



OPEN SOCIETY INSTITUTE
Public Health Program

Public Association “Aman Plus”

Observance of the Rights of Injecting Drug Users in the Public Health Care System

A research report conducted with the support
of the Soros Foundation Kyrgyzstan
and the Law and Health Initiative of the Open Society
Institute Public Health Program

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I used to visit the gynecologist three to four times per year for scheduled examinations at a private clinic. My physician guessed by my appearance that I was using drugs....As soon as she found out about it, her attitude toward me changed for the worse....She even said in a very rude way: 'Don't even dream about having children!'

--

“Sveta,” a former drug user.

Written by "Aman Plus"

Edited by Acacia Shields and Dmitry Kabak

Editorial assistance provided by Nurgul Djamankulova

TABLE OF CONTENTS

Introduction.....	4
Summary of Findings.....	6
Summary of Conclusions.....	7
Summary of Recommendations.....	8
Methodology.....	9
Legal Analysis.....	10
<i>The right of access.....</i>	<i>11</i>
<i>Accessibility of medical services.....</i>	<i>11</i>
<i>Non-discrimination.....</i>	<i>11</i>
<i>The right to informed consent.....</i>	<i>12</i>
<i>The right to free choice.....</i>	<i>12</i>
<i>The right to privacy and confidentiality.....</i>	<i>13</i>
<i>The right to respect for patients' time.....</i>	<i>13</i>
<i>The right to the observance of quality standards.....</i>	<i>14</i>
<i>The right to safety.....</i>	<i>14</i>
<i>The right to avoid unnecessary suffering and pain.....</i>	<i>14</i>
<i>The right to file a complaint.....</i>	<i>15</i>
Violations of Patients' Rights.....	16
<i>Inhumane treatment of drug users, including outright denial of treatment.....</i>	<i>16</i>
<i>Violation of the right to accessible and quality health care at medical facilities.....</i>	<i>17</i>
<i>Failure to provide quality care.....</i>	<i>18</i>
<i>Failure to address the special needs of drug users.....</i>	<i>19</i>
<i>Failure to provide timely emergency care.....</i>	<i>19</i>
<i>Violation of the right to confidentiality of information.....</i>	<i>19</i>
<i>Violation of the rights of patients to obtain emergency care.....</i>	<i>21</i>
Interaction between NGO employees and medical personnel.....	22
Conclusions.....	23
Recommendations.....	24
Acknowledgements.....	28
List of Abbreviations.....	29
Attachments.....	30
<i>Questionnaire for general practitioners.....</i>	<i>30</i>
<i>Questionnaire for injecting drug users.....</i>	<i>32</i>
<i>Questionnaire for physicians of the Republican Narcology Center.....</i>	<i>35</i>
<i>Questionnaire for emergency teams.....</i>	<i>37</i>

INTRODUCTION

The problem of drug use in the Kyrgyz Republic has become increasingly complex, according to official data¹. During the period 1991 to 2003 the number of registered drug users has increased by more than three times and the incidence of first-time drug addiction has increased by more than five times. The structure of drug use has also changed. Opiates have become the most popular type of drug used (there has been an increase in opiate use from 13% in 1991 to 63.5% in 2002); and injection of drugs is the principal type of drug delivery used by drug users (the prevalence of injection drug use increased from 14.1% in 1991 to 58.3% in 2002). More than 70% of drug users are young people, under the age of 35.

Higher rates of drug addiction are accompanied by the growth of HIV infection and hepatitis. At present, more than 80% of people who are HIV positive are injecting drug users and more than half of them suffer from hepatitis B, C and D.

From September 2006 to September 2007 the Public Association "Aman Plus" conducted research to study the observance of the rights of injecting drug users when they seek to receive services through the health care system. The study focused particularly on the protection of drug users' right to medical secrecy and the right to get timely and comprehensive medical care. Special attention was paid to documenting incidents of discrimination by those in the public health care system based on a patient's affiliation to the group under investigation. The findings of this research should be made a subject for discussion at the official level in order to find ways to regulate the problem. It is also important to attract the attention of human rights organizations to the problems that were revealed by this investigation.

In conducting this research, the authors of this report referred to the list of patients' rights put forth in the European Charter of Patients' Rights². The European Charter of Patients' Rights is not a legally binding document, but the rights articulated in it correspond to other international obligations of the Kyrgyz Republic under core UN human rights agreements.

During the course of research for this report, the authors' primary task was to identify the degree of availability of medical services to representatives of the vulnerable group. This raised the issue as to whether or not drug users typically seek out medical care, whether they know where to go when they need treatment, and whether they are able to avail themselves of such treatment in practice.

Another task was to define the adequacy of the quality of medical care provided. The authors sought to determine whether the care being provided is meeting both high technological standards and principles of humane treatment of patients by medical institutions.

Another important aspect of the research was examination of the rules to form a waiting list. Those who seek medical care as patients should be confident that any "sorting" done during the development of the waiting list is based exclusively on medical criteria and not discrimination.

¹ Order of the Ministry of Health of the Kyrgyz Republic "On measures of further development and improvement of narcological care in the Kyrgyz Republic," Bishkek, February 12, 2004, Number 65.

² See, http://www.patienttalk.info/european_charter.pdf

The authors also tasked themselves with studying the consequences of providing untimely or inadequate medical care on the health of patients who were drug users. The researchers studied cases in which health complications and death resulted from delays in, or inadequate delivery of, medical care, referrals to other institutions (instead of prompt admission and treatment of a patient), and interruptions in, or termination of, treatment.

The authors also sought to determine the level of awareness of injecting drug users and medical workers about legal rights issues. Legal protections guarantee one's security, and knowledge of one's own rights and the rights of others promotes strict fulfillment of duties on both sides.

The Republican Narcology Center (RNC) is the main medical institution to which injecting drug users turn to obtain medical care in cases of intoxication and overdose. In other cases, unrelated to drug use, drug users have the same rights as any other person to seek medical care at the usual public health institutions. This research sought to help determine whether drug users exercise this right properly and whether there are circumstances that impose limitations on their ability to exercise this right.

During the early stage of research for this report, the authors were working under a hypothesis that medical workers commit violations of law and that they specifically violate the rights of drug users. Employees of "Aman Plus," a nongovernmental organization that works directly with drug users, have very often heard their clients complain about medical workers, saying that they were "not examined," that "treatment was not prescribed," or that "hospitalization was not prescribed," and so on. In the end, the decision was made to conduct research to confirm whether these complaints are valid, to find out whether these clients are really being denied normal humane treatment, and to determine the extent to which discrimination against drug users is a serious problem in the field of public health.

Medical institutions in Bishkek, the capital of the Kyrgyz Republic, were selected as locations for this study. This was decided because all central hospitals that deliver medical services at the national level are in the capital. It is the opinion of this report's researchers that it is possible to make judgments about the situation in the country as a whole based on the findings from observation of these institutions, taking into account, however, the fact that the equipment in central medical institutions is better than that in institutions located outside the capital.

A survey of injecting drug users was conducted in the rehabilitation center "Aman" and at the drop-in center run by the organization "Aman Plus,"³ as well as at places where drug users gather. The survey of medical workers was conducted at hospitals that the researchers consider are most frequently visited by injecting drug users: City Hospital Number 4 (trauma department); the Central Emergency and First Aid Station of Bishkek (CEFAS); the Republican Clinical Hospital (therapy department); and the Republican Narcology Center. Data for this report was also provided by the nongovernmental organization "Tais Plus," which has collected data on violations of the rights of injecting drug users and other vulnerable groups in hospitals.

Of the 40 drug users surveyed for this report, 28 were men and 12 were women. Age was not a factor in determining survey participants and the ages of respondents varied

³ A drop-in center is a service center that clients can visit without a prior appointment (clients are seen on a first come, first served basis).

from 19 years old to 40 years old. Fourteen of the respondents surveyed were in remission (meaning they were not using drugs) for periods ranging from a few days to up to 3 years. Heroin and opium were the main types of drugs respondents said they had used. Five respondents were undergoing methadone substitution treatment. The length of time respondents had been using drugs broke down as: nine months – 1 person; from two to ten years – 25 people; and from ten to twenty years – 14 people. Education levels of respondents were: secondary education – 17 people; secondary vocational – 6 people; higher education – 9 people; and incomplete higher education – 4 people.

Of the employees of the Emergency Station (CEFAS) who were surveyed for this report, ten were men and six were women. Eight of those interviewed were physicians and seven others were medical assistants. Five of the medical assistants had less than 5 years experience on the accident-assistance squad and two assistants had more than 5 years on the squad. Of the physicians, three had less than 5 years experience doing such work and five had more than 5 years experience.

Three male and twelve female physicians were surveyed from the Republican Narcology Center (RNC). Of those surveyed, three people had less than 5 years experience and twelve people had more than 5 years experience.

