



# ETHICAL DIMENSIONS

Issue #27

## The Privacy of a Patient and Friend

Fall 1998

Mrs. J has been a staff nurse on 2-West for 15 years and is one of the best known and most liked members of the hospital community. It was a shock to everyone when recently it became known, due to absences from work, her physical appearance, and many unguarded conversations between her closest friends, that Mrs. J has metastatic liver cancer. Mrs. J has been admitted to her hospital for symptom management and evaluation for possible surgery to debulk tumors. The hospital community is "fixated" on following her case. In the last 48 hours, a number of "unauthorized accesses" to Mrs. J's electronic medical record have occurred. Troubled by the number of inquiries and rumors surrounding her case and what they perceive to be the most flagrant breach of patient privacy and confidentiality—the recent Meditech "break-ins"—Mrs. J's oncologist and intensivist request an emergency session of the full bioethics committee. They argue that a significant portion of the hospital's nursing staff is ignoring clear ethical standards on patient privacy and confidentiality and request that the committee take decisive action to correct these breaches.

This case can be considered from the perspectives of individual ethics, institutional ethics, and societal ethics.

Respond to the statements below using the following scale:

- Strongly Agree     Agree     Not Sure     Disagree     Strongly Disagree

### Individual Issues

- Mrs. J should have the same expectation of privacy and confidentiality regarding her hospitalization as any other patient.  
 1    2    3    4    5
- It would be reasonable to assume that Mrs. J realized and accepted that hospitalization in her own hospital would mean a loss of privacy and confidentiality.  
 1    2    3    4    5
- As long as their intentions are good, it is okay for staff with no responsibility for a particular patient, or no official hospital or medical staff function, to access information about that patient.  
 1    2    3    4    5
- It is ethical for staff to access information about a patient **only if** the information they access is needed to fulfill a responsibility for that patient or an official hospital or medical staff function.  
 1    2    3    4    5
- A healthcare provider's professional, ethical duties may be suspended or altered when caring for a friend.  
 1    2    3    4    5

### Institutional Issues

- An institution cannot legitimately claim dignity and well-being of the whole person as an institutional value without giving the protection of patient privacy and confidentiality its highest priority.  
 1    2    3    4    5
- Breaches in patient privacy and confidentiality are best handled by the institution's risk manager and/or risk management committee.  
 1    2    3    4    5
- A root-cause analysis of any "ethical" problem in Mrs. J's care would probably identify a poorly conceived or poorly written hospital policy on patient privacy and confidentiality.  
 1    2    3    4    5
- A root-cause analysis of any "ethical" problem in Mrs. J's care would probably identify improper staff orientation or training regarding patient privacy and confidentiality.  
 1    2    3    4    5
- Given the demands of its workplace and the structures of providing care, any hospital can guarantee its patients only a bare minimum of privacy and confidentiality.  
 1    2    3    4    5

### Societal Issues

- Americans have unrealistic expectations regarding privacy and confidentiality in patient care.  
 1    2    3    4    5
- Breaches of patient privacy and confidentiality are much graver threats to the ethics of American healthcare than shortcomings in providing end-of-life care.  
 1    2    3    4    5
- The medical profession has been exemplary in its attention to and concern for patient privacy and confidentiality.  
 1    2    3    4    5
- The nursing profession has been exemplary in its attention to and concern for patient privacy and confidentiality.  
 1    2    3    4    5
- Most Americans are much more concerned about surviving an illness than about protecting their privacy and confidentiality as the illness is treated.  
 1    2    3    4    5



**OPINIONS AND FEELINGS ARE FREQUENTLY A PERSONAL TRIUMPH OVER GOOD THINKING  
YOU DEFINE REALITY BY WHAT YOU KNOW, WHAT YOU BELIEVE, AND WHAT YOU DO ABOUT IT.**