

The Right of Saudi Women to Sign for their Health Care in Saudi Arabia, Fact and Fiction

Al-Amoudi S M, MBChB, CABOG

Sheikh Mohammed H. Al-Amoudi Scientific Chair for Women's Health Empowerment
King Abdulaziz University, Jeddah, Saudi Arabia
dr.samia_amoudi@hotmail.com

Abstract: Background and Objectives: The Islamic Sharia Law support Women's Health Rights and the basic law of Saudi Arabia declares that "The state takes care of health issues and provides health care for every citizen". There is an assumption and misconception that Saudi women must obtain permission from their legal guardian before they can obtain medical care and sign for treatment and surgery. The objective of this study is to identify the facts of the right of Saudi women to consent for their own surgical health care among patients with breast cancer. **Methods:** A retrospective chart review study was carried out between the period 2008-2011 at King Abdulaziz University Hospital. The questionnaire reviewed the treatment modalities (surgery, chemotherapy, radiotherapy and diagnostic radiology), type of surgery procedure (lumpectomy, mastectomy, reconstructive surgery and others), age of patients and who did sign the consent form for surgery. **Results:** Total consents taken were 1015 (the same patient may have had more than one consent forms). Among them 201 (19.9%) were consents for surgery, 581 (57.2) were consents for agreeing to chemotherapy, 25 (2.5%) were for radiotherapy and 208 (20.4) were consents for diagnostic radiology procedures. Out of the (201) consents for surgical procedures 81 (40.4%) were for lumpectomy, 100 (49.7%) were for mastectomy and only 1 (0.5%) consent was for reconstructive surgery. Other minor procedures consents constituted 19 (9.4%). Most of the studied patients were in the age range (40-49) and (50-59) representing more than 50% of the studied cancer patients. Regarding the person who signed the consent, he is the patient himself 71% among age group (20-29), 67% among (30-39), 85% among (40-49) and 93% among (50-59). After that the consent is signed by the guardian. No significant difference between age group and relationship between person who signed the consent ($P>0.05$). **Conclusions:** Women in Saudi Arabia have the right by Sharia law i.e. values of Islamic Law and by rules of Ministry of Health to take decisions and sign for themselves. Yet there is still need to empower women and health care providers with more information and knowledge in this context to avoid fatal consequences.

[Al-Amoudi S M, MBChB, CABOG. **The Right of Saudi Women to Sign for their Health Care in Saudi Arabia, Fact and Fiction.** *Life Sci J* 2012;9(4):3143-3146] (ISSN:1097-8135). <http://www.lifesciencesite.com>. 460

Keywords: Health rights, surgical consent form, Saudi women, Breast cancer.

Disclosure: This study was sponsored by the Scientific Chair of Sheikh Mohammed Hussien Al-Amoudi for Women's Health Empowerment, King Abdulaziz University, Jeddah, Saudi Arabia.

1. Introduction

Islamic Shariah law and values of the Islamic Law stress the right to health. Further, international treaties and declarations have paid special concern to the right of health care. In the basic Law of Saudi Arabia, the right to health care is referred to in Article 31. which declares that, "The state takes care of health issues and provides health care for every citizen" 1.

There is an assumption and claims that the right to health is not fully supported in Saudi Arabia. Concern for this can be seen in (The Convention on the Elimination of all Forms of Discrimination against Women) CEDAW Committee Report of April 2008. "The committee expressed concern about the lack of information and data on health problems and expressed concern that women may require permission of their male guardian to access health facilities". 2.

A particular misconception is that Saudi women for social and different reasons must obtain permission from the man who is their legal guardian (the father, husband or son of the woman) before women can obtain medical care.3, 4.

The objective of this study is to examine the myth and identify the facts of the right of Saudi women to consent for their own medical and surgical health care. It was carried out among patients with breast cancer.

2. Material and Methods:

This retrospective chart review study was carried out for the period between 2008-2011 at King Abdulaziz University Hospital. The study was approved by the Biomedical Research Ethical Committee at the Faculty of Medicine, King Abdulaziz University, Jeddah, Saudi Arabia. Medical records of breast cancer patients were reviewed. The consent forms were reviewed for the following

treatment modalities (surgery, chemotherapy, radiotherapy and diagnostic radiology), type of surgery procedure (lumpectomy, mastectomy, reconstructive surgery, and others), age of patients and who did sign the consent form).

3. Results:

Total consents taken were 1015 (the same patient may have had more than one consent forms). Among them 201 (19.9%) were consents for surgery, 581 (57.2) were consents for agreeing to chemotherapy, 25 (2.5%) were for radiotherapy and 208 (20.4) were consents for diagnostic radiology procedures. See Table 1.