Researchers interviewed twelve male and three female general practitioners. The survey of general practitioners was conducted at the trauma department of the city hospital and at the department of general therapy.

SUMMARY OF FINDINGS

Research for this report found that interaction between injecting drug users and medical care providers follows a certain structure. It was revealed that medical care is not always accessible to drug users.

The researchers further discovered that drug users do not receive necessary medical treatment in a timely manner. In the first place, inaccessibility of timely medical care was found to be related to the fact that members of this vulnerable group use drugs and therefore did not go to hospitals or other medical facilities to seek treatment. Out of the 40 drug users interviewed, 11 respondents never visited a doctor during the period when they used drugs. Six of these 11 did not have health problems and 5 people explained that they had no money to see a doctor. Three respondents said they had health problems and practiced self-treatment; they chose not to seek professional medical care because they feared disclosure of their status as drug users. Only 4 of the 40 drug users surveyed strictly looked after their health and regularly visited medical institutions. Three of the 4 visited private doctors, believing that paying for treatment would serve to guarantee their security and the quality of care.

The problem of untimely delivery of medical care was also found to be related to certain structural limitations regarding hospitalization. This was illustrated in three separate cases. In one case, the drug user seeking care had no officially registered residence and because of this the hospital staff did not want to hospitalize the patient. In the other two cases, refusal to hospitalize the patients was based on the fact that the profile of the hospital in question was not relevant to the condition of the patients, that is, the patients had sought care at facilities that did not specialize in the treatment

they required. Two of the above cases were described by an employee of the NGO "Tais Plus," which provides drug users and others with social support services.

Research found that patients and NGO employees were not sufficiently informed about the specific profile of certain medical institutions, including their specializations and areas of responsibility. In addition, it was discovered that a patient's lack of residency registration often becomes an obstacle to the patient accessing hospitalization.

While delivering medical services, health care workers commit violations related to the status of drug users. Twelve survey respondents reported that they revealed their status as drug users upon arrival at the hospital, out of a belief that doctors should be informed about this. Seven respondents acknowledged that they used drugs after the doctor asked because he or she noticed puncture marks or otherwise identified the patient as a drug user by his or her appearance. Ten drug users interviewed said they did not reveal their status to medical personnel because they believed that it was not necessary for the doctor to know about it. Eight respondents noted that the behavior of the doctor changed for the worse after he or she learned about the patient's status. These respondents reported that such change in the doctor's behavior resulted in termination of daily check-ups, denial of treatment, provision of an incomplete package of medicine, ignoring the requests and wishes of the patient, rude or impolite treatment of the patient, and the imposition of limitations on the patient's movement within the medical facility. Thus, it was found, disclosure of a drug user's status negatively affects the quality of medical services provided to the patient, including in ways that can have serious consequences for the patient's life. Two survey respondents reported instances of early discharge from the hospital. In two cases, medical workers also violated drug users' confidentiality regarding their status.

Health workers interviewed for this report denied that health workers could commit the types of violations reported by patients. Medical workers expressed the opinion that, in fact, all medical services are delivered in a timely manner, meeting quality standards and without causing negative consequences.

SUMMARY OF CONCLUSIONS

Research for this report led to the conclusion that there is a degree of self-stigmatization among injecting drug users. The main reason for this problem was that members of this vulnerable group lack knowledge about their rights, particularly their rights as patients. Lack of knowledge about one's rights leads to a drug user's inability to fully exercise his or her rights. As a result, the percentage of drug users who turn to hospitals for qualified care is decreasing and there are no claims filed regarding the quality of medical services provided to drug users, while the mortality rate among drug users is growing. In the course of research for this report not one written complaint about the facts of a violation was found to have been submitted.

The second important conclusion reached by researchers for this report was that the quality of medical services delivered by state medical institutions is low and that emergency care is being delivered with delays.

The low salary provided to medical workers does not promote a positive incentive for performance of duties and this in turn affects the quality of care that is delivered.

Lack of necessary medications also affects the quality of care provided. Taking into account the low immunity and low pain threshold of drug users, there is an increasing need for strengthening the care given to members of the vulnerable group. Another important issue is the need to equip public hospitals with necessary supplies and to address the problem of the lack of a sufficient number of beds for patients.

Medical workers do not observe ethical and moral norms in their treatment of drug users. This is demonstrated by their disclosure of injecting drug users' status, not only to fellow medical workers but also to patients and other visitors to medical institutions. This practice has a stigmatizing effect.

There is cause for concern that medical workers are not held accountable for their negligent attitude toward their work. Research for this report revealed cases that had serious consequences for patients' health, including cases that resulted in the deaths of patients. Patients are not aware of cases when medical workers have been investigated or held responsible for violations. As a result, patients do not always file complaints about violations, and the guilty persons are not held responsible for the consequences of their actions on the lives of others, especially when the patient in question is a drug user.

Another important conclusion drawn from the research for this report was that medical workers are not well-informed about the work of nongovernmental organizations that provide support services to drug users. Medical specialists knew only about the RNC; namely, that it is a public hospital and that one can undertake detoxification therapy there. With the exception of physicians working at the RNC, none of the physicians interviewed knew about developments taking place in the Kyrgyz Republic in the sphere of rehabilitation of drug users or about legal clinics, telephone hotlines, or drop-in centers for injecting drug users.

Physicians said that when patients' drug user status is known, they hold "educating" conversations with drug users about the danger of drugs, but that they do not take action beyond that. None of the doctors interviewed provided patients with necessary information about NGOs working with drug users or services that patients could access. Many medical employees at public health institutions regard the work of NGOs as unnecessary and pointless. Medical workers were also found to lack knowledge about issues of social adaptation of drug users, as well as about problems that NGO employees face during the course of providing social support services to drug users when they seek care at hospitals and clinics.

SUMMARY OF RECOMMENDATIONS

During the course of research for this report, the researchers concluded that it is necessary to undertake actions to improve the existing situation and to stop medical workers' violation of the rights of patients who are drug users.

As a first priority, it is necessary to reduce the level of self-stigmatization among drug users. It is necessary to develop programs to increase patients' awareness of legal guarantees and patients' rights. It is important that these programs are adapted to address the needs of the most vulnerable groups of patients, such as drug users. It is necessary also to work directly with medical workers, including physicians and secondary medical personnel, to address this problem.

As the results of the survey have shown, medical workers' knowledge about drug dependence and the ways they interact with drug users leave much to be desired. None of the health workers interviewed indicated that he or she was familiar with programs in this field. Physicians limit themselves to lecturing patients about the dangers of drugs, when every dependent person knows about the dangers, but often lacks information about how to break the cycle of dependence. In the researchers' opinion, first and foremost, physicians should be ready to help drug users to solve this problem of dependence when drug users turn to them for help. At the very least, doctors should have information about where to send such patients to get help.

It is necessary to develop cooperation between medical institutions and NGOs. The NGOs play an important role in the interaction between drug users and medical workers. Greater efforts to develop cooperation among the parties will help to reduce the potential for negative situations. Strengthened work of NGOs in the sphere of social support for injecting drug users will in turn help to improve interaction between drug users and medical workers. To be effective, work has to be conducted in all three directions: with injecting drug users, medical workers and NGOs.

METHODOLOGY

"Aman Plus" researchers developed the methodology and plan of activities for the research for this report. During the process of developing a monitoring concept, the group made use of materials provided by the Polish Helsinki Foundation for Human Rights (Warsaw).

Research involved surveys with 40 injecting drug users, 15 emergency workers from CEFAS, 15 medical workers from the RNC, 15 general practitioners, and 3 employees of a partner NGO, "Tais Plus." The NGO workers provided data about eight cases that, in their opinion, constituted examples of violations of patients' rights.

To conduct the surveys, researchers used questionnaires developed together with Acacia Shields, a consultant. Data was collected through the conduct of individual interviews. Samples of the questionnaires used are provided in the Attachments section.

Of the 40 injecting drug users interviewed, 26 chose not to provide their name or contact information. The main reason for this was interviewees' fear that personal information could somehow be used against them. Survey participants also expressed fear that their status as drug users would be revealed, saying things such as, "What if one of my close relatives will find out about it or if people I know see my address and realize that it is me? I don't want anybody to know about it..."

Of the 15 CEFAS employees interviewed, 4 provided their contact information. The rest chose to provide information only on the condition of anonymity. It should be noted that, initially, outreach workers participating in the research approached the head of the psychiatric team and officially requested permission to survey the employees, but the department head categorically refused, explaining only that, "You are just not allowed. What do you need to do it for? I don't see any sense in it. We work well..." Due to lack of cooperation from the head of the department, researchers opted to interview employees individually.

Only 4 RNC employees interviewed for the survey opted to provide their first and last names, the remainder chose to be anonymous. All RNC employees were easy to contact; some expressed a dislike for the way critical questions were formulated.

Among general practitioners, none of those interviewed indicated a willingness to provide contact data and all of them responded on the basis of anonymity.

