



**Patients' Rights Act, No. 74/1997,
as amended by Act No. 77/2000, 40/2007, 41/2007, 112/2008, 55/2009, 162/2010, 126/2011,
34/2012, 44/2014 and 50/2019.**

Where mention is made in this Act of 'the minister' or 'the ministry' without further definition, the reference intended is to the Minister of Health or to the Ministry of Health, which is responsible for the implementation of this Act. Information on the division of responsibilities between ministries according to a presidential decree may be found [here](#).

**SECTION I
Introduction.**

Objective.

Article 1

The objective of this Act is to ensure specific rights for patients in accordance with general human rights and human dignity and thus strengthen their legal status vis-à-vis the health service, and to support the confidential relationship which must exist between patients and healthcare practitioners.

It is prohibited to discriminate against patients on grounds of gender, religion, beliefs, nationality, race, skin colour, financial status, family relationship or status in other respect.

[Article 1 a

Patients' rights during the implementation of scientific research is subject to the Act on Scientific Research in the Health Sector.]¹⁾

¹⁾ Act No. 44/2014, Article 36.

Definitions.

Article 2

Patient: A user of the health service.

[*Healthcare practitioner:* Person working in health services, licensed by [the Medical Director of Health]¹⁾ to use to the professional title of a authorised health profession.]²⁾

Treatment: A test or examination, operation or other [healthcare service]³⁾ rendered by a physician or other healthcare practitioner in order to diagnose, cure, rehabilitate, nurse or care for the patient.

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¹⁾ Act No. 112/2008, Article 63. ²⁾ Act No. 41/2007, Article 24. ³⁾ Act No. 55/2009, Article 26. ⁴⁾ Act No. 44/2014, Article 36.

Quality of the Health Service.

Article 3

The patient has the right to the best health service available at each time.

The patient has the right to service appropriate to his/her condition and prognosis at each time and the best knowledge available. The healthcare practitioner shall endeavour to establish a sound relationship with the patient.

The patient has the right to continuity of service and cooperation between all healthcare practitioners and institutions involved in the treatment.

Access to Information on Patients' Rights.

Article 4

[The Ministry]¹⁾ shall ensure that information is available concerning patients' rights, patients' associations and [health insurance].²⁾ This information shall be made accessible to patients on the premises and places of work of health institutions and self-employed healthcare practitioners. Furthermore, an endeavour shall be made to inform the public of the causes and consequences of illnesses in children and adults.

¹⁾ Act No. 126/2011, Article 244. ²⁾ Act No. 112/2008, Article 63.

SECTION II

Information and Consent.

Information on Health and Treatment.

Article 5

A patient has the right to information regarding:

- a. his/her state of health, including medical information on his/her condition and prognosis,
- b. the proposed treatment, as well as information on its course, risks and benefits,
- c. possible remedies other than the proposed treatment, and the consequences of refraining from treatment,
- d. the possibility of seeking the opinion of another physician or other healthcare practitioners, as appropriate, regarding treatment, condition and prognosis.

It shall be entered in the health record of the patient that information under this Article has been provided.

Information under this Article shall be provided whenever there is reason to do so and in such a manner and under such circumstances that the patient can understand it.

If the patient does not understand Icelandic or uses sign language, interpretation of the information under this Article shall be provided.

Exemptions from the Principle on Information on Health and Treatment.

Article 6

Information under Article 5 shall be withheld if the patient so requests. A patient can appoint another person to receive the information in his/her place.

It shall be entered in the health record if the patient declines information on his/her health and prognosis or appoints another person in his/her place. The identity of the person receiving the information shall likewise be entered, *cf.* paragraph 1 of this Article and Articles 7 and 25.

In the case of a patient unable to understand the information under Article 5, the information shall be given to a close relative or, if the patient has been deprived of legal competence to his/her legal guardian.

Article 7

The right of the patient to decide whether he/she will accept treatment shall be respected.

