

The public's right to know? Surgical treatment of public figures

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The governor of your state has had a three-vessel coronary bypass graft at your center. Three weeks later he is returned unconscious to the hospital after suffering a right hemiparetic stroke while catching up on paperwork in his office. An emergency arteriogram reveals embolus to the left internal carotid artery at the bifurcation. As you leave the operating room after an emergency carotid endarterectomy with embolectomy, you are met by the hospital's public information officer and the governor's top political aide. They inform you that the press is assembled in the auditorium and expects you to provide a detailed description of the governor's condition and prognosis. You should respond by doing which of the following?

- A. Acknowledging the press's right to know about a public official and providing an immediate and complete report on the governor's presenting symptoms, the operation performed, his current condition, and his prognosis.
- B. Requesting advice from the political aide about how the governor would like the situation presented.
- C. Insisting that a report to the press await authorization from the governor or his next of kin.
- D. Refusing to meet with the press.
- E. Relying upon the public information officer to direct you in implementing the hospital's disclosure policy on treatment of public figures.

The most ethically suitable response is C. The least ethically acceptable answer is A.

Many of us have been involved in or observed the frenzy of activity generated by hospitalization of a celebrity or prominent public official, particularly when emergency treatment for a life-threatening condition is involved. The convergence of news media places extraordinary demands upon the hospital, and the institution's staff and manage-

ment naturally want to be favorably represented by these highly influential opinion-makers. Representatives of the press will often assert the public's right to know important information about high-ranking government officials or entertainment figures who experience medical crises, cite the press freedoms guaranteed by our Constitution, and insist upon your full cooperation in describing the patient's condition and medical care. Nevertheless, neither the public nor the press has a statutory entitlement that outweighs a patient's right to confidentiality in seeking or receiving medical care, and patients do not relinquish that right when they become public figures.¹ The American College of Surgeons' *Statement on Principles* requires that "the surgeon should maintain the confidentiality of information from and about the patient, except as such information must be communicated for the patient's proper care or as is required by law."² The United States Constitution's guarantee of a free press imposes an obligation upon government to refrain from interfering with the gathering and dissemination of information; it does not require individuals or nongovernmental institutions, such as physicians or hospitals, to satisfy the demands of journalists.³ The "public's right to know" is an artificial concept promoted by the press, not a constitutional or moral right. Choice A is inconsistent with your ethical obligation to insure confidentiality in the doctor-patient relationship.

Choice B, accepting guidance from the governor's aide about the manner and degree of information to be disclosed about the governor's condition, is unacceptable because the aide has no authority as next of kin or legal surrogate to speak for the governor in personal matters. Although the political adviser may speak with great authority and in the expectation that you and other members of the hospital staff will respond obediently to his directives, his opinions and desire to control the flow of information are irrelevant to your professional relationship with your patient.

Choice D, refusing to meet with the assembled press, is certain to project an unnecessary attitude of arrogance and hostility that will poorly serve the fine hospital in which you practice and which values the community's good will. Your refusal will also ensure that some other member of the hospital staff, one who does not share your special fiduciary relationship with the patient, will be sent to the press room

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and probably discuss the governor's condition and your case management in a manner you are unlikely to approve of. You may visit the press room and advise the assembled journalists that until your awake and alert patient, his next of kin, or legally designated surrogate authorizes you to release medical information, you are prevented by the rules of confidentiality from doing so. You may apologize for any inconvenience to the group, ask that they respect the patient's right to privacy in his medical care, and assure them that appropriate information will be made available at such time as the patient's permission is received.

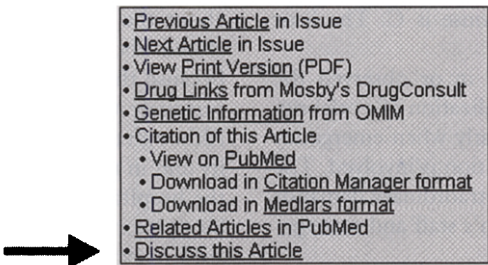
Choice E, permitting the hospital's public relations officer to interpret the hospital's disclosure policy and direct your actions, surrenders your fiduciary role. Maintaining confidentiality in the physician-patient relationship is your responsibility, and it should not be ceded to a nonprofessional whose primary goals may not entirely reflect your ethical values. Even assuming no unethical or misguided motives in the public relations officer's recommendations, you as the attending physician should not permit yourself to be governed by support staff who do not share your responsibilities.

Choice C, declining to disclose sensitive medical information about your well-known patient until he or an ap-

propriate surrogate authorizes such disclosures, ensures that the physician-patient privilege is protected. Although your patient is an important political figure upon whom the public depends for the complete and efficient operation of state government, the physician's relationship with him is identical to that of a patient who does not reside in the public arena. Famous patients are entitled to all the consideration the medical profession affords private citizens, including personal respect and confidentiality. Even when, and if, the patient, spouse, or legal surrogate authorizes public release of medical information, he maintains the authority to control how and how much material will be made publicly available. The patient, not the physician, not the hospital, and not the press, is the owner of his medical information, and only he and his designated surrogates should decide upon the form and content of its disclosure.

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