It should be noted that many medical workers, including general practitioners, did not want to have contact with the NGO researchers for this report and refused to participate in the survey when they learned that the questions related to drug users. Workers with many years of experience in the medical field, including physicians over the age of 35 at emergency care facilities and hospitals, had a particularly negative attitude toward the research. Medical workers explained that their refusal to participate in the survey was due to their lack of time, their heavy workload, and the low importance of the survey questions. Those whom researchers approached gave responses such as, "Why care about drug users? It would be better to do a survey about the problems of poor people," or, "I haven't come across them," or, "This is the wrong question [for me], I am a traumatologist," etc.

Employees from "Tais Plus," a partner NGO to "Aman Plus," provided descriptions of eight specific cases in which, in their opinion, medical workers violated patients' rights. In order to protect the interests of the patients involved in these cases, their names are not indicated in this report. Cases described by "Tais Plus" were reviewed and examined during the course of the group's work to provide social support services, which include accompanying clients, including drug users, to medical institutions when they seek medical services.

The survey for this report was conducted with the use of questionnaires. During the conduct of the survey, researchers used questionnaires with open-ended and closed questions as their primary interviewing tools.

To interview NGO employees who provided information about violations of their clients' rights, researchers used semi-structured interviews. The NGO employees were asked questions about violations that had taken place. There was no opportunity to directly survey the NGO's clients whose rights had been violated, since these clients were no longer in contact with the NGO at the time that the survey was conducted.

People interviewed for this report were given the opportunity to provide information on the basis of anonymity; therefore, pseudonyms are used instead of real names in the descriptions of certain cases.

During the course of research, the authors studied charter provisions, instructions and other internal documents of institutions, and national normative and legal acts, as well as international legal instruments.

LEGAL ANALYSIS⁴

The rights of patients in the Kyrgyz Republic are protected by constitutional guarantees providing equal rights for all citizens and specific legislation on health care, including the law "On protection of the health of citizens of the Kyrgyz Republic." Violation of domestic legislation protecting patients' rights is punishable under the

⁴ This section was prepared by Dmitry Kabak for the Law and Health Program of the Soros Foundation Kyrgyzstan.

law. In addition, the government has agreed to provide to Kyrgyz citizens the rights enshrined in core UN human rights documents, such as the International Covenant on Civil and Political Rights (ICCPR) and the International Covenant on Economic, Social and Cultural Rights (ICESCR).

The most comprehensive articulation of patients' rights is provided in the European Charter of Patients' Rights. While the Charter is not legally binding on the government of the Kyrgyz Republic, as domestic legislation and UN obligations are, it does represent the regional standard for patients' rights to which countries should aspire and it therefore provides a useful framework for analyzing the performance of state health care systems in meeting the needs and rights of the citizenry.

The Committee on Economic, Social and Cultural Rights' General Comment to article 12 of the ICESCR elaborates on the right to the highest attainable standard of health⁵. The General Comment establishes the international standard for important patients' rights issues such as consent to treatment, confidentiality of health information, and non-discrimination.

THE RIGHT OF ACCESS

Every individual has the right of access to the health services that his or her health needs require. The health services must guarantee equal access to everyone, without discriminating on the basis of financial resources, place of residence, kind of illness or time of access to services⁶.

Accessibility of medical services

International agreements urge states to create conditions that would assure to all medical service and medical attention in the event of sickness⁷.

The Constitution of the Kyrgyz Republic recognizes the need for regulation of the health care system through legislation. It guarantees the free delivery of first aid, as well as free medical care in certain cases of disease. The Constitution also recognizes the right of socially vulnerable groups to obtain medical care. The delivery of care is guaranteed both at private and public medical institutions⁸. The right to emergency care is further elaborated in domestic legislation that guarantees immediate medical intervention will be provided in life-threatening situations⁹.

Non-discrimination

International agreements to which the Kyrgyz Republic is a party prohibit discrimination in the provision of the rights and freedoms therein¹⁰. The ICESCR specifically guarantees access to health care facilities and services without discrimination¹¹.

⁵ Substantive Issues Arising in the Implementation of the International Covenant on Economic, Social and Cultural Rights. General Comment No. 14 (2000). The right to the highest attainable standard of health (article 12 of the International Covenant on Economic, Social and Cultural Rights).

⁶ Article 2 of the European Charter of Patients' Rights.

⁷ Article 12, paragraph 2 (d) of the International Covenant on Economic, Social and Cultural Rights.

⁸ Article 34, sections 1 and 2 of the Constitution of the Kyrgyz Republic.

⁹ Articles 22 and 23 of the Law "On protection of the health of citizens of the Kyrgyz Republic."

¹⁰ Article 2, paragraph 1 of the International Covenant on Civil and Political Rights; article 2, paragraph 2 of the International Covenant on Economic, Social and Cultural Rights; and others.

¹¹ Substantive Issues Arising in the Implementation of the International Covenant on Economic, Social and Cultural Rights. General Comment No. 14 (2000). The right to the highest attainable standard of health (article 12 of the International Covenant on Economic, Social and Cultural Rights).

Domestic legislation also guarantees the equality of all people before the law. It states that no one can be exposed to any kind of discrimination or infringement of his or her rights based on origin, gender, race, ethnicity, language, confession, political and religious beliefs, or by any circumstances of a personal or public nature¹².

Domestic legislation explicitly guarantees that medical care will be provided to all without discrimination¹³. The doctors' oath includes a promise to deliver medical care to patients, respecting their human dignity, regardless of ethnicity, social position, political views or religion¹⁴.

THE RIGHT TO INFORMED CONSENT

Every individual has the right of access to all information that might enable him or her to actively participate in the decisions regarding his or her health; this information is a prerequisite for any procedure and treatment, including the participation in scientific research¹⁵.

Obligations adopted by the Kyrgyz Republic in the framework of international agreements guarantee each person's freedom from non-consensual medical treatment¹⁶. These international instruments also assert rights integral to the exercise of informed consent, including the rights to security of person¹⁷ and to seek and obtain information¹⁸.

The right to obtain information is recognized by the Constitution¹⁹. Domestic legislation gives patients the right to information about their health, including the right to receive information in a comprehensible form and to receive information about the results of examinations, the occurrence of a disease, its diagnosis and forecasting, methods of treatment and related risks, options for medical intervention, their consequences, and the results of treatment that has been conducted²⁰. It is prohibited to conduct medical, biological and psychological experiments on people without their properly expressed and certified voluntary consent²¹.

THE RIGHT TO FREE CHOICE

Each individual has the right to freely choose from among different treatment procedures and providers on the basis of adequate information²².

The exercise of conscious and responsible choice can take place only when a patient has been provided the relevant information by medical professionals. International human rights instruments affirm a person's right to obtain information²³ and to recognition as a person before the law²⁴.

¹² Article 13, section 3 of the Constitution of the Kyrgyz Republic.

¹³ Article 61 of the Law "On protection of the health of citizens of the Kyrgyz Republic."

¹⁴ Article 92 of the Law "On protection of the health of citizens of the Kyrgyz Republic."

¹⁵ Article 4 of the European Charter of Patients' Rights.

¹⁶ Substantive Issues Arising in the Implementation of the International Covenant on Economic, Social and Cultural Rights. General Comment No. 14 (2000). The right to the highest attainable standard of health (article 12 of the International Covenant on Economic, Social and Cultural Rights).

¹⁷ Article 9, paragraph 1 of the International Covenant on Civil and Political Rights.

¹⁸ See the International Covenant on Civil and Political Rights, the Convention on the Elimination of All Forms of Discrimination against Women, the Convention on the Rights of the Child, and the International Convention on the Protection of the Rights of all Migrant Workers and Members of their Families.

¹⁹ Article 14, section 3, paragraph 13 of the Constitution of the Kyrgyz Republic.

²⁰ Article 73 of the Law "On protection of the health of citizens of the Kyrgyz Republic."

²¹ Article 19, section 2 of the Constitution of the Kyrgyz Republic.

²² Article 5 of the European Charter of Patients' Rights.

²³ See the International Covenant on Civil and Political Rights, the Convention on the Elimination of All Forms of Discrimination against Women, the Convention on the Rights of the Child, and the International Convention on the Protection of the Rights of all Migrant Workers and Members of their Families.

²⁴ Article 16, International Covenant on Civil and Political Rights.

In accordance with the laws of the Kyrgyz Republic, a patient has the right to obtain comprehensible information about methods of treatment, the risk related to a particular treatment, options for medical intervention and their consequences, and data on medical personnel participating in the patient's examination and treatment²⁵. Patients also have the right to select their attending physician, to reject the participation of students in diagnosis and treatment²⁶, and to choose a family physician and general practitioner²⁷.

THE RIGHT TO PRIVACY AND CONFIDENTIALITY

*Every individual has the right to the confidentiality of personal information, including information regarding his or her state of health and potential diagnostic or therapeutic procedures, as well as the protection of his or her privacy during the performance of diagnostic exams, specialist visits, and medical/surgical treatments in general*²⁸.

