

ORIGINAL ARTICLE

The new public health law and the intervention of the patient advocate a correctable omission

La nueva Ley de salud pública y la intervención del defensor del paciente una omisión subsanable

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Abstract Within the current legal framework, this study analyzed the relationship between job performance and administrative processes in the Decentralized Autonomous Government of Quinindé, Esmeraldas Province, Ecuador. Factors limiting institutional efficiency were identified, and improvement strategies were proposed. A mixed-method approach was used, including surveys, semi-structured interviews, and document analysis. The study population consisted of 312 administrative employees, from which a sample of 164 participants was selected. The results indicated that a lack of clarity in organizational objectives and the absence of feedback negatively affected job performance. Although progress was observed in strategic and organizational planning, internal communication and leadership deficiencies persisted—the scarcity of training programs and the limited adoption of technologies negatively impacted management. The internal control system was found to be insufficient to ensure transparency and operational efficiency. Strengthening leadership, implementing training programs, incorporating technologies, and improving internal control are recommended to optimize administrative processes. Finally, citizen participation was highlighted as a key factor in legitimizing institutional management and strengthening the government and community relationship.

Keywords job performance, administrative processes, Decentralized Autonomous Governments, Ecuadorian legal framework, citizen participation.

Resumen Este estudio analizó la relación entre el desempeño laboral y los procesos administrativos en el Gobierno Autónomo Descentralizado de Quinindé, provincia de Esmeraldas, Ecuador, dentro del marco legal vigente. Se identificaron factores que limitan la eficiencia institucional y se propusieron estrategias de mejora. A través de un enfoque metodológico mixto, que incluyó encuestas, entrevistas semiestructuradas y análisis documental. La población de estudio fueron 312 empleados administrativos, seleccionando una muestra de 164 participantes. Los resultados indicaron que la falta de claridad en los objetivos organizacionales y la ausencia de retroalimentación afectaban el desempeño laboral. Aunque se evidenciaron avances en la planificación estratégica y organizacional, persistían deficiencias en la comunicación interna y liderazgo. La escasez de programas de capacitación y la limitada adopción de tecnologías impactaban negativamente la gestión. El sistema de control interno resultó insuficiente para garantizar transparencia y eficiencia operativa. Para optimizar los procesos administrativos, se recomienda fortalecer el liderazgo, implementar programas de capacitación, incorporar tecnologías y mejorar el control interno. Finalmente, se destacó la importancia de la participación ciudadana para legitimar la gestión institucional y fortalecer la relación entre el gobierno y la comunidad.

Palabras clave desempeño laboral, procesos administrativos, Gobiernos Autónomos Descentralizados (GAD), marco legal ecuatoriano, participación ciudadana.

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Introduction

The doctor-patient relationship has been analyzed in various disciplines, from bioethics to law. The asymmetry of knowledge and decision-making power between both parties has generated the need for mechanisms that balance the relationship and guarantee the patient's rights (Martínez & Gómez, 2020). In this context, the patient advocate emerges as a key factor in guaranteeing respect for the patient's autonomy and observing fundamental bioethical principles (Beauchamp & Childress, 2019).

The recent approval of the new Public Health Law in Cuba represents a step forward in regulating health rights, aligning with the principles of equity and universality recognized by the World Health Organization (Navarro et al., 2008). However, despite its progress, the legislation does not include a specific mechanism for defending patients' rights in vulnerable situations, which represents a regulatory gap that could affect the effectiveness of its implementation (Hernández & Pérez, 2023).

The concept of patient advocate has been adopted in several health systems internationally, performing mediation, advisory, and rights protection functions. In countries such as Sweden and Spain, this figure has proven to be an effective mechanism for resolving conflicts between patients and health service providers, reducing the judicialisation of conflicts and improving trust in the health system (Lindberg, 2022; European Parliament, 2023).

Colombia has implemented Latin America's health user advocate figure to guarantee humanized and patient-centered healthcare. According to the Colombian Ministry of Health (2022), this figure has allowed for improved response times to user complaints and strengthened transparency in the provision of health services.

From a bioethical perspective, the patient's right to quality medical care and informed decision-making is supported by autonomy and justice. According to Segura (2021), creating a figure that ensures these rights is not only a legal necessity but also an ethical imperative in the context of public health systems that seek to guarantee equity in access to health.

In the Cuban case, the absence of a patient advocate in the new Public Health Law contrasts with incorporating other rights protection mechanisms in recent legislation, such as the family advocate and the advocate for people in vulnerable situations. However, the specificity of the health field and the complexity of the doctor-patient relationship make it necessary to have its regulation for this figure (González, 2022).

This article will analyze the need to incorporate the patient advocate figure into Cuba's new Public Health Law regulations. To this end, it will examine the models of doctor-patient relationships, international experiences in implementing patient advocates, and the feasibility of their application in the Cuban context. Based on these analyses, recommenda-

tions will be presented to strengthen the protection of patient rights in the Cuban public health system.

Methodology

For the development of this article, a qualitative methodology was used with a focus on the comparative analysis of health legislation and the review of specialized literature. This approach allowed us to evaluate the relevance of incorporating the figure of the patient advocate in the new Public Health Law of Cuba based on international experiences and relevant theoretical frameworks.

An exhaustive search of bibliographic sources addressing the doctor-patient relationship, interaction models in health-care contexts, and the role of the patient advocate was conducted. The central databases consulted included PubMed, SciELO, and Google Scholar. The inclusion criteria were publications in Spanish and English, with an emphasis on studies published in the last five years to ensure the timeliness of the information.

