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Alphonse M. Schwitalla

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attend that, when we have used every earthly means to save life, we have not exhausted our powers; we then can use unearthly means and call into consultation the One Physician who can raise the dead to life. Doctors, let your faith shine amid the shadows of death!

What in the way of Catholic Action can our Guild do?

I have already suggested that something might be done about the newspaper article on euthanasia. We are a minority. We must be vigorous or we shall be snowed under. The forces opposing us are destructive of civilization: divorce, contraception, abortion, sterilization, professional murder, are all evidence of corruption after death. "Civilization separated itself from God and denied His existence; and since He is the source of all life, spiritual, intellectual, and physical, to be separated from Him is to die." But it is not enough for us to know we are right, we must make our opponents see that we are right, otherwise we too shall go down in the final crash. Some way, by some concerted or corporate action, Philadelphia should be made aware that there is a Catholic Medical Guild here and that it is prepared to fight for the life and sanity of the medical profession and the Christian civilization.

ETHICS IN DEALING WITH PRIVILEGED INFORMATION

By ALPHONSE M. SCHWITALLA, S.J.

An excerpt from the Presidential Address at the National Convention of the Catholic Hospital Association

ANOTHER and very important point to which I wish to direct attention is the question of ethics in dealing with privileged information. This is a matter with which we cannot but be deeply interested, and concerned. An Association like ours must concentrate its thinking not only on strictly professional aspects of hospital activity but also upon the ethical significance of standards of excellence of hospital service and of hospital inter-relationships. One of the immediate corollaries of the principle of the personal relationship between physician and the patient is the obligation of secrecy imposed upon the physician, which obligation flows from the personal right of the patient to a personal service. Under the stresses of modern medical practice, it must be admitted that this obligation of secrecy is very easily overlooked and that the exigencies of such practice afford ample excuses for a mitigation of the obligation. I wish, however, here to call attention to the fact that the ethical obligation of secrecy on the part of the physician and by consequence on the part of the hospital, is not destroyed by those circumstances of practice under which we are today operating. The obligation still rests upon the medical man and consequently also upon hospital administrators to safeguard this secret to the fullest possible extent.

The principles of ethics written by the American Medical Association and subscribed to by all members of that Association recognize the obligation of the physician entailed by the fact that he receives privileged information.

Modern Hospital Practice

What do we actually find in modern medical and hospital practice? The patient's history is an object of study not only by the physician to whom the information has been communicated but to all the staff members. The history is accessible sometimes all too easily to nurses, supervisors, medical students, social workers, and even at times to such persons as insurance agents, Workmen's Compensation officials, officials of group hospitalization plans, lawyers, court officials and perhaps many other classes of individuals more remote fom the patient's interests than even those whom I have mentioned. In at least one of our states, the law creating the Workmen's Compensation Commission contains the provision that a representative of the Commission must have accessible to him without question all the information which the hospital may have about the patient and provides that all records may not only be read by such officials but actually copies may be embodied with the record of the case as kept by the Compensation Commission. It is probable that other states have a similar provision.

It must be remembered that in our schools of medicine we are insisting that the medical history contain not merely the immediate preceding symptomatology of the patient but since we have come to emphasize psychiatric factors and social factors as causative and contributing elements in the development of a disease, our students in medicine and, therefore, our interns, have been encouraged to elicit from the patients information of a most intimate character. Our medical histories in our best institutions are, therefore, more than mere records of the causation and progress of a disease. They are in reality self-revelations of the patient sometimes surprisingly frank and complete which the well-instructed and trusting patient is glad to give provided the information be used in a professional manner for the purposes which the patient has most in mind, namely, his desire of receiving proper medical treatment.

This being true, it is obvious that greater care than ever must be exercised in safeguarding the patient's inalienable right to respect the confidential information which he has given to his physician.