International human rights law holds that nobody can be exposed to arbitrary or illegal intervention in his or her private or family life. Every person has the right to legal protection from such intervention or encroachment²⁹ and a specific right to have his or her personal health data treated with confidentiality³⁰.

The Constitution of the Kyrgyz Republic recognizes the right to protection of one's private life³¹ and does not allow for collection, storage, use or dissemination of confidential information about a person without his or her consent, except in cases established by law³².

Guarantees of confidentiality are part of the notion of medical secrecy, which covers information regarding referral to medical care, one's health status, diagnosis of a disease, and other data obtained upon examination or treatment of a patient³³. People who obtain data comprising medical secrets during training or execution of professional, official or other duties are not permitted to disclose such information³⁴.

THE RIGHT TO RESPECT FOR PATIENTS' TIME

*Each individual has the right to receive necessary treatment within a swift and predetermined period of time. This right applies at each phase of the treatment*³⁵.

The ICESCR requires the creation of conditions that would ensure delivery of medical care to everyone in case of sickness³⁶. The Committee on Economic, Social and Cultural Rights has interpreted this provision to include a guarantee of equal and timely access to medical treatment. The core UN documents do not set out standards for the timeliness of specific treatments.

²⁵ Article 73 of the Law "On protection of the health of citizens of the Kyrgyz Republic."

²⁶ Article 72 of the Law "On protection of the health of citizens of the Kyrgyz Republic."

²⁷ Articles 61 and 66 of the Law "On protection of the health of citizens of the Kyrgyz Republic."

²⁸ Article 6 of the European Charter of Patients' Rights.

²⁹ Article 17, paragraphs 1 and 2 of the International Covenant on Civil and Political Rights.

³⁰ Substantive Issues Arising in the Implementation of the International Covenant on Economic, Social and Cultural Rights. General Comment No. 14 (2000). The right to the highest attainable standard of health (article 12 of the International Covenant on Economic, Social and Cultural Rights).

³¹ Article 14, section 3 of the Constitution of the Kyrgyz Republic.

³² Article 14, section 4 of the Constitution of the Kyrgyz Republic.

³³ Article 91 of the Law "On protection of the health of citizens of the Kyrgyz Republic."

³⁴ Article 91 of the Law "On protection of the health of citizens of the Kyrgyz Republic."

³⁵ Article 7 of the European Charter of Patients' Rights.

³⁶ Article 12, paragraph 2 (d) of the International Covenant on Economic, Social and Cultural Rights.

The Constitution of the Kyrgyz Republic establishes that procedures for obtaining medical care shall be specified by the law³⁷. The legislation entrusts health care facilities with the responsibility to provide timely medical care in accordance with their material and financial resources³⁸. The right to respect for a patient's time is defined by programs approved by the authorized state body of the Kyrgyz Republic on public health³⁹.

THE RIGHT TO THE OBSERVANCE OF QUALITY STANDARDS

*Each individual has the right of access to high quality health services on the basis of the specification and observance of precise standards*⁴⁰.

International agreements to which the Kyrgyz Republic is a party assign the state the responsibility for ensuring protection of the rights of each person to the highest achievable level of physical and psychological health⁴¹.

In the Kyrgyz Republic, the law recognizes the right of the patient to access to quality medical care at health care facilities, including private medical practices⁴². The law also establishes penalties for the failure of people who deliver health services to provide quality care⁴³. In order to improve the quality of medical care, the authorized body in the health sector maintains accreditation of people in the medical field⁴⁴, controls the quality of medical care and disease-prevention services, coordinates the quality of education, ensures quality control, safety, and the effectiveness of medications⁴⁵.

THE RIGHT TO SAFETY

*Each individual has the right to be free from harm caused by the poor functioning of health services, medical malpractice and errors, and the right of access to health services and treatments that meet high safety standards*⁴⁶.

The safety of medical care is provided for through legislatively fixed procedures for health care delivery⁴⁷. People responsible for delivering health care are held accountable for failure to provide such care safely⁴⁸. The authorized state body responsible for health care regulates the observance of safety procedures⁴⁹.

THE RIGHT TO AVOID UNNECESSARY SUFFERING AND PAIN

*Each individual has the right to avoid as much suffering and pain as possible, in each phase of his or her illness*⁵⁰.

³⁷ Article 34, section 2, paragraph 2 of the Constitution of the Kyrgyz Republic.

³⁸ Article 95 of the Law "On protection of the health of citizens of the Kyrgyz Republic."

³⁹ Article 10 of the Law "On protection of the health of citizens of the Kyrgyz Republic." Under most circumstances the relevant authorized state body would be the Ministry of Health or the national Mandatory Health Insurance fund.

⁴⁰ Article 8 of the European Charter of Patients' Rights.

⁴¹ Article 12, paragraph 1 of the International Covenant on Economic, Social and Cultural Rights.

⁴² Article 72 of the Law "On protection of the health of citizens of the Kyrgyz Republic."

⁴³ Article 4 of the Law "On protection of the health of citizens of the Kyrgyz Republic."

⁴⁴ Article 6 of the Law "On protection of the health of citizens of the Kyrgyz Republic."

⁴⁵ Article 10 of the Law "On protection of the health of citizens of the Kyrgyz Republic." Here too, the authorized state body would most likely be understood to be the Ministry of Health or the national Mandatory Health Insurance fund.

⁴⁶ Article 9 of the European Charter of Patients' Rights.

⁴⁷ Article 34, section 2, paragraph 2 of the Constitution of the Kyrgyz Republic.

⁴⁸ Article 4 of the Law "On protection of the health of citizens of the Kyrgyz Republic."

⁴⁹ Article 10 of the Law "On protection of the health of citizens of the Kyrgyz Republic." The Ministry of Health and other bodies to whom the state delegates authority are responsible for regulation of safety procedures.

⁵⁰ Article 11 of the European Charter of Patients' Rights.

Each person has the right to security of his or her person⁵¹. International human rights standards include recognition of the inherent dignity of all people⁵². Legal instruments specifically assert that no one shall be exposed to torture or cruel, inhuman and degrading treatment or punishment⁵³. The infliction of severe pain or physical or moral suffering by an official or any other person acting in an official capacity based on discrimination of any type is to be considered torture⁵⁴.

The Constitution of the Kyrgyz Republic provides for protection from torture and inhuman or degrading punishment⁵⁵. A doctor's oath includes a pledge to relieve a patient's suffering to the best of his or her knowledge and skill⁵⁶. Domestic legislation further stipulates that patients have the right to be treated with a humane attitude by medical staff and attendants⁵⁷.

THE RIGHT TO FILE A COMPLAINT

*Each individual has the right to complain whenever he or she has suffered a harm and the right to receive a response or other feedback*⁵⁸.

UN agreements on human rights guarantee each person the right to effective remedy for rights violations⁵⁹. In its General Comment to article 12 of the ICESCR, the Committee on Economic, Social and Cultural Rights explicitly asserts that the covenant provides that, "Any person or group victim of a violation of the right to health should have access to effective judicial or other appropriate remedies at both national and international levels. All victims of such violations should be entitled to adequate reparation, which may take the form of restitution, compensation, satisfaction or guarantees of non-repetition. National ombudsmen, human rights commissions, consumer forums, patients' rights associations or similar institutions should address violations of the right to health."⁶⁰ The right to file a complaint is also explicitly provided for in cases of torture and cruel treatment or punishment⁶¹.

In the Kyrgyz Republic, in case of violation of a patient's rights, the patient can file a complaint directly with an official of the health care facility, as well as to corresponding state medical institutions or to the courts. The legislation establishes a thirty-day period for the examination of complaints⁶². When a case involves a legally defined crime or violation of law, the applicant should appeal to the authorized agencies, such as a department of the Ministry of Internal Affairs (the police), the Prosecutor's Office, and the courts⁶³.

⁵¹ Article 9, paragraph 1 of the International Covenant on Civil and Political Rights.

⁵² The Universal Declaration of Human Rights.

⁵³ Article 7 of the International Covenant on Civil and Political Rights.

⁵⁴ Article 1 Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.

⁵⁵ Article 19, paragraph 1 of the Constitution of the Kyrgyz Republic.

⁵⁶ Article 92 of the Law "On protection of the health of citizens of the Kyrgyz Republic."

⁵⁷ Article 92 of the Law "On protection of the health of citizens of the Kyrgyz Republic."

⁵⁸ Article 13 of the European Charter of Patients' Rights.

⁵⁹ Article 2, paragraph 3 (a, b, c) of the International Covenant on Civil and Political Rights.

⁶⁰ Substantive Issues Arising in the Implementation of the International Covenant on Economic, Social and Cultural Rights. General Comment No. 14 (2000). The right to the highest attainable standard of health (article 12 of the International Covenant on Economic, Social and Cultural Rights).

