

MEDICAL CONFIDENTIALITY (professional secrecy)

Dr Melad Gad Paulis

Professor of Forensic Medicine & Toxicology

دفعت المخاوف من احتكار ومتاجرة غوغل ببيانات ملايين المرضى في المملكة المتحدة، مجموعة مختصة إلى تشكيل لجنة مستقلة للتحقيق في كيفية وصول غوغل إلى هذه البيانات واستخدامها في المستقبل.

ودعت مجموعة (DeepMind) لإدارة بيانات مرضى خدمة الصحة الوطنية بالمملكة، إلى تشكيل لجنة مستقلة لمعالجة المخاوف المتعلقة بكيفية استثمار هذه المعلومات من قبل محركات البحث.



عملية القرصنة طالبت أسماء المرضى وعناوينهم وتواريخ ميلادهم وأرقام هواتفهم وأرقام الضمان الاجتماعي

قالت شركة تشغيل "النظم الصحية للمجتمع" بالولايات المتحدة الأمريكية إنها وقعت ضحية لهجوم إلكتروني تسبب في سرقة بيانات شخصية لـ 4.5 مليون شخص.

وتعتقد الشركة التي تشرف على 206 مستشفى في 29 ولاية أن الهجوم مصدره الصين.

ووقع الهجوم الإلكتروني في أبريل/نيسان ويونيو/حزيران من العام الحالي.

وتضمنت البيانات المسروقة أسماء المرضى وعناوينهم وتواريخ ميلادهم وأرقام هواتفهم وأرقام الضمان الاجتماعي الخاصة بهم.

Privacy and Confidentiality: Definitions

- **Privacy** is about the right not to be interfered with, to be free from surveillance, or more generally, a moral right to be left alone.
- **Confidentiality** is about the right of an individual to have personal, identifiable medical information kept out of reach of others.
- **Privacy** is concerned with the setting within which the patient's medical information is taken (i.e., the patient's body).
- **Confidentiality** is concerned with the information collected from/about the patient (i.e., the patient's information).

Measures to protect patients' privacy

- Make sure all physical examinations take place **in isolation** from other patients, unauthorized family members, and/or staff
- Provide **gender-sensitive** waiting and examination rooms.
- Provide **proper clothing** for inpatients.
- Make sure patients are **well covered** when transferred from one place to another in the hospital.

Measures to protect patient's privacy

- Make sure your **patient's body is exposed ONLY** as much as needed by the examination or investigation
- Make sure there is **another person (nurse) of the same gender** as the patient present throughout any examination
- Always **take permission** from the patient before starting any examination
- Ensure **privacy** when taking information from patients

Measures to protect patients' privacy

- **Avoid keeping patients for periods** more than required by the procedure
- It is **prohibited** to examine the patient in the **corridors** or waiting areas
- During an examination, **no unrelated non-hospital person** should be allowed to be present
- Give patients **enough time** to expose the part with **pain**
- **Only relevant personnel** are allowed to enter the **examination room** at any time during an examination

Why confidentiality is important?

1. Respect for confidentiality is firmly established in codes of medical ethics ([Hippocratic oath](#)) [قسم الطبيب](#).
2. Breach of confidentiality is not only unethical, but also illegal ([slide 10 & 12](#)).
3. Respects patient's autonomy.
4. Respects natural human desire for privacy.
5. Protects from social embarrassment, discrimination, or stigmatization.
6. Prevents misuse of information against patient.
7. Builds confidence between doctor and patient.

Hippocratic oath

- "What I may see or hear in the course of the treatment or even outside of the treatment in regard to the life of men, which on no account one must spread abroad, I will keep to myself, holding such things shameful to be spoken about".