The provisions of the Act on Legal Competence apply to the consent to treatment of patients who, due to lack of intelligence or for other reasons provided for by that Act, are incapable of making a decision regarding treatment. In such cases the patient shall nevertheless be consulted as far as possible.

No treatment may be given without the consent of the patient, *cf.* paragraphs 1 and 2, *cf.* however Article 9. Consent shall be in writing whenever possible and indicate the information provided to the patient, and that he/she has understood the information.

Refusal of Treatment.

Article 8

If the patient refuses to accept treatment, a physician shall inform him/her about the possible consequences of his/her decision.

The patient may discontinue treatment at any time, unless otherwise provided by other legislation. If a patient refuses to accept treatment, his/her physician or the healthcare practitioner supervising the treatment shall inform him/her of the possible consequences of the decision. Refusal of treatment for sick children is subject to the provisions of Article 26.

A patient's decision to refuse or discontinue treatment shall be recorded in his/her health record and it shall be confirmed that he/she has received information on the possible consequences of his/her decision.

Exemptions from the Principle of Consent to Treatment.

Article 9

If a patient is unconscious or his/her condition is such that he/she is unable to express his/her will regarding urgent treatment, consent shall be assumed, unless it is known with certainty that he/she would have refused treatment.

Consent to Scientific Research.

Article 10

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¹⁾ Act No. 44/2014, Article 36.

Participation in the Training and Tuition of Students.

Article 11

The patient must be informed if students in the health sector are to be present during his/her treatment, as part of their training and tuition. A patient can refuse to take part in such training and tuition.

SECTION III

Duty of Confidentiality.

Healthcare Practitioners' Duty of Confidentiality.

Article 12

A healthcare practitioner shall maintain the utmost confidentiality regarding anything of which he/she becomes aware in the course of his/her work regarding the health, condition, diagnosis, prognosis and treatment of a patient, as well as other personal information. The duty of confidentiality persists after the death of a patient and after cessation of the practitioner's employment. The practitioner may provide information for exigent reasons, with due regard to the wishes of the deceased and the interests of those concerned. When a practitioner is in doubt, he/she can seek the opinion of the Medical Director of Health.

Exemptions from Duty of Confidentiality.

Article 13

Confidentiality under Article 12 does not apply to incidents on which a healthcare practitioner must report under other legal provisions, such as the provisions of the Child Protection Act. In those cases, a practitioner must report the incident to the appropriate authorities.

A practitioner may be released from the duty of confidentiality by consent of the patient or his/her guardian.

Obligations of a healthcare practitioner to testify in a court of law are subject to the provisions of [Healthcare Practitioners Act].¹⁾

¹⁾ Act No. 34/2012, Article 34.

SECTION IV
Handling of Information in Health Records.

Access to Health Records.

Article 14

[Handling of information in health records is subject to the provisions of the Health Records Act.]¹⁾

¹⁾ Act No. 55/2009, Article 26.

Article 15

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¹⁾ Act No. 44/2014, Article 36.

Article 16

...¹⁾

¹⁾ Act No. 55/2009, Article 26.

SECTION V
Treatment.

Respect for the Human Dignity of the Patient.

Article 17

Healthcare practitioners, or other individuals who on account of their work have to communicate with the patient, shall treat him/her with respect.

Only those directly involved in the treatment of a patient shall participate in it. A healthcare practitioner shall take care to administer the necessary treatment out of sight of outside parties, and to ensure that information regarding treatment is inaccessible to individuals other than the healthcare practitioners involved.

Waiting for Treatment.

Article 18

If a patient has to wait for treatment, the physician concerned shall explain the reasons for the delay and provide him/her with information on the estimated waiting time.

If it is possible to receive the necessary treatment sooner elsewhere, the patient must be made aware of the fact.

Prioritisation.

Article 19

If it proves necessary to place patients waiting for treatment in order of priority, the order should be based primarily on medical grounds, and other professional criteria, as the case may be.