⁶¹ Article 13 of the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.

⁶² Article 8 of the Law of the Kyrgyz Republic "On procedures for examination of complaints of citizens."

⁶³ The authorized body is defined by its investigative jurisdiction, in accordance with article 163 of the Criminal Code of the Kyrgyz Republic or Chapter 41 of the Code of Administrative Responsibility of the Kyrgyz Republic.

VIOLATIONS OF PATIENTS' RIGHTS

INHUMANE TREATMENT OF DRUG USERS, INCLUDING OUTRIGHT DENIAL OF TREATMENT

Drug users interviewed for this report recalled stigmatizing and insulting treatment by health professionals, often leading to outright denial of medical care. Some physicians feel free to say stigmatizing things to patients with drug dependence. There is a stigmatizing belief among some physicians that if a person can find money for drugs, then this patient is able to find money for treatment as well. Some speak openly about this, thinking that such statements are acceptable. Such behavior by physicians demonstrates discrimination against drug users. In some cases this leads to a situation in which the drug users stop visiting doctors to get qualified care and begin self-treatment instead. In such cases nobody is held responsible for refusing to provide care and for the health consequences that follow.

Some drug users who were surveyed reported that after a medical worker discovers that a patient uses drugs, the medical worker's attitude changes for the worse. In such circumstances, the health care provider often becomes rude, his or her willingness to help the patient disappears, and he or she exhibits negligence in the delivery of health services.

Sveta (a pseudonym), from Bishkek, an injecting drug user since 1982 who has been in remission for one year and one month, said:

I looked after my health seriously, in spite of the fact that I 'got high.' I used to visit the gynecologist three to four times per year for scheduled examinations at a private clinic. My physician guessed by my appearance that I was using drugs. She asked me about it and I said that it was true. As soon as she found out about it, her attitude toward me changed for the worse – the examination was conducted negligently and she started paying less attention to me. She even said in a very rude way: 'Don't even dream about having children!' although I understood it myself and therefore I had visited her regularly. She just made me get tested for HIV infection. It was unpleasant for me to get tested for HIV infection. I was unhappy but I continued seeing her. I didn't complain, since I was not aware at all of my rights at that time. Today I know a lot about it and I will not allow someone to treat me like this⁶⁴.

NGO employees that provide social support services for clients when they visit hospitals have witnessed problems such as repeated referral to other medical institutions. One "Tais Plus" employee said:

I had to take a patient to the narcology center when she was in a drunken state. She was having hallucinations. The doctor would not admit her, saying that it was not their profile, and she sent us to the toxicology facility. The ambulance took us there, but we again were not admitted and we were told to go to the narcology facility. I said that we had just arrived from that place and he got angry and did not want to admit us. Then, after he left us, he went to call the narcology facility, so we had to go there again and only after all that were we admitted. Was that humane?⁶⁵

⁶⁴ "Aman Plus" interview with Sveta (a pseudonym), Bishkek, May 2007.

⁶⁵ "Aman Plus" interview with an employee of "Tais Plus," name withheld at the employee's request, Bishkek, May 2007.

In the course of research for this report, the researchers have also uncovered situations when, despite a patient's repeated visits to the hospital, his or her status as a drug user was the reason health care workers refused to admit the patient for hospitalization.

An employee of "Tais Plus" reported:

We took the patient to the hospital located at Fuchik Street; she had a leg abscess. It turned out that the patient had already visited this hospital several times [in an attempt to get treatment]. And the physician said, 'Why do you mess with her, she's a drug addict!' We explained that we would complain if she were not admitted and the head of the department said, 'You can complain to wherever you want, but I am the master here!' So we had to find a professor that we knew and he made a call and only after his call was the woman admitted to the hospital. When we said that we would pay the co-payment for her treatment, the head of the department relaxed⁶⁶.

Some doctors do not hesitate to speak openly about their negative attitude toward drug users, which is in conflict with ethical and moral norms and evidence of their lack of professionalism.

The following is a quotation from one physician's response to our questionnaire. The interviewee is a narcology specialist with 16 years of professional experience.

Question: Should a person with narcotic dependence get medical care in life-threatening situations (fractures, poisoning and so on) on the usual terms? If not, why not?

Answer: No, because the person made a personal decision to choose such a lifestyle, to each his own.

Question: How much, in your opinion, should a drug user pay for medical services?

Answer: They should at least pay much more than for drugs⁶⁷.

One physician at the RNC who treats injecting drug users openly expressed his negative attitude toward representatives of this group, saying: "Discrimination against such users is a required necessity. There is a need for forced euthanasia..."⁶⁸

VIOLATION OF THE RIGHT TO ACCESSIBLE AND QUALITY HEALTH CARE AT MEDICAL FACILITIES

It is clear that, in practice, access to medical services is strictly limited. This applies particularly to the delivery of services to injecting drug users. Officially there are no limitations on accessing care, however, relations between drug users and medical workers are stigmatizing and lead drug users to make fewer visits to medical facilities.

FAILURE TO PROVIDE QUALITY CARE

Medical workers should make all possible effort to ensure that the quality of services delivered is of the highest level⁶⁹. Our research has shown that in practice

⁶⁶ "Aman Plus" interview with an employee of "Tais Plus," name withheld at the employee's request, Bishkek, May 2007.

⁶⁷ "Aman Plus" interview with a doctor, name withheld at the doctor's request, Bishkek, May 2007.

⁶⁸ "Aman Plus" interview with a doctor, name withheld at the doctor's request, Bishkek, May 2007.

⁶⁹ Article 1, section 1 of the Code of Professional Ethics of Medical Workers of the Kyrgyz Republic. Approved by the Ministry of Health of the Kyrgyz Republic on January 16, 2004, Number 24.

this requirement is violated. The survey uncovered the following case in which the negligent attitude of medical workers led to a patient's death.

A "Tais Plus" employee recalled:

We had a client who had an abscess on her buttock and ruptured duodenal ulcer. At that point in time we did not know that she had an abscess on her buttock. Well, she had some pain on her buttock, but she suffered more from the ulcer. We took her to the hospital located on Fuchik Street, to the surgery department. There, we were told that it was necessary to operate on her intestines. They explained that we did not need to pay, but that we needed to provide a certificate to prove that this young girl was a client of our drop-in center and that we did not need to pay a co- payment. She was discharged seven days after the operation. She was monitored during those seven days [at the hospital], but she was very rarely examined. The area of her buttocks was not examined at all. Upon discharge from the hospital she was not given any advice and she was told 'now go to your own doctor.' At the center we called in an infection expert. He examined the area of her buttock and prescribed drops. We had to do everything ourselves. She stayed for one month. Her condition worsened. We took her to City Hospital Number 2, located next to the champagne and wine plant [an integrated plant for the production of champagne and wine]. She was operated on two times in the area of the abscess. She died in this hospital. The opinion of the doctor was that the cause was phlegmon. We did not file a complaint. To which body can such a complaint be filed? And in any case there's no point and it's a lot of red tape...."⁷⁰

After a person is hospitalized, he or she is given the status of a patient. From this moment on, medical workers are responsible for the patient's life. The case described above demonstrates how the improper fulfillment of duties led to a person's death. At the surgery department the abscess of the buttock went unnoticed. This indicates that a primary examination of the patient was not conducted. After the operation, no one conducted a full examination of the patient. As we know, if there were no complications after the operation, the patient should have been discharged on the tenth day after the operation was done. In this case the patient was discharged earlier and without any recommendations for follow-up care.

When researchers for this report asked the NGO employees involved in this case about their follow-up actions, we got a shocking reply: "Why bother? Anyway, nothing can be done."

It is necessary to file a complaint to determine who is the guilty party and to hold the guilty person accountable. Due to a lack of legal knowledge and lack of confidence on the part of clients who are drug users, it is up to representatives of NGOs to play the role of defenders of the interests of the target group.

In another case, a former prisoner who was a client of "Tais Plus" was taken to the hospital for infectious diseases. He had no relatives and he could not pay for the treatment and as a result he was left without quality examination and care.

An employee of "Tais Plus" recalled the incident:

We had a client who was released [from prison] and he had pulmonary tuberculosis, which became complicated with wet pleuritis. We placed him in the hospital for infectious diseases. The doctor hardly even examined him. We asked

⁷⁰ "Aman Plus" interview with an employee of "Tais Plus," name withheld at the employee's request, Bishkek, May 2007.

him to examine him and received the reply, 'If nobody cares about him, why should I examine him?' After this we took him away and brought him to a doctor that we knew⁷¹.

FAILURE TO ADDRESS THE SPECIAL NEEDS OF DRUG USERS

The drug user is a special category of patient who needs specific treatment, as compared with other patients. For example, when undergoing anesthesia drug users need stronger medicine or a heavy dose of regular anesthesia because, due to their chemical dependence, the regular dose of regular medication will not create the desired effect. As was discovered, the special needs of drug users are not always considered in practice. In one case, a doctor did not anesthetize the patient at all, saying, "Everyone suffers, so you have to suffer too."⁷²

FAILURE TO PROVIDE TIMELY EMERGENCY CARE

The timeliness of delivery of medical services leaves much to be desired. This problem is especially serious when it comes to emergency care. The arrival of CEFAS teams is often delayed, and by the time they arrive they may no longer be needed.

