

# RÉSUMÉS — ABSTRACTS

— Sylvie FAINZANG

## L'INFORMATION DU PATIENT EST-ELLE UN LEURRE ?

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## Is patient Information an Illusion?

*Although the idea is widespread today in the medical community that patients are fully informed, since this is now guaranteed by law, we should ask whether this information is always provided, and indeed truly encouraged. To answer this question, the reflection is based on data collected during two anthropological research projects, one on the information provided to people with serious diseases in the hospital environment and the other on information relating to medicines in the context of self-medication. This research reveals that the obligation to inform to which health professionals are bound is thwarted by the reality of information on the ground – which arises from cultural and social*

*mechanisms – and that, despite declarations of faith in patient education, health information provision remains limited.*

**K!&%"# \$:** *patient information, critical illness, self medication.*

– Gérard MÉMETEAU

## L'INFORMATION, DROIT FONDAMENTAL DU PATIENT ?

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## Information, a fundamental patient right?

*Although expressed before the “Lambert” case, which has led us to think about refusal and assent in the context of internal rights, conventional rights – and in the context of the patient’s bed! – these simple remarks present the patient’s right to medical information as a so-called fundamental right. But it can only be understood with a view to a treatment or other medical act; otherwise it has no reason to be and is only an academic exercise, however exciting, but not much use by itself. What if we reversed the terms of the problem: the right of the doctor to information? (The beautiful thesis of Ph. Gaston, Paris 8, 2 December 2014)...*

**K!&%"# \$:** *patient advocacy, patient information, legislation.*

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<sup>1</sup> C!22. C)5. 1<sup>1%</sup>, 9 .#3. "1% 2001, B4+. 2001, #)5. 1, -?249, / .415.) -? 00-14.564.

## LA SANCTION DU DÉFAUT D'INFORMATION DU PATIENT AU REGARD DE L'ARRÊT DU 9 FÉVRIER 2012

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the lack of patient information sanctioned  
by judgment the 9<sup>th</sup> of february 2012

*Patient's right to information was explicitly recognised by law No. 2002-303 the 4th of March 2002, relating to patients' rights and to the quality of the health care system. This humanism duty is acknowledged to the article L. 1111-2 of the Public Health Code. It guarantees the personal self-determination, as well as the dignity of the human person. It establishes a balance in the relation between the professional care and the patient, by allowing this one to have the adequate level of information to be completely associated with the decisions affecting his body integrity. Before the 3rd of June 2010 decision, the damage compensation was founded by the notion of loss of opportunity to avoid the realisation of the risk. Since then, it appears that the compensation of information deficiency constitutes an autonomous prejudice resulting from the non-compliance with the right to be informed and to consent to a physical injury. However, in the light of the 9<sup>th</sup> of February 2012 judgment, it is necessary to consider if for the First Civil Chamber of the Final Court of Appeal, the failure to comply with the obligation of information causes a repairable damage for human dignity respect.*

**K!&%"# \$:** patient information, damages.

## CE QUI SUBSISTE DES POUVOIRS DU MÉDECIN EN MATIÈRE D'INFORMATION MÉDICALE

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### the remnants of the powers of the physician concerning medical information

*The aim of the reporting obligation laid down by the law on the physician is to allow the patient to express their free and informed consent to health care and to be more concerned about their own health. However, the legislator has left particularly extensive pieces of power, making information a tool to secure the misfit of medical conference. Furthermore, in practice the physician holds significant influential power on the patient's decision, sometimes unconscious, often controlled, and which the works of sociologists have highlighted.*

**K!&%'" \$:** patient information, legislation, deontology, third party information, obligation of confidentiality.

## L'INFORMATION SUR LE MÉDICAMENT

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## Information about drugs

*The disastrous nature of communication has a harmful effect on patients' confidence and consequences on the observance of their treatment. On the other hand, the European debate on the proposed directive on informing the public about drugs, although it has been somewhat slow, has clearly shown what is at stake and the complexity of the issue.*

**K!&%"# \$:** patient information, drugs, information dissemination, health occupations.

– Jean-Pierre FOUCHER

## L'INFORMATION SUR LE MÉDICAMENT

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## Information on drugs

*Drugs not being just a product like any other, prescribers, providers and patients must have access to the information relating the characteristics of such medicinal products. This information must be complete, objective and scientifically rigorous. It must be adapted to the use of the drug and be fully understandable. It should help in prescribing, expedite dispensing, and help the patient adhere to treatment. Thus, according to the recipient, the information will*

be different. It is the role of the pharmacist and the physician to use it for patient education.

The information given must be objective. Medication guidelines published by HAS (Haute Autorité de Santé/National Health Agency) and Inserts given with the drugs should be considered the most reliable. Information can also be found in major scientific publication journals, in independent papers produced by groups of doctors and pharmacists, or in treatment guidelines. One must be very reserved about such information found on certain "Internet" sites.

K!&'%"# \$: drugs, information.

– Alain LE HYARIC

### QUE PENSEZ DES CLASSEMENTS, INDICATEURS ET ÉVALUATIONS PÉRIODIQUES MIS À DISPOSITION DU « GRAND » PUBLIC ?

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## health Institutions: what about rankings, indicators and periodic evaluations available to the 'big' audience?

*This publication is a focus on what is proposed for the classification, evaluation of our health institutions. The Healthcare professionals and patients are usually interested to know the best... and avoid the worst. Some publications do not hesitate to publish blacklists of institutions. In France, the information provided by the minor and the great media and official accreditation agencies, do not concern the quality of service or the service provided to patients. This explains the low impact of the press in the choice of a health facility. Health is a unique and complex product. The request for information is mostly focused on the quality of care with respect to a specific treatment and improving the quality of life after this treatment.*

*A more coordinated management of administrative information and better communication on improving the quality of life after admission would be more useful and relevant, when the choice is still possible between several health facilities.*

*Medicine is an art, not an exact science. Many other terms and measures are needed to avoid any mercantile influences or manipulation of the public... It will take a few years to bring them together!*

**K!&% '# \$:** hospitals, quality of health care, information.

— Nicolas BRUN

## L'INFORMATION SUR L'HÔPITAL ET L'ORGANISATION DU SYSTÈME DE SANTÉ : ÉVALUATION OU CLASSEMENT ? LE POINT DE VUE DES USAGERS

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**Mots-clés :** (>/)3!+, 04!+)3: \$%2 2.)-2, )-&.1 , !3).-.

Information about hospitals and the organisation of the healthcare system: evaluation or classification? the users) point of view

*Until recently users felt that the French healthcare system was the best in the world and consequently all of the actors, structures and organisations were of a similar level of excellence and competence. Patients were often directed by their general practitioner or by the opinion of their friends and family. This feeling of homogeneity of the quality of the hospitals or healthcare professionals has disappeared. Nowadays users want to have information which is useful for them and allows them to find their way in an organisation of healthcare that is very complex, and therefore a source of inequality. This information may come from institutional sites, league tables in newspapers or Internet sites. But, if it is to be useful, this information must be accessible and understandable by all, both in form and content. This is not always the case. It is in the interest of the healthcare system to be as transparent as possible, so it must resolutely go in this direction.*

**K!&%'# \$:** hospitals, quality of health care, information.