Choice of a Healthcare Practitioner.

Article 20

Notwithstanding the division of the country into [health regions]¹⁾ under the Health Service Act, a patient has the right to consult the physician most convenient for him. A patient also has the right to seek the opinion of another physician regarding diagnosis, treatment, condition and prognosis. The same applies to other healthcare practitioners.

¹⁾ Act No. 40/2007, Article 39.

The Patient's Responsibility for his/her own Health.

Article 21

A patient is responsible for his/her own health in so far as that is within his/her powers, and as his/her condition permits. He/she should, as far as possible, be an active participant in treatment to which he/she has consented.

Rules on Admission and Discharge.

Article 22

When a patient is admitted to a health institution, the healthcare practitioners attending to him/her shall introduce themselves and their respective fields of work. Furthermore, he/she shall be informed about the relevant rules and practices which apply in the institution.

The patient shall be informed about the identity of the physician who is in charge of his/her treatment in the health institution.

Before the patient is discharged, his/her circumstances shall be explored and adequate home service or other measures provided, as far as possible.

On discharge from a health institution a patient shall be given, as deemed necessary, instructions on important matters regarding follow-up treatment, such as drug administration, diet, therapy and exercise. The instructions shall be in writing if requested.

Medical letters and certificates issued in relation to illness, accidents, hospitalisation etc. shall be provided without undue delay.

Easing of Suffering and Presence of Family and Friends.

Article 23

The patient's suffering shall be eased to the best of current ability.

A patient has the right to receive support from family, relatives and friends during his/her treatment and stay. The patient and his/her closest relatives have the right to mental, social and religious support.

Treatment of Terminal Patients.

Article 24

A terminal patient has the right to die with dignity. If a terminal patient unambiguously indicates that he/she declines further life-prolonging treatment, or resuscitation efforts, his/her physician shall respect his/her decision.

If a terminal patient is mentally or physically too ill to take part in a decision on treatment, the physician shall endeavour to consult the patient's relatives, and his/her colleagues, before he/she decides on the continuation or cessation of treatment.

SECTION VI

[Special rules regarding sick children and children family members.]¹⁾

¹⁾ Act No. 50/2019, Article 2.

Information on the Health and Treatment of Sick Children.

Article 25

If a patient is under 16 years of age, information under Article 5, as well as other information under this Act, shall be given to parents.

Sick children shall be given information appropriate to their age and maturity. However, they have the same right as others to decline information, *cf.* Article 6.

Consent to the Treatment of Sick Children.

Article 26

Custodial parents of a child shall give their consent to the necessary treatment of a patient under 16 years of age. Sick children shall be consulted as far as possible and always if they are over 12 years of age.

If a custodial parent of the child refuses consent for necessary treatment, *cf.* paragraph 1, a physician or other healthcare practitioner shall invoke the assistance of child protection authorities, as provided in the Child Protection Act.

If time is not sufficient to seek the assistance of child protection authorities, *cf.* paragraph 2, with regard to urgent life-sustaining treatment for a sick child, the child's health must be the determining factor and the necessary treatment must be started immediately.

Various Rules concerning Sick Children.

Article 27

Everything possible must be done to enable a sick child to develop and enjoy life, in spite of illness and medical treatment, as far as the child's condition permits.

Children shall be spared unnecessary tests and procedures.

Sick children staying in a health institution are entitled to be accompanied by their parents or other close relatives, who shall be provided with facilities, as far as possible.

Circumstances permitting, siblings and friends can visit a sick child in a health institution.

Sick children of compulsory school age [6-16 years]¹⁾ shall be provided with tuition suited to their age and state of health.

Surroundings and care of sick children in health institutions shall be suited to their age, maturity and condition.

¹⁾ Translator's note.

[Obligations of healthcare practitioners regarding the rights of children as family members.