Out of the (201) consents for surgical procedures 81 (40.4%) were for lumpectomy, 100 (49.7%) were for mastectomy and only 1 (0.5%) consent was for reconstructive surgery. Other minor procedures consents constituted 19 (9.4%). See Table 2

Table 3 showed surgical consent of the studied patients with breast cancer according to age group, marital status and relationship to patient. The

total number of patients consent form was 129. Most of the studied patients were in the age range (40-49) and (50-59) representing more than 50% of the studied cancer patients. Regarding the person who signed the consent, he is the patient himself 71% among age group (20-29), 67% among (30-39), 85% among (40-49) and 93% among (50-59). After that the consent is signed by the guardian. No significant difference between age group and relationship between person who signed the consent ($P>0.05$).

Table 1: Distribution of the consent of Breast Cancer Patient at King Abdulaziz University Hospital (2008-2011)

Number of Patients	164	
Number of Consent forms	1015	
Consent related to	n	(%)
Surgery	201	(19.9)
Chemotherapy	581	(57.2)
Radiotherapy	25	(2.5)
Diagnostic Radiology	208	(20.4)

*Patient may have more than one consent.

Table (2): Types of Surgical Procedure (n=201) for Patients with Breast Cancer at King Abdulaziz University Hospital (2008-2011)

Surgery Procedure	Number	Percentage
Lumpectomy	81	40.4
Mastectomy	100	49.8
Reconstructive(Plastic)	1	0.4
Other Surgery		
• Breast Mass Localization	19	9.4
• Breast Quader-ectomy	11	5.3
• Breast Abscess	1	0.5
• Chest Wall Scrooma for radical excision	1	0.5
• Remove Tumor in chest wall	1	0.5
• Re-excision of recumbent malignant nodules over post mastectomy	1	0.5
• Drain &re-suturing breast	1	0.5
• Axillaries Lymph Node Dissection	1	0.5
	2	1
Total procedure	201	100

Table (3) Consent according to Age, Marital Status and Relation to patient (Per Patient):

Age	Total Number	Married /Non Married	Signature By		Relationship to Patient			
			Patient	Guardian	Husband	Father	Son	Other
20-29	7(5.4%)	3/4	5 (71.42%)	2(28.57%)	2(100%)			
30-39	21(16.27%)	12/6	14(66.66%)	7(33.33%)	2 (20.57%)	1(14.28%)	1(14.28%)	3(42.85%)
40-49	35(27.13%)	27/8	30(85.71%)	5(14.28%)	1 (20%)			3(60%)
50-59	29(22.48%)	21/4 (2)	27(93.10%)	2(6.89%)	2(100%)			1(20%)
60-69	23(17.82%)	19/4	18(78.26%)	5(21.73%)	2(40%)		1(20%)	2(40%)
70-79	10(7.75%)	10/0	4(40%)	6(60%)			5(83.33%)	1(16.66%)
80-89	1(0.77%)	1/0		1(100%)			1(100%)	
90-100	1(0.77%)	1/0		1(100%)			1(100%)	
No age	2(1.55%)	1/1		2(100%)	1(50%)			1(50%)
Total	129		98(75.96%)	31(27.03%)	9(29.03%)	1(.8%)	13(10.2%)	7(5.4%)

4. Discussion:

There is a misconception that women in Saudi Arabia are still treated as "Perpetual Minors" and need their male guardian's permission to access health care facilities. Similarly, it is believed that some health sectors believe that women are not allowed to consent for themselves for medical and/or surgical procedures. (2)

When we studied the consent forms for patients who underwent surgery for breast cancer during the period from 2008 to 2011 who had surgery in the form of lumpectomy and mastectomy which represent the procedure that took place in 40.4% and 49.8% of the studied cases, reviewing the consent forms shows that majority of cases were signed by patients herself in 85% and 93% for the age groups (40-49) and (50- 59) respectively which shows the actual practice in our hospital.

The rest were signed by the guardian which means some still do not consent for themselves. There was no significant difference between the age group and relationship between the person who signed the consent.

The misconception about women's right to consent comes from the ignorance among some women and some doctors and their resulting beliefs that women have no right to give consent for medical procedures necessary for the women.

Frequently, when invasive medical procedures are necessary for the management of diseases affecting a woman, a male "guardian" is sought to sign the consent form.

This may be the case in some hospitals, where some require a guardian's permission before women are admitted, or are allowed to consent to medical procedures for themselves or their children. A guardian may also be consulted before the woman is discharged.

In fact, such a concept is unfounded and can be dangerous.