• قسم ابوقراط :

- " أقسم بالله العظيم أن أكون أميناً على الشرف والبر والصلاح في مزاولتي صناعة الطب وأن أسعف الفقراء مجاناً ولا أطلب أجراً يزيد على أجر عملي ، وأنى إذا دخلت بيتاً لا أتعرض لما لا يعنيني من أموره ولا أفشى سراً ، ولا أستعمل صناعتى فى إفساد الخصال الحميدة و إرتكاب الآثام ، ولا أعطى سماً البتة ولا أدل عليه ولا أشير به ولا أعطى دواء يضر الحوامل أو يسقط أجنتهن ، وأن أكون موقراً للذين علمونى معترفاً بفضلهم مسدياً لأولادهم ما فى إستطاعتى من معروف وإحسان".

• **قسم الطبيب:** مادة (1) من لائحة مزاولة المهنة:

• " أقسم بالله العظيم أن أراقب الله في مهنتي ، وأن أصون حياة الإنسان في كافة أدوارها في كل الظروف والأحوال باذلاً وسعي في استنقاذها من الهلاك والمرض والألم والقلق، وأن أحفظ للناس كرامتهم ، وأستر عورتهم ، **وأكتم سرهم** ، وأن أكون على الدوام من وسائل رحمة الله باذلاً رعايتي الطبية للقريب والبعيد ، للصالح والخاطيء ، والصديق والعدو وأن أثابر على طلب العلم أسخره لنفع الإنسان لا لأذاه ، وأن أوقر من علمني ، وأعلم من يصغرنني ، وأكون أخاً لكل زميل في المهنة الطبية متعاونين على البر والتقوى ، وأن تكون حياتي مصداق إيماني في سري وعلانيتي ، نقية مما يشينها تجاه الله ورسوله والمؤمنين، والله على ما أقول شهيد".

المادة ٨- يحظر على مقدم الخدمة ما يلي:-

هـ إفشاء أسرار متلقي الخدمة التي يطلع عليها أثناء مزاولة المهنة أو بسببها سواء أكان متلقي الخدمة قد عهد إليه بهذا السر وأتمنه عليه أم كان مقدم الخدمة قد أطلع عليه بنفسه، ولا يسري هذا الحظر في أي من الحالات التالية:-

- ١- إذا كان إفشاء السر بناء على طلب متلقي الخدمة وبموافقته الخطية.
- ٢- إذا كان إفشاء السر لمصلحة الزوج أو الزوجة وتم إبلاغه شخصياً.
- ٣- إذا كان الغرض من إفشاء السر منع وقوع جريمة أو الإبلاغ عنها ويكون الإفشاء في هذه الحالة للجهة الرسمية المختصة.
- ٤- إذا كان مقدم الخدمة مكلفاً بذلك قانوناً.
- ٥- إذا كان إفشاء السر أمام اللجنة الفنية العليا.

المادة ٢٠ - مع عدم الإخلال بأي عقوبة أشد ورد النص عليها في أي تشريع آخر:-

أ- يعاقب كل من يخالف أحكام المادة (٧) والفقرات (أ)، (ج)، (د)، (هـ)، (و)، (ز) من المادة (٨) من هذا القانون بغرامة لا تقل عن (٣٠٠٠) ثلاثة آلاف دينار ولا تزيد على (٥٠٠٠) خمسة آلاف دينار.

What are patient's information that covered by confidentiality:

Confidentiality includes all identifiable patient information as:

- The individual's past, present, or future physical or mental health or condition;
- Any clinical information about an individual's diagnosis or treatment;
- Pictures, photographs, videos, audiotapes, or other materials of the patient;
- Who the patient's doctor is and what clinics patients attend and when;
- Anything else that may be used to identify patients directly or indirectly;
- The past, present, or future payment for the providing of health care to the individual.

Confidentiality

- A health care provider is not allowed to disclose patient's information to others unless the individual has given specific permission for such release.
- Such information should be available only to the treating physician and other medical personnel involved in the patient's care.
- Children, elderly, mentally disabled and the dead all have the same right to confidentiality.