One case illustrates the lack of coordination between the CEFAS employees and workers at medical institutions. In this case the patient was taken to the hospital and was left in the corridor to wait for the doctor on duty to undertake further measures. For his part, the doctor on duty, after noticing the patient sitting and waiting in the corridor, said that the patient had been brought to the wrong place. After the patient was denied admission to the hospital, the emergency personnel took him to another institution. The imperfections in the system of allocation of responsibilities among medical institutions lead to such situations, in which the institutions try to avoid taking in patients by referring them to other facilities. This creates a risk that the condition of the patient's health will become aggravated and that necessary medical care will not be delivered in a timely manner.

VIOLATION OF THE RIGHT TO CONFIDENTIALITY OF INFORMATION

Information regarding referral for medical care, the condition of a person's health, diagnosis of one's disease, and other data obtained during a person's medical examination and treatment constitute medical secrets. Guarantees for the confidentiality of such data should be maintained.

Two people interviewed for this report said that confidential information obtained by medical workers about their status was disclosed despite the legal protection against this. Health workers sometimes forget that patients share confidential information trusting that this information will be used exclusively for professional purposes. A patient has the right to expect that medical workers will maintain the confidentiality of all medical and personal information that he or she shares with them. By sharing such information with the physician, the patient expects that it will be taken into account upon delivery of care both in the interests of the patient and so that medical staff can undertake any necessary security measures, for example, in case of the potential presence of diseases such as HIV or hepatitis. The patient's trust is sometimes met with

⁷¹ "Aman Plus" interview with an employee of "Tais Plus," name withheld at the employee's request, Bishkek, May 2007.

⁷² "Aman Plus" interview with a drug user, name withheld at the person's request, Bishkek, June 2007.

an opposite reaction on the part of medical workers, who display a negative attitude, unfriendliness, and disrespect upon learning the patient's status as a drug user. This reveals the existence of prejudices among medical workers and indicates a lack of professionalism.

As we know, drug users interact closely with each other and information spreads quickly among drug users. A few negative cases involving violations of patients' rights are sufficient to change completely people's opinion about the situation. From our survey, 10% of the respondents reported that they avoid seeking treatment at medical institutions due to their fear that they would be treated improperly and that their status as drug users would be disclosed. In this way, patients' access to medical services is limited at the most primary stage.

There are cases also when medical workers have disclosed the status of a patient loudly and even in the presence of outsiders unrelated to the patient. In such cases, this provoked a negative reaction toward the drug user, both on the part of medical workers and other patients.

As many as 80% of drug users surveyed reported that medical workers at the RNC, from physicians to secondary medical personnel, had referred to them as "drug addict" or "needle man." The disclosure of a person's status also takes place at other medical institutions. At least two respondents said that their status was revealed by medical workers.

None of the physicians interviewed for this report said that disclosure of a person's status to other people was the personal decision of the patient. One of the physicians told interviewers that during the five-minute break when personnel meet to discuss what happened during the past 24-hours, none of the physicians would conceal that his or her patient used drugs. The physician said, "If this happened in my practice I would tell others about it also. It's necessary to ensure the safety of the personnel."⁷³ No one said that in order to safeguard patient confidentiality it would be better if the patient were to inform the medical nurse and other staff himself or herself that he or she uses drugs and that in such a case there would be no need to inform other employees and technical staff, who have no relation to the patient.

Forty percent of injecting drug users interviewed reported that much depends on a doctor's personal qualities, his or her level of education in the field of narcology, and his or her age. They reported that the younger the physician, the lower the level of stigmatization and discrimination against drug users. The older the physician, the more difficulties the patient typically has on his or her way to recovery.

Patients often report cases when medical personnel violate the requirement for confidentiality of medical information.

Nikolay (a pseudonym), born in 1978, a former drug user who has been in remission for one and a half years, said:

I was hospitalized with hepatitis at the hospital for infectious diseases. The physician knew about my status, but he didn't tell anyone about it. The medical nurse came up to me to give me an injection. I had not warned her that I was using drugs. She noticed my veins and she asked loudly, in the ward in the presence of all

⁷³ "Aman Plus" interview with a doctor, name withheld at the doctor's request, Bishkek, June 2007.

the other patients, 'Are you a joy rider?' I kept silent but it made others suspicious. As a result, people's attitude toward me changed, people became wary of me and started avoiding me and stopped communicating with me. That was unpleasant. I try never to tell about my status, even now when I know about my rights⁷⁴.

Medical workers disclose not only patients' status as drug users, but also people's HIV status. In one of the cases that the research team learned about, the patient's mother was HIV positive and the patient was treated badly and made a spectacle by medical staff who erroneously believed he too was HIV positive.

Nikita (a pseudonym), a 14-year old NGO client, said:

I went to the dentist who worked in the polyclinic at the 7th micro district. The personnel at this polyclinic knew my mom. I was taken to this polyclinic by people from an NGO. When the doctor noticed me and the person who brought me there, he started saying loudly that I was HIV infected, although that was not true. The employees from the registration desk joined in with him and didn't want to serve me. Everybody was looking at me and started observing me. When the doctor treated me he was rude, and at home my teeth were aching for a long time⁷⁵.

Many drug users believe that medical workers discuss among themselves such issues as their patients' dependence on drugs. As a consequence, patients prefer not to talk about their drug user status with the personnel. Medical workers believe that if the patient is drug dependent then this case should be discussed with colleagues in order to safeguard their security. One hundred percent of the general practitioners interviewed reported that they would do the same.

VIOLATION OF THE RIGHTS OF PATIENTS TO OBTAIN EMERGENCY CARE

There are problems with the delivery of timely medical care. We know that, in cases of drug overdose, whether a drug user's life is saved and sustained by medical workers crucially depends on the timing of the arrival of the emergency team. About 30% of respondents said that they had confronted situations when they had to wait for a team from CEFAS for thirty minutes or more. In some cases the need for emergency care passed, due to successful efforts by those at the scene to "pump out" the person and save his or her life independently. Members of the CEFAS teams explain that the problem of their delayed arrival is due to lack of transportation and the limited number of emergency medical personnel. The low staff levels are a result of low salaries offered for this work.

CEFAS teams have a limited number of medical preparations available to them to use in cases of drug overdose. Moreover, secondary medical personnel, including students of the Kyrgyz State Medical Academy, are not given specialized training and get experience during emergency calls.

Quite often drug users refuse to call for emergency care due to their fear that the police may arrive. In the course of research for this report, researchers did not come across a single case when the police came as a result of a call for emergency care for an overdose that was not accompanied with any complications. According to CEFAS workers, they do not inform police about regular cases of drug overdose. Law enforcement bodies are informed about cases of knife wounds or the death of a patient.

⁷⁴ "Aman Plus" interview with an "Aman Plus" client, name withheld at the client's request, Bishkek, June 2007.

⁷⁵ "Aman Plus" interview with a "Tais Plus" client, name withheld at the client's request, Bishkek, May 2007.

It is well known that using drugs poses risks to one's life and that any overdose can be fatal. When someone overdoses, the person's circle of friends often first attempt to render first aid themselves. They believe that by the time a CEFAS team arrives, a person could die and then the whole crowd will be taken in by the police. They fear that they can be put in prison as accomplices and that they will be brought up on charges for using drugs.

Many drug users do not know under which circumstances emergency workers submit information to law enforcement bodies. Two employees of CEFAS said that they avoid explaining the rules to drug users regarding when it is mandatory to call the police because they are afraid that, if the drug users know the rules, they "will start to misuse the services provided by CEFAS teams."⁷⁶ According to the law, doctors should provide first aid in every case of overdose and should fight to save the life of each person. In practice, the prompt arrival of emergency care depends on the number of calls coming in.

INTERACTION BETWEEN NGO EMPLOYEES AND MEDICAL PERSONNEL

Many drug users prefer not to disclose their status even to a physician. The NGO "Tais Plus" provides social support services to clients and often escorts patients to hospitals and clinics to seek emergency care. Many of the group's clients are drug users. Many medical workers, knowing the specifics of the NGO's work to provide social support services and having some idea about the types of clients served by the NGO, used to display a negative attitude toward them at hospitals. They used to make statements such as, "Why do you work with them and spend your money? It would be better to help elderly people," or, "Why do you mess with them? They're drug addicts," and so on. Quite often medical personnel did not want to hospitalize these patients, but when they discovered that the NGO was willing to pay the patients' co-payment for care, the attitude toward the NGO changed for the better. Most often, "Tais Plus" employees have contact with personnel from the hospital located on Fuchik Street in Bishkek. The level of interaction between government structures and nongovernmental organizations was reported to be low. The improvement of cooperation between the parties could significantly reduce the level of discrimination against, and stigmatization of, injecting drug users.