Article 27 a

Children have the right to appropriate consultancy and support as family members of a parent who is dealing with serious illness or a deceased parent, as applicable. A child shall be given the opportunity to express himself/herself according to his/her age and maturity, and his/her views should be duly taken into account.

A healthcare practitioner, who is directly involved in the treatment of the patient, such as a physician, nurse or social worker, must consider the rights and needs of children in accordance with paragraph 1, as follows:

1. It shall be investigated whether a patient with mental illness, substance addiction or serious physical illness has a child under legal age. If the patient has a child under legal age, the healthcare practitioner shall promptly ensure to have a discussion with the patient about the rights and status of the child due the parent's illness. In compliance with the obligation of confidentiality and secrecy, the healthcare practitioner shall consult with the primary healthcare where the child has legal residence to offer the child and the child's caregiver a conversation during the parent's illness according to paragraph 3. If appropriate, the relevant healthcare practitioner, in consultation with the primary healthcare, the social affairs committee of the relevant municipality and parent or guardian, shall take the initiative to collaborate with the child's school in accordance with Article 22 a of the Preschool Act, Article 17 a of the Compulsory School Act or Article 34 a of the Upper Secondary Education Act.
2. When an individual dies, the physician who issues the death certificate shall make sure whether the deceased had a child under legal age. If it turns out to be the case, the relevant physician must report the parent's death to the primary healthcare where the child has legal residence as soon as possible. In compliance with the obligation of confidentiality and secrecy, the healthcare practitioner at the primary healthcare shall offer the child and the child's caregiver a conversation according to paragraph 3. If appropriate, the relevant healthcare practitioner, in consultation with the social affairs committee of the municipality where the child has legal residence and parent or guardian, shall take the initiative to collaborate with the child's school in accordance with Article 22 a of the Preschool Act, Article 17 a of the Compulsory School Act or Article 34 a of the Upper Secondary Education Act.

In a conversation with a child under this provision, attention shall be paid to the child's age and maturity regarding participation, information sharing, guidance, assistance and follow-up. Particular attention shall be given to assisting the child in gaining access to appropriate resources and provide information about his/her legal status, such as the right to access according to the Children Act close relatives of a parent who is dealing with serious illness or a deceased parent or other close to a child, and what social resources are available.

The parent or guardian of a child has the right to regular interviews with a healthcare practitioner. The purpose of these interviews is to assist in supporting the child and ensuring their well-being.

The collection and processing of information according to this provision shall be in accordance with the provisions of the Act on Data Protection and the Processing of Personal Data.

Further details regarding the implementation of this provision are stipulated by the minister in a regulation.]¹⁾

¹⁾ Act No. 50/2019, Article 1.

SECTION VII

Right to Complain.

Comments and Complaints about Treatment.

Article 28

The patient's comments regarding the service of a health institution shall be directed to the management of the institution concerned.

[Should a patient wish to make a complaint about treatment, he/she may direct the complaint to the Medical Director of Health.]¹⁾

Staff of health institutions must provide guidance to a patient, or a relative, who wishes to put forward comments or make a complaint. Furthermore, the management of a health institution is obliged to investigate notifications from staff who believe that the rights of patients are being infringed on.

A patient shall receive a reply to his/her comments and complaints in writing at the earliest opportunity.

¹⁾ Act No. 41/2007, Article 24. The paragraph was also amended by item 4b, Article 39, Act No. 40/2007, which took effect at the same time as Act No. 41/2007. The paragraph is there worded thus: Should a patient wish to make a complaint with regard to treatment, he/she may submit his/her complaint to the Medical Director of Health in accord with the provisions of the Medical Director of Health Act.

SECTION VIII

Provisions Regarding Entry into Force etc.

Minister's Authority to Issue Regulations.

Article 29

The Minister may issue regulations on the implementation of this Act.

Entry into Force.

Article 30

This Act enters into force on 1 July 1997.

[This translation is published for information only.

The original Icelandic text is published in the Law Gazette.

In case of a possible discrepancy, the original Icelandic text applies.]