How then do we defend the complexity of modern medical practice especially when it is exercised in a modern hospital in which histories are reviewed in all kinds of medical, nursing, social service, laboratory technology staff meetings, in which representatives of business and of insurance companies pry, sometimes with unfortunately selfish eyes, into the secrets of the patient; in which government officials and lawyers

claim to have the fullest freedom of access to the assembled information. I cannot but feel that this is a most serious matter and that upon the effective solution of it will undoubtedly depend the continuance of much of that confidence which the public at large has placed in our hospitals. The implied ethical obligations are easily defined. A professional secret is a *secretum commissum*, the revelation of which is permitted only with the permission of the person who gives the secret and then only for the weightiest of reasons.

The law as we know recognizes the privileged character of medical information at least under certain contingencies and yet we are all too careless in the safeguarding of our histories. Some hospitals still have the custom of keeping the histories hanging from the foot of the bed; others allow them to be taken to the rooms of private patients where they form most interesting family reading and where the nurse receives the co-operation of all the members of the family in putting down her bedside and progress notes. If now and then a really conscientious physician, a consultant perhaps or the rare intern with a very delicate conscience, sees this abuse of the history, he is discouraged from putting down the real facts about a patient and prefers to bury them rather in his own memory than to equivalently hang them on a bulletin board in writing them where they should really be written. Again patients have been known definitely to falsify their narrations while giving their history because they anticipate that a Workmen's Compensation agent or some official of an insurance company will have access to the history. All of this makes for a deterioration of medical practice. All of this undermines hospital standards of service; all of this in the last analysis works against the good of the patient. With the progress of emphasis upon social and psychiatric factors in disease, it will become more and more important to safeguard our medical histories and the time is ripe for an emphatic onslaught on this problem. It is my recommendation that this Association after careful study of the problem be prepared within a year or more if necessary, to formulate certain standards thus to contribute not only toward the safeguarding of a basic human right of the patient but also of the safeguarding of that medical and nursing care without which as far as I see it, the care of the sick in our institutions is bound to deteriorate.

Responsibility for the Medical Record

In this connection, it should be borne in mind that the hospital record belongs not only to the patient, nor only to the physician, nor to both alone, but also to the hospital. The patient's history is the record of evidence upon which is based the responsibility and the liability of the physician and of the hospital. When such a record, therefore, is opened to the public gaze, patient and physician and hospital

must be consulted before such public scrutiny can be ethically allowed. Such permission from all three parties in interest can be given conscientiously only with the very best of reasons and then only to the extent that seems indicated by the needs of the particular problem for the solution of which the history is consulted. This obligation, be it noted, does not cease with the patient's death. A dead person may lose all rights but the right to his good name does live after him. Just as an ethically conscientious person does not play hard and fast with the reputation of the deceased, so neither can the physician nor the hospital exonerate themselves from blame if through culpable negligence of ethics in the area which we are discussing, a former patient's good name is ruined. The medical practice and hospital care of today is, it must be conceded, very complex. Ways and means must, however, be found for safeguarding as far as possible the rights of that patient within the system under which we are now living. Indiscriminate gossip about a patient in the hospital will be regarded by the conscientious hospital administrator as a serious infringement of hospital ethics. It is important to drill into the consciences of nurses and interns the utmost disapproval of all practices which infringe the patient's rights. The narration of everey trivial detail and every act of the patient cannot but be regarded as derogatory to the best interests of the patient.

In the same way, it seems important that the general conscience should be awakened with reference to these matters in the hospital's relations to insurance companies, court officials, lawyers and the Workmen's Compensation authorities. The infiltration of lay influence which is not bound by ethical professional considerations in such matters and which is inclined to view lightly the basic human ethical considerations which govern all of us in relation to each other, has on all too many occasions resulted in attitudes and consequences that cannot but be looked upon as particularly unfortunate.

I should like to recommend that this Association, which by its very objective has stressed the ethical relations of hospital practice, devote to the question which I am here discussing its most diligent attention. I hope that our enthusiasm for this cause may make us crusaders who will, first of all, see to it that in our own institutions unnecessary violations of these human rights may not occur and who will with an equal devotion attempt to influence other institutions to the conscientious observance of these basic obligations in the relation between patient and physician.