

# Professional Secrecy And Privileged Communication In Medical Practice.

## Short Communication

Maha Kamran,<sup>1</sup> Sarah Arif,<sup>2</sup> Sameen Ejaz.<sup>1</sup>

1. **Students**, MBBS, King Edward Medical University, Lahore, Pakistan.
2. Former House Officer, Mayo Hospital, Lahore, Pakistan.

## ABSTRACT

A medical professional has the faith and confidence of society in him/her. It is his utmost duty and responsibility to uphold the ethical standards of confidentiality, set forth in the Hippocratic Oath, the Declaration of Geneva, the International Code of Medical Ethics and the World Health Organization. Communication between the physician and his patient is privileged. This information can only be divulged, in part, under special circumstances.

**Keywords:** Professional Secrecy, Privileged Communication, Confidentiality, Trust, Misconduct.

## OUR RESPONSIBILITY AS A MEDICAL PROFESSIONAL.

A man who is known to be good at keeping secrets is the one who has greater esteem in society. The genuineness of his character would be admired with certitude around town. This ideal image of a noble man's relation to his society is the basic description of what a medical healthcare practitioner's association should be with each and every one of his patients. Such a dishonesty free environment would make our healthcare units free of any skepticism of the patients regarding the people who're treating them. Doctor-patient "interaction" would evolve into "mutualism" and rapport would undoubtedly grow between the 2 parties. A sick person's eyes, in times of despair & hopelessness, after his Lord; turn to those who have been given the capability to bless them back to good health. To that someone who believes us to be healers", the least they deserve is utmost loyalty towards their cause which also includes respecting their confidentiality concerning any detail they'd like to keep private. When someone confides in you, they are handing you over a sacred object and you have promised to fulfill their covenant by not losing it.<sup>[1]</sup>

So far we've solely taken an ethical approach to this discussion, but if laws concerning the profession are included as well; the term "Professional Secrecy" is what it ought to be called. The doctor being the 'professional' by the book cannot unveil a client's information. (Whether it be personal or seemingly not). Any particulars about the patient should be safeguarded by the physician as a part of his

humanitarian duty, even after his client has died. Not surprisingly, every doctor is under an ethical oath to withstand this standard as well.<sup>[2]</sup> The Hippocratic Oath, the Declaration of Geneva 1948, the International Code of Medical Ethics and the World Health Organization have set in stone, the rules of professional secrecy.<sup>[3,4]</sup> Similar sentiments are expressed in the "Code of Ethics" formulated by the Pakistan Medical & Dental Council (PMDC).<sup>[5]</sup>

## A GLIMPSE FROM THE PAST.

The Quaid-e-Azam (RA), while suffering from a terminal case of pulmonary tuberculosis, emaciating to just skin & bones, he had a personal Parsi physician, Dr. Patel at Bombay. In the course of medical examination, he kept Quaid's illness in absolute secrecy—he used to get Quaid's chest X-rays done personally and destroy the films. Had Lord Mount Batten come to know the probable mortality of his illness at that time – he would have delayed the process of independence and Pakistan would not have come into existence. This example left us the ideal standards of morality, with an excellent representation of the substantial consequences that may result if a patient's particulars are left to be invaded.<sup>[6]</sup>

## BREACH OF PROFESSIONAL SECRECY.



CORRESPONDING AUTHOR

Maha Kamran,  
c/o Department of Forensic  
Medicine & Toxicology, King  
Edward Medical University,  
Lahore.

Author Email  
[mahalicious18@gmail.com](mailto:mahalicious18@gmail.com)



doi:  
10.5281/zenodo.3595068

Submission: Nov 1, 2019  
Acceptance: Jan 15, 2020  
Publication: Online First Jan 16, 2020



Professional Secrecy also includes the assurance of the fact that the hospital shall guarantee the safekeeping of his details, & if not the doctor's insurance would have to be sacrificed, as such negligence is a direct violation of the patient's right to the maintenance of professional secrecy. This means the client can sue the target physician or any other healthcare worker & the practitioner can even get their license to practice medicine taken away forever. Such punishments signify the vitality of this legal & ethical code since it relieves the patient of any reluctance he might have disclosing personal details which may affect his reputation, job, personal or social life. This also helps the physician in getting a complete history from his client which eases the diagnostic pathway to administering full treatment. In Western countries, this important principle is practiced with great concern. For instance, the US has designed a HIPAA law solely to provide privacy standards to protect the patient's medical records & other health info provided to health plans. The law carries strict penalties & risks of devastating lawsuits .e.g. in 2013, an HIV-positive patient asked an office manager to fax his medical records to his new urologist. Instead, the very busy office manager accidentally faxed them to his new employer. It was a simple case of number-mix-up, but despite heartfelt apologies from the manager and the urologist, the patient wasn't mollified. He reported the incident. Luckily, the result was just a warning and a mandate for regular HIPAA training. So we see, mistakes are human, but a single slip in the process can crash an entire practice. Many other examples show that frequently, HIPAA law violations don't stem from malicious intent, but from a poor understanding of the law itself resulting in not enough care being taken during the handlings.<sup>[7]</sup>

The same is the case in Pakistan, only the major difference being in the fact no necessary actions are taken to ensure confidentiality in the first place. Doctors and paramedical staff discuss the patient's condition openly with their fellow doctors in clinics, cafeterias or elsewhere, forgetting the fact they are disclosing their patient's secret publically. In this way, there is a complete ruin of the client's confidence.

