

## 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. <sup>المراقبة</sup>
- **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). <sup>ساحة علاج المريض</sup>
- **Confidentiality** is concerned with the information collected from/about the patient (i.e., the patient's information). <sup>معلومات المريض</sup>

## 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.

يكون العوض في مكان بعيد عن الناس (المسافة الجيدة)

المريض المغطى

توفر حجاب خاصة للمرضى المغطى

لها انقطاع المريض بين الأقسام

# Measures to protect patient's privacy

- Make sure your patient's body is exposed ONLY as much as needed by the examination or investigation الحد الأدنى فقط للتحقق
- Make sure there is another person (nurse) of the same gender as the patient present throughout any examination الجنس نفسه
- Always take permission from the patient before starting any examination أخذ الإذن من المريض قبل بدء الفحص
- Ensure privacy when taking information from patients ضمان الخصوصية عند أخذ المعلومات من المرضى

أخذ الإذن من المريض قبل بدء الفحص

# Measures to protect patients' privacy

- Avoid keeping patients for periods more than required by the procedure (دعمو تنظيمي)
- It is prohibited to examine the patient in the corridors or waiting areas
  - أترك المريض ينتظر لفترة طويلة
  - الحوض وقتها يمكن عام
- During an examination, no unrelated non-hospital person should be allowed to be present
  - لا يجوز دخول أي شخص ليس له علاقة بالعلاج في أثناء فحص المريض
- 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

بمس الأستشفى صالبي الرحم  
علاوة بالعوضي والاكشف  
صم اللي مسوع الرحم  
ينظروا انك والاكشف

# Why confidentiality is important?

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

بعض الاعراض يمكن تبي  
لصاحبها العلاج  
اساءة استخدام المعلومات الخاصة  
بالمريض (زي قلة شخص مع مرضه  
بالقلب، فضل اخصيب الشخص وهذا يؤثر عليه سلبيا)

## Hippocratic oath

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- "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 أفشي سراً ، ولا أستعمل صناعتى فى إفساد الخصال الحميدة و ارتكاب 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 استطاعتى من معروف وإحسان".

• قسم الطبيب: مادة (1) من لائحة مزاوله 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 والخاطئ ، 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".

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المادة ٨- يحظر على مقدم الخدمة ما يلي:-

هـ إفشاء أسرار متلقي الخدمة التي يطلع عليها أثناء مزاوله 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.

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What are patient's information that covered by confidentiality:

**Confidentiality includes all identifiable patient information as:**

أي معلومة عن المريض  
هو أكلها للمريض

- 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

تفصيلاً

specific permission for such release.

لا يجوز للأطبيب إفشاء أي معلومة عن المريض إلا إذا أعطاه صراحة

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.

لها أنتقل المريض على مستشفى آخر او لطبيب آخر  
بغير أو شيء معلوم ان المريض انتقل للعناية

أقسام

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

1. There was revealing of a secret.

بإفشاء

2. The secret was known to the physician through his profession. → المعلومات التي هي من اختصاصه

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

إذا كان إفشاء السر صفة ابتدائية للسر

When can confidentiality be breached?

انہما

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

بفرد اوفتی ستر الطرحین اذا كانت اھم اففادہ اکیس

ہنا اھم اوفتاشہ .



4 صلاحتہ  
→

## Disclosure of professional secrecy may be:

- I- With patient's expressed consent.
- II- With patient's implied consent.
- III- Without patient's consent.

### I- Disclosures where patient's expressed consent is needed:

- 1- For purposes such as research, epidemiology, registries.
  - a- Approved by ethics committee.
  - b- Ensure no harm to patient.
  - c- Delink patient's identifiable data.
- 2- To insurance companies.
- 3- In pre-employment examination.

We must ensure that:

Patient understands nature & effects of disclosure.

Reports to 3rd parties must always be with written consent. Consent should be original, addressed to a named doctor.

Clear indication of reason & material.

Hand document is given to the patient.

### II-Patients may give implied consent to disclosure for:

- **Consultation or second opinion:** sharing information in the health care team or with others providing care. Only necessary information for effective care of patient is disclosed.
- Send the patient to another specialist (as sonography with provisional diagnosis or complain  
(may I refer this case of chronic abdominal pain for abdominal US)

### III-Disclosures without patient's consent :

Certain patient information is exempted by law and reports to proper authorities are required without patient consent.

#### I- Disclosure required by Law:

1. Notification of births, deaths, abortion, accidents, poisoning.
2. Order of court, malpractice cases, criminal cases (violence), compensation.
3. Threats of serious harm to another (prevent crimes)
4. Child abuse (physical/sexual)

# 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.

abuse:

عنف جسدي  
عنف نفسي

# Child abuse

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

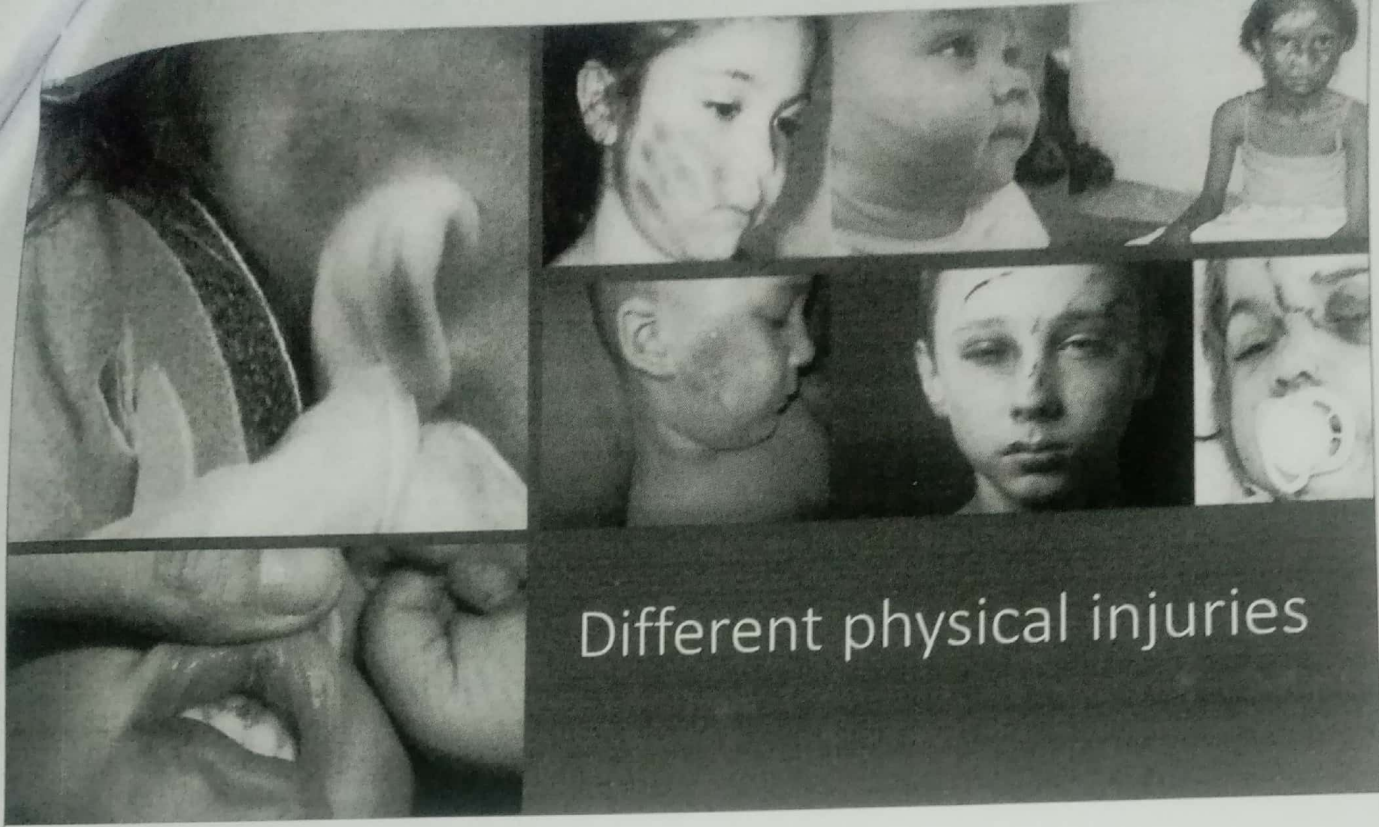
Unusual soft tissue injuries e.g. avulsion of frenulum of the lips.

Unexplained injuries e.g., bruises, burns or cut

The suspected lesions are covered by sticking plasters or clothes

- كيف أصدر اذا الإصابة  
نتيجة منه child abuse أو لا

أكثر منه  
تعل الإصابة



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 → <sup>اذلال</sup> <sup>والطفل يبتعد عن</sup> <sup>والديه</sup>
- ✓ The child has learning problems not caused by physical problems → <sup>يتصرف كمتروكاً</sup> <sup>منه فخاصة للتمره</sup>
- ✓ 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 → *sexual transmitted diseases*
- ✓ Sudden change in weight or changes in appetite
- ✓ A young child has problems sitting or walking
- ✓ The child runs away from home

# Child neglect ( ما يعطيه الطفل احتياجاته )

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 ( *مرضه ولم تتم معالجته* )
- ✓ The child steals food or is constantly hungry ( *السرقه* )
- ✓ 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:

- ليس الأكثرية بالعادة حاسبوا عن ال child abuse!

✓ Fear. → الخوف من انه يلقيه من

✓ It is not my concern (avoiding responsibility). → (حلو دخل)

✓ Lack of confidence in authorities to stop abuse.

✓ Uncertainty as to the cause of the injury. → حقه فتأكد

✓ If the patients are boys, abusive fractures are often misdiagnosed. Injuries are more common for boys, so the assumption is the fracture is accidental. → لأنه لا boys أكثر

حركة وأكثر عرضة للإصابات  
فمن الصعب انني أهدر صد  
الإصابة عندهم بسبب حادث  
او child abuse.

## Ethics of Dealing with Communicable Diseases

- كيف التصرف مع الأمراض المعدية؟

- 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. <sup>تضارب مصالح</sup>
- 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

Cooperate with authorities in preservation of the community's health, including reporting communicable diseases according to the regulations.

الإبلاغ الإحصائي الخفيفة حسب إحصاءات الأمراض والأعراض

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.

في حال رفض المريض العلاج ورفضه يمكنه حسي اتخاذ  
لوحية يبلغ عنها

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.

اذا كان خطر مرضه - اذ قد يضر

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.

اذا اصاب الطبيب بحالة مرضية ان يتوقف عن العمل

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.

اذا كان عليه ان يستمر في عمله وهو مصاب بالمرض عليه ان يبلغه وان يخطب ان يحمي مرضاه من العدوى

## 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 make 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.