It should be noted that NGOs play a very important role in the interaction between injecting drug users and medical workers. Including NGOs in a program of cooperation would help to combat a significant number of difficulties. NGO workers are well informed about their clients, their clients' status, and these clients' difficulties and needs. They can help reduce existing barriers to adequate medical care for their clients. They can help protect their clients' rights when they visit the hospital, and can conduct trainings for clients on issues related to the protection of one's rights. Our research has revealed that NGOs are not well enough informed about the work of medical institutions; they do not know the specifics of these facilities' work and which specific services each facility delivers, and so on. Improvement of the work in this direction and inclusion of NGOs in the chain of medical worker-drug user relations is an essential step that could help reduce significantly the number of violations of the rights of drug users.

⁷⁶ "Aman Plus" interview with a CEFAS employee, name withheld at the employee's request, Bishkek, May 2007.

CONCLUSIONS

Based on the available data and the analysis of the research results, it has been established that violations of the rights of drug users are taking place in the public health care system. This discovery is important since drug users are among the most vulnerable groups in the population. Inadequate delivery of medical care was the most often reported complaint and raised the issue of the degree of humanity displayed by medical workers. The quality of medical services provided to drug users remains low. The problem of discrimination against drug users by employees in the public health sector is especially acute.

Low salaries for medical workers, poorly equipped hospitals, lack of necessary medicine, an insufficient number of out-patient facilities, and the heavy workload of medical institutions are the main factors contributing to the low quality of medical workers' job performance. Medical facilities are not fully staffed and the existing personnel are not able to meet the assigned volume of work. This leads to physical and psychological overwork, which affects health care workers' attitude toward patients. The patient who is also a drug user becomes the patient with additional problems. In addition to treating the person for a given malady, it is necessary also to dispense a great amount of medicine, and there is a risk that the patient could have hepatitis or could be HIV positive. Such patients need more attention and under the current conditions medical workers have neither time nor motivation to give them this attention, as remuneration does not depend on the difficulty of the work. All of these factors contribute to the practice of denial of hospitalization, referrals to other medical institutions, displays of negative attitudes toward patients, rude treatment, and the provision of poor quality care.

The drug user is often seen not as a person who needs medical care, but as an asocial individual. Many health care professionals still do not consider drug dependence a disease. Some doctors fear injecting drug users or are not willing and prepared to treat them. Fear, conditioned by a lack of information about drug addiction, leads to defensiveness.

Drug dependence is a serious problem for drug users. In addition to the problem of drug dependence, members of this vulnerable group experience health problems similar to that of any other person, such as fractures, poisoning, and so on. In such cases, drug users need to access medical services. Use of drugs becomes a stigmatizing factor. Drug users are aware of unfair attitudes toward them, but they cannot change the situation through their own efforts. When they come face to face with negative attitudes toward them, many drug users close their eyes to it and just put up with it, some display aggression, and others just avoid seeking medical care. These are all defense mechanisms.

Some drug users have gone through rehabilitation for drug dependence or have been the clients of nongovernmental organizations working with drug users. They changed their behavior, demonstrating to doctors their openness and insistence on quality care. In a friendly environment they are not afraid to say that they have used or are still using drugs, because they understand that this is necessary information from

a medical point of view. They know about their rights and can articulate them when necessary.

None of the drug users interviewed knew where to file complaints about poor quality treatment or denial of treatment. This corresponds with the general level of legal awareness of the population. Disputes regarding care are either dealt with locally by the attending physician or by secondary personnel or remain unresolved. As a result, many cases of violations of patients' rights go unresolved and higher authorities are not informed about problems that exist. Cases of violations of patients' rights are not always registered, which makes it impossible to conduct qualitative analysis of the situation.

Due to medical professionals' lack of necessary knowledge and experience working with drug users, the health care system remains unreformed and disconnected from the real situation that patients face. There is a lack of coordination between NGOs and medical institutions and no system for exchange of information and experience.

Those who work closely with drug users consider it important that work be done to connect the three main parties: drug users, medical workers, and NGOs. Responsibility for changing the current situation is in the hands of all three links in the chain. Improving the legal awareness of drug users and medical workers has a special importance. NGO representatives should act as a link between these parties. At the same time, NGO representatives do not always have sufficient medical knowledge, which can create complications when they accompany clients to medical institutions. Medical workers can help to remedy such weaknesses in the work of NGOs.

Drug users need to take responsibility for learning about and exercising their rights as patients, as well as fulfilling their obligations to medical workers. NGOs and medical workers should work to increase drug users' legal awareness. It is vital that all three parties cooperate with each other.

Failure to take action in the above-mentioned direction could lead to escalation of the problems in drug user-medical worker relations. Delaying the work that needs to be done in this area will only mean that even greater resources and time will be needed to address these problems in the future. The need for action is also informed by the increased number of drug users who are HIV positive or who suffer from tuberculosis or other diseases. The close affiliation between drug users and other vulnerable groups in the population contributes to the further isolation of, and discrimination against, this group. Drug users' lack of knowledge about their rights has been accompanied by high levels of self-stigmatization within the group, reducing people's ability to turn to doctors for qualified care. This causes those in need of medical services to turn instead to self-treatment and to seek medical aid from people who do not have the necessary qualifications. Both of these strategies carry risk that the person will receive poor quality care that worsens the condition of his or her health and that the lack of proper treatment could result in death.

RECOMMENDATIONS

In order to improve the situation it is necessary to undertake the following measures:

1. It is necessary to conduct educational activities among drug users about legal rights issues related to the use of public health services. These programs can be undertaken with the participation of NGO employees (social workers, outreach workers, psychologists), as well as the use of crisis hotlines and involvement of people who have had direct contacts and experience in this field. This approach will promote the development of positive interaction between drug users and medical workers. Awareness of their own rights will allow representatives of this vulnerable group to exercise their rights to the full extent, including by fulfilling their duties to medical workers, and vice versa.
2. It is necessary to publish special literature such as legal brochures and booklets that contain information about social support and other issues. This should be the responsibility of NGOs that work with the vulnerable group, provide social support services, cooperate with human rights organizations, have knowledgeable legal experts on staff, and that cooperate with medical institutions on a regular basis.
3. It is necessary to publish instructions containing information about the rights and duties of medical workers and the rights and duties of patients. Such a project should be undertaken by an agency responsible for the coordination of the public health sector, such as the Ministry of Health. These instructions should be distributed among medical institutions, nongovernmental organizations and legal clinics.
4. It is necessary to improve the work of NGOs delivering social support services to drug users. NGOs that work with drug users should further develop their social support services. Those people that provide social support services should have information about the profiles of various medical institutions in order to ensure that they refer clients to the proper place for hospitalization or other services. Groups need to have a medical expert on staff, preferably someone with experience working at a public medical institution. The involvement of a person with such experience will promote the successful establishment of contacts with medical institutions, and this in turn will speed up the process of establishing improved interaction between drug users and medical workers.
5. It is necessary to further develop community assistance programs. This will promote the efficient dissemination of information among drug users (via informal communications, the so-called cordless telephone). A person with specific knowledge on rights issues should participate in regularly held community meetings in order to educate drug users on their rights and duties as patients and on the rights and duties of medical workers, and to provide advice to community members. It is important that such an expert come from the community of drug users, in order to increase people's trust in the information being shared. Such meetings can be held at NGO offices and organized by NGO employees. One important theme to address is clarification of the requirements for filing complaints: how to write up a complaint, where to send it, and what actions can be pursued if there is no response from authorities.

6. The relevant agencies of government responsible for ensuring that adequate medical services are provided to the citizens of the Kyrgyz Republic should increase funding for emergency services, additional medical staff, and the provision of necessary medicine. The Ministry of Health should oversee that work is done to achieve this.
7. It is necessary to publicize the work of the Ministry of Health and in particular of the structures that regulate the quality of medical services being delivered, and to notify the public about where complaints can be submitted.
8. It is necessary to increase the legal knowledge of medical workers, including by holding seminars on rights issues. It is recommended that legal clinics be authorized to conduct such educational programs. In addition, the work of annual inspection commissions and commissions on the upgrade of qualifications of medical personnel should be reviewed, with the aim of increasing the role of these commissions in the legal sphere.
9. Lectures or seminars should be organized to address issues related to patient-medical worker communications. In practice, there is a problem of rude and disrespectful treatment of patients. Medical workers themselves should ensure that trainings are held to help them and their colleagues to improve their communications techniques.
10. Control over the quality of care provided by medical workers should be strengthened in order to increase the appeal of public health facilities and to make them more accessible to patients. It is important that medical workers take responsibility for this task.
11. Interaction between medical facilities and NGOs should be strengthened. Medical institutions should share vital information with NGOs about their work and NGOs, in turn, should share information about their activities with vulnerable groups, including NGO contact numbers and addresses that medical workers can distribute to patients in need. The task of improving relations should be undertaken through the joint efforts of NGOs and medical workers. Managers of medical facilities should also be involved, and their consent and support for such an endeavor obtained, in order to ensure improved NGO-medical worker interaction and the positive attitude of medical workers.
12. To strengthen their work, NGOs should provide more information about their activities to public and private clinics and be sure to distribute their contact data. Soliciting the support of administrators at these facilities is also important in order to ensure the positive attitude of medical workers toward the work of NGOs.
13. It is necessary to further develop programs aimed at drug users' social adaptation, particularly social support services, which include providing referrals to public health facilities. It would be good for all NGOs working with drug users to provide this service.
14. NGOs should improve their educational outreach activities by increasing their work to inform community members about legal issues. NGO employees should take responsibility for this outreach, acting as liaison between medical workers and drug users.