This practically highlights the amount of damage that may occur on the trust of a sick person who's had to face such violation which makes it clear that in spite of being one of the most traditional moral concepts in health care, secrecy is still one of the less respected principles. This is particularly worrying considering our times of intense exposition of privacy. Today's world of

social networking has given a maximum invasive window to the world of secrets, as opposed to the key-hole apertures to information back in the days of photo albums and typewriters. Almost anyone can grab any required information, be it illegal to & more importantly transfer it to the rest of the world in the blink of an eye. Hundreds of people in each country have been violated in the same way; let it be an intentional act of criminal defamation or an accident, forever shattering their esteemed reputation in the community (in the worst-case scenario) which can never be undone. Pakistan is facing the same tragedy with no one to stop these trouble mongers misusing their social media & ruining lives every day.

### **PRIVILEGED COMMUNICATION.**

As much as we've emphasized the importance of upholding professional secrecy, there are some circumstances in which disclosing that same private info is the ethically superior act and is also within the circle of law & order of the country. Such divulgence, which is specific to the concerned authority, also makes them a confidant of the patient whose shoulders would carry the same burden of duty regarding the preservation of the patient's data. This disclosure is known as "privileged communication".<sup>[8]</sup> Such a privilege can be claimed, disclosure of professional secrets justified, only if made in good faith & with caution; and is not a product of some other incentive or isn't driven by jealousy, revenge or maliciousness, and to ensure it is least embarrassing to the patient, as in the following circumstances; When a patient needs referral, he/she had suicidal tendencies, is refusing treatment, is legally insane, threat to the community at large (infectious/communicable diseases as notified by local governments). In cases of child abuse, child neglect, criminal matters, and legal matters, the treating physician has the absolute privilege and it's his/her statutory duty, moral obligation and responsibility to inform the authorities.<sup>[9]</sup>

Thus; nobility, honesty, kindness & commitment to their duties are the key morals that distinguish a person in a white coat from the rest of humanity. The burden lies on us to keep the sacred bond with our patients safe and polished and be professionally alert in everything we say and do. Since trust and respect are both sides of the same coin, you can't have one without the other; safeguarding private info is a major concern that has to be looked into and paid more attention to Pakistan. Only then can we glue back the broken ties between our sick society and doctors, while simultaneously eradicating the paradigms that have lead to making our people believe that doctors are nothing more than 'butchers'. PMDC definitely needs to make more efforts

for the implementation of this cause & any acts against it need to be condemned seriously.

## REFERENCES

1. Professional Secrecy. Hospital (Lond 1886). 1919;66(1723):258.
2. Thompson IE. The nature of confidentiality. J Med Ethics. 1979;5(2):57-64. Available from: doi: 10.1136/jme.5.2.57.
3. Punjabi PP. Revisiting the Hippocratic Oath. Perfusion. 2015;30(8):610. Available from: doi: 10.1177/0267659115614503.
4. Rochon C, Williams-Jones B. Are Military and Medical Ethics Necessarily Incompatible? A Canadian Case Study. J Law Med Ethics. 2016;44(4):639-651. Available from: doi: 10.1177/1073110516684809.
5. Pakistan Medical and Dental Council. Code of ethics. of practice for. medical and dental practitioners[Internet]. 2015.[Cited on 2019 Jun 18]. Available from: <http://www.pmdc.org.pk/LinkClick.aspx?fileticket=v5WmQYMvhz4%3D&tabid=292&mid=845>
6. Akhtar MA. Quaid-e-Azam's personal physician: some historical facts[Internet]. Pulse. 2014[Cited on 2019 Jun 10]. Available from: <http://www.pulsepakistan.com/index.php/main-news-nov-1-14/944-quaid-e-azam-s-personal-physician-some-historical-facts>.
7. Latner AW. Fax sent to wrong number results in HIPAA violation[Internet]. Renal and Urology News. 2013[Cited on 2019 Jun 10]. Available from: <https://www.renalandurologynews.com/home/departments/legal-issues-in-medicine/fax-sent-to-wrong-number-results-in-hipaa-violation/>.
8. Lawrence RE. Secrets. Acad Psychiatry. 2014;38(2):226-7. Available from: doi: 10.1007/s40596-013-0001-y.
9. Peterson JLH. Confidentiality in medicine: how far should doctors prioritise the confidentiality of the individual they are treating?. Postgrad Med J. 2018;94(1116):596-600. Available from: doi: 10.1136/postgradmedj-2018-136038.

## CONFLICT OF INTEREST

The Authors declared no conflicts of interest.

## HOW TO CITE

Kamran M, Arif S, Ejaz S. Professional secrecy and privileged communication in medical practice. Pak J Surg Med. 2020;1(1):72-74. Available from: doi : 10.5281/zenodo.3595068.

## E-OP

We Value your Opinions. Register your opinion to this short communication by Kamran M et al. by [clicking here](#).

## COPYRIGHT STATEMENT

Copyright © 2020 Pakistan Journal of Surgery & Medicine. This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 License, which permits unrestricted use, distribution & reproduction in any medium provided that original work is cited properly.