• There are three points that should be considered in accusing a physician of revealing patient's secret :

1. There was revealing of a secret.

2. The secret was known to the physician through his profession.

3. The disclosure of the secret lead to harm or damage to the patient (physical or psychological).

When can confidentiality be breached?

Confidentiality is **NOT** an absolute obligation. Situations arise where the harm in maintaining confidentiality is **GREATER** than that brought by disclosing information.



Discovering signs of abuse and neglect

- ✓ ALL forms of physical, emotional, sexual, and neglect that results in actual or potential harm to the child's health, survival, development or dignity.
- ✓ It is a part of your role as a healthcare provider to **discover and report** any case of child abuse or neglect as if it is caught early, the child has a much better chance of making a full recovery.
- ✓ Nearly 3 in 4 children aged 2–4 years regularly suffer physical punishment and/or psychological violence at the hands of parents and caregivers
- ✓ There are different kinds of abuse; all are harmful.

Child abuse

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graph TD; A[Child abuse] --> B[Physical]; A --> C[Sexual]; A --> D[Emotional]; A --> E[neglect];
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Physical

Sexual

Emotional

neglect

Physical child abuse

Physical child abuse is Non accidental repetitive physical injuries including minimal as well as fatal injuries inflicting upon infants or children by persons caring for them

The signs of **physical abuse** include:

- ✓ Different type of injuries e.g. fractures together with burns of different kinds
- ✓ Multiple lesions of different ages
- ✓ Multiple lesion from a single cause e.g., 2 separate cigarette burns
- ✓ Unusual soft tissue injuries e.g. avulsion of frenulum of the lips.
- ✓ Unexplained injuries e.g., bruises, burns or cut
- ✓ The suspected lesions are covered by sticking plasters or clothes



Different physical injuries

Emotional child abuse

Emotional child abuse is more difficult to detect. It consists of humiliating or belittling a child, bullying and threatening. The signs of emotional abuse include

- ✓ The child isn't attached to the parent
- ✓ The child has learning problems not caused by physical problems
- ✓ The child exhibits actions inappropriate to age, such as being more mature or regressing to thumb-sucking or bed-wetting.
- ✓ The child has delayed development, either physical or emotional
- ✓ The child is very withdrawn, anxious, and fearful

Sexual abuse

Sexual abuse is any sexual contact with a child. The signs of sexual abuse include

- ✓ The child refuses to change clothes in front of appropriate persons
- ✓ The child tries to avoid a specific person or persons
- ✓ A pregnancy or STD.
- ✓ Sudden change in weight or changes in appetite
- ✓ A young child has problems sitting or walking
- ✓ The child runs away from home

Child neglect

Child neglect is failure of providing the child its essential needs, either physically or emotionally, that threatens the child's well-being. The signs of neglect include:

- ✓ Dirty clothes that don't fit or are inappropriate for the weather
- ✓ Untreated illness or lack of medical or dental care
- ✓ The child steals food or is constantly hungry
- ✓ Untreated injuries
- ✓ Poor hygiene
- ✓ Frequent school absences
- ✓ The child is left alone at a young age

Doctors do not diagnose child abuse or report it for several reasons:

- ✓ **Fear.**
- ✓ **It is not my concern (avoiding responsibility).**
- ✓ **Lack of confidence in authorities to stop abuse.**
- ✓ **Uncertainty as to the cause of the injury.**
- ✓ **If the patients are boys, abusive fractures are often misdiagnosed. Injuries are more common for boys, so the assumption is the fracture is accidental.**

Ethics of Dealing with Communicable Diseases

- Communicable diseases are those diseases that can be transferred directly from one human to human, or that the healthcare practitioner him/herself has become infected with.
- When the ethical dilemma with these diseases **is a conflict of interest** between the individual patient or healthcare practitioner on one side and the interests of the community on the another.
- **What should you do ethically?**
 1. Should I treat patient with infectious disease?
 2. What should if I get infected? Report authority? Stop working? What should if there is no one can take my role?
 3. What should if I know that my colleague is infected and still working?
 4. What should I do if I see my colleague is not follow protective measures?