15. Programs should be developed to facilitate the exchange of experience between medical workers and NGO employees, in order to increase awareness about the activities of each group.
16. It is necessary to hold medical workers accountable for inadequate execution of their duties or refusal to provide necessary treatment to each patient requiring care.

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LIST OF ABBREVIATIONS

HIV – Human Immunodeficiency Virus

RN – Republican Narcology Center

CEFAS – Central Emergency and First Aid Station

NGO – Nongovernmental Organization

PA – Public Association

IDU – Injecting Drug Users

ATTACHMENTS

QUESTIONNAIRE FOR GENERAL PRACTITIONERS

This questionnaire aims to reveal the type of interaction between IDUs (injecting drug users) and medical workers.

1. Gender _____ Year of birth _____ Position _____
Department _____

2. Date of completion of the questionnaire _____

3. Contact data (address, telephone and so on): _____

4. The length of your service at the medical institution: _____

5. In your opinion, what kind of person is an injecting drug user?

6. In your opinion, is drug use a disease or a social problem?

7. Provide a short written portrait of a person with drug dependence:

8. Have you ever in your practice had to provide services to an injecting drug user? If, yes, then how did you learn that this person used drugs? _____

9. Which measures have you undertaken (would you undertake), when you found out (if you found out) that your patient used drugs and why?

10. Do you know of cases (perhaps from your practice) when a representative of

this vulnerable group was refused medical services? For what reasons was this refusal issued? _____

11. What were the consequences of this refusal to the health of the patient? _____

12. Do you think that treatment guidelines are different for injecting drug users than for the average person who does not have dependence problems and why? _____

13. Should a person with drug dependence get medical care in life-threatening situations (fractures, poisoning and soon) in accordance with the general practice? If not, why not? _____

14. Is it necessary to establish additional medical services to deliver care to this group of people? If yes, then why? _____

15. Do you know of centers, services or other organizations to which a person with drug dependence can refer for help? Which ones? _____

16. Have you referred patients to these organizations? If yes, then to which ones? _____

17. Do you think that injecting drug users are exposed to discrimination? _____

18. What do you think should be done in order to change the situation? _____

19. What is your opinion, in general, about drug users? _____

20. How does state policy influence the quality of the work performed by medical workers? _____

21. Which state documents limit your activities? _____

22. Is it necessary to establish additional educational programs to improve the quality of your work and which ones? _____

QUESTIONNAIRE FOR INJECTING DRUG USERS

This questionnaire aims to reveal the type of interaction between IDUs (injecting drug users) and medical workers.

1. Gender _____ Year of birth _____
Education _____

2. Date of completion of the questionnaire _____

3. Contact data (address, telephone and so on): _____

4. The length of your drug use _____

5. What type of drugs have you used recently (did you use in the past), in what doses and how often (per day): _____

6. How many times during the last year did you visit a hospital, polyclinic or any other facility to obtain medical services (excluding the RNC)? What was the reason?

7. If you have not visited any medical facility, then why? (fear, unwillingness to spend money, etc): _____

8. What were the consequences to your health as a result of not seeking qualified medical care? _____

9. Did a physician (excluding RNC physicians) know (find out) that you were drug dependent? _____

10. What was the reaction on his/her part after he/she received this information?

11. How did the behavior and attitude of the physician change toward you?

12. How did the behavior and attitude of other medical personnel change toward you? _____

13. Were you refused delivery of further treatment after the physician learned that you were drug dependent? _____

14. How and in what form did the physician explain his/her refusal? _____

15. What were your further actions? _____

16. What were the consequences to your health as a result of such refusal?

17. Have you undertaken any attempts to file complaints to higher authorities? If not, why not? _____

18. If yes, what was the result? _____

19. Have you changed your attitude about medical workers after that case and how has it been changed? _____

20. Have you been addressed by medical workers as "drug addict" at a medical institution? _____

21. What did you feel when you were addressed like this? _____

22. Was your status (as a drug user) disclosed by medical personnel without your consent? (For example, a ward companion found out that you had chemical dependence from medical workers) If yes, then describe the incident: _____

23. Did the form of treatment, care and address you received differ from the form of treatment received by average patients that had no dependence problems at medical institutions? _____

24. Were there cases when you met a medical worker (who knew about your status) outside of a medical institution and you felt enmity, distrust and fear on his/her part? _____

25. If yes, then what did you do in such an instance? _____

26. What do you know about discrimination against injecting drug users? _____

27. Do you believe that you were exposed to discrimination as a person with dependence? _____

28. If yes, then what do you think should be done in order to change the situation?

1. Open an additional, individual clinic for drug users;
2. Introduce additional educational programs for health workers;
3. Reduce corruption in the republic as a whole;
4. Increase the wages for medical workers;
5. Create an additional regulatory committee to deal with complaints;
6. Other: _____

QUESTIONNAIRE FOR PHYSICIANS OF THE REPUBLICAN NARCOLOGY CENTER

This questionnaire aims to reveal the type of interaction between IDUs (injecting drug users) and medical workers.

1. Gender _____ Year of birth _____

Position _____

2. Date of completion of the questionnaire _____

3. Contact data (address, telephone and so on): _____

4. How many years have you worked in the public health sector? _____

5. What is your length of service at the RNC? _____

6. In your opinion, what kind of person is an injecting drug user? _____

7. Do you know of cases when a representative of this vulnerable group was refused medical services? For what reasons was this refusal issued? _____

8. What were the consequences of this refusal to the health of the patient? _____

9. Should a person with drug dependence get medical care in life-threatening situations (fractures, poisoning and so on) in accordance with the general practice? If not, why not? _____

10. Is it necessary to establish additional medical services to deliver care to this group of people? If yes, then why? _____

11. What kind of services should these be? _____

12. Do you know of centers, services or other organizations to which a person with drug dependence can refer for help? Which ones? _____

13. Have you referred patients to these organizations? If yes, then to which ones? _____

14. Do you think that injecting drug users are exposed to discrimination? ___

QUESTIONNAIRE FOR EMERGENCY TEAMS

This questionnaire aims to reveal the type of interaction between IDUs (injecting drug users) and medical workers.

1. Gender _____ Year of birth _____
Position _____

2. Date of completion of the questionnaire _____

3. Contact data (address, telephone and so on): _____

4. What is your length of service as part of the emergency team? _____

5. When you go out on a call to provide first aid, do you always know when it is a call related to a drug overdose? _____

6. When you know that you are going out to provide first aid for a drug overdose, does this change your feelings about it, compared with how you feel when you go out to provide first aid for a case of food poisoning, for example? _____

7. What is your attitude to repeated calls about overdose? _____

8. Were there cases when you were called in under false pretenses to respond to an overdose? What was your reaction in such cases? _____

9. Do you deliver care for those cases when you are called in under false pretenses? _____

10. What kind of help do you deliver in cases of overdose? _____

11. In what form and what amount do you charge patients in such cases? _____

12. Does the dispatcher inform you that you are going out to serve an injecting drug user? _____

13. When you do not go out in response to a call from a drug user, what do you say to the person who has called you? _____

14. Does it happen that you ever have to refuse to respond to a call and why? _____

15. What is your opinion about drug users? _____

16. Do you believe that it is a disease? _____

17. Are cases of overdose reported to the police and why? _____

18. In your opinion are injecting drug users afraid to call emergency teams sometimes and why? _____

19. If you have two calls at the same time – fracture and overdose – to which will you go and why? _____

20. How many calls about drug overdoses do you get on average per night and how many of them are responded to? _____

21. Have you had complaints by an injecting drug user or his/her relatives about the performance of emergency teams and the measures that were undertaken? _____

22. If the emergency team does not go to provide first aid for an overdose case, do you provide any consultations over the phone? _____

23. Do you believe that it is necessary to respond to calls about drug overdose? _____

24. Do you believe that drug users abuse the emergency services? _____

25. Is it necessary to establish additional services to organize visits of emergency teams for this type of call? _____

