

Awareness among Intern Doctors Regarding Privacy and Confidentiality in Medical Practice

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Abstract

Background: Privacy and confidentiality in medical care are deeply rooted in core professional ethical standards across a variety of health professions. Present project aimed to study perceptions of intern doctors regarding privacy and confidentiality in medical practice.

Materials and methods: Total 100 intern doctors of GMERS Medical College, Valsad, Gujarat were subjected to pre-tested and pre-validated Likert scale type questionnaire regarding knowledge and awareness of privacy and confidentiality in medical practice after obtaining their informed written consent. Data obtained were analyzed via median score and tabulated.

Results: Out of 100 respondents, 58 were male and 42 were female. Knowledge and awareness regarding many of the facts related to privacy and confidentiality of medical practice found to be satisfactorily with median score of more than 3. Professional secrecy is implied term of contract between doctor and patient, patient can sue the doctor for damages if disclosure is done without his consent and harm him and not in the interest of public, etc. showed median score of 3. Disclosure to parents without consent in case of major and breach of professional secrecy is professional misconduct of doctor showed median score less than 3.

Conclusion: Intern doctors had little knowledge regarding disclosure to parents without consent in case of major and breach of professional secrecy is professional misconduct of doctor. Intern doctors were not sure about Professional secrecy is implied term of contract between doctor and patient and patient can sue the doctor for damages if disclosure is done without his consent and harm him and not in the interest of public. Knowledge and awareness regarding rest of the facts related to privacy and confidentiality of medical practice found to be satisfactorily among intern doctors.

Key words: Privacy, Confidentiality, Professional secrecy, Medical practice, Awareness, Intern doctors.

Introduction

Privacy and confidentiality in medical care are deep-rooted in core professional ethical standards and values across a diversity of health professions since years. For

example, the Hippocratic Oath amongst physicians includes a pledge to protect patient confidentiality and privacy [1]. In one version, participants of the oath state that "I will admire the privacy and confidentiality of my patients, for their problems are not disclosed to me that the world may know" [2].

One of the essential features of professionals is that they are guided by ethical codes [3, 4], and ethics only are not adequate pointer of professional grade [5]. Another primary feature of professions is the skill to control

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information [5], so anything that might alter it may affect inter or intra professional relationship. For example, invention of new technologies usually associated with inter-professional conflict, as well as test prevailing intra-professional practices and organizational routines [6, 7]. The prevalent diffusion of new information and communication technologies into health care forms a revolution in at least the method that information is achieved and dispersed [8]. Moreover, as access to health information rest on relations across numerous professional groups among socio-technical organizations [9], information and communication technologies may test the information regulator of multiple professional groups, causing additional troubles and potentials for alteration.

Evetts [10] defines professional discourse as “the customs in which health professional as well as occupational workers are accepting, including and accommodating the idea of ‘profession’ and particularly ‘professionalism’ in their work.” Control and safety of patient information is considered as important part of the ethic by health professionals, while for other fields it is not much relevant. Professionals’ discourse regarding secrecy and privacy also give idea about how new information technologies and laws test prevailing practices of information regulation among health professional groups [10].

In this study, perceptions of intern doctors towards privacy and confidentiality of medical practice were studied.

Materials and Method

Present study was undertaken at GMERS Medical College, Valsad, Gujarat. Study was done after obtaining ethical approval from the Institutional Ethical Committee. Questionnaire was designed to study perceptions of intern doctors regarding privacy and confidentiality in medical practice. Total 10 questions were prepared on Likert scale (1 to 5, 1 – Strongly Disagree, 5 – Strongly Agree) and checked for face and content validity [11-23].

Inclusion criteria: Intern doctors who were willing to participate were included in the study after obtaining their informed written consent with full confidentiality.

Exclusion criteria: Those who didn’t want to participate were excluded.

Total 100 intern doctors of GMERS Medical College, Valsad, Gujarat were subjected to pre-tested and pre-validated Likert scale type questionnaire regarding knowledge and awareness of privacy and confidentiality in medical practice after obtaining their informed written consent. Data obtained were analyzed via median score and tabulated.

Results

Total 100 intern doctors were participated in the present study and their responses to questionnaire related to privacy and confidentiality in medical practice were taken into consideration for data analysis. Out of 100 respondents, 58 were male and 42 were female. There was no statistical difference among perceptions of male and female.

Table – 1: Knowledge and Awareness regarding privacy and confidentiality in medical practice among intern doctors (Likert scale: 1 to 5, 1 – Strongly Disagree, 5 – Strongly Agree).

Sr. No.	Perceptions of students	Median score
1	Discussion of patient’s findings with spouse or friends without patient’s consent is breach of professional secrecy.	4
2	Professional secrecy is implied term of contract between doctor and patient	3
3	I know that without confidentiality patient will not reveal everything.	4
4	Patient can sue the doctor for damages if disclosure is done without his consent and harm him and not in the interest of public	3

Cont... Table – 1: Knowledge and Awareness regarding privacy and confidentiality in medical practice among intern doctors (Likert scale: 1 to 5, 1 – Strongly Disagree, 5 – Strongly Agree).