Ethics of Dealing with Communicable Diseases

1. **Cooperate** with authorities in preservation of the community's health, including **reporting communicable diseases according to the regulations.**
2. **Report to the concerned authorities any patient infected** with a communicable disease who refuses to have treatment, if their refusal may expose their contact persons or the community in general to the danger of spreading the disease.
3. Follow all the **protective measures** to protect him/herself from communicable diseases, and this includes **vaccination** with authorized vaccines, and to seek **treatment** for him/herself if he/she is infected in a way that would affect the safety of any patient or the community.

Ethics of Dealing with Communicable Diseases

- Subject to any needed **investigations for diagnosis of a communicable diseases** if exposed to infection especially if his/her infection could expose his/her patients to any danger.
- The healthcare practitioner **should refrain from health practice, in case he/she becomes infected with an infectious disease** that could be transferred to his/her patients, until the risk of transmitting the diseases is removed.
- If physician has to continue practice (while infected), he/she **has to observe all possible protective measures to protect his/her patients from infection**, along with reporting this case of infection to his/her reference.

Ethics of Dealing with Communicable Diseases

- The healthcare practitioner should **report to the health authorities if knows that one another member in the healthcare team is infected** with an infectious disease that could be transferred to patients through health practice.
- If physician knows his/her colleague does not follow the protective measures to prevent the spread of infection, **he should report authority.** The consent of that infected healthcare practitioner is not required.
- **Not to refrain from treating a patient due to risk of being infected with an infectious disease**, instead the healthcare practitioner should take all reasonable measures to protect him/herself from becoming infected.

Case scenario (ethical case)

- Dr. Man is an obstetrician who has recently finished his training in Canada. Upon his return to home Arabic country, he preferred to practice in a peripheral region near his hometown. In his first week, an 18-year-old prima gravida woman came to his clinic in her full veil (Khimar) above her Abaya accompanied by her mother. The pregnant woman was in her first trimester and complained of lower abdominal pain and vaginal bleeding. The doctor took a short history from the mother, and then wanted to start his examination. The mother asked him to have her daughter seen by a female doctor and said that he should wait for the husband before touching her daughter. The doctor was very worried that the condition might be serious, and he might not have the time to wait for the husband. The only available female doctor was a resident (R3) under his training. He told the mother that he was the only specialized doctor available. He then asked the pregnant woman to uncover her face and asked her permission to do a “private examination.” She was in pain and said something in the local language to her mother that he didn't understand well. He asked the mother to call the nurse from the nurses’ office, as he was busy stopping the bleeding. The mother left the clinic and came back five minutes later with the nurse. The doctor managed to maintain the vital signs and stop the bleeding.

- The case of Dr. Man is not uncommon. There are not only ethical, but also cultural, religious and legal issues related to the scenario. First, apparently the doctor has good intentions to help the patient as well as protect her from harm. However, this is not usually enough to justify further interventions without clear consent, or at least permission, from the patient or her substitute decision maker. The doctor failed to obtain this permission, probably because he gave priority to saving the patient's life rather than obtaining consent. This may be justifiable in life-threatening conditions where there is no one who is easily and quickly reached to take the decision on behalf of the unconscious patient. The patient was apparently competent; therefore, the doctor could have waited a reasonable time after stabilizing the general condition before pursuing further non-life-saving interventions.
- The doctor should not have started any physical examination, especially a "private" one, without the matron or the mother being present. This is legally, religiously, and culturally problematic. Legally, he exposed himself to allegations of abuse or harassment, as no witness was there in the room. He also misrepresented the information related to the presence of another female doctor, since there was one available who was qualified enough to manage the case, even if under his supervision.