

Editorial

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Patient confidentiality - revisited

Patient confidentiality has always been a core concept in medical practice. It refers to a health personnel's responsibility in keeping patients' information secret. Access to very private details of a patient is based on his or her trust in the health personnel and protecting it is the heart of this relationship. The extent to which this can be maintained is an indicator of the quality of any healthcare system.

Protection of data is not only an ethical but also a legal duty of the health professional and has to be balanced against societal needs.¹ This may involve the disclosure of information to comply with statutory requirements. You may be compelled to do so even though you do not have the patient's consent but he or she should be informed of this disclosure and reason for it. The patient's right to choose the individuals who will have access to their information must be respected.

In a world driven by market forces, health personnel sometimes use patient's information for future planning, management, and surveillance. Consent is not obtained from patient because of 'anonymisation'. Neither the patient nor anyone else would know the identity of the patient. One of the key issues is how much of information do we withhold and what will be the quality of information that will eventually be available? National Health Services in the United Kingdom is grappling with this question of balancing acceptable levels of "anonymisation" and the resulting quality of data.² With added focus on clinical research in medical schools and public hospitals, it is mandatory for the regulatory and monitoring bodies to ensure that patient confidentiality is not compromised.

Two other areas of concern with regard to patient confidentiality are in 'paperless' hospitals and the ever-expanding social media.

There was some concern with the introduction of paperless hospitals in this country. Patient data including all their medical records is stored electronically. This raises very important concerns, the primary being data protection. There were some reservation at the beginning and this was highlighted in 2006 by Sulaiman et. al. who stressed the need for regulation concerning the collection, processing, storage and communication of medical data in these institutions.³ Although there has not been any significant breach in the concerned hospitals, it may not be far off when considering cases in other well-established institutions around the developed world.

In a recent survey In the USA, about 21 million patients have had their medical records exposed in data security breaches over the past three years, which were sufficiently significant to be reported to the federal government.⁴ Another study in 250 hospitals in 2012 showed that in 22% of respondents, the data was compromised when a laptop, handheld device or computer hard drive was lost or stolen, which is double the number compared to 2010.^{5,6} Extra vigilance, proper and strict protocol in computer usage and data protection is vital in preventing breaches.

Explosive growth of social media is fraught with concern for patient confidentiality among health care professionals who deal with patient data. Popular social networks like Facebook, LinkedIn, MySpace, Twitter or media sharing sites YouTube (videos) and Flickr (photos) are very popular and allow anyone to transfer materials to their contacts. Smartphones and availability of 3G/4G technology make it very easy to achieve this anytime anywhere. Social networking statistics show that Facebook penetration in Malaysia is 47.90% of the country's population and 84.71% in relation to number of Internet users.⁷

It is common to share information about patients between physicians or other health care personnel during delivery of healthcare. Utilization of any media including social media for data exchanges without the patient's knowledge requires careful ethical consideration. Material published on the Internet often exists in the public domain permanently and one may not have control over the ultimate distribution of these materials online. As such, it is important that health professionals exercise caution when discussing any details relating to specific medical cases. Informal discussion about patients on public Internet forums should be avoided. Posting comments under a username does not guarantee anonymity as any comments made online can be traced back to the original author. It is not recommended to upload photographs of patients or images depicting the body parts of patients or surgical procedures without written informed consent from the patient. It should be noted that these images might be downloaded and forwarded by others.

Medical students are privy to very personal information that patients share only with their doctors. Are they trained enough to handle this trust bestowed upon them and honour it? There may be conflict with issues such as academic freedom and freedom of speech thus giving rise to complex ethical dilemmas. A survey of 130 U.S. medical schools in 2009 revealed 60% of the respondents reporting incidents of students posting unprofessional online content.⁵ Violations of patient confidentiality were reported by 13%. Have we looked at our own medical schools? We must provide avenues for students to seek advice and counseling to address these conflicting ethical issues.

The World Medical Association adopted a set of guidelines titled '*WMA Statement on the Professional and Ethical use of Social Media*' at the 62nd WMA General Assembly, Montevideo, Uruguay, October 2011.⁸ It highlights not only the ethical and confidentiality issues but also emphasizes the importance of including educational programs and appropriate guidelines in medical curricula and continuing medical education.

It is advisable for medical schools to have a well-structured module on Medical Ethics and strict guidelines on the use of social media within clinical practice. These guidelines must also be accompanied by a well-publicized standard operating procedure for any breaches of confidentiality thereby highlighting the seriousness with which the institution views this matter.

REFERENCES

1. Braunack-Mayer AJ, Mulligan EC. Sharing patient information between professionals: confidentiality and ethics. *Med J Aust* 2003; 178:277-9.
2. Chalmers J, Muir R. Patient privacy and confidentiality. *BMJ* 2003; 326:725-6.
3. Sulaiman S, Alinda Alias R. Information Ethics in Malaysia Paperless Hospital. Proceedings of the Postgraduate Annual Research Seminar 2006, 314-8. Available at http://eprints.utm.my/3351/1/Information_Ethics_in_Malaysia_Paperless_Hospital.pdf
4. Mearian L. Wall of Shame' exposes 21M medical record breaches -online article 2012. Available at http://www.computerworld.com/s/article/9230028/_Wall_of_Shame_exposes_21M_medical_record_breaches)
5. Chretien KC, Greysen SR, Jean-Paul Chretien, Kind T. Online posting of unprofessional content by medical students. *JAMA* 2009; 302:1309-15.
6. Messmer E. Hospitals seeing more patient data breaches-Networkworld April 2012. Available at (<http://www.networkworld.com/news/2012/041312-hospital-data-breaches-258270.html>)
7. Using social media: practical and ethical guidance for doctors and medical students - BMA 2011. Available at http://www.medschools.ac.uk/SiteCollectionDocuments/social_media_guidance_may2011.pdf
8. WMA Statement on the Professional and Ethical use of Social Media. Available at <http://www.wma.net/en/30publications/10policies/s11/>

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