

## Workshop B: Confidentiality

**Rapporteurs: Claire Farrugia & Jesmond Sharples**

*1. Is it really possible to maintain confidentiality with so many people involved in providing health care?*

Confidentiality should always be maintained, even though many people are involved. Unfortunately, however, this is not the case. Many health care workers are not aware of how sensitive and personal the information disclosed to them is.

*2. Should relatives have a right to know especially in a situation where one's partner is infected with HIV?*

This question raised several difficulties. If one is involved in a long-term relationship, one is offered counseling to help him/her reach the decision to let the partner know. The nurses working in this area said that many eventually decide to do so themselves. If the person does not make up his mind, then a target date is given and after that the consultant may inform the patient that he will let his partner know himself. Public good would override individual good. On the other hand, this may pose a problem since confidentiality is the crucial point behind HIV testing promotions. If confidentiality cannot be guaranteed, people might not come up for testing later on.

In short - term relationships, one may not inform the partner because both involved were aware of the risks encountered in this one night stand. It was said that in other countries, when this happens, the HIV positive person is asked to recall all the persons with whom he/she had a casual sexual relationship. These are then informed by post to go for HIV testing, because one of the persons they went with became HIV positive. If they do not turn up, health workers from the unit call personally at their home.

Should parents be informed if their sibling is HIV positive? Initially it was stated that they don't need to know. But the situation would change if they are sharing the same household and they could be looking after this person in the later stages of the disease. One does not want these carers to be at risk.

**3. *Should relatives have a right to know when there are genetic problems?***

If there are genetic problems that might improve if diagnosed and treated, then yes, one should inform them. If there are rare recessive conditions which when inherited lead to disability, then yes, one should inform them. They could decide not to conceive if this is the case. It was agreed that this is accepted, because these relatives can obtain genetic counseling and screening. But when neither of the above applies, relatives have no right to know anything.

**4. *How much and when can the police expect to be given information about patients?***

Police expect to be given information about patients who are registered as police cases. They only need to know the over-all condition of the patient, without disclosing unnecessary details. It was said that many times, police use the phone to inquire about patients, and this is not ethical because one can never be sure of another person's identity over the phone, even though their PC numbers are given.

**5. *Why is the duty of confidentiality important in a health care setting?***

Confidentiality is the essential ingredient necessary to build a trustful relationship between health carer and the patient. Hospital workers not directly involved in providing care to the patient should not be given any information. However our ward setting is not conducive to maintain confidentiality. For instance, there is no private room to carry

out admission assessments, and these are done in common areas. During ward rounds personal questions are asked in the big ward where the only barrier is the curtain.

**6. *Are there any circumstances under which this duty may be breached – which and why?***

Confidentiality may be breached only when there is a risk to the life of the person involved and to society at large. If a person states the intent to commit suicide or cause any form of harm to others, then in these situations the priority is to cause the minimal damage to the public and the person involved.

**7. *To whom is this duty owed and for how long is a health care professional bound by this duty?***

The answer to this was easy but much harder to put into practice. The health carer is actually bound by confidentiality for life, even when the person is discharged and also deceased. It was argued that this becomes difficult since our island is so small and many people know each other. Sometimes we find it difficult to tell someone we know well that we cannot disclose personal information we now know through our profession.