A comparative analysis was carried out of the regulations in force in selected countries that have implemented the figure of the patient advocate. This analysis identified similarities and differences in this figure's regulation, functions, and powers. The countries selected for the comparative study were:

Sweden: Recognized for its robust patient ombudsman model, with advisory, mediation, and rights protection functions.

Colombia: Noted for implementing the health user ombudsman, aimed at guaranteeing humanized and patient-centered healthcare.

Spain has an institutionalized patient advocate focused on conflict mediation and defending the rights of healthcare system users.

Relevant laws and regulations, official reports, and academic studies evaluating the effectiveness and challenges of the patient advocate role were reviewed for each country.

Semi-structured interviews were conducted with experts in bioethics, health law, and health professionals with experience implementing the patient advocate role. These interviews provided practical perspectives and enriched the theoretical analysis with field experiences.

The information collected was organized and analyzed using content analysis techniques, identifying thematic categories relevant to the study. Particular attention was paid to the functions assigned to the patient advocate, the implementation mechanisms, and the results observed in the countries studied.

It is important to note that the availability of information

varied across the countries studied, which may have influenced the depth of the comparative analysis. In addition, the interpretation of regulations may be subject to cultural and contextual biases.

This methodology gave a comprehensive understanding of the relevance and feasibility of incorporating the patient advocate figure into Cuban legislation, providing evidence and well-founded arguments to support this proposal.

Results and discussion

The comparative analysis of international legislation revealed that patient advocacy is implemented in diverse health systems, playing key roles in protecting patients' rights and improving healthcare quality. For example, in Sweden, the patient advocate is a mediator between the patient and the healthcare system, ensuring that complaints and concerns are effectively addressed. This model has proven effective in resolving conflicts and promoting patient-centered care.

In Colombia, the role of the health user advocate has been established as an essential mechanism to guarantee humanized and patient-centered health care. According to the Colombian Ministry of Health, this role has improved response times to user complaints and has strengthened transparency in the provision of health services (Ministry of Health of Colombia, 2017).

Health systems that have implemented the figure of the patient advocate have shown significant improvements in conflict resolution and quality of care. As seen in Table 1, countries such as Sweden, Colombia, and Spain have a high percentage of complaints resolved without legal action (over 78%) and a higher percentage of complaints resolved without legal action (over 78%). Patient satisfaction with the care received (over 88%). In contrast, Cuba, where there is no similar institutionalized mechanism, shows a complaint resolution rate of 45%, with a satisfaction rate of 72%. Furthermore, the average resolution time in countries with a patient advocate ranges between 10 and 14 days, while in Cuba, it reaches 30 days.

Table 1. Comparison of indicators in health systems with and without patient advocates

Country	Complaints resolved (%)	Patient satisfaction (%)	Resolution time (days)
Sweden	85	92	10
Colombia	78	88	14
Spain	82	90	12
Cuba	45	72	30

Sources: World Health Organization (2021), Ministry of Health of Colombia (2017), and Pan American Health Organization (2022).

These results suggest that including the patient advocate in Cuba's Public Health Law could significantly improve citizens' perceptions of the quality of health services and reduce conflict resolution times. Implementing this figure in Cuba would align with international best practices and strengthen the protection of patients' rights.

The comparison between countries shows that the existence of a Patient Advocate contributes to greater efficiency in conflict resolution and a better perception of the health service.

Furthermore, the World Health Organization (WHO, 2023) has recognized the importance of patient advocacy in promoting patient safety and improving the quality of health systems. In its "Global Action Plan for Patient Safety 2021-2030," the WHO highlights the need to strengthen patients' and their families' participation in health care, promoting the creation of mechanisms that facilitate their empowerment and protection.

The omission of the patient advocate in Cuba's new Public Health Law represents a missed opportunity to strengthen the protection of patients' rights and improve the quality of health care. International evidence suggests that implementing this figure contributes significantly to conflict resolution, improved communication between patients and health professionals, and strengthened trust in the health system (Pan American Health Organization, 2023).

The experience of Sweden and Colombia shows that institutionalizing patient advocacy is feasible and beneficial for the health system. These countries have made significant progress in protecting patients' rights and improving healthcare quality by implementing this figure.

WHO also supports the creation of mechanisms that promote patients' active participation in their health care, recognizing that this is essential to improving patient safety and the quality of health systems. Including the patient advocates in Cuban health legislation would align the country with international best practices and strengthen its commitment to protecting patients' rights.

Conclusions

The experience of countries such as Sweden and Colombia shows that institutionalizing patient advocacy is feasible and beneficial for the health system as a whole. These countries have made significant progress in protecting patients' rights and improving healthcare quality by implementing this figure. The WHO also supports the creation of mechanisms that promote the active participation of patients in their health care, recognizing that this is essential to improve patient safety and the quality of health systems. The inclusion of the figure of the patient advocate in Cuban health legislation would align the country with international best practices and

strengthen its commitment to the protection of patients' rights. Therefore, it is recommended that Cuban health authorities consider incorporating the patient advocate figure into the new Public Health Law regulations. This measure would not only strengthen the protection of patients' rights but also contribute to improving the quality of health care and strengthening the population's confidence in the health system.

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Conflicts of interest

The author declares that she has no conflict of interest.

Author contributions

Mariceilys Morales: Conceptualization, data curation, formal analysis, investigation, methodology, supervision, validation, visualization, drafting the original manuscript and writing, review, and editing.

Data availability statement

The datasets used and/or analyzed during the current study are available from the corresponding author on reasonable request.

Statement on the use of AI

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