5	If patient is major, don't disclose anything to his parents without his consent	2
6	Don't answer any enquiry by third party without consent of patient.	5
7	When servant is examined at the request of master, not disclose anything to master without consent of servant	4
8	While reporting a case in medical journal, don't disclose patient's identity.	5
9	Breach of professional secrecy is professional misconduct of doctor	2
10	In case of minor patients, disclosure of findings to parents or guardians leads to breach of professional secrecy.	2

Table – 2: Question wise responses of intern doctors.

Sr. No.	Questions	Responses of Intern Doctors				
		SD	D	NS	A	SA
1	Discussion of patient's findings with spouse or friends without patient's consent is breach of professional secrecy.	2	9	5	70	14
2	Professional secrecy is implied term of contract between doctor and patient.	9	11	45	30	5
3	I know that without confidentiality patient will not reveal everything.	4	8	22	55	11
4	Patient can sue the doctor for damages if disclosure is done without his consent and harm him and not in the interest of public.	5	17	55	21	2
5	If patient is major, don't disclose anything to his parents without his consent	1	56	33	5	5
6	Don't answer any enquiry by third party without consent of patient.	1	5	20	31	43
7	When servant is examined at the request of master, not disclose anything to master without consent of servant	3	33	25	37	2
8	While reporting a case in medical journal, don't disclose patient's identity.	1	2	21	37	39
9	Breach of professional secrecy is professional misconduct of doctor	18	38	12	21	11
10	In case of minor patients, disclosure of findings to parents or guardians leads to breach of professional secrecy.	21	49	11	12	7

(SD- Strongly Disagree, D- Disagree, NS- Not Sure, A- Agree, SA- Strongly Agree)

Total 70 intern doctors were agreed upon that discussion of patient's findings with spouse or friends without patient's consent is breach of professional secrecy with median score of 4. Total 45 intern doctors

were not sure about professional secrecy is implied term of contract between doctor and patient with median score of 3. Total 55 intern doctors were agreed upon that without confidentiality patient will not reveal everything with median score of 4. Total 55 intern doctors were not sure about that patients can sue the doctor for damages if disclosure is done without his consent and harm him and

not in the interest of public with median score of 3. Total 56 intern doctors were not agreed upon that if patient is major, don't disclose anything to his parents without his consent with median score of 2. Total 43 intern doctors were strongly agreed upon that don't answer any enquiry by third party without consent of patient with median score of 5. Total 37 intern doctors were agreed upon that when servant is examined at the request of master, not disclose anything to master without consent of servant with median score of 4. Total 39 intern doctors were strongly agreed upon that while reporting a case in medical journal, don't disclose patient's identity with median score of 5. Total 38 intern doctors were disagreed upon that breach of professional secrecy is professional misconduct of doctor with median score of 2. Total 49 intern doctors were disagreed upon that in case of minor patients, disclosure of findings to parents or guardians leads to breach of professional secrecy with median score of 2 (**Table – 1, 2**).

Discussion

Many literatures on ethics focus on the skill to understand, describe, and handle information within their jurisdictions [5]. Such confidentiality is not only a basis of medical profession, but also need of statutory authority and healthy doctor patient relationships, and of the skill to describe, convert and guard professional and occupational boundaries [24]. Codes of ethics for how professionals use and protect patient information aid to legitimize the control power as well as professional status in society [25]. However, other opinion claims that professional secrecy of patient information is not only about authority, independence and prestige, but is also essential to the faith embedded in doctor-patient relationships [10].

Professional secrecy and confidentiality of patient information, is core part of the ethical values and principles [26]. Professional secrecy and confidentiality is also essential requisite of the success of good professional, through the learning of codes of ethics [27]. Inculcation of core principles of ethics will make health professional oblige to his duty towards his patients including professional secrecy with his occupational boundaries [28]. In certain instances, professional secrecy can be broken as part of privileged communication in favor of state or large community [29].

Many previous studies have focused and analyzed the privacy of patients [30, 31, 32], few studies have

focused at how health care professionals think about effect of new technologies on professional secrecy and confidentiality. In this study, perceptions of intern doctors towards privacy and confidentiality in medical practice were obtained.

As the time advances with technology, principles of ethics are also evolving gradually. Too much use of technology may mechanize the organization with lack of humanity and professionalism. Early in the 20th century, shift from treatment casebooks to patient based case files as a source of information management was initiation of increasing complexity in medical care. Then after era of emergence of new professional groups e.g. record librarians or record room in hospital. New information technologies such as electronic health records are being extensively implemented across health care. Electronic health records are playing vital role in improving the quality of health care in the USA and in other countries by facility of easy to access and retrieve health information but they also impart challenges in health professionals in their handling and secrecy. Those who are not well versed with use of technology, for them access of electronic health records are difficult especially for aged health workers.

Conclusion

Intern doctors had little knowledge regarding if patient is major, don't disclose anything to his parents without his consent and breach of professional secrecy is professional misconduct of doctor. Intern doctors were not sure about Professional secrecy is implied term of contract between doctor and patient and Patient can sue the doctor for damages if disclosure is done without his consent and harm him and not in the interest of public. Knowledge and awareness regarding rest of the facts related to privacy and confidentiality of medical practice found to be satisfactorily among intern doctors. Privacy and confidentiality among medical care is very essential element of ethics and intern doctors must be abreast in knowledge and awareness regarding various issues of it. This can be achieved by contact session at the beginning of internship regarding medical ethics and law.

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