ones, without being bound by their opinion.

In an emergency or if you don't have a legal representative, the caring professional will act at best, in your interest and taking into account your presumed wishes.

9 – ORGANS’ AND TISSUES’ DONATIONS

A person can decide in his lifetime to donate his organs for the purpose of transplanting them. If he does not want that his organs be removed after his death, he must expressly be opposed that it be done.

It is possible to be opposed to the removal of organs from one close one’s body except when the latter has authorized it himself.

Donation of organs or tissue can under no circumstances be the subject of commercial transactions.

(According to the articles 27, 27a and 27c of the 29th May 1985 law on public health)

In practice

If the deceased has not been opposed to any removal for the purpose of transplant during his lifetime, his consent is presumed.

Thus, if a person does not want that his organs or tissues be removed after his death, he must be opposed to it expressly. If this person does not express any wish about it, it will be possible to carry out the removal.

The close ones cannot be opposed to the will expressed by the deceased during his lifetime.

On the other hand, if the deceased has not expressed any wish about this, the close family must be consulted and they can be opposed to the removal of an organ.

Good to know

What to do if I do not want that organs be removed after my death?

You must express your objection formally during your lifetime. In order to do so, you can for example write some advance directives (see chapter “advance directives and therapeutic representative”). It would be a good thing then that you carry them with you to make sure that they be found if need be.

What to do if I wish to donate my organs in case I die?

To make your will clearly be known, you can fill up a donor card from Swiss Transplant and carry it with you. The donor cards are available at chemist’s shops or can be ordered directly at Swiss Transplant (0800 570 234).

If you wish to get more information about organ transplants and donations you can speak to the Centre Hospitalier Universitaire Vaudois (Vaudois University Hospital Center) (CHUV) and Swisstransplant:

- > Centre Hospitalier Universitaire Vaudois (CHUV)
Transplant Commission, Transplant Coordination,
PO Box 2, CHUV, 1011 Lausanne,
tel. : 021/ 314 18 35
e-mail : Coordination.Transplantation@chuv.hospvd.ch

> Swisstransplant, Swiss National Foundation for organs' donation and transplant
bd de la Tour 4, 1205 Geneva
tel.: 0800 570 234
www.swisstransplant.org

WHAT TO DO IN CASE OF A PROBLEM ? MEANS OF APPEAL

a. Arbitration's authorities of the professional organizations

- > The arbitrator of the Vaudois medicine Society (SVM)
Vaudois medicine Society, arbitrator
Rte d'Oron 1, PO Box 76, 1010 Lausanne 10
tel.: 021 652 99 12
- > The Arbitration Commission of the Vaudois dentists Society (SVMD)
Vaudois dentists Society, Arbitration Commission
Rue du Valentin 30, PO Box 181, 1018 Lausanne
tel.: 021 351 54 05
- > The Chamber of ethics of the Vaudois Association of Health Centers (AVDEMS)
AVDEMS, Chamber of ethics, PO Box 607, 1009 Pully,
tel. : 021 721 01 75
- > The Commission of ethics of the Swiss association of nurses (ASI)
ASI, Choisystrasse 1, PO Box 8124, 3001 Bern
tel.: 031 388 36 36
- > The Office for extra-judicial expert appraisals of the Swiss doctors Federation (FMH)
When a patient assumes that a doctor or a person under his responsibility has made a diagnostic or therapeutic mistake with consequences harming his health, the office of expert appraisal appoints an expert or a team of experts in order to determine whether there has been a mistake or not.
Office of extra-judicial expert appraisals of the FMH
Romand Service of medical information, Rte d'Oron 1, 1010 Lausanne 10
tel.: 021 652 16 74

Besides, more and more the health establishments appoint their own arbitrator or put into place a system that handles the complaints. The establishment's administration will inform you.

b. The cantonal Commissions examining the complaints

Every patient who has reasons to complain about a violation of his rights can at any time go to one of the two cantonal commissions examining the complaints. These commissions deal with complaints related to the taking in charge by caring professionals and by the health establishments. The proceedings are free of charge.

- > Commission examining the complaints of patients and Commission examining the complaints concerning the old-people's homes and the C divisions of the hospitals
Quality Division of the Public health Service, Secretariat
PO Box 183, 1000 Lausanne 17
tel.: 021 316 42 20

YOU NEED HELP, INFORMATION OR SOME ADVICE? A FEW USEFUL ADDRESSES

- > Sanimédia, Public health Service
Informs and directs, if need be, towards other information sources.
tel. 0800 106 106
www.sanimedia.ch
info@sanimedia.ch

- > Swiss Organization of patients (OSP)
The OSP has as a main objective to make the patients' rights be respected. «OSP Advice» helps and defends the patients confronted to a problem with a therapist or an insurer.
OSP, Advice and Romand secretariat, rue du Bugnon 21, 1005 Lausanne
tel.: 021 314 73 88,
hot line: 0900 56 70 47 (Sfr 2.13/min.);
www.osp.ch

- > Romand Federation of consumers (FRC)
Association that informs the consumers and defends their interests.
FRC, rue de Genève 7 , PO Box 2820 , 1002 Lausanne
tel.: 0900 575 105 (Sfr. 2.13/min)
www.frc.ch

- > Association for the wellbeing of the residents in old-people's homes (Résid'EMS)
Association that helps, advises and informs about the questions related to their stay in an old-people's home.
Résid'EMS, av. de Chailly 10, PO Box 226, 1000 Lausanne 12
tel.: 021 653 33 44

- > Romand Group of reception and psychiatric action (GRAAP)
Association that helps, advises and informs the persons confronted to psychic difficulties.
GRAAP, rue de la Borde 23-27, 1018 Lausanne
tel.: 021 647 16 00
www.graap.ch

- > Alter Ego Vaud
Cantonal Section of Alter Ego, Swiss association against the ill-treatment towards old people that aims at promoting the dignity and the respect for old people within the society by favoring the training, research and information.
Alter Ego Vaud, PO Box 752, 1000 Lausanne 9,
e-mail : alterego.vd@bluewin.ch

- > Swiss Association of policy holders (ASSUAS)
Association that helps the policy holders within the framework of their relations with the insurances.
ASSUAS, rue du Simplon 15, 1006 Lausanne.
Appointments : Monday 8-11 a.m. at 021/ 653 35 94 ;
On-duty service: Wednesday 6-8 p.m. (on fixed appointments), tel. 021 617 20 33