

# *Jakarta Declaration*

## *on Patients for Patient Safety in Countries of the South-East Asia Region*

*We,*

The patients, consumer advocates, healthcare professionals, policy-makers and representatives of nongovernmental organizations, professional associations and regulatory councils, having reflected on the issue of patient safety in the WHO regional workshop on "Patients for Patient Safety", 17-19 July 2007, in Jakarta, Indonesia,

Referring to Resolution SEA/RC59/R3 on Promoting Patient Safety in Health Care, adopted at the 59th Session of the Regional Committee for South-East Asia, which notes "with concern the high human and financial toll of adverse events" and the vicious cycle of adverse events, lawsuits, and the practice of defensive medicine, and urges Member States to engage patients, consumer associations, health care workers and professional associations in building safer health care systems and creating a culture of safety within health care institutions,

Inspired by the Patients for Patient Safety London Declaration supported by the WHO World Alliance for Patient Safety,

Considering the recommendations of the first WHO Regional Workshop on Patient Safety, 12-14 July 2006, in New Delhi, India,

1. **Declare** that no patients should suffer preventable harm;
2. **Agree** that patients are at the centre of all patient safety efforts;
3. **Acknowledge** that fear of blame and punishment should not deter open and honest communication between patients and health care providers;
4. **Recognize** that we must work in partnership in order to achieve the major behavioural and system changes that are required to address patient safety in our Region;
5. **Believe** that:
  - transparency, accountability and the human touch are paramount to a safe health care system;
  - mutual trust and respect between health care professionals and patients are fundamental;
  - patients and their carers should know why a treatment is given and be informed of all risks, big or small, so that they can participate in decisions related to their care;
  - patients should have access to their medical records;
6. **Recognize** that when harm does occur:
  - there should be a system in place whereby the event can be reported and investigated with due respect to confidentiality;
  - patients and their families should be fully informed and supported;
  - providers involved in unintentional harm should also receive support;
  - corrective actions should be taken to prevent future harm and the lessons learnt be widely shared;
  - there should be a mechanism to fairly compensate the patient and their family;
7. **Commit** to:
  - consumer empowerment through frank and candid education;
  - partnering with the media to encourage responsible reporting and to seize opportunities to educate the public;
  - active consumer participation in adverse event reporting;
  - two-way communication among patients and health care providers that encourages questioning;
  - meaningful patient representation on patient safety committees and forums;
8. **Pledge** to achieve through sustained efforts the following goals:
  - functioning quality and patient safety systems in every health care facility, both public and private, starting with the establishment of a patient safety committee and of an adverse event reporting and response system;
  - adherence to guidelines that are evidence-based and ethical and avoidance of irrational treatments such as unnecessary medicines, investigations and surgical procedures;
  - continuing medical education for health care professionals;
  - patient safety concepts integrated into pre- and in-service training of allied health care professionals;
  - rational caseload of patients in each health care facility;
  - adequate resources devoted to patient safety;
  - motivated and competent health care professionals;
  - satisfied patients and providers.



**World Health  
Organization**

Regional Office for South-East Asia