That it might be dangerous was illustrated by two cases in 1984. The first one was "Fatal rupture of uterus because a husband refused consent for caesarean section for his wife in obstructed labor" and "Delay of urgent hemodialysis for 7h waiting for a husband to give consent for the procedure".

This was the time when this problem came to the front desk of officials in Saudi Arabia and the following was stressed upon.

In Islamic Law: "a mature mentally sound woman has the full right to accept or refuse any medical procedure offered to her, and she does not need the approval of her husband, son, father or brother before giving such consent." The Ministerial Resolution implementing the Regulations on the Practice of Medicine and Dentistry of the Royal

Decree M/3 of 2 October 1988 states that "In accordance with the stipulations contained in Royal Circular No. 4/2428/M dated 29.7.1404H based on resolution no. 119 dated 26.5.1404H (27 February 1984) rendered by the Committee of Senior Ulema, prior to delivering medical treatment or carrying out an operative procedure, the legally competent patient's consent, be he/she male or female, shall be obtained. In cases where the patient's judgment is obscured, the consent of the patient's representative shall be obtained. In addition, the doctor must give the patient or the guardian all the information on the treatment or operation that he intends performing. (5)

In many Muslim countries the family plays a major role in decision making and sometimes, the decision can easily be delegated to the father or doctor as they think they know better.(6)

Unfortunately, until now there are some doctors who ignore, deny or do not recognize the right of women to consent for treatment; in these cases the doctors contacted the guardian of the patient (generally the husband or a brother) so that he could sign the form of informed consent. (7)

Recently there was a circulation from Ministry of Health no. 11/26/84484 on 14th February 2012 to all health care sectors emphasizing that the above regulation should be adhered to and reconfirming that a female has the right to consent for medical and surgical procedures even for caesarean sections, the only exception is for hysterectomy or tubal ligation as these major decisions concerning reproduction should be taken by both husband and wife.(8)

Women do not know, recognize or understand their health rights, therefore education and empowerment of women as well as health care providers and future professionals with knowledge and education about existent Law and Ministry of health rules and regulations is mandatory. Basic education in human rights and women's health rights will empower women more to get involved directly in decision that are affecting their lives.

As this is a retrospective study it was not possible to determine reasons behind not taking consent from the patient herself in the group that consent was taken from the male guardian which was a small group. This presents a limitation to this study and we are currently running a large multicenter prospective study to determine this in details.

In conclusion, women in Saudi Arabia have the right by Sharia law i.e. values of Islamic Law and by rules of Ministry of Health to take decisions and sign for themselves. This clarifies the misconception that is wrongly taken against women's health rights in Saudi Arabia. Yet there is still need to empower women

and health care providers with more information and knowledge in this context to avoid fatal consequences and to avoid myths and misconception about Islamic rules and Sharia.

Acknowledgments:

I would like to extend my appreciation to Professor Beti Thompson, Fred Hutchinson Cancer Research Center Seattle, USA and Dr. Nasra Ayuob, Associate Professor in Medical Education Department, King Abdulaziz University Jeddah, Saudi Arabia for their help and advice during the preparation of this article.

***Corresponding author:**

Al-Amoudi SM*,
Chairwoman Sheikh Mohammed H. Al-Amoudi
Scientific Chair for Women's Health Empowerment ,
CEO Breast Cancer Center of Excellence ,King
Abdulaziz University,
E-mail: dr.samia_amoudi@hotmail.com

References:

- 1- The First Report on Human Rights Conditions In the Kingdom of Saudi Arabia. National Society for Human Rights; 1427H-2006G, 104-110.
- 2- Committee on the Elimination of Discrimination Against Women, Fortieth Session 14Jan-1Feb 08, CEDAW/C/SAU/CO/2 Concluding comments of the Committee on Saudi Arabia, available at http://www2.ohchr.org/english/bodies/cedaw/docs/CEDAW.C.SAU.CO.2_en.pdf
- 3- Sex Segregation keeps Women out of Public Life, April 21st 2008, at <http://hrw.org/english/docs/2008/04/saudi18598.htm>.
- 4- The Right to Health in Saudi Arabia" Right to health in the Middle East " project ,Walker L, Law School, University of Aberdeen, <http://www.abdn.ac.uk/Law/hhr.shtml>.
- 5- Abu-Aisha H. Women in Saudi Arabia: Do they not have the right to give their own consent for medical procedures? Saudi Med J 1985; 6:74-77.
- 6- Rashad A.M., MacVane Phipps F., et al., Obtaining Informed Consent in an Egyptian Research study, Nursing Ethics, 2004, 11(4), 394-399.
- 7- International Digest of Health Legislation (IDHL), 1992, 43(1):27-28.
- 8- Ministry of Health Circulation no 11/26/84484 on 14th February 2012.

11/11/2012